Dr. William Webber (1934-2006)

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Biographical Information: Dr. Webber was an undergraduate and medical student at UBC (class of '58). He went on to be a Professor of Anatomy and Dean of the Medical School at UBC.

Summary: *Tape 1, Side 1:*
Dr. Webber's student experience; early medical student demographics; facilities; student body; the thesis requirement; preceptorships; social events
Tape 1, Side 2:
Dolman Report concerns; clinical instruction; quality of the early Medical School; postgraduate possibilities

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Interview with Dr. William Webber, Tuesday March 26, 1985

Int.: *Now, Dr. Webber, I understand you are one of the earlier graduates from the Faculty of Medicine. Maybe you could begin by telling us when you first came to the University of British Columbia as a student.*

W.W.: I started in medicine in 1954, which was the year that the first class graduated in medicine here, so I date from that point.

Int.: *Did you take your pre-medicine at the University of British Columbia?*

W.W.: Yes, I did.

Int.: *How did you find the courses for pre-medicine. Were they what you would have expected they would be? Do you think you were quite well prepared for medical school?*

W.W.: Yes, I think that one of the surprising things in retrospect is what a good job the university was doing at that time with the very limited resources that it had. That was true in pre-med but it was also very true of the early days of the medical school. To look back on both the physical facilities and the number of people who were operating the medical school, it's amazing in current terms how they succeeded in accomplishing all they did and in doing so well.

Int.: *At the time, did you think that it was difficult because you didn't have proper buildings to attend classes in or elaborate labs - that kind of thing? Did they seem to make it difficult for you?*

W.W.: No, I think you took it for granted and, then as now, there was a sense of appreciation of the fact that you had succeeded in getting into medical school. I think also that because the space was limited, the faculty were few in number, the students were relatively few in number, you got a very close personal feeling, both about your classmates and about your instructors whom, you felt, got to know you very well - sometimes perhaps too well!

Int.: *Yes, I can understand that. Perhaps you could say something about some of the instructors you had - just the level of the teaching that was happening at the time.*

W.W.: Well, I think the teaching was excellent. Looking back at the first year of the program, clearly it was organized by the group of people who had been brought in by Dean Weaver to head up the various departments; and I think for everyone who went through the medical school at that point - people like Dr. Sydney Friedman, head of Anatomy; Dr. Harold Copp, head of Physiology; Dr. Marvin Darrach who was then head of Biochemistry; and Dr. Jim Foulkes who was head of Pharmacology, which were the major basic science departments - clearly, those individuals had a tremendous impact on shaping the curriculum and also, I would say, were demanding of the students. And, as

we moved on into our clinical years, again people like Dr. Bob Kerr and Dr. Mike Whitelaw; Dr. Hamish McIntosh in the Department of Medicine; Dr. Rocke Robertson, Dr. Allan D McKenzie in Surgery; Jack McCreary , who subsequently became dean but, at that time, was head of the Paediatrics Department; Alec Agnew, who was then head of the Department of Obstetrics and Gynaecology - I think they were all perceived by us (as students) as formidable individuals. This is as good a way as any of describing it. They were bright, they were enthusiastic, they were demanding; but I think we also generally had a feeling that they were interested in us as individuals and concerned about our general welfare. But you did have the feeling that your performance was your individual responsibility. I think there was less of a sense, at that time, that the Faculty were responsible for the students in the way that sometimes there is a sense today.

Int.: *That may be just a changing in the times.*

W.W.: Yes, I think the times have changed considerably but they were a very impressive group of people. One of the things in looking back is that they came into those positions at what we would now regard as a relatively young age. Many of them took on their positions in their mid-30s; and I suppose today most of our department heads would be in their mid-40s when they move into that position. That may reflect the fact that it was a new school and the first dean was going out and looking for people and wanting to recruit people who were young and had fresh ideas. It may also reflect the fact that academic medicine in Canada was much smaller at that time. The pool of people on whom you could call was much smaller. I don't in any way mean to imply that they weren't equally good; but I think you were probably trying to recruit from a relatively small pool of academic physicians.

Int.: *Just to go back a little ways towards the few years before the Faculty of Medicine opened. I don't know that you would really have a lot of memory of that or be involved in it very much but there seemed to be a lot of trouble and a lot of debate in getting the Faculty of Medicine going. There were two reports done: one by Dr. Dolman, I understand, and one by Dr. Strong; they more or less advised different things for the Faculty of Medicine. Do you think that that time affected the students? Did it affect you in any way?*

W.W.: I think it had very little effect on the students. I would suspect that most students were unaware - those who were anxious to get into medical school and in a sense waiting for the medical school to open - were probably largely unaware of that kind of controversy. I think - I lived in the community and did my pre- med here so I can recall the first buildings, like the Wesbrook Building, being under construction and the public perception that this was going to be the medical school; but I don't think either the public or the prospective students had any clear concept of what was actually going on within the deliberations leading up to the medical school.

Int.: *Was there very much coverage in the local newspapers about what was happening?*

W.W.: I would say most of the coverage that I can recall was of a rather positive nature. I don't recall - and that may just be because I was high school age and not aware of it - much public discussion of the issues about where the medical school should be. I do recall, once Dean Weaver was appointed and the faculty started to be recruited and buildings started to be put in place, that there was a fair amount of really quite positive information that came out of the kind of people that were being recruited and what their research interests were; what they were going to do when they came here, and that kind of thing.

Int.: *So most of the information that the public would have received would have been after the decisions were made. It was more like that?*

W.W.: Yes, I think so.

Int.: *One of the things that I recall reading of - I think it was in 1946 - was that some students in the pre-medical society approached the Government and asked them to move ahead on getting a medical school going. At that time, had you thought that you might like to go into medicine, do you recall? Was it something that you would have liked to have seen because you felt that it was a career choice that you wanted to make?*

W.W.: I think for many students there was a feeling that they would have great difficulty going to medical school elsewhere because of the costs: the travel costs, the costs of living away from home in Toronto or Montreal or wherever. Historically, a number of students had gone back to McGill and other universities such as McGill had really been very open about accepting students from British Columbia. But I think that for many of us, perhaps not quite so much by the time you got to the class that I enrolled with but certainly the students seeking in the late '40s to get into medical school, it would have been a question of if there was not a medical school developed here they would not have had the opportunity to get a medical education. So I think for that group of students it was very important, and obviously to students who came subsequently, many of them could not readily go elsewhere.

Int.: *Fortunately for you, that really was not an issue by the time you had made that decision yourself.*

W.W.: That's correct

Int.: *You knew you just had to compete with people who were applying here. Did you find the procedures that you had to go through in order to apply to the medical school difficult?*

W.W.: Well, it is interesting to look at those in retrospect. I think when the medical school opened there was, if you like, a backlog of people who had been waiting to try to get in and consequently, if you look at the characteristics of the first-year class, there were a number of people in that class who were older, some of them having gone through the war and that kind of thing; a fair number with higher degrees. Even by the time the class I entered with was applying, the pool from which medical students were drawn, just in

terms of that age group, was quite small. That is, it was the age of people who had been born during the Depression, and demographically that was a small group. So that, looking back, we thought it was competitive to get in; actually, it was not very competitive to get in and indeed it is interesting in the same way that the attrition rate in medical school was quite high: 20-25% of the class who did not get through in those days and that obviously changed dramatically by around the mid-60s where the baby-boom started appearing and it became then much more highly competitive, and comparatively the attrition rates declined very substantially. I think what was happening in the early days was that the top end of the class were very good indeed but the bottom end tended to taper off, whereas now I would say we get a much tighter population of students and there are fewer of them that have academic difficulties.

Int.: *It is interesting because I think, from what I have read, that the quality of students applying did drop off across the country during that period of time. It wasn't just here.*

W.W.: I think it was - it's a reflection of the number of people in the age group who are applying and, of course, in the first class or two you had a large number of returned veterans and people of that sort who were applying. By the time you got into the mid-50s and early '60s you were looking at a population of people that was quite small and then, as the numbers increased - and, of course, one of the interesting factors is the very small number of women in those early classes as far as I have been able to discern - not on any policy basis but simply that there were relatively few applicants, and that's changed dramatically in the last ten years or so. And I think that it's not a scientifically rigorous observation but my sense is that the women who applied in the early days of medical school tended to be strong academically and tended frequently to perform in the top ha1f of the class whereas today I would say the women are more evenly distributed academically. And I suspect that was a reflection of having to be fairly highly motivated and good academically if you were a woman before you applied whereas their male counterparts with more marginal academic performance might feel it was worthwhile to apply because of career patterns on those times.

Int.: *When you graduated - that was 1958, was it?*

W.W.: Yes, that is correct

Int.: *The buildings that are now the Faculty of Medicine were not yet constructed so all of your classes would have been held in the huts. What was that like?*

W.W.: Well, the huts had certain advantages. They had a homey quality about them. Yes, you could drive nails into the wall, things of that sort which are harder to do with the new buildings. They were very flexible. Obviously, the space was extremely limited and had to be used highly efficiently and there was a limitation on the accommodation for faculty and that kind of thing. So that I think, from the student's standpoint, you didn't miss better facilities because you weren't expecting them. From the faculty standpoint I think it must, for example, have been very frustrating to have been trying to recruit people into those facilities. If you were trying to get good people to come from

elsewhere, one of things they would want is a place to work and to do their research and that kind of thing. The huts placed a considerable limitation on that. I suppose the first permanent building to be constructed on campus associated with the medical school was the Wesbrook Building, and the first permanent space at any of the hospitals was the faculty building at the Vancouver General Hospital, which is at 10th and Heather. That made a substantial difference. When I started, the lectures down at the Vancouver General were in a very low-ceilinged room in the basement with pipes running by, and it was a very good place to go to sleep.

I recall Dr. Agnew introducing his lecture on obstetrics by saying "some speakers come with a message, others bring slides, please turn out the lights." (Laughter) The faculty building at V.G.H., as I recall, opened in 1956 and provided much better teaching facilities and accommodation for the clinical faculty who were, and to some extent still are, located in that setting or in other similar settings.

Int.: *There are a couple of things that come to mind with your mentioning the building at the Vancouver General Hospital. There was a lot of debate about building a hospital at the university when the Faculty of Medicine first opened. Do you think, by putting a brand-new building at the Vancouver General Hospital that that made it more difficult to develop a hospital at the university; and do you think, as a student, that this affected you? Were students in favour of that or not? Was it something that they debated at the time?*

W.W.: Again, I suspect students did not think about that very much. I think that would be much more a preoccupation of faculty, and I know many of the early faculty were recruited with the expectation that there would be a campus hospital within a year or two. And some of them were, around 15-20 years later, still expecting a campus hospital within a year or two! So I think it was at that level that it was a much more significant factor.

Int.: *Didn't really affect the students then?.*

W.W.: No, students in those days pretty much did what the faculty told them it was appropriate to do. If they said, your classes are going to be at the Vancouver General or you are going to have clinics at Shaughnessy Hospital or whatever it happened to be they thought was normal and appropriate, you went ahead and did it.

Int.: *Students didn't go out and march and protest because they had to drive to the Vancouver General or drive to Shaughnessy Hospital for classes?*

W.W.: Of course, in those days even driving…

Int.: *Hop a bus, probably...*

W.W.: Or obviously, things like car-pooling and that kind of thing. So that a relatively small proportion of the class might have access to cars to get around amongst the hospitals.

Int.: *So how did you manage? It must have been difficult.*

W.W.: I suppose it was. I don't think we perceived it as difficult because we perceived it as normal; and consequently you made whatever arrangements were necessary, as best you could.

Int.: *Were you late for classes, or .... you must have had to juggle your times around?*

W.W.: Yes, I suppose, to schedule and that kind of thing attempted to accommodate the fact. It's been one of the constraints historically on our curricula arrangements, and to an extent still is, with the four hospital sites that we work at; so that, when you think about the desirability of integrating more clinical activity with the basic science activity, that's obviously harder to do if all the basic sciences are located ten miles away from all of the clinical work - which is one great advantage, obviously, of having a campus hospital. So that the program - it was a common pattern, and still is - was based on the basic science work virtually all preceding most of the clinical work. And partly that's for logistical reasons of moving students around and moving faculty around and that kind of thing.

Int.: *Not just because that's the best way of teaching...*

W.W.: That's right. Yes. You can argue curricula issues either way.

Int.: *But you still get down to the fact that you have to do it here and there.*

W.W.: And there. And therefore you have to try and schedule with some regard to people moving around. It's interesting now, of course, we are developing things like television 1inks between the hospitals; and, of course, that kind of issue would not have even been thought of at the time that the medical school started.

Int.: *I suppose not, that's for sure, times do change. You have mentioned a little bit about the teaching here at the university and pre-clinical years. What about the clinical years which were at the hospitals? How did you find the teachers that you had to deal with there?*

W.W.: Well, I suppose - as for all medical students - the exciting thing is to begin contact with patients because that's what most students go into medicine wanting to do. Clearly, there were relatively few what we would call full-time faculty members in the clinical departments and the School depended a great deal, and still does, on people who are in full-time practice to do some of the teaching. So much of our early teaching in the clinical setting, as opposed to the lectures, would be from people who were practicing clinicians and, looking back on those people, I think one can't help but feel very indebted to them because, in many instances, they were new at it. They had very limited resources in terms of teaching aids or that kind of thing. But they were very keen and enthusiastic, and supportive of the School and the students, and many of them, I think, have remained a part of the School even now. I suppose the last of the people who were

involved at the very start of the School are now reaching retirement age; but they have been a very interesting group of people in practically all disciplines. They did a tremendous amount to get the place going and gave the students a strong sense of the value of clinical medicine as it is practiced in the community.

Int.: *I imagine they had to give up a lot to teach within the Faculty of Medicine.*

W.W.: Yes, I think it was a two-way street. I think in a sense they felt they were prepared to give time but also I think saw genuine advantages to having a medical school here and to the developments that made possible in the production of new techniques and people with specialized interests and that kind of thing. And also I think that, like many people, they were in some instances pleased that their children might have the opportunity to go to medical school here rather than having to go elsewhere. And, over the years, a large number of sons and daughters of people who were involved with the early days of the Medical School have, in fact, gone through medical school .

Int.: *Do you feel that you were encouraged more - as a student - to go into general practice more than you would be to pursue a research type of career within medicine? Or do you think there was any encouragement, really, in either direction?*

W.W.: I would say it was very much an individual kind of thing and, to some extent, that's still true. I don't think the School has ever had a philosophy of training family practitioners or training specialists or training academic medical people and, as a result, I think some of the students who became involved through things like summer research programs became interested in academic medicine and have pursued it. And, indeed, if you look at the graduates from the early classes who are now in academic positions, either in this faculty or others, the majority of them came under the influence of one or more faculty members who perhaps had them work on research projects and things of that sort.

Int.: *Were there a lot of opportunities for students to help and work on research projects that were going on?*

W.W.: A fair amount. Probably not as much as there is today, but I would say that a considerable number of the students had a chance to work in research labs, particularly in the basic science departments, in the early days. I think the research activity got going to a greater degree in departments like Anatomy, Physiology, and Pharmacology; and more slowly in the medical departments like Medicine and Paediatrics and so on, so that the initial opportunities frequently were more evident in the basic science departments in the early days, whereas now, I would say, they are more uniformly distributed.

Int.: *Did you have an opportunity yourself to work on research projects as a student?*

W.W.: Yes, I worked for three summers in the Anatomy Department, which is really how I ended up going into academic medicine. And a number of people round the faculty, Dr.

Hardwick for example, head of the Department of Pathology, also did that kind of thing. Dr. Hinke, who is now head of anatomy at the University of Ottawa, did that kind of thing.

Int.: *So it sounds like there were quite a few opportunities and students did take advantage of them.*

W.W.: Yes, that's true.

Int.: *I imagine it was also a way for you to - you say, you worked during the summer on these research projects - to get some money to pay for the following year. Was that part of the plan as well?*

W.W.: Yes, indeed. I would say most of the students, then as now, worked in the summer to help defray the costs of going to medical school. I suppose that also has had curricula implications. I guess it's true of this university that many of its students put themselves through by working part-time during the summers and that kind of thing. And that means you have to be careful about encroaching too much on their summers. One of the problems, for example, and there was a major change in the curriculum to make the final year of so-called clinical clerkship of 52 weeks duration which eliminated the summer between third and fourth year, and arrangements were made so that the final year students do get some payment during their fourth year. Part of the argument for that was that many of them need that kind of …

Int.: *But you didn't have any of this to deal with when you were a student; you did have the summers off?*

W.W.: Yes, we had the three summers, whereas basically they had the two summers.

Int.: *I'm not sure if I've got this right but I think that the fees were $400 for your first year. Is that correct?*

W.W.: It would be that order of magnitude. My recollection is about $450.

Int.: *Do you recall it being difficult to get together that amount of money or not? It's always hard to make comparisons when so much time has gone by.*

W.W.: Well, relatively the fees were clearly higher than they are now; that is, inflation generally has been far more than fourfold. I guess the fees are about four times what they were then. I think fees, however, are probably not the major difficulty for most students. I think the major difficulties are issues around whether you can live at home or not. So that the costs, if you live in Vancouver and can live at home it's likely to be much easier for you financially than if you are coming from out of town and have to support yourself or maintain yourself independently.

Int.: *Do you recall, in your class, if there were quite a number of students who were from out of town, or would most of them have come from the Lower Mainland area?*

W.W.: There were a fair number who were from out of town. And there were a fair number who were from other countries, more so than now. That's been partly a function of the admissions pressures. But, at that time, we typically had several Colombo Plan students in the School and also individuals who might come from the Caribbean, and one individual from Nigeria who was in our class, who then went back to Nigeria and is in practice there. He comes back for our reunions and things of that sort. So there were an appreciable number who were from out of Vancouver proper and a fair number who were Americans in the early days, more than we would have currently, again because of the applicant pressure.

Int.: *As a student, did you really think much about or have very much to do with the Dean of the Medical Faculty? I believe that then would have been Dean Weaver when you first started?*

W.W.: Yes, it was Dean Weaver when I first started and it was then Dean Patterson who was dean at the time that I graduated. We would have had relatively little directly to do with the dean. Dean Weaver did give a course in the History of Medicine in first year at the time that I went through. Our personal dealings would be more likely to be with the associate dean, or assistant dean, or assistant to the dean - the title has varied over time. When I came in, Dr. Darragh, who was head of Biochemistry was also acting as assistant to the dean and was the person whom the students were contacting.

Int.: *Whom you would have gone to see if you had any problems or any thing to talk about?*

W.W.: Subsequently, Dr. Nelson who was in Public Health was involved with that, and Dr. Mather had that role, and then a number of other people have since that time.

Int.: *So you probably would not have had much impression, as a student, of the dean at that time?*

W.W.: Unfortunately, Dr. Weaver became ill when we were in our first year, that was in 1954-55. 1 suspect the earlier - you know, the first four classes - probably had a good deal more to do with him.

Int.: *I would have thought, just because of the nature of starting the School. And then Dean Patterson wasn't really here for very long so I don't imagine you would have had an awful lot . . .*

W.W.: I got to know him fairly well. He was here, I guess, in my last two years. Indeed, I recently had an opportunity to meet him again and had a conversation with him, which was fun because we sort of reminisced about his time at U.B.C. He came from Western Reserve, which had had a quite experimental medical curriculum, and I think some people hoped he would introduce some aspects of that here.

Int.: *As a student, were you aware of that kind of debate going on?*

W.W.: A little bit.

Int.: *Were you interested in it? Did it sound to you as if it might be something worth trying?*

W.W.: I don't think we probably gave it a tremendous amount of thought. We were aware of proposals for change and that kind of thing but we were not directly involved with them in the way that students today tend to have representation on committees and things that are looking at the curriculum. At that time, that was pretty well strictly a faculty preserve.

Int.: *So you would have heard of them and perhaps...*

W.W.: Yes.

Int.: *Another thing that has crossed my mind while we were talking. I should say it before it pops out - it is one of those things that I think is going to - is, you were required, as well, I believe, to do a thesis. Was that in the time that you were a student?*

W.W.: Yes, that was still the case. I forget precisely when that requirement was discontinued - it would have been in the '60s, I think. The thesis requirement could be met by doing an actual thesis or, if you did research during the summers and published that in appropriate scholarly journals, you could submit the publications in lieu of a thesis. And that may possibly be one of the reasons why a fair number of students did get involved with research; that is, that was either a way to do the preparatory work for your thesis or to actually publish something which you could use to meet that requirement. So it was an incentive, if you like.

Int.: *How did you feel about doing the thesis, yourself?*

W.W.: Well, again, I think one took that as part of the territory so there was not too much questioning of it, and I met the requirement by publishing work I had done in the summers; and that was a relatively painless way, if you like, to meet it. I think some of the students who had to spend a lot of time during the regular school year working on their thesis project found it frustrating.

Int.: *Well, I believe at one point,I think it was 1956, I'm not sure, some of the students did put forth a petition and asked to have the thesis dropped. I guess they must have felt the pressures. You weren't really involved in that yourself and you didn't feel the same?*

W.W.: I don't recall being involved in it.

Int.: *Another question that I thought would be interesting to find out about was the preceptorships: that was where students were sent to work with doctors in smaller communities. Is that correct?*

W.W.: Yes, initially - at least at the time I was going through - that occurred after you had completed your four years and typically between the time when you finished your exams and graduation, which was towards the end of May. There was perhaps 4-6 weeks in there and students could do several weeks or preceptorship with a practicing physician somewhere in the province.

Int.: *So this was actually a relatively short time, then, of two weeks really?*

W.W.: Yes, a relatively short duration, but I did one with two doctors on the North Shore and it was a tremendously valuable experience. We had had relatively 1ittle direct office experience, although we had a fair amount of time in the old outpatients departments which, this being pre-medicare, there were large numbers of people and those were a fairly major teaching base at that time. The other thing, I think, is that prior to the clinical clerkship coming in, there was less clinical experience in the undergraduate program and more didactic teaching at the clinical level; so that I think for many students the preceptorship was a very exciting opportunity to get some hands-on, real world practice prior to starting internship.

Int.: *How much freedom were you actually given in your preceptorships? Did you get in there and actually treat patients yourself or were you more or less working alongside of the doctor?*

W.W.: You would be working alongside the doctor. I was in the fortunate position where the two doctors whom I then perceived as an 'older man' - I don't know if I would today - and his son who was a fairly recent graduate. And that was very good for me for it gave me sort of two perspectives…

Int.: *Quite a balanced look at it, really...*

W.W.: and they were . . . as with anything of that sort, you have to establish a degree of credibility with your supervisors so that they trust you to do a certain amount, and as that sense of confidence that you are not going to foul things up builds you get more to do. I got quite a lot of sort of practical experience and opportunity to participate as well as just to observe.

Int.: *It must have been quite exciting, really.*

W.W.: Oh, it was; it was a great experience.

Int.: *How did the four years that you spent at medical school actually unfold? The first year you were doing basic science courses...*

W.W.: At that time, the first year and much of the second year were basic science courses; and the latter part of the second year and third and fourth years were clinical courses. One of the things that happened when the clerkship came in later was that more of the clinical didactic work was pushed back and the basic science part of the program compressed; that is, fewer hours of anatomy and physiology and biochemistry and those kinds of basic science courses. So that, I would say, you were slower getting into clinical work than would be the case today. Perhaps the intensity of the didactic teaching was less because it was spread over four years and your real, practical experience was more of the internship; whereas the clerks today get a lot of experience that we would not have got until we got into the internship phase.

Int.: *It has kind of speeded up in some ways?*

W.W.: Yes.

Int.: *What about some of the social things that happened as a student. I tend to think that they had more elaborate graduation balls and affairs years ago than they do now, and having a smaller class you probably would have got a chance to get to know people a 1ittle better.*

W.W.: Well, certain social functions have existed, sort of traditionally and throughout the years of the medical school. The Medical Ball, for example, has. It was a major social function in which the practicing profession in the community also participated very extensively, and the students used to put on entertainment and that kind of thing. That declined. It particularly, I guess, declined as music tastes changed and…

Int.: *A division, I suppose*

W.W.: …those of us who still have our hearing found it difficult for a while. To an extent, it is coming back. It is interesting that the traditional medical ball had Dal Richards and his orchestra for many years. The last two medical balls have had Dal Richards and his orchestra back.

Int.: *Oh, really, that is interesting.*

W.W.: The students weren't sure how that would go down but they have obviously enjoyed it as well as the older faculty. So that's been a very traditional thread. There have been a lot of other social events that, to some extent, have come and gone.

Int.: *Can you think of things that took place when you were....*

W.W.: Well, there used to be a traditional sort of stag party which has evolved into what we call Beer & Skits Night. Now, given the composition of the class, that was a very male, chauvinistic sort of exercise where it was jokingly said that it was never held in the same hall twice. We sort of started in the West End of the city and moved progressively east as more and more halls declined to be willing to accommodate it again.

Int.: *Oh, no (laughs)*

W.W.: That, too, has gone through cycles, and now I would say, many more people because of bigger enrolment and so on; and it evolved to having a more entertainment as skits component whereas originally it had been more of a party. There has always been a Christmas party of some sort. Basically, what has tended to happen was that different years were given different responsibilities for different social events so that Second Year, for example, was and is responsible for organizing the Medical Ball. Another class might be responsible for organizing the Christmas Party. And other things evolved. For a number of years there was an annual picnic in the early fall.

Int.: *Did you take part in that? Can you remember something about that event?*

W.W.: Yes. I think I can remember one in Belcarra Park. And there was a touch-football game with Dr. Kerr and Dr. Rocke Robertson as captains of two respective football teams. I think most of us now would have a hard time envisaging that event, and tug-of-wars and things of that kind. I recall at that particular one, one of my classmates had borrowed a hawser from a tugboat to use for a tug-of-war…that kind of thing. Those kinds of activities have cycled up and down. For a number of years, for example, there were student/faculty retreats which were a very popular kind of event in the '60s but which have not tended to be a feature of the later '70s and recent years. But the early ones were the Medical Ball, some kind of an annual stag party, a Christmas party, and perhaps some kind of social event involving faculty and students.

Int.: *I imagine you were able to get to know your fellow classmates a lot more easily than students do now.*

W.W.: Yes, I think that's probably true. We have about twice as many students per year now as we did then and, just by virtue of the smaller number, I think you probably knew your classmates - you knew a higher proportion of them. I suspect that students now in a class of 130 have, to some extent, a group they know well and a group they know less well.

Int.: *Well, I think we are just about at the end of the tape today. I think we'll have to get back together another time and carry on then.*

INTERVIEW WITH DR. WILLIAM WEBBER on Tuesday, April 2, 1985 - Part II

Int.: *So, Dr. Webber, just to carry on where we left off last week. One of the arguments that was put forth for having a campus hospital was that if it was off the campus the students would lose a lot of the cultural advantages there are in being at the university. Did you*

find that, as a student, this happened to you, when you had to go to Vancouver Genera1 to do your last few years.

W.W.: I wouldn't see that as a big issue because I think, for most of the students, they would already have been on the campus for perhaps five years so I would not have perceived that as one of the major reasons for wanting to have a hospital on campus. I think it's much more the interaction that is possible between the other academic units on campus and the people working in the hospital that are an advantage. And also the advantage, at an early stage, of giving the students some patient contact.

Int.: *Do you think the experience of a large, urban hospital was a beneficial one rather than the experience of a hospital that would probably be smaller on a university campus.*

W.W.: Yes, I think there are advantages to students having quite a diverse experience and I think, if they were confined to experiences in a university campus hospital that certainly would give them a somewhat restricted background; and obviously, in the case of the hospital we now have on campus which lacks such areas as paediatrics and obstetrics, in a sense it is an incomplete institution. Of course, that's also true of Vancouver General Hospital now, although it wasn't in the early days of the faculty.

Int.: *They don't have maternity there now.*

W.W.: That's right.

Int.: *Do you think that, looking back again to the early '50s, people were really concerned about the students. Do you think the welfare of the students was uppermost in their minds in making a lot of the decisions they did about the Faculty of Medicine?*

W.W.: Yes, I think on an individual basis there was a high level of concern about the students, and certainly I think the students felt a close affiliation with the individual faculty members. I think that some of the organizational decisions that were made may have been made for a variety of reasons, not just the interests of the students but trying to get research programs going and things of that sort, which are really an integral part of a faculty of medicine.

Int.: *I think we mentioned briefly the other day when we were talking about the two surveys that were done: the Dolman report and also Dr. Strong's report. They were both done around 1946, I believe. This was a 1ittle bit before your time, really. Do you recall that you understood about them as a student, that you were aware of what was written and what the debate and discussion was about?*

W.W.: I think the students, certainly speaking for myself, would have been almost totally unaware of those issues. Our concern was getting into medical school, getting a medical education, and that kind of thing. I think there was probably much less direct interest by students in the background administration, governance of the faculty than would probably be true today where students now are on many of the major committees. That

would have been most unusual, and so I don't think the students were particularly conscious of issues - controversy about where the school should be, or how it should function.

Int.: *Let's go over some of the points that Dr. Dolman presented in his report and see whether; you feel, as a student they were important to you or things that you would have thought about at that time, and also whether you think some of those points were met by the Faculty of Medicine as it was created. He said that a stable, flourishing university would be required in which to put a faculty of medicine.*

W.W.: Yes, I think that's certainly the case. I think you can have a stable, flourishing university without a faculty of medicine but these days I don't think you can have a good faculty of medicine without it being closely affiliated with a strong university, both in the arts and sciences.

Int.: *Would you say U.B.C. met that criterion in 1950?*

W.W.: Yes, I think so. I think that the basic elements of a very good university were in place at that time and have evolved since, but certainly I don't think that was a problem at the time the school was established.

Int.: *Also, a large pool of applicants from which you can draw high-quality students.*

W.W.: I think that is very important, and if you look historically, I think in the first few classes because, as we discussed last time, there were people in a sense waiting to get in, there was a large pool of applicants. It's my impression that the pool declined in the late '50s-early '60s and then, as the population of the appropriate age applicants increased, the pressure mounted in the late '60s and through the '70s and is now fairly stable. But I think that is very important. I think if you don't have a reasonably large pool, obviously you run the risk of having a high attrition rate and relatively inefficient operation in terms of the high cost of educating medical students.

Int.: *What about an adequate budget? As a student, you may have been aware of certain things that weren't as well equipped as possible; you may not have been. What do you think you can recall about that?*

W.W.: Well, I think that as a student one wasn't particularly conscious of that as a problem. Certainly, some of the equipment we used was fairly rudimentary but I think the faculty did a remarkable job of making do and I think we got a very good education. In retrospect, today, looking back at the resources, I think they were minima1 indeed and I don't think many people would have the temerity now to start a medical school with the kind of resources that were available at that time.

Int.: *A carefully picked staff, with interests and abilities both in teaching and research. We did talk a little bit about this last time, but maybe there is something else you think you might like to say about that.*

W.W.: Yes, I think one of the things I regret is not really having had a chance to get to know Myron Weaver because I think he must have been quite a remarkable man. He came here with very limited resources and recruited a group of, I think, very bright and very able and very dedicated people, relatively early in their careers. That is, as I think I mentioned last time, they were quite young to be taking on those kinds of responsibilities.

Int.: *Can I just interrupt you here, just for a second. This isn't, of course, directly related to when you were a student but perhaps you can answer it. Would Myron Weaver have been the one directly involved in recruiting the faculty or would it also have gone through the University President?*

W.W.: I think the Dean would have had a very major role in recruiting the early faculty, particularly the department heads. It would then have been the responsibility of the heads more in recruiting other faculty but I think probably in my view no single factor does more to determine the quality of the place than who get recruited as department heads. They have a very major steering effect on the educational programs and the research programs, and I think he did a remarkable job in bringing together a group of able, dedicated, very hardworking individuals to get the school under way.

Int.: *It was also suggested by Dr. Dolman that full-time heads and additional people in the clinical departments be full-time as well.*

W.W.: Yes, that's been an evolving situation in medical education generally. In the early '40s relatively few of the clinical faculty were what we would call full-time. Many of them had major practices and were in essence part-time in terms of their academic work.

Int.: *Were there some full-time clinical people, though?*

W.W.: There were some, and that was really just starting. I don't have a sense of how far it had evolved nationally at that time. But certainly if you look at the change from when the school started to now, there is a dramatic change in the number of full-time people in faculties of medicine in North America generally. But I would certainly agree, I don't think it would have been possible to start the School without the heads of the clinical departments holding full-time university appointments.

Int.: *So as far as this point that Dr. Dolman made, when the Faculty of Medicine here first started, they did have full-time heads but they didn't necessarily follow his advice in having a number of full-time clinical appointees.*

W.W.: They had relatively few in the early days and I am sure that was a resource issue in part. It may also have been in part that such people were scarce; that is, that it took time for that number of well-trained people to build up in North America generally. So it would have been competitive recruiting with other institutions.

Int.: *He also suggested that the University, through the Faculty of Medicine, be granted complete control of a sufficient number of hospital beds. As a student, did you feel that there were enough beds at the Vancouver General and other hospitals that were in use?*

W.W.: Yes, I don't think we had a sense of that being a problem. I think one of the questions would be precisely what complete control means. Essentially, a faculty of medicine shares a lot of resources and responsibilities with a hospital. I think there needs to be sufficient control in that there is control of the quality of patient care that is going on and that that provides the environment in which the students are being taught. Obviously, if the faculty has no control over the quality of care it is difficult to teach standards of care.

Int.: *He also suggested that there should be a right to nominate teaching staff for all of the affiliated hospitals. Do you know if that was a right that was given to the Faculty of Medicine right from the very beginning?*

W.W.: I'm not sure of the details of that. But certainly at a very early stage, people who were being brought in by the faculty were also being given appropriate hospital appointments. Whether that was a problem in particular cases, I'm not sure.

Int.: *Were the wards closed to other people coming in when they were used by the university?*

W.W.: You mean by other doctors?

Int.: *Uh-uh.*

W.W.: That varied, I would say. Some particularly what were called the staff wards in those days - were heavily used for teaching and were supervised by particular doctors who had a major responsibility for teaching. But many of the other wards and many areas of the hospital which were essentially open for admission by a wide variety of doctors.

Int.: *Do you recall the sizes of your classes in the clinical years?*

W.W.: You mean the number of students?

Int.: *Yes, who would take part in the rounds that you would do?*

W.W.: Then as now, the class as a whole might receive lectures or whole class exercises. The class would be broken down into small groups of 4 to 6 students for clinical teaching of various sorts, and in some of the more specialized areas you might be on a one-to-one or one-to-two basis. For example, if you were working in anaesthesia or something like that you would probably be an individual student. In general, in medical and surgical teaching settings it would be a small group and there would also be opportunities where you would obviously see patients by yourself and have an opportunity on a one-to-one basis with an instructor to review what you had found.

Int.: *Did you get a lot of that kind of opportunity as a student?*

W.W.: It is hard to remember precisely, but my sense is we had a lot of it. Relatively large amount of that kind of experience; relatively 1ittle responsibility, I would say. The responsibility is phased in earlier now than it was then.

Int.: *Oh, that's interesting. What about the heads of the clinical departments being chiefs of the hospital services as well? Was that a policy that was already beginning, do you recall?*

W.W.: Yes, I think we just perceived it as normal that the head of Medicine would also be head of Medicine at the Vancouver General Hospital, and the head of the University Surgery Department was head of the service at the Vancouver General, and so on. That kind of practice has continued in that the heads of departments are normally heads of the corresponding department at one of the teaching hospitals.

Int.: *Dr. Dolman also suggests that, apart from the teaching affiliations with the local hospitals, there should be a university hospital staffed by the Faculty of Medicine. We have talked about this and I think you said that, as a student, it wasn't really an issue that was of great concern to you.*

W.W.: That's correct. I don't think the students gave much thought to that issue.

Int.: *He also stated that he felt that the Medical School should be located on campus for physical as well as spiritual reasons, so there is an affinity between the medical sciences and the clinical departments within the faculty but also to have that affinity between the faculty and other faculties. Do you think that was achieved by the way the medical school was formed? Was there an affinity with those two separate parts of the Faculty of Medicine, and between the Faculty of Medicine and other departments? And again, thinking back as a student - it's hard to do, I know…*

W.W.: Thinking back as a student, I would say there was not as much affinity as one would have liked between the basic science departments and the clinical departments. That's by no means unique to the early days of this school and even today there are some areas in which I would like to see closer affinity. In some areas there was quite good inter-action between the basic science departments and other departments in other faculties of the university. Relatively little involvement of clinical departments with departments in other faculties. I guess, in those days as a student, we tended to take what was appropriate in a rather unquestioning way.

Int.: *Something you might have observed but that would have been more or less the end of it.*

W.W.: We assumed that was the way it was.

Int.: *What about the medical faculty affecting other departments within the university? Did you sense that, again as a student, it had either a negative or a positive effect?*

W.W.: I think if anything I would have perceived it as having a positive effect, that it was an important professional area which the University had lacked and which it had acquired as a result of the development in the '40s. Similarly, I think, the Faculty of Law was perceived in much the same way; that these were things that a good, major university should have and now had. And I think there was a generally positive attitude, as far as I was aware, in the university in general towards the establishment of professional faculties such as Law and Medicine.

Int.: *You got that feeling, just talking to other students as well; that they were pleased that the University was growing and establishing itself?*

W.W.: Yes.

Int.: *He also says that he feels it should be a long-term project that could grow and become a nucleus for a medical and health centre. Do you think that the foresight that the people who were here in the beginning had allowed for that kind of thing, and do you think that it has happened?*

W.W.: Yes, it is interesting to go over these questions because they are remarkably perceptive…

Int.: *They seem to be.*

W.W.: … and, if you look at what's happened in the very early days of the establishment of the University on this site, this corner of the campus was set aside for health sciences development. Indeed, early plans show a campus hospital, back in the 19-teens. And if you look at what's evolved, Nursing, of course, was established prior to Medicine but, since that, the Faculty of Pharmaceutical Sciences, the Faculty of Dentistry, the School of Rehabilitation Medicine, the School of Audiology, and a whole host of other health-related programs have developed and we now have a quite well-integrated health sciences centre. So that, in a sense, what he was forecasting or looking forward to has developed and I am sure will continue to develop.

Int.: *It seems that it has just taken a little longer than what a lot of the people who were there - for instance, Dr. Dolman - had hoped for at the very beginning. I imagine these things do generally take a certain length of time to develop.*

W.W.: Yes, I think there are both political decisions involved, institutional academic decisions, and the obtaining of resources. And those don't a1ways come in a nice, well-synchronized way.

Int.: *Just like life in general?*

W.W.: Yes.

Int.: *The last item that he states in this particular group of topics is that he feels "the dean should be selected with utmost care and be assured of the full confidence of the faculty and of the University administration, and be endowed with explicit and adequate powers." We have talked a little bit about Dean Weaver, but do you feel that was the case with Dean Weaver?*

W.W.: Yes. From everything I know of him I think he was probably an ideal choice for that task. My perception is he carried it out extremely well under what must have been very demanding circumstances.

Int.: *He has a few minor points that he puts below them that I think we should go over as well. He says, "The community must be sympathetic, intelligent, progressive and prosperous" if you are going to put in a faculty of medicine. Do you think that was the case in Vancouver in 1950 or when you were a student?*

W.W.: In general, I think it was. I think that the faculty was well received by the community, both the medical community and the general community. That's not to say that there weren't problems from time to time, but I think it was an opportune time to start a medical school. The community was developing, the university was developing. The need for higher education, I think, was quite well recognized; and the need to have opportunity in the Province for young people to obtain professional education, which they had had to go away, to leave the Province, to get previously. So I think in general it was a reasonably propitious time.

Int.: *You don't think there were too many people sitting there saying No, we need the money for other things and we don't want this to happen?*

W.W.: I don't think there was very much overt opposition. The opposition, I suspect, would be more in terms of mechanism and process than in terms of Yes/No to a medical school.

Int.: *He also felt that the "Faculty of Medicine should extend its influence to all parts of the Province, with post-graduate training, improving standards of other hospitals within the Province, and developing a close relationship with the City and the Provincial health departments so that they can have reciprocal advantages," leading ultimately, I would imagine, to improved medical facilities for the public. Do you think that happened or was it something that progressed along the way?*

W.W.: I think it's certainly a noble aspiration. It's also a bit of a balancing act because, on the one hand, I think the Faculty of Medicine should be perceived as a resource for all the Province. On the other hand, the Faculty of Medicine ought not to intrude unduly into the provision of medical care because there are other agencies and bodies responsible for that. So I think that's an evolving process that has happened in some areas. It is easy to cite examples where the Faculty has resources and expertise that would otherwise be unavailable to the citizens of the Province. Many of the special care units that have developed, that people are referred to from all over the Province, are staffed by people

who hold faculty appointments. Teaching and research go on in them as well. Faculty has had, I think, a generally good relationship with the City Health Department and Ministry of Health and so on. There has been a good deal of cooperation. That kind of thing probably has never proceeded as smoothly or as effectively as one would like; and it's something that in any jurisdiction there is always a lot of work you would do on.

Int.: *And, the final thing he suggests is that the University share its resources with the university at large and offer courses to non-medical students, to graduate students, and help them also in ancillary locations. Did that happen in the beginning, do you know? I imagine it does now.*

W.W.: I think it began to happen fairly early on. Certainly, departments like Biochemistry and Physiology early on got involved with teaching of science students and teaching of students in other health sciences disciplines. That's steadily grown, and I would estimate that about a third of the Faculty of Medicine teaching is to students other than medical students or specialty trainees at the present time. So I think that has certainly happened, and it started to happen quite early.

Int.: *Just going back to when you were a student again. A lot of these questions have gone beyond and deal with a lot of what has happened now but do you feel - I think we probably went over this but we'll try it again - as a student that having a divided school was second-best. I know I've asked you this in different ways. But did it occur to you or did you feel that this wasn't really going to be as good as McGill or one of the other established schools?*

W.W.: I don't think the students made any direct comparisons of that sort and few of us would have been in a position to do so. There might have been some students who had done their pre-medical at some other university or were more mature at the time they had come in and might have some basis of comparison, but most of us simply would not have had a basis of comparison and probably did not spend much time trying to make such comparisons.

Int.: *This is quite a personal question in a lot of ways: What were some of your expectations when you entered the Faculty of Medicine, and do you think - if you can think back for a moment - that some of those expectations were met?*

W.W.: As a student I went into medicine anticipating going into general practice because that was really all I knew even a little bit about. In those days perhaps more so than today, we entered medical school really very naive. I wasn't aware very much of the opportunities for specialization let alone for the opportunities for things like academic medicine, and consequently my expectations and aspirations changed while I was at medical school while I became aware of the broader range of opportunities that had opened up. I would guess that the considerable majority of students going into medicine at that time thought of themselves as going through and becoming family doctors.

Int.: *I recall you mentioned last time starting 4th year and being at the hospital would have been a very exciting time because that's really what people went into medical school to do. So it is interesting that your path really did diverge from what most of your fellow students ended up doing.*

W.W.: Yes, I think that that's probably true. The majority of my classmates would have become family doctors, with a large minority going into various specialties and a small number going into academic medicine.

Int.: *I also understand that when you graduated you received quite a number of scholarships. How did this affect you? Did that in itself change the direction of where you were going? How did you feel about it?*

W.W.: I guess I was pleased and a little surprised. I think probably it did suggest to me a wider range of options than I had thought about; that is, that it indicated that I perhaps had more capability than I had thought I had and therefore encouraged me to go off and do post- doctoral work and things of that sort. It was a reassurance, if you like, about my abilities. I think those would be the main things.

Int.: *This was just something I came across in my reading. It doesn't seem to relate to a lot of things but I thought I would throw it in and see whether you can recall. I may be wrong. Were the first pre-clinical sessions in psychiatry done with families, do you recall? In some way, with families and young children?*

W.W.: Ah, now. The pre-clinical sessions when it first started - and it started after I was a student.

Int.: *Oh, so you wouldn't have dealt with it as a student.*

W.W.: I didn't deal with it as a student. When I came back to the faculty I was interested in it and I actually sat through it for a year when Dr. Slade was running it. And indeed initially it was based on families. The idea was to familiarize students with normal family interactions, feeling that many students had not had that kind of experience. They might not have encountered old people. Their own family situation might not have put them in contact with young children. I think the difficulty for the students going into that was that they went into a normal family and didn't have a very well defined role, and many of them felt very awkward. I can recall the year I sat through it, some of the students came back and it turned out they had helped construct a playroom in the basement or something like that! They tended to interact with the family in a whole variety of ways. Being medical students, the thing started to evolve towards pathology, to start being involved with a family where there was illness or something of that sort and that, of course, tended to give the student somewhat more focus. 'I'm here to learn something about someone in the family who has cancer or who has tuberculosis' or whatever. That was not the original intent as I understood it. The original intent was, as with physiology or anatomy, to start with the normal and then move on to abnormalities.

Int.: *Can you think of any programs, such a special programs in particular kinds of things, during the years when you were a student, that maybe I haven't mentioned or brought up, or something that you have thought about in the time between our last session and this one?*

W.W.: I suppose one of the interesting things I mentioned last day, that Dean Weaver had taught History of Medicine to first year. There were a couple of courses of that sort in each year. There was one that was taught by a professor of philosophy, Dr. Barnett Savery, and I think that was intended to broaden the cultural background of the students. And there was one that was taught by - I think he was a sociologist but I could be corrected - Leonard Marsh, who taught a course on sort of social issues if you like; and we had to do projects in that each year, or write an essay or something of that sort in association with those courses.

Int.: *My experience as a student is that students often tend to feel that these courses are - I don't know - a waste of time or not useful. Did you feel that way or do you think that other students did feel that - not so much that they are a waste of time but that they are not specifically what you are there to do.*

W.W.: That's right, and I think a lot depends on who teaches them and how well they are taught, and how well they are tied in to what else is being taught in what the students may perceive as the core of the discipline. As I recall, I think I got most out of the History of Medicine which I found really quite interesting. Philosophy, as I recall, left me cold. But I think in principle, in those days, that it was really quite an enlightened approach and in some senses we do some of that now in different kinds of ways and there is a lot of talk about it in many medical school; that is, the need for breadth in the undergraduate medical curriculum.

Int.: *Did you feel that you got some of that - enough of that - in your pre-medical years, though. Or do you think that there was a need for more of that kind of thing?*

W.W.: You wouldn't necessarily. I think most students did take a fairly broad educational program in their pre-med years. I think it's always a concern that there's only so much time, and it's as true today as it was then that it's hard to select what is absolutely best. I continue to feel that students coming into medicine should pursue things which interest them rather than trying to anticipate what they might need in the future because, in the future, they can always pick it up.

Int.: *Is there anything you'd like to say as a final word?*

W.W.: Well, I suppose as a student and as a graduate, and subsequently as a faculty member and now as dean, I guess as I look back I am just immensely grateful to that group of people who started the School and devoted enormous time, effort, energy and chunks of their academic 1ives to making it possible for us to get a medical education. At the time, it was very hard to do so.

Int.: *Thank you very much, Dr. Webber.*