



Dr. Douglas Harold Copp

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Interview with Dr. Douglas Harold Copp on Tuesday, March 5, 1985

Int.: *Dr. Copp, can you first of all tell us about the circumstances of your recruitment, just how you came to be at UBC and what transpired?*

H.C.: Well, in the fall of '49 I got a letter from Dean Weaver. Apparently, someone had suggested my name as a possibility to head the Physiology Department and so, since I was going back to Toronto for Christmas with my family we stopped over at Vancouver and I was interviewed by people in the University and people in the medical profession, and particularly by Larry MacKenzie who really was very, very kind to us and I think he impressed me enormously. I realize that the university was just beginning to develop and that we would have to put up with rather primitive conditions, but that made it more exciting. So I returned to California and I had some misgivings about leaving because the University of California is a great university and California is a great place to live. However, fortunately I had one other thing that happened which made it easier to make up my mind; that was the imposition of a loyalty oath, which was totally offensive to my own Canadian academic sensibilities. And so, when the faculty finally gave in, I gave my resignation and phoned up and said I would be coming. That's essentially why...

Int.: *What was your background?*

H.C.: I took the course in Biological Medical Sciences at the University of Toronto and got a medical degree in 1939. I graduated with the Gold Medal and a scholarship which had to be taken up within three months. It was our original intent to study with Guy Merriam at the University of Edinburgh but when we arrived in Edinburgh we had planned a little holiday in Norway and while we were tramping the roads of the fjord country the war with Poland broke out. I had a telegram from Merriam saying not to come back to Edinburgh and recommending that I go to California. And since I had visited California before this sounded like a good idea so I went to California, worked on radioactive isotopes which everybody was doing in California because they were just beginning to make them. I got a Ph.D. in Biochemistry and then was appointed to the Department of Physiology. At the same time...

Int.: *It was rather interesting*

H.C.: ...in order to supplement my income I became a research associate of the Park & Radiation laboratory and was given the problem of studying metabolism-efficient products and particularly plutonium and strontium-90. So this resulted in my interest in bone and in calcium metabolism which sort of set my research career. Anyway, I was very, very happy there until I got this letter from B.C. and I was fascinated. And I must admit, apart from the choice of my wife, this is probably the wisest, luckiest decision I made because it was great fun getting things going.

Int.: *So what were some of the expectations you had then when you made the decision to come here?*

H.C.: Oh, just to grow up in Vancouver and to see the Medical School develop. We came out, we stayed, as most people did then, in the Wesbrook huts and the Department was housed, along with the rest of the medical school, in a couple of huts right near the old bus stop, where the Henry Angus building is now. We were there for ten years and we started off really on a shoestring.

Int.: *So how did you get your Department off the ground?*

H.C.: Well, I arrived on Labour Day and the students arrived the next day. I found when I went to the Department that all the supplies which I had ordered for the lab had not arrived. There was not even a test tube. It was as bare as Mother Hubbard's cupboard. So the next week I scrambled around trying to get equipment. The most difficult were the kymographs which at that time were the essential thing you used in the Physiology lab. You put smoked paper on and it made little wiggles on it. I checked my order for kymographs. They had gone off to Palmer in England and received a letter that they hoped to ship them in two years. It seemed a little difficult since the students were already here so I phoned and said, Ship in six months or cancel the order. Then I called up my friends in the various Canadian Physiology departments and finally Reg Haste, at the University of Toronto, he said "Well, we've got a whole lot of old Harvard kymographs which we are not using. Would you like them?" So I said, "Fine." So they sent them out. Meantime, I had persuaded the Dean to put off starting Physiology for six weeks and during that time I had travelled around the various Physiology departments in Canada and a number in the United States such as Wisconsin and Chicago and Rochester and Yale, and learned a lot about how to run a Physiology department because, of course, I had no experience whatsoever.

Int.: *It was probably a good thing to be able to have that time to go and take a look...*

H.C.: It was very helpful, yes. The first year the Department had an associate professor, Dr. Black who had worked with Banting, who was primarily an experimental zoologist who was working on fish. Edgar was rather a dour type. I think he felt he should have been head of the Department, which would have been difficult as he didn't have an M.D. and in those days it was considered useful. Anyway, he thought this young whippersnapper from California was not the person who could properly build the Department. So we had these slight differences. Meantime, I had to carry the main load of the teaching, almost all the lectures. I used to write the laboratory outlines. Fortunately, I had done that in California. And then I would set up the lab, give the lecture and then come back and give the lab talk. We had about sixty students and we really had a faculty of not quite two. So there was a lot of teaching to do in those early years. First-class classes, though, these were. A lot of them were older men, veterans who had been waiting for the medical school to start and anybody could have done a good job of teaching them.

Int.: *Why did you do most of the teaching?*

H.C.: Dr. Black had a couple of the sections but he really wasn't too keen on getting too much involved. And that's all the staff we had. I think I did inveigle Bill Gibson into teaching in neurophysiology in the first year. But anyway, after that we got more staff and things became easier, especially when I got my head technician, Kurt Henze - about 1954, I think - and he was an absolute whizz and still is. He is the one who really makes the Department work. So, it was fine. And after the first few years I was able to get back and do a little research too.

Int.: *Did you find that the conditions you had to work under hampered research very much?*

H.C.: It was a matter of time, and in those days you didn't have to have a lot of expensive equipment. And in my basic research, which was on calcium regulation, the important thing was to have a good method of measuring blood calcium, which didn't exist at that time. So I modified a procedure which required - the equipment we borrowed from the student lab - and it was the titration where you plotted the points on a piece of graph paper. I have a little slide which I show when I'm talking about these early days that shows the colorimeter, the burette, the pipette, the graph paper; and the most important thing an eraser so you could use the same piece of graph paper over and over again.

Int.: *(Laughter). Oh, dear!*

H.C.: And with that we had the technique that we used that led to the discovery of calcitonin, which is my major scientific achievement, I suppose.

Int.: *You started those research techniques, right at the very beginning?*

H.C.: Well, after about the third or fourth year I think I went back in the lab.

Int.: *I guess you didn't have much time for that.*

H.C.: The first year or two I was busy.

Int.: *Yes, it sounds quite...*

H.C.: It was all done in these same old huts that we had for the first ten years so I feel rather nostalgic for those days and so does Kurt Henze. In those days we had a lot of laboratory teaching and the students liked it. It's quite different now. I think the last time we talked I mentioned that one year we decided we would cut out some experiments which didn't work, which is always a good idea, and we had some time left over. We decided that we would have student projects, that they could work on any of the classical physiology experiments that they dreamed up, a little

research project, and they thought this a great idea. And then they got an even better idea. They said, "Why can't we do it on weekends in March and then we'll have all April to study anatomy?" So I said, "That's fine." So during March every weekend this old hut was jammed with students, with their radios, their lunches and all sorts of things; they just had a ball.

Int.: *It sounds like fun!*

H.C.: It's never happened again. I must admit Dr. Black thought it was a crazy idea as did Dr. McLennan who was then on the staff; but Kurt and I really enjoyed it and so did the students. I think I told you the sequel: the next year at the students' smoker, all of the students thought Kurt was just great and they all wanted to buy him a drink. We had sixty students. I don't think he got around to all sixty but he was really not feeling any pain at the end of the smoker.

Int.: *You mentioned that the students were a good group of students. Were they quite well prepared to enter Medical School?*

H.C.: Yes, I think they were very good. And again, I think that medical students have always been good. We had a closer relationship with them because for the first about - I guess till I went on sabbatical - the first about twelve years we used to have them over for supper in small groups.

Int.: *So you got to know them a lot better than you would students now?*

H.C.: Yes, and we'd have a good time. We talked about all sorts of things: euthanasia, the future of medicine, or the Canucks, whatever that is!

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Int.: *Whatever was going at that time...*

H.C.: Now the class is too big and we have sort of drifted away from that. But students are still very good.

Int.: *Do you see much difference between the students now and the students then?*

H.C.: I don't see enough of the students now.

Int.: *To be able to make that comparison?*

H.C.: I've seen some of the developments. I'm very proud that the Honours program which I kept going in the early stages is now by all odds the largest in the University. And the minimum entrance requirement is first class. So they are very good students. And we've had about 20 or so in this particular group; they are fun to teach.

Int.: *One thing I was going to ask you about. When the School first started there was a thesis that was required and there was a debate about that. Could you tell us about that?*

H.C.: Well, it was the feeling of Dean Weaver and I think of - I think Sydney and I went along with it but you can check with Sydney on that - that a medical degree, a doctorate, should have a thesis as part of the requirements so I think for about 5 or 8 years that was a part of the requirement. Some of them are very good. They have gone by the board because of the pressure of time.

Int.: *That was the main reason?*

H.C.: But I think for instance George Davidson's thesis had something to do with the discovery of calcitonin, something of that order. So some of them were good research papers. I thought it was all very good but the pressure of time ... and so that was one of the ideals that went by the board.

Int.: *That was about the 5th or 6th year, did you say?*

H.C.: I really don't remember when but I think probably, I think it was going for maybe ten years.

Int.: *What about the controversy at the beginning of getting the medical school started? Did that affect you very much? There was a big debate about where it should be or when it should start? It seemed to take a long time getting going.*

H.C.: Well, as you know from that little brochure the faculty executive in the early stages kept reaffirming Dolman's recommendation for a university-based medical school and university-based hospital.

Int.: *Did you expect this when you came here?*

H.C.: Oh, yes. MacKenzie said, In a couple of years we'll build a hospital and we'll have permanent buildings for the basic sciences. Well, it took ten years to get the first permanent buildings for basic sciences and it took 25 years to get a university hospital. So these things do take time.

Int.: *(She laughs.)*

H.C.: And I remember when I was being interviewed, Fritz Strong and that group were all saying, "Well, do you think it should be built here?" And I said, Well, I've just come through a great debate at the University of California where the downtown clinicians won. The debate was whether the medical school which had its first two years in Berkeley should move totally to San Francisco or whether they should build a hospital and have a complete medical school in Berkeley. As an academician I believe, of course, that universities are the proper place for university

health schools and for a university hospital, there is no question about that. But when I was asked about it, I said, Of course, until there is a university hospital it is necessary to do the best with the teaching hospitals we have. That satisfied them enough so they didn't veto me!

Int.: *Do you think they should have waited before they started the medical school until they had a hospital. I think that was the opinion of some people.*

H.C.: Yes, it would have been stupid. We would (just) now be starting a medical school here.

Int.: *Or do you think they would have got a hospital sooner?*

H.C.: No, I don't think so. I don't think it was in the cards and as you know, the Province wasn't putting much money into the University at the time, during that first ten years. To have spent money on a university hospital, even if the Government could have been persuaded to do so, at the expense of the other developments in the University would have made the Medical School a real pariah. Now when we finally got the opportunity, when McCreary and Judy LaMarsh put through the health resources fund, there was a real opportunity then to build a campus hospital. Unfortunately, there was a lot of trouble getting people to agree on what should be what and where and Jim Tyhurst went ahead with Psychiatry because he'd made up his mind that he wanted to have a university-based psychiatric hospital. So that was built. And then - I think you've been in it, it's really very nice. The entrance - they used to call it the Psycho-Hilton because you feel you're going into a very lovely hotel. Actually, Lloyd Detwiller- tells me that it was the cheapest hospital construction in the Province because of good planning.

Int.: *Oh, and timing too.*

H.C.: Yes, but it was cheaper than they were building hospitals elsewhere at that particular time. But Jim felt that a psychiatric hospital in particular, people should be comfortable. It shouldn't be sort of a sterile sort of a whitewashed bedlam. It should be a warm and comfortable human place. But when the Government, the members of the Cabinet came over to open it, they were all absolutely shocked. So they took the other plans for a university hospital and sent it back to the drawing board, for cost estimates and all sorts of other things. So our beautifully-planned University Hospital was never built. The plans were sent to the University of Western Ontario where a hospital was built as the university hospital in London.

Int.: *Oh, my goodness. This was the reaction to what appeared to be the expense of the psychiatric hospital?*

H.C.: Yes, the apparent lavishness, which wasn't true. Then, as a sop because there seemed to be little chance of getting an acute care hospital here, Dean McCreary accepted the idea of putting an extended care hospital up on campus. Now, nobody

really is keen about an extended care hospital, you know, the sort of place where you put sick people or chronically ill people whom you just prefer to forget. So that the Department of Health was quite happy to put it on the campus. And it was a wise move. First of all because it increased the opportunities for teaching geriatric medicine and extended care. It was a useful teaching facility for the health school. Second, it was very good to have a hospital with these elderly people in a community of young people...

Int.: *I would imagine.*

H.C.: ...because the students were great and aides in the hospital and it gives it a freshness and a contact with life that you don't get elsewhere. So that was a very good move. Then, in the meantime, as you recall we temporarily had a socialist government and the University was faced with problems which had plagued it up to that time because there were three conflicting groups as well as the Government. There was the University which wanted a university-based hospital but wanted to keep strict control of its health schools. There were the teaching hospitals which felt that they had been overlooked and if any money was spent on the hospitals it should be spent on the teaching hospitals. And there was the medical profession most of whom practiced at the General and, in all cases where a medical school comes in, they were very jealous of full time people and of the medical school. They felt they were being used to be teachers and given no compensation and the only thing that they really got out of it was a certain amount of prestige and perhaps patients who came to the Vancouver General Hospital and Fairmont Building. So it was kind of an impasse and to solve this impasse they dreamed up the B.C. Medical Centre, a sort of a plague on all your houses, we'll build something different. And they, fortunately for us, picked someone who was not terribly competent - I can't remember whether they could sue me for that...

Int.: No, I don't think so.

H.C.: ...as the director. And they also said, Tell us what you need. That was a fatal mistake because, by the time they got through, the needs were pushing 200 to 300 million dollars and a huge complex which was not exactly welcomed by the neighbours in Shaughnessy. Also, they had the B.C. Medical Centre in a sense take over responsibility for clinical appointments in the university departments and in a way was trying to run the teaching hospitals. So what happened was the B.C. Medical Centre made friends among the University, the teaching hospitals and the medical profession, all of whom had a common enemy. Just before that I had been asked by President Kenney to be the acting coordinator of Health Sciences after McCreary retired. I told him at the time when he asked me about the job. I said, It's an impossible job because it has no power whatsoever, it is to try and make people agreeable. Even the Almighty would have difficulty to be very effective in that capacity. But he said, "Anyway, I'd like you to do it" and I said "I understand why, because it's time the University was getting control back of its appointments in the health schools."

So one of the first things I did as acting coordinator was to have the health schools prepare plans and then, as a group, to set our priorities in the needs of the health schools. It was really fortunate that we did. We also, by that time, were getting on very well with the people in the teaching hospitals and so when the Government changed and Pat McGeer became minister he sent an ultimatum to the University. He said, "Come up with a plan in two months to spend \$50 million, which is the last that's left of the health resources fund.", and agreed to expand the medical class. He said, "If you do I'll back you and you'll have this money." So fortunately, we already had this plan of priorities. It was a great scramble.

Int.: *I can imagine - two months.*

H.C.: It had two great advantages. I think I mentioned last time when there had been a great confusion about building the basic medical sciences, the committee had been haggling about how much space for each department and so on and at one time they were going to build a big, integrated tower, that's what the current dean, John Patterson, wanted. But anyway I came back, and I'd been away from all the fuss, and they asked me to chair the committee. I said, "There's only one thing you have to decide. Do you want to build the building or do you want to talk about it? If you want to build the building then we need to have a decision - well, not to rush it, by next Friday - and if you don't, we can sit here and talk forever." The same thing was true of the plans to utilize health resources. Pat McGeer said, "Look, here it is. If you want it, take it. If you don't, you lose it because the deadline is four years hence. The money has to be spent in four years." So everybody agreed and everybody got something out of it. It was really a great triumph. And one of the things that was very nice was that the teaching hospital became very, very close to the university and we even got support from the Vancouver Medical and the B.C. Medical, which is amazing. We even got support from our own medical faculty and thanks to people like Stephen Drance and Bill Webber and a couple of others when the thing came up to faculty for decision we got a unanimous vote in favour of the development and expansion of the school.

Int.: *Do you think that the reason for so many stalls on getting things going had to do with the fact that there wasn't somebody there saying "OK, this is your deadline."? It seemed like people wavered all the time.*

H.C.: The university couldn't do very much, the decisions were made in Victoria, and if you want to it's easy to drag your feet and find a hundred reasons why you can't do something. I think the University was resolved, but what could it do with no money? And they kept pushing very hard. I've got a whole file full of building committee minutes and none of them got anywhere because there wasn't any money until the Province, from their point of view, saw their chance of getting \$25 million in Federal funds if they could use these monies. So they had an argument for it, then. And there was a deadline which was the ten-year period of health resources fund. So there was a bit of pressure.

Int.: *Yes, so that made it happen.*

H.C.: And there were also some very, very able people like Walter Koerner who helped shepherd it through. It was interesting because Walter always had a vision of the university hospital and he was very unhappy with B.C. Medical Centre which he felt was betraying the academic quality of education. So he was a great force. It's very appropriate that the hospital is named after him. Then we had a dicey time getting it through Senate. That was the one very delicate (flaw) because, first of all, a lot of people in the Senate who were alarmed at the cost of medical school were not too sympathetic. Then there was a feeling by the economists that we really had too many doctors, that it was economically bad. And then there was the natural tendency to do nothing. So this was debated at some length when I was there and I thought I gave a fairly good presentation as the coordinator. And then somebody moved to table, which was a fine device to avoid making a decision. And I got up and I said, "You know, the decision is really quite clear. We have an opportunity to have a first class medical school at this university. We have a chance to have a mediocre one and you're going to have to make the decision some time within the next month because that's the date the minister's set. So it's simply the question, Do you want a first class medical school which does a lot to making a first class university or would you rather put the thing aside?" So it passed by ten votes. And I thought - Stephen Drance was sitting in the gallery and it was very nice, very nice. After that I felt I was no longer, needed in the coordinator's office and I was happy to see Bernie Riedel take over because he does a marvellous job and he enjoys it. I only look after administration when I have to.

Int.: *Let's just go back to the beginning of the School again. Having the medical school a split school was a compromise with most people, I think. Did you find it difficult, or did that affect you at all, your having the hospital where it was?*

H.C.: It always is a bit difficult because you might like to go to meetings or Rounds or things, it's geographically awkward. You have to go down and park, I think the main problem is parking. Then you come back and your parking place is lost here. I once suggested it would be handy if there was a little shuttle bus that made the rounds from the campus to the teaching hospitals and back every hour. You could just get on the bus and you could read on the way and you didn't have to worry about lining up or anything .

Int.: *No one took your idea?*

H.C.: No, no. Much too practical.

Int.: *What about the students? Do you think they have found it difficult or...?*

H.C.: Yes, they found it difficult, but you put up with a lot of difficulties when you are a medical student. It's only one of the inconveniences. And we had no other choice

because the only clinical facilities were primarily at the General. In the early days St. Paul's and Shaughnessy and Children's were really not adequately used and they resented that. I think that in the last ten years they have been brought very much into the teaching pattern. But of course it is not as convenient as just walking across the hall.

Int.: *Of course not. What was the relationship between the existing science faculty and the medical faculty, and other faculties within the university?*

H.C.: Initially, first of all, there was a bit of euphoria at first. Everybody was very nice to us and, in fact, the community was very nice to the new medical staff. I can remember some fine parties that the Hambers had for the new faculty and we tried to get along quite well. But I made a major blunder when I tried to push through a Ph.D. program for Physiology because that was what I was used to. And I really didn't have the thing properly prepared. So there was a great deal of criticism from Zoology. So I went back and said, "That's fine, I can do the job properly." So I went back and did it very thoroughly and by the time I had discussed with them we got on very good terms, the head of Zoology, Professor Hutchins, was the one who seconded the motion to establish the program. We've had good relations. We go to Zoology seminars occasionally and they come over to our place. It certainly is a nice relationship between the physiologists there and the physiologists in our Department.

Int.: *What about other faculties other than Science faculties? How did they react to the beginning of the Medical School?*

H.C.: Oh, I think they more or less ignored it.

Int.: *They didn't feel that the Faculty of Medicine would be taking money away from them or infringing on their...?*

H.C.: There was always this concern. Originally the Faculty of Medicine budget was separate from the university budget to avoid that particular implication. There was a feeling, as there usually is, that the doorknobs in the medical faculty were goldplated or even solid gold, which wasn't true. (?) days from miserable little huts by the bus stop. Oh, I think it's accepted and tolerated as an important part of the university.

Int.: *There wasn't any conflict or there weren't any sort of bad feelings?*

H.C.: No, not really. In fact, I think for example, people from the Faculty of Medicine had very frequently been presidents of the Faculty Association before. I was president one year, unintentionally at the time. There was a sort of revolution in the faculty, primarily Faculty of Arts, led by the head of Religious Studies who was a bit of a fanatic. Anyway, they wanted to impeach the president. Most of the university felt he was a good president, and anyway it's very dicey if you start

impeaching the university president! So there were a number of meetings; it all boiled up in a week or two. There were hurried meetings. There was a Faculty Association meeting attended by about 700, which is over half of the faculty, having difficulty finding a big enough room. And I thought about it. I invited people over to the house to discuss this because I was a friend of MacDonald's. And my wife left me. She said, I don't want to stick around but if you agree to run for president I'll divorce you. (laughter) So about two hours later she came back and there was smoke billowing out of the house and so on. There were about fifty people there. And I'd picked somebody who I thought would be perfect for president but he wouldn't run. So finally I ran. And in the next week I organized every department of our group. We had a very good group, actually. I think it ended up with two Fellows of the Royal Society of London and two Deans on the Executive. But we organized every department and we had a real publicity campaign and we won. It was as simple as that. Then I spent my time getting everybody soothed, first of all by inviting those on the other side to participate, which they were a little reluctant to do but they got involved as much as possible. We spent the year talking about pensions, which was a very innocuous and argumentative subject so we really didn't have much time to talk about the president. Everything was very calm. Somebody commented on that, that for about the next ten years everything was very peaceful in the Faculty Association and I got lots of really nice comments about doing what was really a chore which I hadn't planned on doing. My one foray into politics.

Int.: *What about the relationship between the Faculty of Medicine professors and the general practitioners?*

H.C.: I think it was pretty good.

Int.: *Was it from the beginning?*

H.C.: Well, there were mixed feelings really. Particularly, those who were not appointed getting clinical teaching appointments. But, you know, this is something which develops. Particularly with our current dean who is an absolutely marvellous statesman and facilitator, I think the relationships are very good.

Int.: *What about the first dean, Dean Weaver? How did he affect these relationships and what was his role generally in getting the Faculty of Medicine going and your Department?*

H.C.: He was very good. First of all, he recruited the Department heads. He was a liaison with the President. He worked very hard in the community - he was an outsider, you see - but that was an advantage for Dean Weaver because of the very strong feelings which had existed between some of the people in the profession and some of the people in the University, primarily between Fritz Strong and Claude Dolman, both very strong individuals diametrically opposed. So again, like the present dean, he was a very pleasant person and could get people to work together. So I was very

sorry he had his heart attack and had to stop. But I think he was a good founding father.

Int.: *You think he was the right person for the job at the right time?*

H.C.: I think so, as much as one can tell, you know. Who knows, there might have been somebody better but he was the best there was. (Laughter). That's right. Same as I think MacKenzie was absolutely ideal for this particular time. And maybe George Pederson is ideal for our present situation. You know, time will tell.

Int.: *What about the second dean, John Patterson? There's not a lot of information about him. Could you tell us something about him?*

H.C.: I could tell you quite a bit about John Patterson. He was appointed by a committee who were somewhat intrigued by the Western Reserve experiment in medical education.

Int.: *What was that?*

H.C.: With very large, I think about \$2 million of Rockefeller money, they had decided to change the classical departmental program into a place where you were taught physiology, anatomy, biochemistry and so on but you would be taught heart or lung or something else. There would be systems teaching. And each of the departments would continue primarily to serve as a supply of professors and as a representative research-oriented group but would not have anything to do with teaching other than supplying the teachers. This would be done by the committees that took on these various subjects. It was an interesting experiment

Int.: *Are they still doing that?*

H.C.: Yes, exams. After a while the students got could we take exams so that we know ne, you can write exams but of course they won't count. They the students said, That's crazy, we (laughs) feel those exams should count. So there was a bit of a counter-revolution. At any rate, John Patterson came here and he wanted to introduce the intergrated teaching in a hurry. He knew nothing of the local scene. And so, within about two months, he had made enemies of almost everybody in the University and in the medical school. No mean feat. And I think I recall, as an example, after he arrived I invited him over with his family for a barbecue at our place and I put a glass of Scotch in his hands as- that's what he asked for. I took one myself. He turned to me and said, "Harold, I want you to understand that I could fire you any time." I said - well, I had looked at the fine print and realized that he couldn't have fired me because I had ten years as department head - I said, "Well , I suppose that's perfectly true as the department head, just as the president could fire you." I said it with a smile on my face but I thought, What a way to break into a group. He talked to the Children's Hospital about locating the Children's Hospital

on campus. He failed to say a word about this to the head of Paediatrics, Jack McCreary. So Jack was very, very upset, quite naturally.

Int.: *When he finally found out.*

H.C.: When he found out. He was mad as hops, actually. So he and I got together. I think he and I were more concerned the most. And I said, "Jack, don't worry. In two years either John Patterson's going to make a smashing success here and then is going to be drafted to a better paying job in an American university or he's going to make a bust, in which case he's going to leave for another university." So I said, "I'll give him two years." Well, I saw it by a month. I interpreted the difficulty as the fact that he knew nothing about Canadian medicine, that he had been raised by missionary parents in India and had had a natural tendency to look down on the natives. So, as I say, he had planned this integrated tower...

Int.: *Oh yes, you mentioned that.*

H.C.: ...and many met and this was discussed, then some of them went to see him off on the plane, the rest of them went to parties. I don't think there was a sober member of the faculty that night (laughs). Anyway. I arrived back about a month later. I had been working as secretary for the U.N. Conference on peace. When I got back I found that the next week after he left the council members decided to scrap the tower and go back to the original planning. That's when I came back and was asked to be chairman of the Building Committee.

Int.: *Tell us something about how the buildings came about, the ones that finally did go up?*

H.C.: Well, the idea that we had at the time was to have something like the Swedish system at the Karolinska where the departments are in separate identifiable institutes. It's true we put two together: Biochemistry is at one end of the building and Physiology at the other end. Anatomy and Cancer are in one, and so on. The idea was to try and preserve a departmental structure. So we were even more insistent on this because of our being exposed to John Patterson and also by the fact that when we went to Western we found that it was a harrowing experience converting to this integrated system. First of all, you had to increase the number of committees enormously. We said we had to triple our faculty: we'd have one set of faculty doing research; another set of faculty teaching; and the third set sitting on committees.

Int.: *(Laughs) Taking care of everybody else.*

H.C.: So that's part of the reason and I think it's still, it's a pleasant kind of environment and you have a real identity within the Department which is lost in these amorphous things. I've been to the Basic Sciences Building in Toronto and you

really don't know where you're at. You have to get a street map to find out where the department is.

Int.: *Do you think there would be more communication within departments if they were all in one centre though? Or do you find there is no communication, sort of lack of communication the way it is set up here?*

H.C.: There's enough communication.

Int.: *Not too much?*

H.C.: No, there's quite enough. Especially Biochemistry. I felt Biochemistry was closely related to Physiology so it was proper to be in the same building. And we'd go down to ask them advice and borrow books and that sort of thing. Nurse students played touch football together and whatever. We don't have a close association with Pharmacology although now we can go to each other's seminars from time to time.

Int.: *Do you think that's because you're in separate buildings or that you simply don't need to use...?*

H.C.: No, I've been at these integrated buildings and you're no closer just because your elevator whistles past the floor. It's really the will and reason. Now I argued very much in favour of the common area, which is the open area in IRC.

Int.: *Oh yes.*

H.C.: And the idea was that you have a place where you can sit down and talk on the way either to the library or to get a cup of coffee. And the students do that. The students mix very much in that area.

Int.: *They seem to.*

H.C.: I had argued for a little faculty club but that didn't quite wash. Anyway, it was nice for faculty to mix with students. That's where the mixing occurs.

Int.: *What about cost? Do you think it would have been less expensive to have built one building?*

H.C.: I doubt it, if the cost savings would have.... Theoretically they are there. But you run into all sorts of problems in space allocation and so forth. These were very cheap buildings, actually, as you can tell when you look at them.

Int.: *There aren't too many frills.*

H.C.: No. Chuck made the remark that the University of Mexico has the most beautiful medical campus and buildings in the world and the lowest standards. And he says, “Judging by that method of measuring, UBC must have an absolutely outstanding faculty, (laughter) it’s such a crummy looking building.”

Int.: *So, Dr. Copp, did you actually have a lot to do with the plans for the buildings?*

H.C.: Within the Physiology Department, yes.

Int.: *So the way it was laid out and set up was your decision?*

H.C.: The first structure, I was the one who made the final decisions. Then we had an addition which coincided with the development of the Dental School. I planned that also. Then, as I was approaching retirement I thought it was sensible to have someone who was going to be living in it do the planning so I made John Ledsome the chairman of the Building Committee to plan the last addition, which he did. Well, I consulted with him and demo’ed various ideas. We decided to put the Department office on the main floor so it would be very accessible to students; and also the Department head’s office there so he would be very accessible. I now realize it was a very clever move because it meant I didn’t have to leave my office, I still had the same office and the same books and everything else so that was a great convenience. But John was the one who had the final say and now, of course, he’s the head so that’s quite appropriate.

Int.: *What about the physical circumstances of teaching before the buildings went up? You talked a little bit about that. Maybe you could tell us...?*

H.C.: You mean, in the huts?

Int.: *Yeah, what was it actually like teaching in the huts?*

H.C.: Fun! (Laughter). You know, we had one huge laboratory. In the early days we had three times as many laboratory exercises, many of which involved dogs which we obtained from the Pound through an agreement with the SPCA whereby we agreed that the Pound animals would be anaesthetized without pain and they would not recover so that they would, in a sense, have no suffering. And I invited the - I think at that time it was David Carter and later Tom Hughes who were the executive directors to come out any time to see what we were doing and also to come out and talk to the students. So it was a very good relationship. And it was all in one big room so it tended to be a little bit crowded. We had all sixty students in at one time.

Int.: *All in one room?*

H.C.: In one big room. Then there was a lecture hall which they used. It worked very well.

Int.: *You didn't run into any problems or particular difficulties?*

H.C.: No, in those days the faculty members used to make copies of their notes which they took home with them in case the building burned down. The odd thing is that we never had a fire in that building, it is still standing over behind the Biology building. But the first day we moved over to the new building there was a fire and the place was filled with smoke.

Int.: *Really?!*

H.C.: What happened is that some stupid person had started to burn all the garbage, the wood and things that had been thrown out of the back of the building not realizing it was right where the air intake was so the building was filled with smoke. They were quite good. Of course, you couldn't get people to work in those quarters any longer. But the research base was fine. As I say, I discovered calcitonin in one of the rooms off this big student lab and there was a lot of good research work carried on.

Int.: *So it doesn't really sound like it hampered people's progress.*

H.C.: No, I never felt we were handicapped but it's all a point of view. For example, the library initially consisted of a small gallery in the Main Library, that was the biomedical library, and had perhaps a hundred books.

Int.: *Quite different from what it is now.*

H.C.: Much better, let's face it.

Int.: *We talked about Myron Weaver and John Patterson. What about John McCreary? Can you tell us something about him?*

H.C.: Jack was a wonderful man. I was very, very fond of him. He had a vision - he was basically a clinician rather than an academician - he was interested in healing people, absolutely first rate paediatrician. And when he became dean, he was really very effective because he had this Irish charm and could persuade people to do all sorts of things. He also had a dream of the health team where the various components of the health team would respect each other and work together. Part of this is embodied in the third and fourth floor where each of the health schools has equal space. I thought this was a little ridiculous. I shared Jack's view about the importance of the health team. As I understood it, that was down at the grassroots level around the patient but not the administration. I had an opportunity once to sit on a committee and review the University of Minnesota Health Schools, it was a very high level committee. I remember that, the honorarium was \$3,000 so I guess it was important (laughs) and the chairman was the medical advisor to the president. The thing that struck me there were the cases of clinics where dentists and nurses and medical students and so on, they all would work together in these things and

they were very, very effective - one of the best things that I got out of my exposure to the University of Minnesota. And I think that's the proper level, not at the administrative level.

Int.: *Do you think that dream of Dean McCreary's is achieved?*

H.C.: I think in part.

Int.: *In part?*

H.C.: I think there is a much better understanding between the health professionals than there used to be. And that's partly an attitude of the people who teach students. At one time, physicians were inclined to look down at the nursing staff; I don't think that's true any longer.

Int.: *I think those attitudes have changed in our society too. Then they're bound to come up in smaller areas like the schools.*

H.C.: I was, you know, interested. Of course, I've always felt that all people are equal and it was a shock to my German technician when he came to see the Herr Geheimrat Professor at home and here I was in dirty jeans working out in the garden. That's the attitude that one has. I think we're all doing what we can do best. So I think that that dream of McCreary's, I think it has been fairly well fulfilled; it all depends on the people. I don't think it has a thing to do with the arrangement of the administrative offices on the third floor.

Int.: *(Laughs) What about the building that was built at the hospital, at the Vancouver General? What was the reaction?*

H.C.: You mean the first building?

Int.: *Yes, the first building, for the Medical School. What was the reaction people had to that?*

H.C.: From the Medical School point of view, totally inadequate. It was absolutely ridiculous when you think of it, but it was better than nothing. And of course there was even less at St. Paul's and Shaughnessy.

Int.: *Do you think building a building at the hospital site slowed down the move towards having a hospital built at the University?*

H.C.: No, not at all. And it was inevitable if you were using a teaching hospital for teaching, you have to have academic facilities there. Even those earliest ones were quite inadequate but they were essential. Now we have much better facilities at the five main teaching hospitals - and that's part of this package: \$50 million, but absolutely essential.

Int.: *But I imagine that people were aware at the time too that even if a hospital had been built at the University the other hospitals in the city would have to have been used as well?*

H.C.: Of course. Not only for the benefit of medical training but for the benefit of hospitals. You know, it is an enormous stimulus for improved quality of service if you are involved in teaching the newest and best methods. So it was a very good thing for those hospitals. And I think the administration recognized that.

Int.: *What about allocation of resources - money - as well as teaching tools and that sort of thing. Was there enough money to go around, to be able to do what you wanted to do?*

H.C.: Never.

Int.: *Never! So what did you do?*

H.C.: You made do with what you had.

Int.: *Uh-uh.*

H.C.: You know, in my research, grants were small in those days so you used an eraser. And you used to reuse your pipettes. Now we throw them away. One use - bingo! It's too much costly labour involved in washing them. Yep, different world.

Int.: *I'll say, yes. Mmm. Do you think the idea of the goal of a first class medical school was reached? I think that was one of the phrases that everybody tossed around before the School got going. Do you think they achieved that?*

H.C.: Well, I think on the Canadian scene it's one of the top medical schools.

Int.: *From the beginning?*

H.C.: Oh, no. You don't suddenly become great. You know, it's a long process of building; it's like growing up. You know, I've got a grandson that's 5 months old but I can't say at this point that he's an outstanding professor at this particular point in time. We had to build from scratch and I would think that it was at least 20, 21 years before the school came of age. And perhaps 30 years before it achieved its first class status.

Int.: *But you do think that they've achieved it?*

H.C.: I think so. I think in various criteria, you know, the standing of our students in the medical council exams, the research grants to faculty, the recognition from

international organizations. You know, we've got a lot of distinguished people in our faculty now. They weren't distinguished when they were appointed long ago.

Int.: *What about the level of teaching? Do you think it's been of high standard?*

H.C.: Oh, I would think so. Although it's different now and I've been away for quite a long time. But the product seems to be very good. And I take that from the standing in the licensing exams.

Int.: *And right from the very beginning you think that was the case?*

H.C.: Well, yeah, we did pretty well actually in the early days. I think that's because we had such good students: enthusiastic students and enthusiastic faculty, it's a good combination. Then you can learn even if you're sitting on opposite ends of a log, they say. Aristotle mentioned that.

Int.: *What about the relationship between the University and the hospital?*

H.C.: I don't think I'm the person you should ask about that.

Int.: *You weren't involved with that too much?*

H.C.: Well, I had a short experience with that when I was acting coordinator and then coordinator of Health Sciences but I haven't had anything to do with it since. But I felt we had good relationships. It's purely a matter of personal attitude. You know, if you like and respect people you get along well together and, you know, Dean Webber is doing a superb job. So it's a question to ask him.

Int.: *But he wasn't here at the beginning.*

H.C.: Oh, at the beginning. At the beginning, you know, we got along alright. I was not particularly involved except that we used to have some correlation clinics and I think we did as well as could be expected. You know, the medical faculty weren't thrown out of the hospital, they were welcome.

Int.: *(Laughs)*

H.C.: They weren't given enough beds, but that was alright. The great scramble in a hospital is for the right to use beds because that's the right to print money. So in a general hospital there are a lot of beds used by people who are not on university staff and university staff have no control over them. So extra students have university control beds. And there was always an argument about how many and who should get them and so on. If you really want to learn all about this, talk to people like Stephen Drance whom you'll be talking to, and Bill Webber. I think they've handled this situation superbly, I'm just a poor little (?) sitting out here on the campus, just a bystander.

Int.: *Yes, but you were here at the very beginning. It makes a difference to your point of view, I'm sure.*

H.C.: Dr. Friedman might have somewhat different ideas. He was really a very powerful force in the medical school...

Int.: *More so than yourself, do you think?*

H.C.: ...all through He may differ but I think he was really a very important person. We both often stuck together; very often, we were fighting for what we felt were the needs of science. And in the early days we used to get a great deal of help from Dr. Darrach.

Int.: *Another question that comes to mind is, how did you feel about working in the huts with the Wesbrook Building right there?*

H.C.: I thought it was very amusing.

Int.: *(Laughs)*

H.C.: Honestly, there really wasn't any time to feel any resentment. But I used, as I mentioned, to entertain visitors to the Medical School who thought the Wesbrook Building was the Medical School and I said, "Oh no, no, no, no, that's the Department of Bacteriology." Again, I thought at one time that it was given as a sort of a sop that they pushed that ahead to have it built. It was always under-utilized. And I used to take them up to this great room which was a library which was about three times the space of this and which had eight books in it. It's now chopped up in offices; it's on the third floor, it's very nice. It would have been a beautiful library. And Claude had a dream of a great public health centre for the world in which there would be a restaurant, there would be places to play, there would be a magnificent library. People would come from all over the world to this centre. But of course it never happened. So they had to plug in various things including the International Salmon Commission, the Student Health Service, the School of Nursing, and all sorts of things in this empty building.

Int.: *Wasn't the idea to have it as the focus of the Medical School at one time?*

H.C.: Well, that was the thought. I think that was what the Legislature thought. It wasn't. You know, for a long time Chuck would not allow medical students in the building. He felt very bitter about the fact that he was not made dean...

Int.: *Umm...*

H.C.: ...and although a remarkable man in many ways he was not able to get on with people terribly well so that his Department was always fighting. And I think, when

he finally retired, the research grants for the Department amounted to \$6,000 whereas the Anatomy Building in a hut or something with perhaps \$200,000.

Int.: *Quite a difference, yes. Hmmm. Can you think of any other anecdotes or anything else you would like to tell us about?*

H.C.: I want to tell you about frogs.

Int.: *Oh, yes.*

H.C.: One of the great problems in those days was looking after the animals and we used to get a year's supply of frogs and keep them in a little frog tank, which was actually an old concrete tank from some other place, and we had maybe 400 frogs there. One night I remember coming from I think a formal dinner, anyway, a dinner at the faculty club and I just decided to check in at the Department. I went in the parking lot and I found it was alive with jumping frogs, hundreds of them. And I looked at the tank and it was overflowing and some unhappy frog had unfortunately jammed himself down into the drainpipe. So I hopefully drained the water out and then I spent the rest of the night, I think from about midnight until about 3 a.m., on a frog hunt. Fortunately, we got most of them back again.

Int.: *Did you have any help?*

H.C.: I phoned my technician to come over and help. When I was ever in trouble I would phone Kurt Hanson and he would have a solution. (Laughter). When I come in in the morning I still stop at Kurt's place and we have a chat as we did. We have a cigarette and a cup of coffee and reminisce about the good old times.

Int.: *Well, thank you very much, Dr. Copp for being here for this interview.*

H.C.: I hope this one works.

Int.: *I appreciate it very much.*