



CREATING THE FUTURE OF HEALTH: The History of the Cumming School of Medicine at the University of Calgary, 1967-2012

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*Deans Cochrane, Watanabe, Smith, and Gall,
November 2006, admiring the new faculty additions*

Credit: Robert Lampard

Dean Biographies

Dean Cochrane

Dr. William A. Cochrane, the last founding dean of the four medical schools recommended by the Hall Royal Commission in 1964, passed away on 6 October 2017.¹ Dean Cochrane's passing closed an era in Canadian academic medicine not to be repeated. MD enrollment doubled between 1966 and 1970 to 1,600 per year, increasing the number of Canadian MD graduates particularly in Calgary and Hamilton. This national response brought Canada temporarily into MD self-sufficiency as it faced the projected population increase from the post-Second World War baby boom, a marked increase in immigration, together with the planned universal Medicare program (1968) and the gradual doubling of the doctor-patient ratio to 1 per 500.

Two of the new deans (Drs. William Cochrane and John Evans) realized it was an opportunity to implement a unique clinically orientated curriculum. Both chose to design theirs as a three-year, continuously taught, body-system-based program that included a full clinical clerkship year. They remain the only three-year programs in North America—an approach much favoured by their own graduates.

Dr. Cochrane's own career was a Canadian dream. He was the son of a Fegan Homes orphan who came to Canada from England in 1908. Born in Toronto on 18 March 1926, he rose to prominence as a natural athlete, receiving the “athletic stick” award in his last year of high school for exceptional athletic and academic performance. Dr. Cochrane was inspired by his family's physician and encouraged by his mother to start his medical training in 1944 instead of joining the navy.

After graduation in 1949, Dr. Cochrane chose pediatrics because he loved working with families and their sick children. In the laboratory his research focused on the causes of nondiabetic hypoglycemia. He discovered the protein leucine caused one form of it and developed the Cochrane test to diagnose it.²

An established clinical researcher by age thirty-one, Dr. Cochrane was offered the first pediatric GFT post at Dalhousie in 1958. He would become the Halifax Children's Hospital pediatrician in chief and the professor and head of pediatrics in 1963.

Foreseeing the need to expand pediatric services in Halifax, Dr. Cochrane proposed building an entirely new referral hospital to replace the Children's Hospital in 1960. The funding for it focused on Dorothy J. Killam (1900–1965), the widow of Nova Scotia magnate Isaac Walton Killam. Coincidentally, she was looking for a project to honour her husband.³ Dr. Cochrane persuaded her to pledge \$1 million toward the proposed hospital. (It became \$3 million after a site visit.) When she died a short time later, her will contained an \$8 million donation toward the eventual \$24 million cost.

Four months before the release of the Hall Report in June 1964, Dr. Cochrane joined the faculty's Medical Curriculum Review Committee.⁴ It would be a career-changing decision. The committee visited several American schools for exceptional students, including the system-based curriculum that had evolved at Cleveland's Western Reserve Medical School in the 1950s. However, the recommended transition from a traditional curriculum to a system-based one was not accepted by the faculty.

After the release of the report in 1966, Dr. Cochrane began looking elsewhere to implement its recommendations—to the Universities of Toronto and of Manitoba, as well as various schools in the United States. Everywhere the basic

science departments objected to the proposed changes. The only Canadian opportunity left was the medical school at the U of C, whose establishment had been called for in the 1964 Hall Commission. When the dean's position opened for competition in the fall of 1966, Dr. Cochrane was asked to apply for it.

During his two visits, Dr. Cochrane found that all the local academic and government health leaders were willing to leave the design of the curriculum to the new dean—so long as the program had an FP focus. Offered the position, Dr. Cochrane accepted the deanship early in Canada's centennial year.

His timing was not propitious. Universities were under intense pressure at the time to increase their capital and operating budgets so as to face the baby boom explosion in student numbers. New faculties were being postponed or delayed. Growing at up to 25 per cent per year, the U of C was particularly affected.

Dr. Cochrane began his deanship by writing a philosophy and program statement to acquaint prospective recruits and selected his new faculty. To design and implement the curriculum, the dean relied heavily on the voluntary contributions of the medical community. The result was a Calgary "can do" success story.⁵

The school was built in two and a half years at \$5 million dollars under budget and with the use of a novel project-management approach. The surplus was used to renovate the warehoused research space, bringing the total cost to develop the Foothills Hospital site to \$56 million by 1973.

Convocation of the first class coincided with the university's opening ceremonies, in June 1973. The faculty were ecstatic when the first class earned above-average marks on their LMCCs. It confirmed that a curriculum based on a combination of didactic presentations, small-group teaching, and self-learning could be successful. As research groups formed, they, too, were organized by body system, an approach that was well ahead of its time. The curriculum remained essentially unaltered until 1992, when it was modified to focus on the 120 most common medical diagnoses that patients present to their physician.⁶

Dr. Cochrane resigned as dean after the first class convoked and accepted the deputy minister of health position offered to him by Premier Lougheed. He wanted to learn how governments made decisions, having faced many as dean. The next year he was asked to advise the U of C's new President Selection Committee. To his surprise they offered him the position. With the Premier's agreement, Dr. Cochrane accepted it and became one of only eight Canadian MDs who have attained the position of university president. In this role he weathered the last of the government's fiscal curtailment period and began the innovative Faculties of Law and Humanities.⁷

With the Alberta Heritage Savings Trust Fund approved in 1976, Dr. Cochrane participated in the preliminary discussions on the formation of a separate AHFMR.⁸ He anticipated research dollars would flow to the two medical faculties in Alberta in unprecedented amounts. They did, beginning in 1980.

Connaught Laboratories began courting Dr. Cochrane by appointing him to their board; he eventually relented and accepted the CEO position, in 1978. It was a risky decision as the vaccine maker was losing money. His corporate strategy was to sell its patent for making insulin, concentrate on genetic engineering, focus on producing high-volume vaccines for flu and polio, and expanding into the United States. Connaught was sold for almost \$1 billion in 1989.

Returning to Calgary, he incorporated William A. Cochrane and Associates as a business and health-care consulting firm. Dr. Cochrane joined many boards, several of which he chaired, including the Banff Centre. When called upon, he spoke articulately of the need for Canada to invest in biotechnology as a path into the future.⁹

In retirement, Dr. Cochrane continued to support his favourite community organizations and made many trips to China to foster pediatric programs there. He also had more time to spend with his wife Phyllis (Potts) and their four children (Stephen, Gillian, Paul, and James).

Widely known and respected, Dr. Cochrane was made the Medicine Chief of the Stoney Band, awarded two LLDs, a DSc, an Order of Canada, and was named one of Alberta's one hundred doctors of the century. He became the second Calgary physician to be inducted into the Canadian Medical Hall of Fame in 2010.

Six thousand U of C MDs owe a debt of gratitude for his leadership, for as he often said (quoting Longfellow):

Look not mournfully at the past

It comes not back again;

Wisely improve the present—it is
thine;

Go forth to meet the shadowy future

Without fear, and with a joyful heart.

—Henry Wadsworth Longfellow, *Hyperion*

Dean McLeod

Lionel McLeod was born in Wainwright, in rural Alberta, in 1927. As a youngster he studied classical music and learned to play jazz, on both the trumpet and the saxophone, by ear. His grandfather wanted him to choose a career in farming, but his mother, who was on the school board, always said, “You will get an education first.” His medical interest evolved from trips to Edmonton as a teenager with his father, the local funeral director and later ambulance operator.

Selected as one of five non-veterans for entry into the U of A medical program in 1945, he distinguished himself by earning the Friends of the U of A bursary (1946), the Rankin Prize in Bacteriology (1948), the CPSA Award in Pathology/Bacteriology (1950), and by maintaining a first-class standing. During his university summers he

worked as a truck driver, until he suffered a serious crash.

Barbara, “his best friend” and the mother of their four children, met Lionel while they were both students. They were engaged the night he graduated in 1951. After interning he joined the Wallace Clinic in Wainwright. The McLeods’ first home was above the family garage. After six months at the Wallace clinic, he received an MRC fellowship, which took him to the University of Minnesota (1953–5) to study endocrinology and respiratory medicine. Dr. McLeod finished his training at the Royal Victoria Hospital as a clinical research fellow (1955–7), studying the effect of aldosterone on the size of body fluid compartments, and earning an MSc in 1957. Near the end of his research he received a scratch from a laboratory rat resulting in a near fatal anaphylactic shock. He received his FRCP that year from U of A dean and RCPSC president Dr. John Scott, before going on a two-month R. S. McLaughlin Traveling Fellowship to visit several American medical schools.

Dr. McLeod very much admired Dr. Donald Wilson, the professor and head of medicine at the U of A, who enticed him to return to Edmonton. There he received a five-year Markle Scholarship (1958–63), and assumed the management of Dr. Wilson’s endocrinology lab. Initially a lecturer in biochemistry and medicine, he was promoted to assistant professor (1959), associate professor (1963), and full professor (1966).¹⁰

In 1962 Dr. McLeod was elected the honorary class president. The class president was Joe Martin,

who would later become the dean of medicine at Harvard.¹¹ Appointed the director of the new Division of Nephrology, Dr. McLeod performed the first successful renal dialysis outside the United States on 21 December 1962 using a Kiil dialyzer and a new Quentin-Scribner arteriovenous shunt.¹² Thus began the first chronic renal dialysis program outside the United States.

Treating renal dialysis patients was not without risk. In 1965 Dr. McLeod and his senior resident Dr. Morris Davidman both developed serum hepatitis (now hepatitis B). They spent a month in hospital in serious liver failure. Two years later, in 1967, Dr. McLeod assisted Dr. William Lakey in performing the first renal transplant at the U of A.

In the mid-1960s, Dr. McLeod began making national commitments, first as a charter member of the Canadian Society of Nephrologists, becoming its second president in 1966–7. He then joined the Clinical Investigation Board (1968–71); the APMC Board (1973–80), becoming its president (1979–80); and the CCHA Board (1975–7), which he also chaired (1976–7). He had previously joined the RCPS(C) Board (1972–90), becoming its president (1982–4). He also joined a host of community boards.

In 1968 Dr. McLeod applied for the professor and head of medicine position at the U of T. On hearing of his interest, Dr. Cochrane asked him if he was interested in the same position at the still nascent medical school in Calgary. After reading Dr. Cochrane's philosophy and program statement in the CMAJ, Dr. McLeod was enticed to come to Calgary by the challenge.¹³ This marked the

beginning of a thirteen-year career at the U of C, which included eight years as the dean.

As the second U of C dean, Dr. McLeod led the medical school's consolidation and growth from \$3 million to \$11 million per year, while the faculty and residents saw three- and four-fold growth, respectively. With Dr. Mel Kerr, he visited the new Faculty of Medicine in Kathmandu, Nepal in 1981, where began the U of C faculty's first international collaborative project.¹⁴

Following the announcement that the new Alberta Heritage Savings Trust Fund would support "brain industries," Dr. McLeod and his faculty, with assistance from U of A dean Dr. Donald Cameron, developed a proposal for a provincial medical research fund and presented it to Premier Lougheed and his cabinet. The request evolved and became the fully funded Alberta Heritage Foundation for Medical Research in 1980. When the AHFMR president's position opened in 1981, Dr. McLeod successfully applied for it. In this role he was instrumental in implementing the premier's vision from 1981 to 1990.¹⁵

As AHFMR president, Dr. McLeod established a Scientific Advisory Council to approve grants, initiated the funding plan to construct two new medical research buildings on the U of A and U of C campuses (1984–6), hosted the first International Board of Review (1986), and established a milieu unmatched elsewhere in the world.¹⁶ He began the first clinical investigation grants (1986), started a technical transfer program (1987), and funded senior medical research positions at the

two medical schools, increasing them from zero to over one hundred.

In 1989 Dr. McLeod began planning for his retirement. He accepted an appointment as the vice-president (medical) of the UBC/Shaugnessy/Darby hospitals in Vancouver, becoming their president in 1992. His untimely death three weeks after a pancreatic cancer diagnosis in 1993, and two months before his retirement, cut short a productive life. The L. E. McLeod Promising Medical Researcher Scholarship was funded by his family, friends, and the AHFMR; it aims to help young researchers from Alberta or British Columbia.

Dr. McLeod received many awards. The most prestigious included a DSc (U of A, 1988) and honorary LLDs from Queen's (1990) and the U of C (1992). He was named one of the one hundred Alberta Doctors of the Century in 2005.

Dr. McLeod drew up no master plan for his career, for as he said, "life is rather like a good walk. Every so often your toe strikes something; you look down and oddly enough it's exactly what you need at that moment."¹⁷ Speaking at Dr. McLeod's funeral, one colleague eulogized: "His greatest achievement and source of satisfaction was helping young people get started in a career in service and in the practice of medicine."¹⁸

Dean Watanabe

Mamoru Watanabe was the eighth of ten children born into a wealthy Japanese Canadian family shortly before the beginning of the Second World War. His father was in the logging business. He

lived in Vancouver until age nine, when, in October 1942, in response to the bombing of Pearl Harbor a year before, all Japanese Canadian students were expelled from the public schools they were attending and their families were forcibly evacuated to the interior of British Columbia.¹⁹ The Watanabe family ended up in Lemon Creek, in the Kootenay Mountains. Initially, his education continued through informal arrangements sponsored by church and community organizations.²⁰ Once the Lemon Creek community became established, the school system was formalized, and the educational curriculum was stabilized.

Dr. Watanabe's desire for education was not easily satisfied. At the end of the war, the Watanabe family was relocated to another internment camp, Bay Farm, also in the Kootenay region. At the start of the school year, Mamoru and his two sisters walked the three miles to the public school in nearby Slocan City, only to be rebuffed. Mamoru pointed out that he and his sisters were Canadians and deserved an education, and they returned the next day, stood at the back of the room, and simply listened to what other students were being taught. They did this every morning until they could stay. According to Dr. Watanabe, "I think my interest in education stems from the fact that I was denied it once."²¹

After a month in Bay Farm, the Watanabe family was moved to another internment camp in New Denver Orchard, which was also in the Kootenay region; Mamoru and his sisters henceforth attended public school in the town of New Denver. However, this arrangement was short-lived, as the

government in British Columbia soon required all Japanese Canadians to leave the province by 28 February 1948 and either return to Japan or move east of the Rockies. After negotiating with the government to allow him to finish the school term, the Watanabe family moved to Montreal, where Mamoru attended an English-speaking high school. Here he picked up the nickname “Mo,” as his French teacher could not pronounce Mamoru; according to Watanabe, “it stuck.”²² At the end of his first year in Montreal, Mamoru’s grade 9 teacher asked if he would like to study grade 10 courses on his own during the summer months, write exams in the fall, and, if successful, skip to grade 11, the final high school year in Quebec. He jumped at this opportunity and succeeded in catching up with his age group. He graduated from high school with honours and then attended McGill University.²³

Early in life, Mo decided that he wanted to be a doctor. As he later explained:

Becoming a doctor was a boyhood dream, although how that evolved is not clear to me. I had been told from a young age that not all professions were available to Japanese Canadians, and my older brother was a physician, so these factors might have been an influence. While I was an undergraduate student at McGill University, I considered the possibility of engineering or architecture, but I found that I was more interested in biolog-

ical sciences and came to the conclusion that medicine might be the right choice.²⁴

Dr. Watanabe completed almost all his university education at McGill, first earning his BSc in 1955, followed by his MD, CM in 1957. Upon entering medical school, he planned to become a general practitioner, but the Royal Victoria Hospital did not have a family medicine program. According to Dr. Watanabe:

My original idea about being a physician was to become a general practitioner and I think it was on the minds of others too—they thought I should be a general practitioner, practising in a rural community looking after “my kind of people.” That unflattering characterization, while realistic for the times, ticked me off enormously. Also, I knew that Japanese Canadians preferred to see a “white” doctor when they were “really” sick. So, I became a specialist and that leads you automatically toward an academic career—although there were people who advised me that there was no place for visible minorities in specialties or in academia. I was not good at taking advice!²⁵

Dr. Watanabe’s postgraduate clinical training, including his internship, junior assistant residency

(postgraduate year 2) in internal medicine, clinical fellowship, and senior assistant residency in internal medicine, was all based at the Royal Victoria Hospital between 1957 and 1963. Dr. Watanabe explained how he picked internal medicine:

In the final analysis, I think it was the intellectual challenge of internal medicine, the understanding of the basic mechanisms of disease that intrigued me the most. However, I think it was internal medicine that chose me rather than me choosing internal medicine. During my rotating internship I enjoyed pediatrics and obstetrics, and during my undergraduate years I considered psychiatry. . . . but even before starting my rotating internship, I was already committed to internal medicine due to a series of events which I attribute to destiny.²⁶

His explanation for how he decided to pursue a research career and a PhD is as follows:

I loved clinical medicine and, although immodest, I think I was a very good clinician. After my RI and JAR years, though, I began to wonder if I was doing things by rote. I was beginning to worry that I might not be able to problem solve, deal with abstract thoughts. I wanted to understand the basic causes of disease, to

be able to problem solve and view diseases from new and different perspectives. I needed to know that I could still think on my own. So, I decided to take a year away from clinical training to expand my horizons through medical research. I then decided that if I was going to be involved in research, I should subject myself to the rigorous discipline of research, not just play at research—so I decided to enrol in a PhD program, a three-year commitment.²⁷

Dr. Watanabe became a fellow of the Royal College of Physicians of Canada in internal medicine and obtained his PhD in 1963. Next, he undertook a research postdoctoral fellowship in molecular biology at Albert Einstein College of Medicine in New York City from 1963 to 1965. Afterwards, he was asked to stay on there as a basic science faculty member.²⁸

Dr. Watanabe rose through the academic ranks rapidly, serving as an assistant professor (molecular biology) for only one year (1966–7) at Albert Einstein, and then, upon relocating to the U of A, as an associate professor (medicine and biochemistry) for only three years (1967–70). At the end of the fourth year of his academic career, he was promoted to full professor of medicine at U of A. Once he was recruited to the U of C, he immediately became professor and head of internal medicine.

Dr. Watanabe was attracted to the U of C because of his association with Dr. McLeod and because of the department's research groups. But there was also another reason. According to Dr. Watanabe:

Something else at the U of C had caught my attention. The founding dean, Bill Cochrane, and his initial education team developed an undergraduate medical curriculum that emphasized the concepts of independent study, self-directed learning, and learning at your own pace. This philosophical orientation resonated with my educational experiences throughout all my years of schooling, especially during the war years when [my] schooling was disrupted . . . and substituted by makeshift arrangements where learning was informal and dependent on personal responsibility. My curiosity was aroused; it made me want to learn more about the curriculum and become a participant in this endeavour. In my initial visits to the U of C, I sensed among the faculty the energy and excitement of an emerging venture setting new directions and pathways in undergraduate medical education and in administrative structures, which undoubtedly helped to overcome my reticence about moving into administrative positions, and

influenced my decision to accept the offer to join the U of C, while I reluctantly set aside my sense of loyalty to the U of A, which had been so generous in welcoming me into their academic fold. I was not aware of it then, but this might have been the starting point of what evolved into a new career trajectory.²⁹

After two years as department head (1974–6), Dr. Watanabe was appointed as associate dean (education).³⁰ Dr. Watanabe would later describe this transition as follows:

David Dickson was the inaugural associate dean of education and he stepped down in 1974. A search committee was in place, which I was not aware of. I believe Dr. Clarence Guenter was chair of the search committee. He came to me and said that the committee felt I would be a perfect associate dean and really needed me to take on the position. I am not sure how this assessment was arrived at but when I first joined U of C, the Division of Educational Planning and Assessment encountered a problem with their in-house final exams for the second-year graduating class when 50 to 60 per cent of the students failed. David Dickson asked for my assistance, so I reviewed the exam

and came to the conclusion that the examination was faulty. I had the benefit of having been responsible for the endocrine exams at the U of A, where I had worked with experts in evaluation in the RCPSC McLaughlin Centre. But at this point I had been head of medicine for only two years and felt I should not be abandoning the department, so I agreed to do the associate dean position if I could maintain my role as head of medicine. Unfortunately, I suffered a mild heart attack and, assuming that it was the workload causing my problems, administration suggested that I give up one of the positions. I stayed with the associate dean's position.³¹

Dr. Watanabe served as associate dean (education) from 1976 to 1980, at which point he became associate dean (research) for one year. Dr. Watanabe served as the acting dean from 1981 to 1982 before serving two full terms as dean from July 1982 until June 1992. After that, from 1992 until 1997, Dr. Watanabe served as professor of medicine, and he has been emeritus professor since 1997. From 2004 to 2007, Dr. Watanabe was also an adjunct professor in the Community Health Program at the University of Northern British Columbia at Prince George.³² Watanabe, who never planned to be an administrator, started his research career as a basic scientist; he held MRC operating grants as principal investigator continuously from 1967

to 1988, and he regularly published basic science papers, primarily in the *Journal of Steroid Biochemistry*, for two decades.³³ Toward the end of his deanship, Dr. Watanabe recognized that he needed to curtail his basic sciences program and diversify:

I certainly continued my research work during my first term but in my second term I told the president of U of C that I was going to have to give it up because I will be way out of the current knowledge base, so that's when I stopped doing basic research. . . . But what I ended up doing was switching my research interest more to health services, mostly as a result of the physician workforce issue and my work on the Medical Services Utilization Committee. . . . It's difficult to maintain your research and be competitive because you need to keep abreast of the latest findings and the current literature, and that's hard to do when you are immersed in administration. I was used to working at Albert Einstein in a pure research environment, and if research is what you do all day long then keeping up with the literature is easy to do, but when you get into a clinical world, where you are teaching and engaged in clinical work, it's very hard to compete internationally and nationally in

both arenas. You have to pick the kind of research that nobody else is doing so that at least you're not competing with large laboratories and people who are dedicated solely to research.³⁴

Therefore, in the late 1980s, Dr. Watanabe's research foci broadened to include clinical research on hypertension, medical education research, telemedicine, evidence-based decision-making, and health-care reform. His first peer-reviewed publication was in 1960 and his last in 2009—an amazing forty-nine-year span! By the end of his research career, Dr. Watanabe's expertise had grown to encompass what is now called the four pillars of health research: biomedical, clinical, health systems/services, and population health.

However, the breadth of expertise acquired over Dr. Watanabe's more than fifty-year career served the faculty, university, government, and population of the province well, and has been put to good use since his retirement, as he served on several dozen committees and volunteer boards until 2012. This included eight different federal committees, task forces, or advisory boards for Health Canada.³⁵

Dr. Watanabe received many awards and honours over his career, including an honorary DSc from the U of A (1997), an LLD from the University of Northern British Columbia (2007), becoming an officer of the Order of Canada (2001), and recipient of the Queen Elizabeth II Diamond Jubilee Medal (2012).³⁶

Dean Smith

Dr. Eldon Raymond Smith was born in a small Nova Scotia farming community about thirty kilometres from Halifax. He received his medical degree cum laude from Dalhousie University in 1967. Following training in internal medicine and cardiology in Canada, the United Kingdom, and the United States, Dr. Smith joined the Faculty of Medicine at Dalhousie. He moved to Calgary in 1980 as professor and head of the Cardiology Division at both Foothills Hospital and the U of C. In 1985, he became head of the Department of Medicine and appointed associate dean (clinical affairs) of the faculty five years later. From 1992 to 1997, Eldon Smith was dean of the U of C Faculty of Medicine.

A strong link exists between Atlantic Canada and the U of C. Two of the Faculty of Medicine's first four deans (Cochrane and Smith) came from Dalhousie University, while Dean Feasby, as will be seen, was born in Halifax. Dean Smith knew William A. Cochrane when he was a student and for a while considered a career in pediatrics. After Dr. Cochrane moved to Calgary, Dean Smith kept in contact with him, though Dr. Cochrane played no specific role in his recruitment to the U of C.³⁷ During most of Dean Smith's tenure, F. Murray Fraser (1937–1997), who was raised in Nova Scotia, was president of the university (he served from 1988 to 1996). He died on the 12 March 1997 from heart failure, just eight months after retirement; he was fifty-nine.³⁸ Joy D. Calkin, dean of the Faculty of Nursing (1985–9) and provost/vice-president

(academic) (1990–7), was also from Nova Scotia; she began her academic career at the University of New Brunswick. Keith Winter, vice-president (finance and services) (1991–2002) was from Newfoundland. Though not a native of Atlantic Canada or a member of the U of C, Matthew W. Spence (president and CEO of the AHFMR from 1990 to 2003),³⁹ played a critical role in influencing the fortunes of the faculty at the time and was recruited from the I. W. Killam Hospital for Children in Halifax and Dalhousie, where Dr. Smith knew him. Not surprisingly, there was tongue-in-cheek commentary of a “Maritime Mafia” controlling the U of C.

Dr. Smith’s research interests include circulatory mechanics, exercise physiology, and echocardiography. He has published more than 250 papers and book chapters. Over the years he has served as editor-in-chief of the *Canadian Journal of Cardiology* (1997–2010), president of both the Canadian Cardiovascular Society and the Association of Canadian Medical Colleges, and on many boards, including AHFMR, Alberta Health Professions Advisory Board, the premier’s Advisory Council on Health in Alberta, and Alberta Health Services. Dr. Smith is an emeritus professor of medicine at the U of C, chairs the advisory board of the Libin Cardiovascular Institute of Alberta, and founded the Peter Lougheed Medical Research Foundation. Nationally, he chaired the steering committee that oversaw the development of the Canadian Heart Health Strategy and Action Plan.⁴⁰

Dean Smith has received numerous honours and awards. These include an Order of the

University of Calgary, a citation from the Senate of the Philippines for aid in developing medical education in that country, the 2005 Medal of Service from the Canadian Medical Association, the 2007 James H. Graham Award of Merit from the Royal College of Physicians and Surgeons of Canada, the 2007 AsTECH Award, the 2012 Medal for Distinguished Service from the Alberta Medical Association, and a Diamond Jubilee Medal. Dr. Smith was named an officer of the Order of Canada (2005) and received an honorary LLD from Dalhousie University (2014).⁴¹

Dean Gall

A native of Saskatchewan born in Moose Jaw and raised on a farm near Acme, Alberta, D. Grant Gall received both his undergraduate degree (from 1958–61) and medical degree (1961–5) from the U of A in Edmonton, eventually graduating with his MD in 1965. His postgraduate training began at the Vancouver General Hospital with an internship from 1965 to 1966. He then went to the Boston City Hospital for a year, followed by a year at the Hospital for Sick Children in Toronto, and then a three-year fellowship in metabolic and endocrine disease at the Boston City Hospital, made possible through a McLaughlin Travelling Fellowship provided by the Division of Pediatric Gastroenterology at the Hospital for Sick Children in Toronto.

While at Boston, he was an instructor in pediatrics at Harvard (1968–71) and Boston Universities (1969–71). He then accepted a one-year appointment as an assistant professor in

the Division of Pediatrics at the U of C Faculty of Medicine. Returning to Toronto, he worked at Sick Kids, remaining there until 1979.⁴² During that time he rose through the academic ranks, from assistant professor (1972–7) to associate professor (1977–9); he remained a staff physician on the wards through these six years in the Division of Gastroenterology at the Hospital for Sick Children. In 1979, Dr. Gall accepted the position of head of the Division of Pediatric Gastroenterology and Nutrition at the U of C and moved to Alberta for the rest of his professional career. His tenure was interrupted for two months in 1980, when he accepted four visiting professorships in Australia: at the Princess Margaret Hospital for Children in Perth, Western Australia, the Adelaide Children’s Hospital in Adelaide, South Australia, as guest professor at the Royal Children’s Hospital in Brisbane, Queensland, then at the Prince of Wales Children’s Hospital in Sydney, New South Wales, ending at the Royal Alexandria Children’s Hospital in Sydney. He often referred to this as “grand tour” Down Under.

Dr. Gall was a medical leader in the Child Health Program, as well as the head of the Regional Department of Pediatrics, when the Calgary Health Region existed.⁴³ He was appointed to the undergraduate Gastrointestinal Course Committee from 1979 to 1984, and oversaw five master’s students’ theses and four PhD students during his career. Thirteen summer students worked in his research laboratory at the Alberta Children’s Hospital Research Institute between 1983 and 1997. At the postgraduate level, Grant Gall was an

active member of the Gastrointestinal Residency Training Committee from 1980 to 1989, and thirty clinical and research fellows in pediatric gastroenterology and nutrition worked with him. His administrative service was extensive, with five departmental committee memberships, forty-four on the faculty level, thirty-one on the university level, along with fourteen committee memberships in the Calgary Regional Health Authority.

At the provincial level, he was a member of seven committees. Nationally and internationally, he sat on eleven committees, while holding six board positions on community organizations, associations, and research funding bodies. His most impactful roles included ten years on the Executive Faculty Council, chairman of seventeen department head search committees, adviser to the vice-president of the U of C and to three university-wide research centres, as well as ten years on the Alberta Children’s Hospital Research Foundation Board, and the Calgary Regional Health Authority Board (1996–2007).

Dean Gall was a member of grant review committees for the Medical Research Council of Canada (now the Canadian Institutes for Health Research) in the 1980s, and later a scientific officer and chair of the Committee on Experimental Medicine. He was a member of three committees for the AHFMR and a committee of the American National Institute of Health. Personal recognition of Dean Gall’s accomplishments has included being named the U of A Medical Alumnus of the Year in 1997, being inducted into the Order of the University of Calgary in May 2008, undertaking

a distinguished visiting professorship at the University of Concepción in Chile, and receiving the Distinguished Service Award from the Faculty of Veterinary Medicine at the University of Calgary in June 2008. Internationally, Dr. Gall was elected president of the Inter-American Association of Gastroenterology in recognition of his influence on the clinical and research fields in pediatric gastroenterology.

As principal investigator, co-investigator, or collaborator on major research grants, Grant Gall received grants amounting to approximately \$6,210,000, from the 1980s to the early 2000s, from the Medical Research Council of Canada and the National Institutes of Health Research in the United States. In 1995, he was granted an international patent governing the pharmaceutical “use of epidermal growth factors as a gastrointestinal therapeutic agent” (serial no. 08/438,901, filed 10 May 1995).

During his thirty-five-year-long active academic career as a gastrointestinal researcher, he gave 146 presentations nationally and internationally, published 142 co-authored and peer-reviewed journal articles, gave 12 non-reviewed papers, and wrote 19 book chapters and 181 abstracts of conference proceedings.

On July 1997, Dr. Gall accepted the position of dean of the U of C Faculty of Medicine, which he held for two consecutive terms, from 1997 to 2007.⁴⁴

Dean Feasby

The son of Dr. Wilf (1920–1999) and Jean Isobel (née Erskine) (1919–2015) Feasby, Thomas Erskine

Feasby was born on 4 June 1945, in Halifax, Nova Scotia, received his MD from the University of Manitoba (1969), interned at the Toronto Western Hospital (1969–70), and did a neurology residency at the University of Western Ontario (1970–4). This was followed by a research fellowship (1975–7) at the Institute of Neurology, Queen Square in London.

He then joined the faculty of the University of Western Ontario (as of 2012 Western University), eventually serving as chief of the Department of Clinical Neurological Sciences (1988–91). The first house he and his wife bought in London had been occupied the previous year by Alice Munro, who won the Nobel Prize in Literature in 2013, during her time as writer-in-residence at Western. In 1991, Dr. Feasby came to Calgary as head of the Department of Clinical Neurosciences, a position he held until 2002. From his time as department head in the mid-1990s, he is particularly proud of his role in establishing the Calgary Stroke Program. He served as its first director, a position he held until he was able to recruit Dr. Alastair Buchan to Calgary. He views it as “perhaps the best stroke program in the world.”⁴⁵

After stepping down as department head, Dr. Feasby spent six months with the RAND Corporation (an American non-profit global policy think tank), where he had completed a sabbatical during the 1997–8 academic year. Dr. Feasby then went to Edmonton before returning to the U of C in 2007 as dean. Between 2003 and 2007 he served as vice-president, academic affairs (Capital Health Region, Edmonton) and associate dean,

clinical affairs (Faculty of Medicine and Dentistry, U of A).⁴⁶ His duties included developing the health-service research capabilities of the Capital Health Region. More recently, Dr. Feasby has served as the chief health officer of the Airdrie and Area Health Co-operative.⁴⁷

Dr. Feasby has authored over 160 peer-reviewed publications. His research interests include demyelination, neuropathies, Guillain-Barré syndrome, and health-service research on medical procedures for neurological conditions such as carotid endarterectomy, intravenous immunoglobulin, and MRI scanning for lower back pain. His many honours include an Alberta Medical

Association Medal for Distinguished Service (2014) and honorary Doctor of Science from the University of Western Ontario (2013). His convocation address challenged the graduates to work together to build a future of opportunity for all and always tackle challenges with a sense of optimism.⁴⁸ For his various contributions to the U of C Faculty of Medicine, Dr. Feasby's colleagues created the Tom Feasby Graduate Award in Global Health, and the faculty's student lounge was named after him.⁴⁹ In 2016 he received a Rhodes Trust Inspirational Educator Award. In December 2017 he was named a member of the Order of Canada.⁵⁰

