

This is Ray Stokes in the oral history section of the Health Sciences Library of the Texas College of Osteopathic Medicine in Fort Worth. It is my pleasure today, the sixth, I believe it is, day of August 1986, to be in the office of one of our first graduates who entered in 1970, when the school was first opened, graduated in 1974. I am in his hometown of Bridgeport, Texas, and it is my pleasure to be visiting with Dr. David Ray. Dr. David Ray is a general practitioner, here, in his hometown of Bridgeport and I believe, David, you did open one year, your first year of practice actually was with one of your contemporaries, one of your peers out at Snyder. You were out there for one year.

Dr. Ray: Yes, sir. I practiced actually two years.

Mr. Stokes: Were you out there for two years?

Dr. Ray: That's right.

Mr. Stokes: In Snyder? Well,^{now,} I want you to give me just a little bit of your feelings about you've been out of school now for/^{well}more than ten years. You've been out for twelve years. You've been out here now for/^{about}ten years. What, let's go back just a little bit. Now, when you were in school, at the time, of course, we were in a, there's been a lot of discussion about the bowling alley that we had back on Camp Bowie, back in the early seventies. But, people keep referring to the bowling alley but it was called to their attention recently that, oh, its true, we were in a bowling alley, but our first year was not in a bowling alley. Our first year was in a hospital. And most people lose sight of that particular fact, that if you're going to be born that's the proper place to be born and that's actually where the school was born. Do you recall any particular highlight of when you were a student that stands out in your mind, whether it be of one of gladness or one of sorrow, one of acceptance or one of regrets, or any-

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thing that's kind of foremost?

Dr. Ray: We had several, to us, interesting events that first year. We, as you say, used the fifth floor, the unfinished fifth floor of the osteopathic hospital, Fort Worth Osteopathic Hospital at that time for classrooms and for some laboratory work and we also had a garage apartment across the street which we used for an anatomy lab and the cadavers were kept there. One night, I guess three or four months into the first year, someone broke into the anatomy lab. It was interesting to note that nothing was stolen and one of the body bags was opened and that was the end the robbery, apparently.

Mr. Stokes: That was the end of the robbery, huh?

Dr. Ray: They checked out of the building rather quickly after that. Let's see, other, I don't know so much about single events, but I think the thing that stuck in my mind about that first year was the, of our group of, we started with twenty, I believe it was, or twenty-one, and wound up with eighteen.

Mr. Stokes: Right.

Dr. RAY: And, not only the students, but the students and their wives and some of their children became very close knit during that time because of the stress we were under - concern about the school, concern for our own education and concern to pass our work.

Mr. Stokes: Right, right.

Dr. RAY: It created a great deal of stress and I think with stress folks tend to plunk together whenever they can for self support and support each other. And that seemed to have worked to our benefit during that time, I think.

Mr. Stokes: Dr. David, I had the pleasure recently of reading a critique that you prepared during your freshman year. I don't know what assignment it was. One of the professors who was still there, Dr. Libbey Harris,

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gave it to me recently. I enjoyed reading it and you were rather pointed in your remarks. You were very objective but you gave your opinion of your first year; what were the strong points and what were the weak points. Can you recall any of the, can you reflect on that, you're familiar with that particular critique that you prepared?

Dr. Ray: I can't say that I'm familiar with what's on there. I may even of the contradict myself, but I can remember some/classes and some of the good and bad ~~things~~ that came about.

Mr. Stokes: Can you share some of that with us?

Dr. Ray: A minute ago we were talking about Dr. Graham who was the physiology instructor.

Mr. Stokes: That's Tom Graham, I believe.

Dr. Ray: Tom Graham. During his course several of the students were rather anxious about the instruction there and they felt like / ^{there} was a problem with continuity in the course. It seemed to be jumping about a bit and some of us, some of the students and, I don't recall which ones, but there was some points made about contradictory statements in the class; about at times one thing was said and then later that was changed to something else. And that seemed very upsetting at the time. Looking back and looking at things now with a different perspective and

Mr. Stokes: We've all mellowed a little bit, haven't we?

Dr. Ray: Oh, yeah. The importance of some rather highly specific points doesn't seem so great now. But at the time, there was so much again, getting back to this anxiety thing over passing courses, that anything that might cost a person a point on a test created a ^{great} stir. And, so the questions were held with high regard and with close scrutiny, anytime there was a difference of opinion as to what was said, there was always plenty of students to come around and say you said this or you said that and put the professor in a hard way. I think that accounted for some of the conflict

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that surrounded Dr. Graham. I think he meant well and I think the man had a good educational background. He would not have been there if he had not had a good educational background because, even though we were beginning, the school was trying to make an effort to get people who were...

Mr. Stokes: Never had to have accreditation.

Dr. Ray: And, so, his background and preparation had to be up to certain standards to be there. I know Dr. Harris taught Microbiology at that time and I thought she taught well. It, again, this was so long ago and I don't have the paper to refer to, it seemed that there was some problem with continuity between her teachings and what lab work we did; simply because of the facilities that we had at the time. That would come up as a problem. And, I remember Dr., I believe Dr. Bennett and Dr. Skinner, taught the histology.

Mr. Stokes: Yeah, they were pathologists there at FWOH.

Dr. Ray: And the first year we only took histology & they taught that course. Dr. Skinner, well I think/both of them, ^{its} _____ and Dr. Skinner would read from those notes and teach and so what he said was very organized. It was very dull. Not to hurt his feelings, but there is just so many ways you can say that a cell has this and this within it and the shape is such and such and the stains are this color and this color depending on what stains you put in - and so it was rather hard to make that exciting. Dr. Bennett was a much more clairvoyant fellow. He would stray from the notes quite frequently and sometimes greatly. He would refer to cases and refer to doctors and say they did this and they did that, and that he didn't necessarily agree with that.

Mr. Stokes: I see.

Dr. Ray: But, I'm sure that he was very opinionated about what he did and with good reason. I did not have the medical knowledge at that time to pass judgement on what he was saying anyway. So, it is neither here nor

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there. But, it was interesting - the difference in their two personalities.

Mr. Stokes: You know, Dr. David, I recently heard from one of our graduates who, in a constructive, critical way, mentioned that he graduated in 1983, more recently than you, because he was somewhat disappointed because he felt that the school then, and he maintains it may still be their policy now, that there is not enough attention given to the clinical work near as much as they do the basic sciences. When you were there did, of course, I guess most emphasis was placed upon basic science more than it was clinical in the very beginning.

Dr. Ray: Well, I think a couple of things have to be brought out/^{when you make that} point. Every

medical student wants to get to a patient. From the day he arrives, he wants^{is} to get to a living, breathing thing. And, this/^{that wasn't enough -}continuous pressure and, even when he gets to see his first patient/^{is} he wanted to do more and to see more, and so forth. So, that's a never ending pressure that the student puts on the school. On the other hand, our college, and all medical schools that I have _____ having knowledge of, has certain basic requirements to get into the school-that the courses have to taken prior to entering- and those courses don't include a basic science curriculum./^{They just don't.} And this allows people who have majors in english, and majors in history, and majors in whatever else they happen to have majors in, to have minors in enough science to still get into medical school. And this is not just TCOM, its all medical schools. Everyone I know anything about. So, when you do arrive at school, they cannot say, okay, some of you have science degrees, so you can skip all of this and the rest of you have to take all the basic sciences. They take everybody from the beginning and carry you through to your basic science course. Which is rigorous and deep and wide. And it just has to be that way to /^{get} you to the the point where you have enough basic information to move on in to the clinical parts of medicine. At least, that's my opinion. And ours was pretty evenly split. The first two years were 90% basic science and very little clinical; but there was a little bit there, just to keep interest up.

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And then from that point on, it was almost entirely clinical. I think that's not a bad approach. I think if you're going to change it any, it has to be from the standpoint of you can take a little bit of the first year, two years, and make them a little more clinical. But, then if you do that, you've got to move some of that basic science information into the final two years and so the total time of either category/still has to stay balanced. I see no way to change it. It's just not fun. The part of medicine that is fun is treating patients. And the other is not fun, its a lot of ^{old} hard work. Nobody likes to do the hard work.

Mr. Stokes: I've had a few experiences in the hospital, ^{recently} myself, and I guess a student/doctor coming by, wanting to do an H & P on me, you know, and I get a great bang out of the procedure and the process that they go through.

Dr. Ray: And, for him, its still, its the first time and he's just as excited as, as Orville Wright jumping in his airplane.

Mr. Stokes: Right, right, right. Okay. You've graudated now and you got out into the stark, real world of practice. Back in the very beginning at Snyder - any particular experience that you had there, in Snyder, that's outstanding in your mind and in your practice?

Dr. Ray: Well, there were many experiences, many of them exciting. The first day I opened practice, I think we were there about nine days before we went to work; trying to get our homes set up and our offices set up and what not; but anyway, on the first day I went to work in the office, I was placæd on call at the hospital - covering the Emergency Room. They had an enthusiasm for doing call about like everybody else does - they want to get out as quick as they could - so the new guys on the block got to be on call.

And, the very first night a Mexican community there, in Snyder, was having a dance and later realized, or found out or was told, that this was a four or five times every summer they had these things and everytime they had one

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they had a shooting.

Mr. Stokes: Shooting.

Dr. Ray: So, it was my night on call and their night to have a dance and so we had a shooting. Unfortunately, there in the shooting, a little twelve year old girl was shot in the neck, and her outcome was very successful. She did well as far as that's concerned. But, this young lady was brought into the Emergency Room and she was actively bleeding when she got there, and so I was attempting to maintain her vital signs and control her bleeding and I asked the local surgeon that we had there be called and he was, and he came promptly. SO,he said I'll work on the neck and you try to do us a cut down on the other end and get us an IV started on this young lady. And, that was what I was in the process of doing and one of the nurses from O.R. came in and was assisting Dr.O'Banyon, who was the surgeon working there, and she was standing there, helping him, and said who is that kid down at the end of the table working on this girl? And Dr. O'Banyon turned around and said that kid is Dr. Ray. And, she said, "Oh", and that was the end of the conversation.

Mr. Stokes: That was the end, wasn't it?

Dr. Ray: But later I said to her, I told her, we became good friends, and I said, "Look, I'll make you a deal - you don't call me a kid and I won't call you an old lady." And she said that sound fine to me, so we got along famously after then.

Mr. STokes: Well, good, a _____ experience. Were you looking forward, in the beginning, to practicing in your hometown, or how did that come about?

Dr. Ray: NO, I really hadn't made plans to do that. I had looked in a great many places during my internship to decide where I'd locate and on one occasion I happened to be back in Dallas for some reason or another, and David Wyman and I ran into each other because he was interning at

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Easttown (?) Osteopathic. And, after some discussions, he...

Mr. Stokes: Now, where did you intern?

Dr. Ray: At El Paso....City County.

Mr. Stokes: El Paso....That's right.

Dr. Ray: And after some discussions, he said/^{well} why don't you come look at
^{He said} Snyder./ I'm going to go back there and practice and set up and I'd like
^{about it.} for you to come look at my hometown and see what you think/. And so I made
a trip out there, and got to know some of the people, and the situation
looked good to me and I had a great respect for Dr. Wyman. He was a good
friend and I felt like he and I were compatible as partners. So, we decided
^{and that's how all that came about (?).} to go ahead and do that/. But, no, there wasn't any plan to come home at that
time.

^{then}
Mr. Stokes: Well,/what developed that caused you to come home? I mean....

Dr. Ray: There's no real one thing. I think that as the two years that
^{that I was} went by/in Snyder, I was happy there and treated well. I have no criticism
of those folks or that town at all. They're great people. But as the two
years went by, I found myself coming home to see about my mother and dad
^{that} quite a lot. Dr., well one event/I can point to, Dr. _____, who is
^{during} here locally, his son was going through his residency / those years and
was accidentally killed at that time. And, so I had expected this fellow,
David, to come back and locate here, and when I, obviously, when that
happened, he, they would have nobody to do that. and I kind of wanted to
come home and mother and dad were here and needed more taken care of than
usual; and that situation worked out, and I decided to come back here.

Mr. Stokes: You know, I overheard the nurse, when I was waiting a moment
ago, talking to someone about an emergency came up and she mentioned the
^{which is} fact that she said our hospital, take him to our hospital,/in Decatur.

Well, ~~that~~, that's the first time; in other words, you don't use the
Bridgeport Hospital. You use the Decatur Hospital. Anything in particular

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that...

Dr. Ray: No...How that came about?

Mr. Stokes: How that came about.

Dr. Ray: Well, when I came back to Bridgeport, I, before I made the move, I came to the physicians here in town, the three local M.D.'s....

Mr. Stokes: Three local M.D.'s and you were the only D.O.?

Dr. Ray: Uh-huh. And told them that I wanted to come back to Bridgeport. And I had known them for years because I had grew up here. And I said I'd like to use your hospital after I open my office. And they said you'd be welcome in our hospital and we'd like for you to locate in our clinic. So after some discussion we decided to do that, and so I did. Then the years went by and after four years of being in a clinic, I decided/^{that}I wanted to do some things a little differently. I didn't feel like they had done me wrong or anything. It's just that I had my own style of practicing and managing the office.

Mr. Stokes: Oh, there is a difference, they tell me.... Go ahead.

Dr. Ray: Yeah. And, but it wasn't over those things. There was no problem with manipulation or anything like that; but as I developed my ideas to do this, I decided I wanted to build my own office. And, so I went to them and told them that this was what I was going to do and/^{that}if they were still in agreement that I would continue using their hospital. And they had considerable discussions, it took about two weeks, as I recall, and then on August 28th of that year, 81 or, 81, I guess. Yeah, 81. They asked me to come. It was on a Friday evening. I remember it/^{very}well. They asked me to come and sit with them and they would tell me what they were going to do. and what they came to tell me was.. first they asked me if I would consider changing my mind and stay in the clinic. And, I said no, I'm pretty well committed to what I'm going to do. And they said, well, we don't want you to use our hospital anymore. We also want you to move your things out of

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our clinic today. Or Monday, that was on Friday.

Mr. Stokes: Goodness, that's/short notice.
real

Dr. Ray: And, so I/talked to a young lawyer here in town, Mike Simpson,
did and I that

about it and found out/they were telling my OB practice and my other
patients that I had left town and they didn't know where I was. Of course,
I hadn't left town, at all. I just couldn't use their clinic anymore.

So, my young lawyer friend said/we need to get an injunction to stop them
well for you to have enough time
from doing that and to also get you back into the clinic/to at least tell

your patients where you are and what your plans are. And make some arrange-
ments to your OB patients because their care had been totally discontinued.

They had no security at all, as far as being sure they would have a doctor
to deliver them. So, we went through that legal procedure and he got me

back into the clinic and it was a rather uptight and rough working around

Mr. Stokes: I'd imagine it was.
those folks./ But, anyway, I survived it and they survived it, and the

patients then knew where I was. By that time I was able to get a building
leased in order to be able to get over here. It wasn't finished but it
was adequate for work.

Mr. Stokes: Speaking of your building, your present office is located
where?

Dr. Ray: Well, its Stevens in its in
1207/Bridgeport and/the home that I grew up in. They,
actually, this home was one built on the site on which a frame house
had existed earlier and that's the house that I grew up in.

Mr. Stokes: But, you weren't born here? I think you said you were born in
Tulsa and moved here when you were three years of age.

Dr. Ray: Three months.

Mr. Stokes: Three months. Excuse me.

Dr. Ray: So, essentially, my entire life was spent here. And the frame house
was here until 1956 and then my family built this house, this building. And
ever
when/we decided to move the clinic over here, we remodeled it and changed a

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few things. But its essentially the same structure.

Mr. Stokes: Now, in the ten years that you've been in practice, Dr. David, and in thinking back on your experiences, when you got your license to practice did you take the FLEX.

Dr. Ray: No, it wasn't...

Mr. Stokes: It wasn't the FLEX at that time, was it?

Dr. Ray: No, we still had a combined multiple choice and narrative exam given by the Texas State Board, and that's the exam that I took... in Austin.

Mr. Stokes: How long has FLEX been in?

Dr. Ray: I'm not sure. I think it came about three or two or three years after that. It was a very short time after that it became Texas's exam. It had already been an exam in other states; some of the states.

Mr. Stokes: We had a pretty high ratio of failures last year and, of course, the apprehension this year/^{that}is we're going to just as bad and, of course, everybody's got their fingers crossed.

Dr. Ray: The pressure's on.

Mr. Stokes: The pressure is on, certainly. But one thing, of course, I realize you don't win today's ballgames with yesterday's hits, but one thing that people don't ever seem to recall was that although the last two years we did have a comparably higher failure than we would certainly want to have, or possibly should have, in 1978, 79 and 80, the highest grades scored in the state were by TCOM graduates. But, we never hear anything about that; but, of course that doesn't do us anygood in the year 1986, I'll admit.

Dr. Ray: I think an interesting point, too, about that is the M.D. students take the National Boards and they take ten parts and so they are familiar with this type of testing through their years in medical school and this gives them, in my opinion, gives them an advantage, should give them an advantage over the person taking the state board only at the end of his training period.

David Ray

Mr. STokes: Now, I don't quite follow you because you say National Boards. Don't the osteopathic graduates take National Boards? I mean Osteopathic National Boards, in other words.

Dr. Ray: Yeah, but those are put out by the Osteopathic Board and they are, I believe its the association between all the schools _____.

Mr. STokes: Right, right.

Dr. Ray: And that's a different test from the one the M.D. National Boards are. M.D. national boards are, in my understanding, is very similar to the FLEX. In fact, I think the same people who put it out put the FLEX out.

Mr. STokes: I see.

Dr. Ray: So, to me, there's some, there's a little discrepancy there.

Mr. STokes: What puzzles me is I understand there's only two states in the union, Louisiana and Texas, that give FLEX. The rest of them don't.

Dr. Ray: I wasn't aware of that. But, at the time I took the Texas Boards, some states, not those two, but some others were giving FLEX already. And later I understood Texas came along and did it. And apparently, if what you say is true, some of the others have dropped it.

Mr. STokes: Yeah, they have.

Dr. Ray: I don't know. You know, of course, examining somebody after four years of school is kind of a game anyway. Obviously there's far, far, far too much information with all the four years of testing to have any hope of testing accurately over that entire volume of information in one test.

Mr. STokes: In looking back over your experience as a student/doctor and in the profession now for a number of years, do you have any advise that you would project or any thoughts to direct to any particular future doctors or current graduates, or whatever experiences that you had that would help them in some way.

David Ray

Dr. Ray: Well, I could tell you about an awful lot of mistakes. (Ringing)

Oh, we were talking about advise. And, I said that I'd / ^{have} to tell/^{you}about

many mistakes. But, I don't know that I'd have any clear cut advise for

them. I think one thing that _____ schools and career, and looking

backward, one thing that sticks in my mind is the stimulous that I got,

and still get, remembering the fellows who started the school. To me, that

was an awesome effort and act of faith, and whatever else you want to label

it, and all the part of yourself and the gentlemen who began. I think that

that'd be a feat hard to match. I think that in becoming a student at TCOM
and finishing there,

and going out and practicing, and any young fellow comes along, or young

lady comes along, and do it later. When we look at our difficulties and

our tribulations or our concern over education or whatever, I think its

behooves us to look back and remember what those men and women did at that

time; and the circumstances they did it under and they achieve, and I think

that maybe doesn't excuse inadequacies that may occur, but it helps one keep

it in perspective in that. We were talking earlier about Ray Olson's comment

about school being, has to be a cost in evolution; and it has to be.

Mr. Stokes: Now, Ray Olson. Now, he taught medicine. Internist, still
there.

Dr. Ray: Uh huh. Yeah, Dr. Ray Olson. And he would often mention about
the evolutionary aspect of any educational institution. And I think that's
that is a direct relationship to what these men did, and what these men did
permeates the school and carries through these years and should be looked at
and remembered anytime anybody makes any overall comments about the school.

To me, just the very idea / ^{having} been there that first year, the very idea

starting medical school from scratch, from zero, is a phenomenal; its just
like....

Mr. STokes: I still, every now and then, have to pinch myself. I really do.

David Ray

Dr. Ray: Yeah, yeah, how can you do that?

Mr. Stokes: And on your experience that you had since you; you have, one thing I do want to ask you, you are associated with another graduate of TCOM, who joined you some three, four or five years ago, John Copeland?

Dr. Ray: Yes.

Mr. STokes: I don't know John, Dr. Copeland, as well as I / ^{know} you. You know, when I was a financial aide officer there, I knew everyone quite well. But, now there's so many now, we have such large graduating classes, in the 80's and 90's and eventually we'll reach a hundred 'til its rather difficult to know the student/doctors like I once did. I know Dr. Copeland, but not nearly as personally, as personal as I know you. He's been with you now a number of years.

Dr. Ray: Four years.

MR. Stokes: Four years.

Dr. Ray: Yeah, John has been a very fine associate. He...

Mr. Stokes: Where is he from? Where is his home and background?

Dr. Ray: He's from west Texas, out near Lubbock.

Mr. Stokes: Under what circumstances were you able to find John?

Dr. Ray: Well, after I moved over to this clinic, in the earlier part of the story I mentioned that, and I had been here about eight months. My practice was overwhelming. It sounds like I'm bragging, but its the truth. And, we reached the point where we just couldn't handle it. And I couldn't get no time off and I was getting tired in my work. As much as I liked it, it was more than I wanted to do.

Mr. Stokes: Right.

Dr. Ray: And, so I decided at that time I had to have a partner. Everybody else had already told me that about three months before. I began looking around and in one of my conversations with Dr. Walker, who is the OB/GYN doctor, and at that time was teaching at the college...

David Ray

Mr. Stokes: Are you talking about Lee Walker?

Dr. Ray: Uh huh. And I think he still teaches.

Mr. STokes: Yeah, yeah. He's still chairman. Well, he's not chairman.

He's ...

Dr. Ray: In the OB/GYN Dept.

Mr. Stokes: He's still a professor there, in OB/GYN.

Dr. Ray: Well, after talking to him about a case, I think at the time, I said something about my work, or how tired I was, or something to that effect, and mentioned, and he started to console me a little bit, and I started to tell him that I needed a partner, that I was looking around. And, he said, well, we've got a young fellow who looks promising and wants to go into general practice. And, he might be somebody you can talk to and brought up Dr. Copeland's name. And, so I began to investigate and the more I found out, the more I liked what I found out, and ultimately and I called John personally and talked to him and asked him to come/look at us. He did, and he seemed interested and so we met a couple of more times in Fort Worth and finally consummated a deal. And he came up here as soon as he finished his internship. And, I've been pleased ever since. And I hope he is. He says he is.

Mr. Stokes: Well, good. Well, Doctor David, it certainly has been a ^{get to} pleasure to/renew an acquaintance, well, not renew acquaintance, but get to visit with you again. Because I feel like the Class of '74 really belonged to me, personally. I just feel like I sired you so to speak. And, I'm ^{come up and visit with you and} very close to the class. And its my pleasure/to get your memoirs on tape. And for posterity, maybe somewhere, some time, down the year 2150, someone might want to know to David Ray or/get ^{what caused him to} started in the first place. So, its a pleasure to visit with you. This is Ray Stokes from TCOM, in the office of Dr. David Ray in Bridgeport, Texas, signing off.

Thank you.

ADDENDUM

David Ray

This is Ray Stokes, some two weeks following my interview with Dr. David Ray, in his office at Bridgeport, Texas. After returning to my office and looking through some of my artifacts and some of my, looking through some of the archives at the school, I found a rather interesting paper that was written by Dr. David Ray. It was given to me to put into the archives of the school and is a very lengthy survey that was done by the first class of TCOM, in 1970. I have it here, in front of me, and I would like to at this time, just read the cover letter that accompanies this complete survey. I'm quoting Dr. David A. Ray, when he was student/at TCOM in the first class.

"Subjectivity and evaluation to this type is unavoidable. I realize my opinions are numerous and unsubstantiated throughout this commentary. My hope is/that my comments are candid and are to the point. On the whole, I feel that any course inadequacies encountered/during this first year were overcome by the personal attention provided by the faculty; by the enormous amount of hard work applied by students and faculty. I also believe that the development of standards, instructor maturity and time will prove effective therapy for student, instructor and administration differences. The total evaluation has a definite negative slant. Any stressful situation will elicit memories of the most unsatisfactory events. Also, good happenings are seldom discussed at length by students. Bad happenings are discussed to a degree that memory of them is reinforced. I say this to practice my final remark.

I believe in the administration, faculty and students at TCOM; and that our efforts will eventually be rewarded with a great school."

I wanted to put that as an addendum to Dr. Ray's Memoirs and we will be sure that its included in the total copulation when its compiled.

This is Ray Stokes, August 18, 1986, TCOM.