

TCOM MEMOIRS

Dr. Earle F. Starkey

Mr. Stokes: This is Ray Stokes in the oral history section of the library of the Texas College of Osteopathic Medicine, on Friday, the thirtieth of August, 1985. I am pleased to have in my office today one of my colleagues and personal friend who I have known down through the last eleven years that he has been a member of the faculty here, at TCOM. I am visiting with Dr. Earle F. Starkey, and today is a very significant day in his life. He's finishing up a distinguished career in pathology - a specialized portion of his medical practice. He's been here as the associate professor of pathology now since 1974. Now, Dr. Starkey is the first full-time D.O. faculty member with TCOM. And, I say this is a very significant day because this is the last day of your distinguished career/as far as full-time employment is concerned. And, my emotions are somewhat mixed because I personally hate to see you go. Dr. Starkey is getting ready to retire to a little farm, or ranch, that he's bought up in the southern, or the northern part, I guess you'd say/<sup>of</sup>the Ozarks and the southern part of Missouri. He's going to be leaving us here, and today is the last day of the fiscal year so, naturally, he'll be moving I think next week. I've done all of the talking now, Dr. Starkey. I just merely want to let you know that we're going to miss you. But, let's go back to the beginning. Dr. Starkey, you came here from Kansas City. Would you kindly give me a little bit of an idea why you came to TCOM; under what circumstances? How'd you learn we were looking for you?

Dr. Starkey: At that time I had been negotiating with the, I think it was called the Greenbriar College of Osteopathic Medicine in West Virginia - which I think subsequently became known as ...

Mr. Stokes: West Virginia.

Dr. Starkey: West Virginia School of Osteopathic Medicine. And, I had been down there, oh, off and on for interviews and aided them in making out a curriculum,

etcetera, and so forth. Following my last trip and returning home, having not as yet signed a contract, I received a phone call from Fort Worth, Texas from a former colleague of mine and good friend, Dr. Myron Skinner, who wanted to know if I'd be interested in coming to Fort Worth in the position as professor, or assistant professor, at that time of pathology. As we chatted I began to feel that perhaps the picture at Fort Worth was more entertaining and more pleasant than at West Virginian, because there would be completely new quarters that would have to begin from scratch. I wasn't quite looking forward to that.

Mr. Stokes: We had about four years on, didn't we?

Dr. Starkey: That's about right. The only difficulty, as I told Dr. Skinner over the phone, apparently the pay scale is going to slightly different. I can pick up \$10,000 a year more at West Virginia than I can here. But, in view of the fact that we had some the physical plant was much better, more adequate, and I would have the association of Dr. Skinner, you, and Dr. Ro and the hospital, and all of those facilities if needed. And, so I made up my mind over the phone; yes, I'll come. And we arranged the date for me to come and meet the Dean, the then Dean, Dr. Newell, and subsequently Dr. Coy. Afterwards I called long-distance to West Virginia, and told them that I was sorry, but I would not be able to come. And, so, having decided that I arrived in Fort Worth on or around August 10th or 12th; signed a contract on the twelfth of August, 1974, and I was ready to go to work.

Mr. Stokes: That would be then; you got here just a couple of months after our first class had graduated then. The first of June prior to that.

Dr. Starkey: Yes. Yes. Yes.

Mr. Stokes: So, then your...the class of '74 and the class of '75, you didn't know, but...

Dr. Starkey: No, that's correct.

Mr. Stokes: But, from '76 on up to the class of '85 that just graduated you know them quite well, or worked with them.

Dr. Starkey: Yes.

Mr. Stokes: In the very beginning the pathology department was much smaller than it is today, isn't it? In the size and ...I started to say stature, but I don't mean that. But, I mean personnel wise, and so forth. Can you give me a little bit of your feeling about the events that took place that caused some of the growth?

Dr. Starkey: Well, I think that my first class, I think 56 students. And we had the little laboratory, the student laboratory over in the building below Med Ed I. And...

Mr. Stokes: The part of building that is now the Medical Examiner's.

Dr. Starkey: Yeah, yeah. And I had been in conference with Dr. Newell a number of times and part of the procedures at that time...

Mr. Stokes: Excuse me, now. Dr. Newell. Who is Dr. Newell?

Dr. Starkey: Dr. Newell was then Dean.

Mr. Stokes: That's Dr. Ed Newell?

Dr. Stark: Dr. Ed Newell. And we agreed that part of my duties would be to upgrade the...not only the department of pathology, but also the department of histology and anatomy, whereby I was to prepare tissue slides of, normal tissue slides that is.. and I developed them for that department for a fee. And, so, and as well making pathology slides. The problem was at that time we didn't have much in the way of tissue.

Mr. Stokes: I see.

Dr. Starkey: To do this and we were fortunate to have from the pathology's standpoint a large old cardboard box filled with tissue, wet tissue, of stuff from the old Terrell laboratories. And I had no idea where it came from and so my assistant histotechnician prepared these as much of the tissue as we could use to make pathology slides for the students slide boxes. And, as far as the normal tissue is concerned we really had none. And, because obviously you don't remove normal tissue. And, so, the thought was that when autopsies would occur we'd be able to go in and snip a little off here and there. But, one has

to be very careful in so doing because you've got to have permission and so forth. And, so I felt the best thing would be to purchase this already done from commercial laboratories, from which we did - quite a few. And, then on some of the pathology tissue we were able to find some areas of normal tissue and use that and pass it on to the department of anatomy and histology. And this is what we did for a period of time. Also, during this period of time I found it necessary to work up lecture material for the classes. We were lecturing four hours a week and the laboratory two hours a week. Which meant that the total amount of material for five hours during the week was tremendous, and so...

Mr. Stokes: What is that, Dr. Starkey, compared to what it is now?

Dr. Starkey: Well, the same principle would be followed in terms of a given individual working up his lectures. But there, I had no specific lecture material prepared. I had left what I had been using at Kansas City school. And, so many times I was in from 7:00-7:30 in the morning to 5:30-6:00 at night working these out. Also, different days working out the slide problems. And, actually making lectures probably the day before the lecture was to be given. So, I was just keeping up for the first year. Until such time that many of these, this material and slides, etc. were prepared so now all you had to do would be to select it slightly before lecture and/or lab time. And put it together and walk in and do what you had to do. Prior to that period of time the laboratory and the lectures had been well done, but it was rather haphazard, or by chance. Because we had to rely upon outsiders to come in and lecture. And never was it always in chronological order. In other words you might, a lecturer might come in and lecture on endocrine glands whereby the students at that particular moment of time might have no background on that particular subject. What I had to do was to begin at the beginning and follow through so that those people who were involved in lectures would be chronologically assigned to certain material and prepared to deliver it at some point in time. The fellows that we used there were Dr. Skinner, Dr. O'Shay, Dr. Shafer, there were the M.D.'s, Dr. Scirrone, and so on. It was not too long before we dropped the M.D. group, and I ended up teaching all this all by myself

for about six years, I guess. About seven years. During this time we tried to purchase equipment to elevate the procedures to make an \_\_\_\_\_ like purchasing microprocessors for processing tissue and audiovisual materials for the students, and all and all, upgrading the general course of pathology through the years. At this present time we now have in place of only one individual pathologist we have a total of five pathologists in the department. They participate in the similar procedures, as I did, plus administrative work of the department, plus a laboratory, both chemistry lab and tissue lab, and all of the necessary secretaries and clerks to take care of these processes.

Mr. Stokes: In your definition of certain areas there have you said anything that is in relationship; I hear the term and I know very little about, but I hear the term "Course Director". Now, you've been a course director, I'm sure. Are you still the course director?

Dr. Starkey: Well, automatically I was course director because I was the only one. You might say I'm the chief cook and bottle washer.

Mr. Stokes: Well, what are the functions particularly of the course director?

Dr. Starkey: A course director simply sets up the course. He sets it up and gets it ready to prepare, and there is a lot of educational processes that goes along in there with the course directors meeting group, the committee in which what each course director does like preparing a syllabus and/or syllabi, and what he is going to do each year is read and evaluated. Areas that they feel should be changed or might be changed are selected or you might go through this without any comment at all - fine, and the way you go and that's the way its set up for the following year. And, normally this is not changed. Once its set up it remains that way with the exception of some changes that the department of medical education might decide somewhere in the process of crossing the stream that they would like to have done. And this is the primary function of the course director and during the departmental meetings he also presents this and anything that has to do with what I like to call the division-the teaching division-is involved with. All members are involved with these problems. They are assigned

lecture material and its their job to get them ready to be presented at a given period of time which has been assigned to them throughout the school year. At the particular moment I am no longer course director because I resigned it. I resigned it I think last summer roughly. And we have a new course director that chairman assigned to Dr. Fernandes, who is now course director. So, I don't have to worry about that any more.

Mr. Stokes: Tell me, Dr. Starkey, pathology is pathology. But is there any distinctive difference or comparison, contrast between allopathic and osteopathic pathology?

Dr. Starkey: No, absolutely not. Its probably the one area in which there is absolutely no difference. It cannot be. You're dealing with diseased tissue and a number of other things, as well. But, the disease, or the lesion, is whats important. And that's as important to the osteopathic pathologist as it is to the allopathic pathologist. And we both - one of the reasons why pathology, with reference to the D.O. or doctor of osteopathic medicine and the allopathic is there is no differences, and therefore we all tend to be members of the same broad group. For example, I am a member of the American College of Osteopathic Pathologists, I am also a member of the International Group of Pathologists-throughout the world. I have a card in that group, and we very frequently have meetings together during the year. And, so there is absolutely no difference. There may be slight differences between clinical medicine because we, in my terms, have an extra modality of therapy, which is manipulative therapy for lesions that involve the nervous system and the musculoskeletal system, to be exact. And the allopathic clinical people don't quite; either don't quite understand it or don't feel that its that important. And, so, other than that/<sup>why</sup>it is relatively similar.

Mr. Stokes: Dr. Starkey, you graduated from Kansas City didn't you?

Dr. Starkey: Yes, I did.

Mr. Stokes: What year did you graduate?

Dr. Starkey: I graduated in 1960.

Mr. Stokes: 1960. Did you go into private practice as a general g.p.?



Dr. Starkey: Following internship. I took an internship at the hospitals there at the school. A year later I had intended to go into a general practice, but thought that I might have some talent for surgery. So, rather than to enrole in a surgical residency I thought I'd enrole in a residency in proctology, which is rectal surgery.

Mr. Stokes: Right.

Dr. Starkey: And, I thought, well, if I can learn to do rectal surgery pretty well, then maybe I've got some talent to do general surgery. But, in the process and during that year, I decided that I had rather just go into general practice. Which I did for a number of years until I decided to take a residency...

Mr. Stokes: Well, I was getting ready to ask you what directed you into the path of pathology?

Dr. Starkey: Well, to me, when I was in general practice and doing rectal surgery you got to a point where you were doing things in rote. You learned of certain things, you did the certain things, you did the same things day in and day out, or every other whenever it occurred. And, I got the feeling that I am not picking up books. I always wanted to learn more. And I felt that I was getting myself into a position whereby if I was looking at a patient, listening to them with interest, then often times that I might be able to make a diagnosis without even bothering to examine them. And, I thought that's bad; I didn't like that. I felt that if I could go into some field whereby it requires a lot of challenge and searching and seeking and so forth, I'd feel better about it. The closest thing that I felt at the time, because of age, would be pathology. It would be somewhat like a 9 to 5, and I'd have ample opportunity to do this type of work. I rather liked clinical medicine, internal medicine, but now you're up and down all hours of the day and night, and my age was such that I didn't quite feel that I wanted to do this.

Mr. Stokes: Well, that's understandable. Tell me something, Dr. Starkey. I don't want to put you on the spot, but down through the years you've taught about ten classes, or so, around here. Do you have a favorite class, or...

Dr. Starkey: Well, I do have a favorite class, but oddly enough I can't exactly remember. Now, one class which I got the teacher's award, that's dated, what is it dated, I can't remember. '77, I think.

Mr. Stokes: I believe it was '77 or '78.

Dr. Starkey: I think it was '77. Yeah. So, that would be the class of ...

Mr. Stokes: Well, that would be the class of '77.

Dr. Starkey: Yeah, that's right. I was trying to make it two years ahead. But, that'd be the class of '77. And, they were all, I can remember many of them; names not very much. But, they were an excellent class. They really were eager to learn. And that's particularly noticeable if you're having a laboratory session with them. Because we worked, the laboratory sessions had been worked out in such a way almost automatically in which slides and tissues which we'd be looking at would be sort of a review of what we'd lectured on during the four hours during the week.

Mr. Stokes: Let me test your memory and see if we've got the right class. And, I'll just mention a name, for example. I know he was in the class of '77. Dr. Carlisle Holland. Was he in that class? You know Dr. Carlisle, he's down in...

Dr. Starkey: Yeah, I know Dr. Holland, but I'm not sure. The one that comes to my mind that was in the class is Dr. Reed. From Arkansas. He practices in Arkansas.

Mr. Stokes: Well, he's in '78.

Dr. Starkey: '78, huh. Well, now, he used to always come over there...

Mr. Stokes: Right, he's down at Ashdown, Arkansas.

Dr. Starkey: Yeah. He used to always come over there and talk to me.

Mr. Stokes: He graduated in '78.

Dr. Starkey: '78.

Mr. Stokes: So, you would've gotten it that would have been in '78 instead of '77. See, that would be your, in other words, you came in '74. The class of '78 came in 1974 when you came. And you saw them all the way through.

Dr. Starkey: Well, who would be the seniors in 1977, because I was at the



banquet when I got that plaque.

Mr. Stokes: Well, they came here in '73.

Dr. Starkey: They came in '73. But, at that particular year the sophomores were the ones that were giving me that plaque.

Mr. Stokes: Well, that's true. You're right.

Dr. Starkey: So, it would be that sophomore class of '77. And, I can't really in my mind pinpoint just who it was.

Mr. Stokes: Well, that's...

Dr. Starkey: Why don't you take a look and see.

Mr. Stokes: I'm not sure, but you mentioned Dr. Reed.

Dr. Starkey: Now, Dr. Holland might have been...

Mr. Stokes: Steve Wayne Reed, no he graduated in '79, so / <sup>that</sup> would have been right. He'd of been a sophomore in '77.

Dr. Starkey: Yeah, that's right. Okay.

Mr. Stokes: I was wrong. I mislead you because he graduated in '79, not '78.

Dr. Starkey: And another one that comes to mind, he was married and probably wouldn't want this on here. He was married to a little girl, and he had been a lab tech. And they ended up in divorcing. A big fellow, and I can't think of his name now. I've forgotten it. But, anyway ...

Mr. Stokes: That dates it though. That would be the class of '79.

Dr. Starkey: The one thing to me whether you put it on or not is that you can always tell; these are the people as I said always seemed to be interested. The instructor never got a hard time; everything was just sailed smoothly. And, like I used to tell them, I can't hardly wait to get in to start lecturing and teaching. It was so pleasant. The atmosphere was one of learning and teaching and being pleasant. There were other classes that I've had that I don't care if I ever see them again. Poor old Tom Whittle, you know, that just died. That was one class that I cussed, he cussed, everybody cussed. They were so glad to get rid of them, they didn't want any of them to ever come back again.

Mr. Stokes: Now, you're referring to the late Dr. Tom Whittle who taught

psychology here. That was during the first few years.

Dr. Starkey: Yes, yes, yes. Because he used to, we used to have some classes in more than just pathology lectures and lab over in that little building.

They had a number of basic sciences who were lecturing over there, and Dr. Whittle had a class of some sort over there. I remember one day he asked me what I thought of this given class, and I just kind of shook my head. I didn't want to say too much. He said, well I hate the and he went on to say a few choice words. He said I'll be glad if I never see them again. But, they were a bad class.

Mr. Stokes: Well, in sharing that, we appreciate very much and something else I'm just wondering. Do you have/<sup>some</sup>kind of like Readers Digest, I guess, unforgettable experience.

Dr. Starkey: Well, I suppose I could give you some anecdotes but they involve a lot of pathology which might not be the proper reading for people. I recall during my residency program; this was at Kansas City, where I began the program, and finished it up at another institution in another state. But, students were required to be there, in the amphitheater, and they sat you know like that, at the table. At that particular stage of my residency I was allowed to do posts, but very often the one of the pathologists who was involved with that particular case would do the posts and I would assist. Often times the students, some students would be allowed to do this. And this particular pathologist was a little fellow and he wore, he always wore a little black apron and rolled his sleeves up. He wasn't in scrub clothes and was quite a talker. <sup>He was kind of</sup> /a funny little fellow, and he had a big surgical light up there and then the bodies lying there opened and all that sort of thing. And he was lecturing to the students, up there; Now, this is a such and such and look at this lesion. And he'd just cut the liver out and he was saying this is a pretty good size. It was, a big fatty liver, probably an alcoholic. And it had cancer in it, too, and he was explaining it. And he went to take it back from the table to weigh it - you weight / <sup>them</sup> all - it slipped out of his hands and onto his feet. And he looked down and said, "God damnit, I just bought these ~~new~~ shoes yesterday!" And that liver just

splashed all over them. And, its kind of sickening, but its a kind of joke, what you call an occupational joke. And, another time I remember doing a post, I was doing this post, and I don't recall if I was a resident or not. But, here again, this big surgical light. And they had students here and the room was rather small, and everybody clustered around here and this hot light coming down, and here is this body that had been opened. And, the vapor, I began to see vapor coming and all of a sudden, "POP!" And glass flew. It had blown the light out because that moisture from the body got up there and got heated and hit the bulb and just blew all over it. And it went with a big bang. It made you jump. So, we couldn't find a light bulb to put in there so I went in and did the post. One more anecdote. I was called in to do a post and there they called you in at any time. And, I had hired a black fellow who owned a funeral home to go there at two or three or four in the morning and do the post, and just leave the tissue for me for the next morning, and any notes that he might have so I could make a diagnosis. Which is not a very good way to do it, but gee whiz, two or three in the morning to go spend two or three hours doing a post was a little unnatural. Well, anyway, how I happened to go I think this fellow was on vacation. And, so I went all alone. And this was about eleven-thirty, twelve at night. And everything dark and quiet everyplace, and although I am not one easily scared because it wasn't the prettiest room in the old building. The morgue part, or where the body was kept, was just like a little meat cooler. You couldn't hardly get yourself on the side in there to get a hold of the cart to bring them out. Then I got it over to the table and the poor soul on there happened to be a heavy white woman. Our autopsy table had the covering on it that had holes in it, you know, to drip right down in. Well, I had moved the cart over and tried to level it off for that, but there was a little edge to it. To/<sup>get</sup>the body. And, I'm dealing with a woman who must have weighed maybe a hundred/<sup>and eighty</sup>pounds or so, and I'm a little fellow at that time, and I'm trying to get her on this table. I almost dropped the body on the floor, and here I am waltzing around with this dead woman in my arms. Finally I get her on the table, but the minute I got about half of her on the table

her flesh sunk in these holes. And, of course, she had a big butt, you know. All flacid material, and I couldn't budge her. And there I am, with one arm around me this way, of her, holding her on the table and making incisions and trying to get the organs out and make a diagnosis. And, it was just the hardest job. And, every once in a while, of course...

Mr. Stokes: Oh, my goodness.

Dr. Starkey: We were talking about a relatively small room and no one around but myself, and this spotlight up above on the body, and this arm of the lady, one arm wrapped around my back, right in the small of my back. I am not normally afraid of the dead, but suddenly I began to feel a little squeamish about all this. About the same time there had been rigor mortis set in, and about that time that arm began to slide up my back. And, for a fraction of a second I thought I had opened a live person, and here, what am I going to do with all of these organs laying around on the table. And there are a lot of others we could talk about and thats just...

Mr. Stokes: Well, do you recall any here that you had with any of the students in any unusual experiences in any way?

Dr. Starkey: Oh, not such that I just described, because we weren't doing autopsies at that time. I really can't for the moment think of anything other than some of the characteristics possessed by some of the students and their particularities that oftentimes one had to adjust to, and I recall one small incident. I don't know why it ever happened because I tend to be relatively stern in class; I'm not without humor, but there is work to be done. And, I had happened to go up to the podium, and someone had placed on the podium one of these girlie magazines and it opened up to the centerfold, with of course a beautiful young lady without any attire. I all of a sudden, when I saw that, I also suddenly noticed there was complete quiet in the room. So, I thought so they expect me to either explode or laugh. And, I thought well it's going to be a bad day, so I'll go ahead and laugh about the whole thing, which I did. And, it made them relax and they all roared and thought that was a big joke. And, there were a few other things, I

guess. One student, one day, we didn't have many microscopes early on and one student had been during laboratory had been rather talking alot, rather than paying as much attention as he should. And, I usually walked around when hands were raised to come give that individual student a little help and description of the slide for this one or that. And, I made some remark to the student who was across the table that you ought to go ahead and study your slides because we may well have an examination on this. And, he said, well, I'll know it, or something like that, and as he got up somehow or another he got his arm caught in the cord, the light cord to his microscope and drug the whole thing off the table and onto the floor. And, fortunately, even the lens, they were not hurt. But, having only about seven microscopes for the whole group, which I think was the first year that I was <sup>here</sup> hear. Any damage would have been catastrophic because nobody would give me any money to buy microscopes. So, but fortunately everything was all right. We were able to make use of the scope. I think the student was right in what he said; he did well in the examination at the end of the week.

Mr. Stokes: He knew what he was talking about.

Dr. Starkey: He knew what he was talking about. Yeah, that's right.

Mr. Stokes: We were talking a moment ago about favorite classes. I know, Dr. Starkey, that you may not consider it your favorite class, but I'm sure you are aware of this because yesterday you were given a reception here in the Atrium and I think it was a very fine affair at noon, and I was a little apprehensive because when I was told about it originally ...When I learned originally from the junior student class of '87, you see, which is now the current junior class, kind of sponsored this and ramrodded it, and one of the particular young student/ doctors, Leah Holly, mentioned to me what was going to happen, I was a little apprehensive because I didn't think she said they were going to have a reception at lunch time. And, I thought, well, gee whiz, a reception at lunch time I don't think you'll have enough to have a nice meal, and so forth. I never questioned it to her. but the thought just came to my mind. But, I told her later, yesterday afternoon, that she made a believer out of me, because it was just like an eight

course meal. There was plenty to eat, and they had a lot left over. It was excellent and everybody thoroughly enjoyed themselves and they had plenty to eat, too. And, so I do know that speaking of favorite classes, I know the class of '87 must think an awful lot of you.

Dr. Starkey: Well, I suppose I may recant that previous statement to some extent, because I think all classes to me were favored in the sense that there were always in any given class a certain group of students who were interested in what they were doing, wanted to learn. I'm rather old fashioned person and I appreciate courtesy and good manners, and so forth, and I suspect that all of the classes that I've stood before could be classified as favorite class. I certainly appreciated what they did yesterday. I was not aware until a couple of days before this affair took place that it was going to occur. And, so I was pleasantly surprised. My wife was extremely pleased and I...there were a few times when I was kind of moved to tears. And, so consequently, I wore my dark glasses through the whole affair.

Mr. Stokes: Well, that's understandable. I got a great bang because you're about to leave us here and you're about to move to as I stated earlier back into the hills of Missouri, up near Bull Shoals, or somewhere up there, close to the White River. Of course, most people know something about that country even if they haven't been there, they've read about it. And we envy the fact that you're going to be able to sit out on your porch and look out at the beautiful space beyond, and really enjoy yourself. And, I think you said something about your own department gave you a telescope. So, you'll be able to use that little more eye power so to speak. We're looking forward to visiting sometime up in that part of the country. You'll be leaving then very shortly?

Dr. Starkey: Very shortly.

Mr. Stokes: So, you've had a very distinguished career here at TCOM. You've made a lot of friends, and I know that its hard to sometimes keep friends after you're out of sight, out of mind, of course. But, we're going to think about you. You've left some good footprints here and you've made a great contribution



to this college. And, I for one, am proud to have known you.

Dr. Starkey: Well, thank you. I appreciate it. I'll be coming back every so often and invite all the folks here if they have an opportunity to come see me.

Mr. Stokes: Thank you, Dr. Earle F. Starkey.