

Dr. Phillip C. Johnson, III's Eulogy of Walter M. Kirkendall

**Delivered during the Memorial Service
for Walter Murray Kirkendall, M.D.**

**July 18, 1991
University of Texas Medical School
Houston, Texas**

I first got to know Dr. Kirkendall, when he put "the Kirkendall claw" on me.

You might wonder what "the Kirkendall claw" is, but that's his firm handshake, that he gave people that would go by his office. Seems that he'd been pressing tennis balls, and working out with hand grips for years to get a better golf swing. And, he really had it down to an art. You'd go down the hall and see him, and he'd set up like a wrestler; he'd take a hold of your hand, and just about the time that you thought that you'd gotten away from him, he'd shift his leverage, and put you to your knees. He did that to me weekly. And when I interacted with him at the clinic, it was sort of a test of wills. Do you measure up? And, I never did with "the claw".

I learned later, many things about him, as we've talked about, his love of sports. I didn't know until recently what a great baseball player and enthusiast he was. I heard later that he coached Little League, and maybe while he was Department Chairman. I heard his strategy was that he sent all of his kids out into the neighborhood to scout out the best talent. And they'd bring them over and feed them supper, or whatever. And, when it came time to pick the team, he had the right team ready to go, and they were always winners. And I'm sure that's sort of the technique also worked when he developed the Department of Medicine here.

He was an active member of the Division of General Medicine. As we've mentioned, there was no such word as "retirement" for Walter Kirkendall. Regular patient care didn't end at the end of the month when the rotation was over. It was an ongoing thing. He took care of his own patients. Frequently, I would run into him coming off the golf course, probably on Saturday, coming in to see his patients.

He kept abreast of science and medicine, and was right up to date. He had no worry about behind at all, of the times. He is the only member of my Division with an oncology poster pathway right close to his door. He continually used and relied on computers a lot, and probably knew how they worked better than most people younger than him, myself included. He helped our junior faculty members who were interested in hypertension. He met with them twice a month and discussed different cases, and that was a very important in their career development.

Recently he's helped with the Internal Medicine ambulatory rotation for residents. He picked out articles, and did the first discussion on hypertension. Spent two hours with the group, and afterwards I asked one of the residents, you know, "did he carry on a discussion, or was it -- was it all him imparting his knowledge?" And,

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he said "no way, he — we discussed the topics, he went around and made sure that each of us had read our assignments, and that we did our job." I was happy about that.

We've already talked about what an excellent clinician he was in physical diagnosis. He told me one time that physical diagnosis skills just get better with age. And, he said that he was a better clinician and a diagnostician when he was 70 than he was when he was 50. I'm happy to hear that there's still time for improvement.

He didn't let disability conquer him, either. He had a hearing defect, and wore a hearing aid, and to make sure that his physical diagnosis skills kept up to snuff, he had a special stethoscope that could amplify the sound. He used this to great effect. When he was going on physical diagnosis courses with the second year students, if there was a two over six holo systolic murmur that could be heard, and they didn't hear it, he would loan them the 'scope, and turn up the volume to a point that they couldn't miss it. And, that's how he worked to teach us.

I think that one thing I've gotten out of these last few days is a sense of how a Department of Medicine, and a medical school is like a family. And, in a sense Walter had two families in that respect -- one with ten kids and twenty-two grandkids, and one that is represented by the people here.

I can tell you, sons and daughters of Walter Kirkendall, how much happiness and joy that you gave him during this life, and how proud he was of each of you. I can't think as a father, of anything that would be better to have. I hope you're proud of his accomplishments here, and that we continue to give you pride in us. We are going to take up the job, really, of taking care of his patients, and continuing his research. And, we're going to do our best with that. We want to continue work with hypertension. I think he left us a tremendous legacy. If we didn't do that, if we didn't continue his work, we would be turning our back to that legacy.

And we'll miss him.

Thank you.