



His has been a voice over the shoulder, gently guiding generations of Pitt med students.

LINDA WALLIN

A PHYSICIAN SECOND, A PERSON FIRST

ROSS MUSGRAVE'S EXAMPLE | BY SALLY ANN FLECKER

Years after he trained with Ross Musgrave (MD '43), plastic surgeon Robert Chase (Fel '59) could still hear Musgrave's voice over his shoulder as he taught his own residents the very procedures Musgrave had so meticulously impressed upon him: the care with which tissue is handled, the way wounds are closed, the precise time at which stitches are removed. By the time he trained with Musgrave, Chase already had logged countless hours in the operating room, first training as a thoracic surgeon and later, during the Korean War, as a reconstructive hand surgeon. He recognized skill and finesse when he saw it. Musgrave was precise and exacting. He took pains to pass that discipline along to Chase and the other 124 surgeons he trained throughout his long career.

"I considered him a wound-geometry wizard," Chase, a Stanford University School of Medicine professor emeritus of surgery, says. "Turning flaps of tissue from one place to another required some mathematical study. And Ross was very, very good at that—and very good at teaching that. He seemed like he was interested in anatomical mathematics, like Leonardo da Vinci was."

Chase calls Musgrave "the Leonardo of plastic surgery." It's a grand and generous remark—and one that's fitting. Ross Musgrave has lived his life as surgeon, actor, artist, and teacher—each facet informing the others. For 62 years (minus the few when he was in the army and graduate training), the University of Pittsburgh School of Medicine has been at the center of his professional universe—first as a student; later, after World War II dropped him back into his own life, as a resident; and finally as a Distinguished Clinical Professor of Surgery. He

last wielded a surgical knife in 1990. This past December, after 12 years, he retired as executive director of the Medical Alumni Association. Among friends and family, however, this much is clear: He may cut the ties but not the cord.

Musgrave's reputation extends well beyond the Pitt community. Says Chase, "I'm sure there's not a plastic surgeon alive who doesn't know who Ross Musgrave is." Over the course of his career, he has held every top national post in his field: president of the American Society of Plastic Surgeons, president of the American Cleft Palate–Craniofacial Association, governor of the American College of Surgeons. ("I felt that I had the ability to lead," Musgrave says, "and I took the time to do it.") Many's the award he has received from regional and national medical societies. Pitt honored him with the Bicentennial Medallion of Distinction and both the University's and the School of Medicine's distinguished alumni awards. Most recently, he was handed the first Donald Fraley Award for his work mentoring med students. And each year at the senior luncheon, one of the awards given to outstanding students is named for him—the Ross H. Musgrave Award in Plastic Surgery. He has served as a trustee for both UPMC and the University of Pittsburgh.

Not bad for a boy who started out in a one-room schoolhouse.

Musgrave was born in 1921 in Economy, a rural town 18 miles west of Pittsburgh. His parents owned an evergreen nursery. The roots of his interest in acting and art harken back to his early days. He learned flower-arranging

working beside his mother and father and found opportunities to act in school.

Artistic inclinations were put on hold in 1940 when Musgrave began the wartime whirlwind of a condensed medical school schedule. By the time he was 22, he had his MD. The call to service came in July 1945: first Camp Polk, La., which, he says, was in "wild, wild, wild country." Musgrave arrived at camp to find there were two openings—one in general surgery, the other in orthopaedics. He had nine months of surgical training under his belt; the other inductee had 12. "I got

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orthopaedics," Musgrave says. He was sent to an army hospital in Sendai, Japan. The 11th Airborne, with its jump school, kept him busy. He treated 1,300 fractures in 13 months.

In July 1947, he mustered out of the army and was married the next month. This summer, he and Norma Jane (his "fabulous" wife) will celebrate their 56th anniversary.

Never did he think he would be so taken with plastic surgery. *They take all afternoon, he'd complain of the plastic surgeons he watched. They put the stitches in. They don't like them. They take the stitches out.* When he found, after a year of training at the University of Pennsylvania and six months of a general surgical residency at the University of Pittsburgh Medical Center, that he was



So easily identifiable by the confident flower in his lapel

being assigned to the specialty services, which included orthopaedic, thoracic, and plastic surgery, he went to see the head of his department. “I thought you

liked me,” he said, confessing that plastic surgery was too slow-moving for him to bear. Instead of getting the assignment that he’d hoped for, he was told, “Go on, kid. It’ll do you good.” And it did. It wasn’t love at first sight—truth is, it took a few weeks of scrubbing in before he appreciated the intricacies of the discipline. But it was true love. Plastics appealed to the perfectionist and the artist within him. God was in the details. Musgrave was hooked.

Through the years he became known for his technical brilliance, especially when it came to cleft lip and cleft palate repair. “He was a superb surgeon for the repair of that kind of congenital abnormality,” says Betty Jane McWilliams, emeritus director of the University of Pittsburgh’s Cleft Palate–Craniofacial Center and emeritus professor of communication disorders. Musgrave was particularly deft in creating the dynamic mechanism, called the velopharyngeal valving mechanism, that separates the oral and nasal cavities during speech and helps one speak normally.

McWilliams remembers giving a presentation at the University of Michigan. She had been monitoring a group of 29 young patients who’d had palate repairs at the center. All 29 spoke clearly, without the nasality or poor articulation of consonants often associated with cleft palate. A colleague stood up and said that he’d not come across that many normal cleft speakers in the course of his entire 40-year career. Musgrave had them all the time; and others on the center’s surgical staff achieved similar results.

No detail was too small for Musgrave’s attention. He applied dressings rather than handing off the task to a resident. (“I insisted my dressings were a work of art where possible—accurate and neat and sparkling,” he says. “That’s your badge of honor.”) The night before surgery, he would stop in to see his patients, meet family members, and answer any last questions. On the day of surgery, he would drop by again. He knew he could cushion anxiety by letting patients

know he was in the building in plenty of time to prepare for the procedure, by letting them see for themselves that he was in great physical and mental shape, all set.

A balanced life is not easy to achieve in a high-pressure profession. More than one medical student at Pitt will recall Musgrave’s thoughts on this matter—a point driven home by the very way that he has approached his own life. In his mid-30s with his career in full stride, Musgrave re-engaged himself in the world of theater. (Several years later he rediscovered his latent talent as an artist when he took his first oil painting class. In February, he mounted a one-man show of his fabric collage work in his winter home of Longboat Key, Fla.)

In regional summer stock and other venues, he found himself often cast in leading roles, co-starring in *The Odd Couple* and *On Golden Pond*. He even managed to get his colleagues in on the fun. Some of Pittsburgh’s most distinguished surgeons could be found dressed in drag, twirling and singing for colleagues. The Pittsburgh Academy of Medicine’s annual musical, of course, was Musgrave’s doing.

Crouching Patient, Hidden Finger. Saving Ryan’s Privates. Productions that gave recent Pitt meders and friends a chuckle might never have come to be without Musgrave. He hasn’t been active with *Scope and Scalpel* in decades, but he served as the student show’s first faculty adviser and is credited with keeping the idea of a senior production alive after the first show in 1955. The good doc has interviewed admission candidates for 43 years and set the tone for incoming students at the White Coat ceremony for the past eight. So well known a figure is he to med students—and so easily identifiable with his elegant suits, the confident flower in the lapel, and his unflinching courtesy—a Ross Musgrave character continues to be lampooned in *Scope and Scalpel* most every year.

Although his work as a surgeon, and even as an actor, gave him a high profile in his

profession, Musgrave would like to be remembered, he says, as a role model and mentor. It’s likely he’ll get his wish.

Gregory Jesteadt (MD ’00), now finishing his residency in family practice at the University of Virginia, remembers first meeting Musgrave when he came to Pitt for his admission interviews. His meeting with Musgrave was the last for the day. Afterward, he was free to go. Instead, Jesteadt found himself chatting with Musgrave into the late afternoon.

The ease of the conversation surprises him even now. Despite the world of difference in their personal interests—Jesteadt is an outdoorsman while Musgrave favors the arts—the two hit it off. The rapport was not an accident. As he did with so many others, Musgrave reached out during the next four years to get to know the student, to understand what makes him the person he is. Jesteadt now carries with him pieces of wisdom shared during those interactions. It’s wisdom he’ll continue to grow into—about thoughtfulness toward patients, about remembering to be a human being first, a physician second. It’s the voice over the shoulder that every young doctor needs. ■



AS TIME GOES BY

WHAT 50 YEARS HATH WROUGHT | BY LOIS M. BARON

In 1952, Martha Dixon Nelson sat across a desk from a member of the University of Pittsburgh School of Medicine faculty. If she were accepted, he said, she would be taking the place of a man. What did she plan to do with her education—get married and quit practicing to stay home and have children? Would their efforts to train her be wasted?

“It was disconcerting,” Nelson (MD ’56) admits. Once accepted though, she wasn’t treated any differently from her male counterparts. The pressure was indiscriminate.

“They put all kinds of stress on us as we went through,” Bernard Miklos, fellow ’56er, says, recalling two huge anatomy exams that made up most of the class grade. “They purposely didn’t give us our grades for a month.” Then, while the students were in the midst of a four-hour class, Davenport Hooker would walk

around handing out grades on two-by-two slips of paper, folded twice.

“He’d look you over and put it down. How could you concentrate with that?”

“A blank paper meant you passed,” continues Miklos. “If you didn’t, there was a U for ‘Unsatisfactory.’ They were very, very strict, and they put you through the wringer.”

The men wore white shirts and ties. Classes met every weekday and half a day on Saturday. Anatomy lasted all year. Students began seeing patients at the end of their second year. Electives? There were none. Robert E. Lee remembers sneaking away to attend pathology conferences: “The surgeon I was supposed to cover for could never find me.”

Half a century later, first-year students are asked to at least look respectable when wearing a white coat. They have six weeks of anatomy in their schedule, are exposed to patients early on, meet in small groups for problem-based learning, and will, eventually, choose electives.

Mapping genomes and dubious claims of cloning humans make headlines today. Nelson, Lee, et al. also gave witness to remarkable times. As they studied, or took breaks at Cantor’s (to get a Coke for a nickel and a sandwich for a quarter), F. John Lewis performed the first open-heart surgery (1952) and Watson and Crick described DNA’s structure (1953). Professor Benjamin Spock was starting a child-development program and, around the corner, Jonas Salk was getting lots of attention. Iron lungs lined hospital hallways; complete blood counts were done manually, taking 20 minutes each. Half the nation’s hospital beds were filled with mentally ill patients. “There were whole wards of

catatonic patients,” says Edwin J. Whitman (MD ’56).

He remembers watching someone die of renal failure in the days before dialysis, “a cruel death.” The first kidney transplant was performed the year he graduated.

Many of Whitman’s friends were from his end of the alphabet, because class was always seated alphabetically.

Row-mate Cyril Wecht doesn’t remember what problems medicine faced when he was in school, but he knows what his class *didn’t* have to deal with: managed care, third-party payers, decreasing fees from Medicare and Medicaid, access to care issues. Current first-year Joe Madia isn’t sure he’s ready for a world where docs stop seeing patients because they can’t afford malpractice insurance premiums: “I can’t imagine.”

Alicia Saunders (Class of ’06) is 30, one of many enrolled today who fit in a so-called “nontraditional” age group at Pitt. (The GI Bill meant the Class of ’56 had several students with more life experience as well.) Saunders is a single parent who cobbles together care for her 6-year-old son with the help of family. A study group makes life easier by meeting at her place. Now and then, she goes out for an evening with other classmates (no 25-cent sandwiches). She includes her son in most extracurricular activities, like serving dinner at a men’s shelter. (It’s not unusual for Pitt med students to spend some of their sparse free time volunteering.)

Fifty-sixers came mostly from Pennsylvania. Saunders’ classmates come from all over the country. Nearly half are women; 21 of the 148-member class are from minority groups. Many tried their hand at another career before being accepted. Undergraduate degrees range from the biologic basis of behavior to theater.

Wecht recalls quotas that excluded many. He was one of 10 Jews allowed in his 100-member class. “It’s obscene that only four women were admitted in our year,” he says. Two of the women and 13 men disappeared after the first year.

“Nobody flunks out anymore,” grumbles Miklos in good humor. (He prefers the current system.)

Arturo Torres, of the Class of ’06, agrees, sans grumble, noting that the school will even pay for tutoring if a student happens to falter.

“It’s very competitive to get in,” he says, “but once you’re in, you’re in.” ■

