His has been a voice over the shoulder, gently guiding generations of Pitt med students.
ROSS MUSGRAVE’S EXAMPLE | BY SALLY ANN FLECKER

A PHYSICIAN SECOND, A PERSON FIRST

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.
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.

Throughout 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.

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 medics 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 doctor 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 unfailing 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.
n 1952, Martha Dixon Nelson sat across a desk from a member of the University of Pittsburgh School of Medicine faculty. If she were accepted, she 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 went through, “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 choosing electives. Doctors 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.”