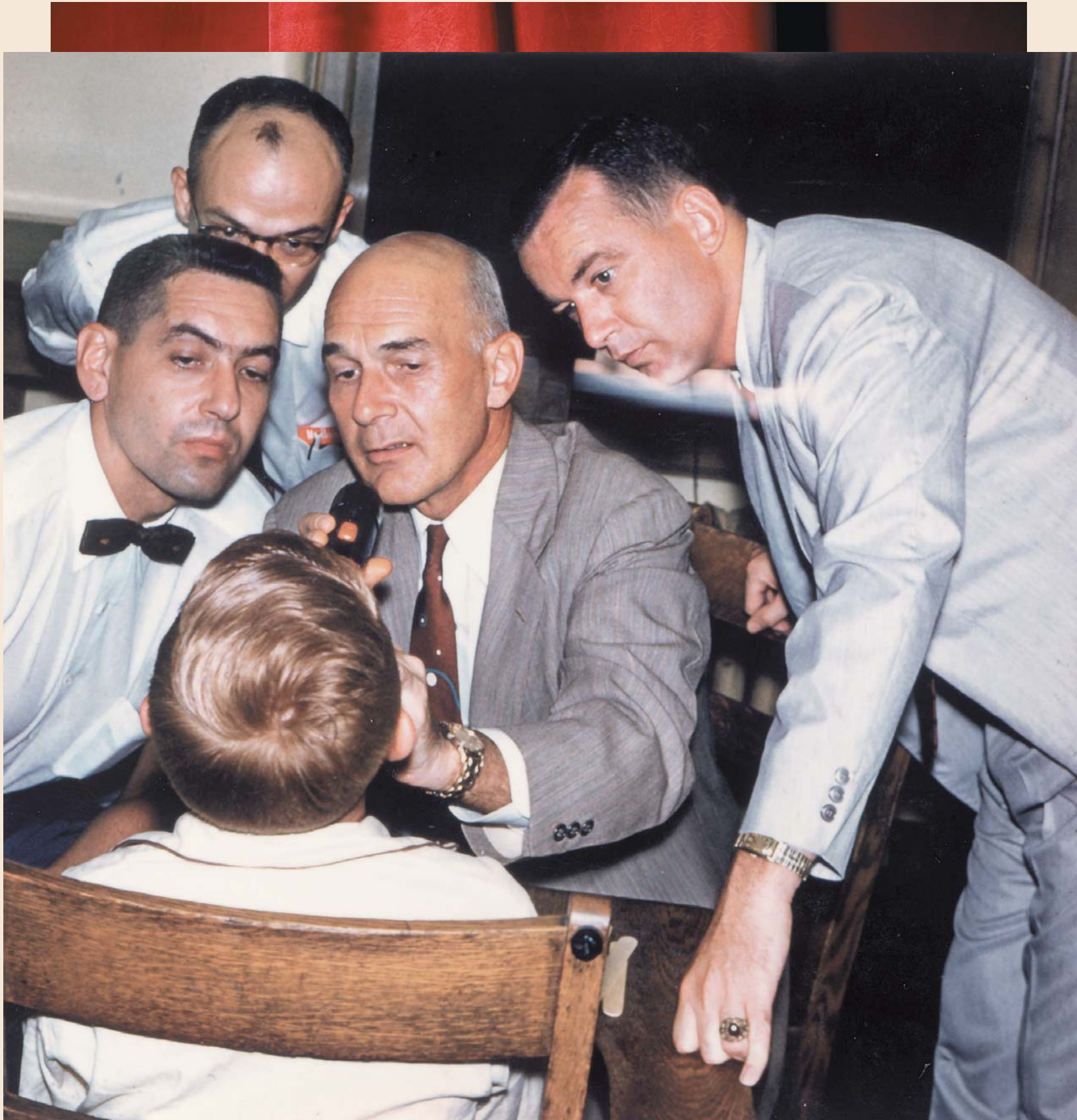


ATTENDING

Ruminations on the medical life



Milt Dupertuis (center), inaugural head of Pitt's plastic surgery program, and residents examine a patient with a cleft lip repair in 1958.

A CREATION STORY

PLASTIC SURGERY COMES TO PITT

BY MICHAEL FITZGERALD

Jack Gaisford was driving up and down the East Coast in a rented car, trying to find a job before his money ran out. It was 1946, and during World War II, the army didn't spend a lot paying surgeons. Even before he'd been called up, Gaisford's surgical residency at Children's Hospital of Pittsburgh had paid only \$25 a month.

He drove to the University of Pennsylvania, where he'd gone to college on a golf scholarship. Nothing. He went to Georgetown, where he'd gone to medical school. Nothing there, either. But then the chief of surgery at the field hospital in the Philippines, where Gaisford had been stationed for about a year, found him an unpaid surgical pathology fellowship at NewYork-Presbyterian Hospital. That took some string-pulling—the army had called up the young surgeon before he finished his residency, and the hundreds of operations he'd performed during the war didn't count toward its completion. But after 10 months, he had a couple of job offers. The one he took was assistant chief resident in surgery at Children's and Presbyterian Hospitals in Pittsburgh, bringing him back to his childhood home in Western Pennsylvania.

At Pitt, Gaisford assigned residents to help doctors who didn't have assistants. One day in 1948, the schedule included a reconstruction of the cervical esophagus, the portion of the muscular tube connecting the mouth to the stomach where it passes through the throat. Gaisford had performed one prior to his stint in the army, and he remembered it as a terribly difficult operation. There were no residents in plastic surgery—in fact, there was only one plastic surgeon on staff: S. Milton Dupertuis. Gaisford sighed. He couldn't bring himself to assign one of the junior residents to the operation. He'd have to assist Dupertuis himself.

It was a fateful move. Dupertuis “did a remarkable job,” recalls Gaisford, now 93. In fact, the surgeon was so good, Gaisford started assigning himself to work with him on a regular basis. After a few weeks of this, Gaisford asked a question that would change his life:

“Did you ever think about starting a program where you trained plastic surgeons?”

Dupertuis, a shy man, frowned. “Nobody'd be interested in that,” he said. “Nobody.”

Gaisford screwed up his courage. “I don't mean to step out of bounds, but I'm very interested in the work you've been doing, and if you have any interest in starting a training program in plastic surgery, I'd like to be your first resident.”

Gaisford couldn't bring himself to assign a junior resident to the operation. He'd have to assist.

Dupertuis took him up on it, and on July 1, 1948, Gaisford became the first resident in plastic and reconstructive surgery at Pitt, working for the grand total of \$34 a month. That modest cornerstone turned into a plastic surgery program that has produced generations of leaders in the field. At last count, alumni of Pitt's residency programs in plastic surgery served at one time as chiefs at nearly a quarter of the nation's 88 plastic surgery programs, says W.P. Andrew Lee, a Pitt professor and chief of UPMC's Division of Plastic Surgery.

Gaisford loved the work. But Dupertuis was almost right about the program. Plastic surgery, which draws its name from the Greek *plastikos* “to mold or form,” is a noble pursuit during wartime. Its rich battlefield roots reach back to 800 BCE India, where the practice of amputating a vanquished enemy's nose challenged surgeons to develop techniques for

restoring warriors' dignity, if not their original noses. During World Wars I and II, increasing numbers of soldiers survived what previously would have been fatal wounds and burns. Surgeons endeavored to reduce the physical evidence of those injuries, and the field leapt forward.

But as peace prevailed, the field slipped in prominence, warranting barely an afterthought at most American medical schools. Plus, it took an extra two years of training after the then-standard five years of surgical training. And resources were slim. Dupertuis was known to lug his own instruments—packed in a satchel—from home to office on the streetcar. There was no air conditioning

in the operating rooms in the 1940s, and Dupertuis had to bar the practice of using fans, because they also blew bacteria into the wounds.

Little wonder, then, that after a few months, Gaisford and William White, a hand specialist who met Dupertuis during the war and followed him back to Pitt, looked around and didn't see a second resident on the horizon. If Dupertuis had a prospect in mind, he wasn't saying—he tended to let his hands do the talking for him, even when teaching.

Then, a young surgical resident named Ross Musgrave (MD '43) found himself assigned to the specialties rotation: thoracic, orthopaedic, and plastics at Presbyterian. He could live with chest and ortho, he told John Shirer, the head of Pitt's residency program. But plastics? “They take all day! They put the stitches in and then they take them out, and



COURTESY ROBERT BRAGDON

By the 1950s, Pitt's plastic surgery reputation was already robust. FRONT ROW: Jack Gaisford, Milt Dupertuis, William White, Ross Musgrave. BACK ROW: Phillip Antypas, Pete Hanna, Frederic Rueckert, Bill LeWorthy, and Bernard Barney.

they're such fussbudgets," Musgrave said. "I thought you liked me."

"I do, kid," Shirer said.

"Please don't make me do this," Musgrave said.

Shirer was unmoved. "Go on, kid. It'll be good for you."

So in January of 1949, Musgrave found himself scrubbing in with Gaisford and White—Dupertuis was on vacation in Florida. For all of Musgrave's protests, he found he loved plastic surgery. After a couple of weeks, Gaisford and White called Dupertuis at his vacation place.

"He's a live one," they told Dupertuis. And since the trio still lacked a single applicant to succeed Gaisford, they decided to give Musgrave a little push. They called him at home and, after some chitchat, they got to the point. "We hate to do this," they told the unsuspecting young surgeon, "but it's come to the point where we have to know whether or not you want to take the residency in plastic surgery. We have so many applicants that we have to know tonight."

Musgrave paused. "Let me talk it over with my wife a minute," he said. He came back to the phone. "I'll take it."

From there, Pitt's program grew, building around Dupertuis, White, Gaisford, and Musgrave. Soon they were training four residents a year and drawing top talent to Pitt, like Dwight "Pete" Hanna, who would stay on after his residency and become Gaisford's partner and part of the teaching program. It

was a highly accomplished group. Dupertuis, White, and Musgrave would each serve as president of the American Society of Plastic and Reconstructive Surgeons (now the ASPS).

They were very different men, but they worked well together. And they took care of their residents in ways small and significant. When Byron Hardin, a concert-class pianist, would play chamber music with the cello-playing daughter of another Pitt doctor, Pete Hanna would turn pages for him. And when Robert Chase, a resident at Pitt from 1957 to 1959, ran out of money and was going to quit the program, White secretly paid his way on three conditions—that he never say thank you, that he someday do the same for someone else, and that he never tell a soul, a request Chase, 85, has honored in full until now.

In 1959, Milt Dupertuis died of a coronary. At 53, he was president of Presbyterian Hospital, president of the American Board of Plastic Surgery, and president of the American Society of Plastic and Reconstructive Surgeons. By that time, his casual remark to Jack Gaisford—"C'mon boys, who would come to Pittsburgh to do plastic surgery?"—had become a running joke, says Musgrave. "We used to tease him about it, because we were getting very high quality people."

After Dupertuis died, White was named chief. More gregarious than his predecessor, White came to define the program.

White had a capacious appetite for both food and knowledge. They were swashbuckling days for medicine and the country as a

whole. On the spur of the moment, the chief would take the residents to dinner and pick up the tab. At White's home, the residents were treated to "vodscicles"—vodka popsicles their mentor had made himself—followed by a night on the town.

White, who chomped on cauliflower and carrots while holding court in his office with residents, was built like Burl Ives. He threw away his watch because time meant nothing to him, and he was famously late. On days when White had a surgery scheduled to end at 5 p.m., "patients would come to see him and say, 'Do I have time for dinner and a movie, or just dinner?'" recalls Garry Brody, a resident from 1962 to 64. In fact, after White bullied an anesthesiologist to work late one night, an irate Henry Bahnsen, then chief of surgery, fired him.

"We couldn't get over it," says Robert Goldwyn, who did his residency at Pitt from 1961 to 63 after a stint as a surgeon for humanitarian and Nobel Laureate Albert Schweitzer. "How could you get rid of Willie White? That's like firing the Statue of Liberty."

A couple of days later, or so the story goes, White called a staff meeting. His office was lit by candle, and the surgeon was clad in black. Barely visible in the gloom, a pediatric coffin had been filled with the papers published by Pitt plastic surgeons and residents since the program's inception. Later, White called in Bahnsen, who, legend has it, took one look at the funeral setting and the coffin and said, "Willie, you win," and reinstated him.

Not that there was any chance of the program faltering. Pitt was well established by then—"probably the best program in the country," says Brody, and with six teachers, one of the most diverse. White remained chief until his 1977 retirement. Pitt hired J. William Futrell as its chief and first full-time professor of plastic surgery in 1979.

In a sense, later cohorts who came through the program carried on the legacy of early giants like Dupertuis and White. Goldwyn would edit *Plastic and Reconstructive Surgery* from 1980 to 2005. Chase would establish the nation's first integrated surgical training program at Stanford University, combining the general surgical fields with the specialties. Musgrave would go on to serve as a trustee of both the University of Pittsburgh and the University of Pittsburgh Medical Center, as well as governor for six years of the American College of Surgeons.

As a group, they've achieved something lasting, says Lee: "Everyone in our field knows about the long tradition of Pittsburgh plastic surgery." ■