

A Biography of and Interview with George E. Ross, Jr., DVM

Class of 1960, College of Veterinary Medicine, Kansas State University

Author and Interviewer: Andrew J. Massaro, DVM Candidate, Class of 2015 (Cornell)

From Academia to Private Practice: A Career of Risk and Reward

George Ross' veterinary career has been one of many roles: surgeon, teacher, pioneer, practitioner, and family man. As an eight-year-old boy growing up in Kansas, he realized that he aspired to be a surgeon after watching the veterinarians care for his horse. He became the first member of his family to graduate from college, and he took several risks throughout his career as he developed a passion for medicine and surgery.

Admission to veterinary school at the end of the Korean War was extremely competitive, as the government was encouraging the colleges to admit those men that had already fulfilled their military service. George explained the competitive atmosphere of his undergraduate experience.

"We pretty much went two years hating the guy on the right and the guy on the left because we were all aiming for the same 70 positions."

George received his DVM and MS from Kansas State University in 1960 and 1964, respectively. As a teenager working in veterinary hospitals, George listened to the veterinarians talk about their past teachers and developed an interest in teaching.

"The veterinarians would talk about the teachers they had had in a reverent way and with my twisted little teenage mind, I got it in my head that I wanted to be in that kind of epitome group."



Kansas State University College of Veterinary Medicine, 1956

Photos provided by Dr. Ross, 2012



Dr. Ross, wife Kay, and son Donald at graduation, 1960

During veterinary college, George initially wanted to go into bovine reproduction, but his interests changed to small animal surgery by the time he graduated. After receiving his DVM, George went to Cornell University as an Intern in Small Animal Medicine (1960-61). He switched to small animal surgery during his second year at Cornell and was appointed Assistant Professor of Small Animal Surgery during his third year, a position he held until 1966 when he was promoted to Associate Professor. He became a Diplomate of the American College of Veterinary Surgeons in 1968 as a member of the first class of board certified surgeons admitted by examination. George remained on the faculty at Cornell until 1972, and he thoroughly enjoyed his teaching career.

“I liked everything about teaching. I liked the snarly kid from Long Island that thought of nothing but small animal and his dad had been a veterinarian and he came to school knowing everything he needed to know so he wasn’t going to listen to a punk kid like me, to the guy that was going to be an equine person only.”



Cornell Small Animal Clinic, 1961

Photos provided by Dr. Ross, 2012



Dr. Ross and a veterinary student at Cornell, 1966

The politics involved in teaching drove George out of academia, and he decided to enter private practice in 1972. A pioneering and also very risky move, he was the first of his class of board certified surgeons to enter small animal private practice. He purchased a 19th century farmhouse in Ithaca, put an addition on the back, and used the front for office space and exam rooms, and the back for radiology and surgery. George felt that every pet should be able to benefit from the latest advances in veterinary medicine.

“Everybody said that that’s not practical and that you can’t [function] that way in private practice, but I went out and tried to run my practice the same way that I ran my clinical work at Cornell.”

Though he missed the students, George’s hospital, Colonial Veterinary Hospital, thrived. The thrust of the practice was surgery, and over half of the clientele came from referrals from general practices. George’s son, Thomas Ross, attended Cornell University College of Veterinary Medicine, and during his time as a veterinary student, he lived in an apartment in the top floor of the hospital. Thomas graduated in 1986 and also became a board certified surgeon in 1990 after completing a residency at the Animal Medical Center in New York

City. He joined the family business, and father and son worked along side each other for over eight years. Eventually, George realized it was time for Thomas to take over the hospital, and he decided to retire.

“I had started practice when I was younger than he was at that point, and I knew that there is a real joy in practice that is yours, that you created, and that you’re at the helm of. So I got out a little earlier than I would have otherwise. When I retired, I was probably doing the best surgery that I had ever done.”

Photo from www.colonialvet.com/about_us/history.php



Dr. Ross at Colonial Veterinary Hospital

George currently lives in Ithaca NY with his wife, Kay, and he still consults with the veterinarians at Colonial Veterinary Hospital and remains close with Thomas. As someone whose interest changed from bovine reproduction to small animal surgery, he advises current veterinary students to simply learn as much as they can about across the full breadth of veterinary medicine.

As a teacher and practitioner over the past half century, George has had a significant impact on veterinary medicine, specifically small animal surgery. His influence continues to be felt at Colonial Veterinary Hospital, which has evolved into one of the largest and most comprehensive practices in the Finger Lakes area. George looks back on his years as a teacher and surgeon fondly and is proud of his legacy both in academia and in private practice.

“When I was a veterinarian, I thought that was the greatest time in veterinary medicine, and I still think so, but the things that Tom and his contemporaries are doing are just as exciting. It’s a good job, a good trade.”

Interview

Subject: George E. Ross, Jr., DVM
Interviewer: Andrew J. Massaro, DVM candidate 2015 (Cornell University)
Interview Date: February 9, 2012
Location: Colonial Veterinary Hospital, Ithaca, NY

Photo from www.colonialvet.com/doctors.php



Dr. George E. Ross, Jr., DVM

Andrew Massaro:

First, tell me about how you became interested in veterinary medicine.

Dr. George Ross:

When I was a little kid, I really liked animals and horses. My folks thought I should go into some kind of medicine. I'm an eight-year-old kid and they're telling me I should go into medicine. I wanted to be a surgeon, and I got a horse. Veterinarians came out and took care of the horse, and it looked like they had the coolest job in the world, just riding around in the Kansas sunshine working with cattle and horses. They didn't have to wear a tie like my dad wore. It just kind of evolved from that.

It used to be that people went into veterinary medicine because of their love of animals. Now, some people go into it because it can be a lucrative profession. Most people go into it because they like animals, but the fortunate ones find out they like medicine and physiology and pathology and disease and working with the animals from that helping standpoint instead of just loving them to death. Women used to go into the profession to play with horses, but now that has totally changed, and women are now an important part of the profession and are very professional. But those in my class were horse lovers. I fortunately found out that I was fascinated by the medicine and the challenges and the surgery. So here I am.

Andrew:

Were your parents in medicine?

Dr. Ross:

No, they wanted *me* to go into medicine. I was the first person in our family on either side to graduate from college. Good thing I did, my dad wouldn't have hired me to drive one of his trucks. He never trusted me that much.

Andrew:

What were your experiences like in the application process to vet school?

Dr. Ross:

Well it was pretty brutal. When I went to school, you had to have at least two years of pre-veterinary work. The curriculum was pretty well outlined. You couldn't take philosophy or the classics or something like that, but with the pre-veterinary curriculum, we had one two-hour elective, and everything else was prescribed. Most people didn't get in after two years but that was the minimum. In my class, there were ten or twelve that got in after two years, and the rest went all the way up to a couple who had PhD's and decided they wanted to be a veterinarian.

So we pretty much went two years hating the guy on the right and the guy on the left because we were all aiming for the same 70 positions. In those days, there were a lot of qualified applicants. The competition was fierce and that was at the end of the Korean War. The government was encouraging young men to go into the military service, and they were putting pressure on the schools to take those that had already fulfilled their military service, which was a large share of my class. We all had an interview, which was very nerve-racking. I came out of mine in tears knowing I was not going to get into veterinary school and maybe never would. I don't know how the process is now.

Andrew:

They don't do interviews at Cornell right now, but I believe they should.

Dr. Ross:

I agree. I think it tells you a lot about the person that you don't really get off of the straight grades. And it gives you a little bit of leeway if you have three guys with all A's and one guy with some farm background and maybe his grades are just a tad lower. I don't think you ought to take them in based on their interview, but it should give you a few points up or down.

Andrew:

With that being said, we have a really great class. We're up to 102 now, and they want to bring it up to 120 eventually. There is a lot of talk about that at the school right now.

Dr. Ross:

Being old fashioned, I go back to the good old days when they took 60. It was a nice sized group when we had 60 as far as the faculty being able to work directly with the students.

Andrew:

So that was at Kansas State?

Dr. Ross:

Kansas State took seventy. There were 70 that started in my class and 65 graduated. Cornell took sixty. My first job was at Cornell in the small animal clinic and that's what I was talking about with a nice ratio. In the first few years that I taught, I worked directly with every single student for a week, so it wasn't that at the end of the year I knew some students but others hadn't actually been on my service. I actually worked with every student and got to know every student. After a week in the clinic with three or four vet students, you got to know them pretty well.

Andrew:

And why Kansas State for vet school? You were from Kansas?

Dr. Ross:

I was from Kansas so it was obvious that I'd go to Kansas State. I never thought I'd leave Kansas but my best job offer came and it was at Cornell.

Andrew:

Anything in particular stand out about your time at Kansas State?

Dr. Ross:

No, not really. It's pretty much like any vet school, at least at that time. We spent two years of really concentrated study, very little contact with animals. We tried to cram in a bunch of foundation bricks in those two years, then in the second two years get into disease courses and work in the clinic. But nothing in particular stands out. I had some neat classmates and I had some dud classmates. Just pretty much like anything else.

Andrew:

You must have been one of the first board certified surgeons.

Dr. Ross:

I was in the first class that was taken by examination.

Andrew:

Why did you choose to go that route?

Dr. Ross:

Well, I liked surgery. When I was at Kansas State, I was married and had a baby. We were living there in Manhattan (Manhattan, Kansas) and I needed something to do in the summers so I dual-registered in graduate school after I got my BS and took some courses as well as being hired in the clinics to work. I got more exposure to animals at that time. The two things I liked were bovine reproduction and small animal surgery. I thought I was going to go the bovine route, so I took a surgery course in the summer to become a better bovine surgeon. During that time, I had to do a certain number of operations on sacrificed dogs as well as a

lot of the clinical surgery right there at Kansas State. I got really hooked on surgery. I had taken the course to begin with so that I could be a better bovine surgeon but I found that it was limiting, and the direction, if you wanted to be a surgeon, was to go the small animal route. So that's what I did. That was my first introduction to surgery.

When I applied to jobs, I applied in both large and small animal. I was offered a job at Auburn in small animal, Cornell in small animal, Purdue in large animal, and Oklahoma State in large animal. I ended up taking the Cornell job. It was the most prestigious, it paid the least, and it was small animal medicine.

My first year I was in medicine, but I would sneak as much surgery as I could – a lot of emergency spays and things like that. When I came to Cornell, it was a great time because the department was small. We were called interns at that time but it was really more the job of the present day resident. We did the lion's share of the casework and we split the emergencies, so we had a chance to do a lot of emergency work. That's where you see the best cases, at night in emergency, where you're forced into operating; you can't wait for the surgeons, because they don't answer their phone after five. That gave me a lot of experience.

At the end of the first year, the department head offered me a job in the surgery section. I had applied for surgery but there was a Cornelian that got that job and I got the medicine job. Anyway, the second year I was in surgery and then the third year I was taken in as a faculty member in surgery. That was at the time when our department head, who was a really great surgeon, was trying to get out of doing surgery, so I was a combination of protégée and the person that did almost all of the surgeries.

About that time, they were starting the college of [veterinary] surgeons,¹ and Dr. Leonard,² who was my mentor and one of the founding fellows, said, "If you want to be an associate professor you better get on the stick and finish your master's degree." When I left Kansas State I had done all my work but I hadn't written my thesis, and I kind of lost interest in writing my thesis until Dr. Leonard said I should get that thesis written and published if I wanted to get tenured and be an associate professor. So I cranked it up and got that out of the way and applied to the surgeon's board.

We were the first ones that took the exam.³ There were exactly 26 of us. Twenty passed it. Five of the other six passed it in subsequent years. There was the old guard of Drs. Leonard, Brinker,⁴ and Jenny,⁵ Leighton⁶ and the other founding fathers, great surgeons who started it all. We were their disciples, the second wave.

¹ American College of Veterinary Surgeons (ACVS)

² Ellis P. Leonard '34, professor and head of the Small Animal Clinic (Cornell), founding member of the ACVS.

³ The first examination for ACVS members was held in Boston in July 1968.

⁴ Wade O. Brinker, KSU '39 (1912-2008), founding member of the ACVS and first President of the Veterinary Orthopedic Society, former faculty member at Michigan State University.

⁵ Jacques Jenny, Zurich '42 (1917-1971), professor of orthopedic surgeon at the University of Pennsylvania, chaired the organizing committee of the ACVS (founding member).

⁶ Robert L. Leighton, VMD '41, professor emeritus, UC, Davis, founding member of the ACVS.

Andrew:

Did you have a particular interest in teaching when you graduated or were those the jobs that were available?

Dr. Ross:

No, I had an interest in teaching. I had started working in veterinary hospitals when I was between my seventh- and eighth-grade years. After school and every weekend and every summer I spent working in veterinary hospitals, and I really liked it. The veterinarians would talk about the teachers they had had in a reverent way and with my twisted little teenage mind, I got it in my head that I wanted to be in that kind of epitome group and that teaching was the way to go. Of course, I had that in the back of my head all through veterinary school, and I focused on the teachers and how they handled themselves. That was what I wanted to do. I wasn't sure I was going to get to do it, but fortunately I did have some job offers. Like finding out I liked the medicine part of veterinary medicine more than the animals, I found that I liked teaching, the clinical work, working with the students, seeing them learn it and go out and be good veterinarians. Most of them, even the ones that I didn't think were going to make it, did well.

Andrew:

Those are a lot of the same reasons that I am interested in teaching.

Dr. Ross:

I think it's a position where you can see the best and where you can do the best. You don't have to worry about economics of it. We did a little in the old days because for the first eight or nine years that I was there, the Small Animal Clinic and Department of Small Animal Medicine and Surgery was completely supported by income from the clinic.⁷ So we did have some concerns about money, but we never thought we'd be in a breadline.

Andrew:

Was there anything that you didn't like about teaching?

Dr. Ross:

No, I liked everything about teaching. I liked the snarly kid from Long Island that thought of nothing but small animal. His dad had been a veterinarian and he came to school knowing everything he needed to know, so he wasn't going to listen to a punk kid like me, to the guy that was going to be an equine person only. I took that as a challenge to reel him in and not make him a small animal man but get him to enjoy the week that he spent in small animal medicine and see some of the possibilities. There were a lot of challenges in teaching in addition to the opportunity to do your best clinical work and pass along a few tips.

Andrew:

How long did you have that position at Cornell?

⁷ Funding from New York State typically covered faculty salaries.
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Dr. Ross:
Twelve years.

Andrew:
Why private practice?

Dr. Ross:
The bad side of teaching, the politics that go along with it. The great things about teaching and clinical work are when you're in the lower echelon and as you move up the ladder, there is a certain amount of politics and getting along and believing the right things, or at least espousing the right things. Some people were good at it, but I wasn't good at it, and I fought it. More and more there was a push to get me to do more research, and I didn't like research. I might have if I had given it a chance, but I was young at that point, and I was going to stand by my clinical guns.

During the last three years there were a lot of things that took me out of the clinic – administrative work, budget hearings, and General Committee meetings (which was a committee that reports to the faculty). Just this kind of thing. There was some talk about putting me on the interview committee⁸ although I quit before they did that.

We had a department head that I was very close with, and he retired. There were two people that were in line for that department head position and I was one of them, but I knew that I didn't have the tools for it. There became some unpleasantries between the person that took over the department and me. We were in agreement on the end point, but the ways we got there were from different directions. I had great respect for this person, but it was just an oil and water thing. I could have handled things a whole lot better, and my adversary could have handled things a whole lot better. I think we probably could have worked well together, but at the time, neither one of us wanted that. It got to the point where it was hurtful, so I decided to go into practice.

I had some opportunities to go to other schools. One of them was Kansas State, but I thought, it's going to be the same thing; I'd be on one side or the other of the politics. I was old enough that I was never going to be back in the strictly clinical and teaching arena, so I just continued with deciding to set up a practice.

I had never practiced a day in my life, although I had worked for veterinarians. All the real practice that I had done was at the university. Everybody said that that's not practical and that you can't [function] that way in private practice, but I went out and tried to run my practice the same way that I ran my clinical work at Cornell.

Andrew:
Were most of the surgeons that had just gotten board certified at the schools?

⁸ Faculty Committee on Admissions

Dr. Ross:

Yes, of the ones in my class, there were two that were big equine practitioners in Kentucky. I think they were the only non-academics at that time. I was the first of that bunch to go into [small animal] practice.⁹ That was also pioneering. A lot of the board certified surgeons in the early days would contact me to see how it was going and if I had any advice for them – locations and so forth. For a while, I was the only one in practice, although within a few months there were maybe three others. Now I think most of the guys that become board certified are looking for some of the big specialty practices. Mine wasn't like any of these big specialty practices. We did general medicine and surgery, and I tried to boost the surgical referral side of things. I got a lot of surgery that wasn't referred by veterinarians but rather by word of mouth through the clients. From the beginning, the thrust of the practice was surgical, and over half was from referral from veterinarians. I don't know what it is now.

Andrew:

I read that the building you started in was a 19th century farmhouse?

Dr. Ross:

Yes, it was part of a house that was the Durland Estate. It was where the airport is now. In the early 40's, they took half of it and moved it to Cayuga Heights and the other half was moved here. It was an excellent location, and it was something I could afford. I put an addition on the back and used the front for offices and exam rooms and the back for kennels, radiology and surgery. It worked out really well. I had a one-man practice for a long time. When we had two veterinarians, it got a little more crowded, and we had to put another addition on. I loved my old place and it and orthopedics put my three children through college. Tom's current building is beautiful; I love it. This is what I had always wanted to do but never got there.

Andrew:

How did private practice compare to teaching? Did you like one better than the other?

Dr. Ross:

I missed the students. In the beginning I had a lot of students come out and volunteer and hang around. That was fun, but I did miss the formal teaching. I had done a lot of speaking at national meetings and so forth, and while I continued to do some of that, it was cut back, so it was a little bit of an ego comedown. They did hire me at the ASPCA in New York City,¹⁰ and they had an intern and residency program at that time. Once or twice a month, they'd fly me in, and I'd operate all day and then fly home. That gave me some chance to work with interns and residents. I missed the good clinical pathology support that we had at the university. We had to do a lot more flying by the seat of our pants in private practice. We weren't as welcome to send blood samples to Cornell at that time.

⁹ One of these was Dr. D. L. Proctor, '42, an equine practitioner in Lexington, KY (deceased 2009), whose biography and interview is found elsewhere in this legacy series (www.vet.cornell.edu/legacy).

¹⁰ Bergh Memorial Animal Hospital, American Society for the Prevention of Cruelty to Animals (ASPCA).

Andrew:
Why was that?

Dr. Ross:
Cornell's responsibility was mainly to support the clinics, and they thought it was an imposition on them. That was in the early days. When Don Lein took over as head of the diagnostic lab, all of those things changed, and we had excellent support.¹¹

Andrew:
Does anything stand out to you that was different about surgery when you were in practice compared to the way it is now?

Dr. Ross:
I came in in the early days at the end of *All Creatures Great and Small*. At Kansas State, they didn't always use gloves to do surgery. They only had a few pairs of gloves. They didn't wear caps and masks and gowns. Some of the other universities did, or at least did to a greater degree than they did at Kansas State. When I came to Cornell in 1960, Cornell was probably #1 as far as surgery asepsis.¹² Most of the veterinary colleges were agriculturally based and didn't do a lot of lot of the surgeries that were possible. In my surgery lectures at Kansas State, they would say, the anterior cruciate ligament breaks sometimes and somebody has developed a technique but it's not really practical because nobody will pay you to do it. This was the attitude with so many things.

I came to Cornell, and Dr. Leonard was in charge. We had a beautiful surgery suite, sterile packs ready to go all the time (three times as many as we probably would ever use), caps, masks, gowns, and you scrubbed in before you could get into the operating room – just really good asepsis. I sat in on Dr. Leonard's surgery lectures, and he had an entirely different attitude. He went through the different surgeries, and he'd come to something like an anterior cruciate ligament rupture, and he'd give you three or four different ways to fix it. He'd get to ophthalmology, and he'd get to glaucoma and showed you how to do drainage operations and how to do lens removal such as we did in those days. The attitude at that time was different, and I was caught up in this change and became a proponent of it. The other guys that took the surgeon's exam at the same time that I did and I were all in the same boat. We were trying to take what our mentors did and improve on that.

There was a big change in surgery in the development of a lot of procedures and the evaluation of a lot of procedures based on clinical results. Our group didn't do stress test analysis and things like that, which are really more scientific, but we were more taking the case and trying to fix it one way or another. We all developed different modifications of procedures that were being done and developed other procedures to try to handle the cases that we were presented with. Some of those procedures worked and some of them didn't and some of them still don't have solutions. It was really an exciting time.

¹¹ Donald H. Lein '57, PhD, professor emeritus and former director of the Veterinary Diagnostic Laboratory (now retired).

¹² Dr. Ellis P. Leonard introduced aseptic surgery in Cornell's Small Animal Clinic in 1948.

In practice, there was so much dispensing of medicine, boarding, grooming, and selling pet foods and pet supplies. I was in the group that thought that these things weren't professional. You don't get your hair cut at the physician's. I worked to try to improve the professionalism of veterinary medicine. There were guys, and there still are guys, that smoke cigarettes and spay a dog at the same time. I couldn't even watch that.

It was kind of the rule, at the time, that you were first a large animal man and second you did some small animal work as a service to your clients. That has of course completely flipped over. With the start of residency programs, all surgery residents were required to publish papers and case reports. This has really carried the surgical specialty forward. With that being said, there is a troubling trend toward too much emphasis on how they do it in human medicine and trying to make clinical surgery into an engineering exercise. I think a lot of the things that are published are things that probably wouldn't stand the test of going into the clinics. I worry that there is a tendency in that direction.

Andrew:

What has it been like having your son (Tom Ross '86)¹³ join you in practice and then take over?

Dr. Ross:

I recruited him pretty heavily and really wanted him to come in. He had spent a lot of time working here at the hospital, and we farmed him out to a couple of other practices for exposure to other ideas and large animals. He went to AMC¹⁴ for four years for his surgery residency, and we were interested in the same things. It was wonderful, and I was really proud. I've seen a lot of surgeons and a lot of surgery, and I don't think there's a better surgeon any place or one that has better judgment and a better head. There comes a time where the old and the new start to separate. Egos get mixed up in this too. We would go to meetings, and everyone would take their radiographs and show them to Tom instead of showing them to me. It was a hard thing for a father to swallow. I was proud and also jealous. At the same time, we worked together really well for eight or nine years.

Tom had developed to a point where it was his turn to spread his wings and take the practice where he wanted it to go. We had a lot of the same ideas because we worked together when he was young, but he learned a lot of things at the AMC that were different from what I thought. There was an unspoken tension.

I had started practice when I was younger than he was at that point, and I knew that there is a real joy in practice and having this baby that is yours that you created and that you're at the helm of. So I got out a little earlier than I would have otherwise. When I retired, I was probably doing the best surgery that I had ever done. I had spent my whole life with nothing other than my family and my profession, and to be dumped out when I was 62 or 63 years old and have my identity taken away was hard for me. I hope I didn't give Tom any of those

¹³ J. Thomas Ross '86

¹⁴ Animal Medical Center, New York City.

feelings. He tore down my hospital, and I am glad that he did. He's taken this hospital to new heights.

Andrew:

My only other question is, do you have any words of advice for me as a first year vet student who is thinking about teaching but is also considering private practice, especially given that I could potentially take over my parents' (James Massaro '86 and Janet Lipman '86)¹⁵ successful practice?

Dr. Ross:

My advice is to hang in there and learn as much as you can about as much as you can. Don't focus on what you think you're going to do when you graduate. In my case, I was going to be a bovine practitioner and do mainly reproductive work, and a lot of things came along. During the last six months of my schooling, I made a complete change. Small animal surgery is about as far away as you can get from bovine pregnancy. At that point, I just knew. I weighed the large animal against the small animal and thought about things like specializing, and I had given everything in veterinary medicine a chance like I was supposed to. Some things I knew I didn't like, some things I knew I did like, and I ended up liking some things I didn't think I was going to like. You're opportunities will be different too. Maybe this opportunity for you to take over your folks' practice looks like the most shining thing when you finish even though you have some twinges of wanting to teach.

One of my favorite students, Carmen Scherzo, who graduated in 1965, went through school wanting to teach and was number three or four in his class. He worked in the clinics and was really practical and was a wonderful, talented person. He went to Angell Memorial Hospital,¹⁶ which at that time was the coveted internship. This was before the AMC was off the ground. It was better than any of the internships that you could get at the other schools. He went there with the idea that he was going to teach, but when he finished his residency, there weren't any positions that were open. Angell graduated their interns in the fall or late summer, so they were off-sync with the job market. Most of the jobs were filled by the time school was out, so he went back to New Jersey to his old home and the practice where he had worked as a high school student. He worked there month to month while looking for a teaching job. After he had been at the practice for five or six months, the owner of the practice died of a heart attack. The practice was a bit run down, but the potential was there, and the previous owner's widow made him a good deal as far as taking this practice over. After much soul-searching, he decided to take over the practice and run it for five or six years and then get back into teaching. He never got back into teaching, but he made a hell of a good practitioner and a leader in the political side of veterinary medicine in New Jersey.

A lot of things like this will happen. I had other students who went through school saying, 'I am going to practice and I think this teaching and veterinary school sucks'. Then next thing you know, they accept a position at Cornell to work on a PhD. Then when they finish their PhD they get a faculty position, and they're still there. My advice is to keep it open and see

¹⁵ James G. Massaro '86 and Janet L. Massaro-Lipman '86

¹⁶ MSPCA-Angell owns and operates the Angell Animal Medical Center, Boston, MA.

what happens. Teaching is definitely a nice way to go. There's research, pathology, anatomy, physiology, all kinds of things. An advanced degree is pretty important in university work. It always has been but even more so now. If you're interested in clinical medicine, to get a respectable PhD, you pretty much have to go into physiology or pathology or some other phase. Most clinical PhD's are either in the basic science areas or doing 100 operations this way and 100 operations that way and it becomes more like an eighth grade science project. You can get a real PhD if you're studying a surgical disease from a pathology standpoint or even an engineering standpoint if it's a hip or knee replacement. By the time you do that, it takes three or four years out of your career, and that's three or four years that you're not down in the trenches cutting. That's the part I like – bring me a broken body and let me spend six or eight hours trying to put it back together when I can't go to a canine surgery book and read about how to do it.

I say go for it. In the early days, when I was practicing, I thought that was the greatest time in veterinary medicine, and I still think so, but the things that Tom and his contemporaries are doing are just as exciting. It's just different. It's a good job, a good trade.

Andrew:

Thank you very much.