

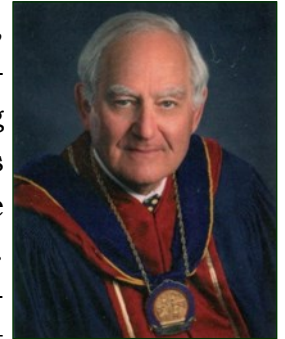
August 2020

MEMORIES OF DR. ALEXANDER JEFFREY WALT, CHAIRPERSON WSU DEPARTMENT OF SURGERY



Inside this issue:

Alexander J. Walt MD	1-18
Productivity	19
Down Memory Lane Anna M. Ledgerwood MD	20-23
WSU Grand Rounds Webinar Information	24
WSU Conferences	25
WSSS Family & Friends Letter	26
WSSS Dues	27
WSSS Members	28-29



Dr. Alexander J. Walt

Dr. Walt received his early training in Cape Town, South Africa, and completed his post-medical surgical training at the Mayo Clinic. Upon returning to South Africa, it was apparent to him and his spouse, Irene Walt, that South Africa was not the appropriate place to raise their three children. Apartheid, which was supposed to have meant separate but equal, was certainly separate but not equal. Dr. Walt had important family members in Detroit who arranged for the young family to stay with them while he became settled. He had an illustrious career in Detroit, and part of that career is summarized by two South African physicians, Dr. C.E. Bremner and Dr. R. Keene, who are currently in the process of a book about South African physicians. The following is a brief summary of Dr. Walt's career.

Alexander Jeffrey Walt was an academic surgeon and the Distinguished Professor of Surgery at Wayne State University. He was the Chairman of the Department of Surgery between 1966 and 1988 and Chief of Surgery at Detroit Receiving Hospital and Harper Hospital (later Harper-Grace Hospital) between 1965 and 1988. In 1994, he was elected the 75th President of the American College of Surgeons, the highest rank that can be conferred by members of the profession, and the first foreign medical graduate to receive this honour. He expanded the breadth of surgical education and wrote visionary papers on graduate medical education, compassionate patient care, and the future of surgery for the twenty-first century.

Alexander Walt was born in Cape Town in 1923, the son of Isaac Walt, a wholesale grocer, and Lea (née Garb), who had emigrated to South Africa from Lithuania to escape religious persecution.

Continue page 2

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Memories of Dr. Alexander J. Walt, cont.....

When he was 2-1/2 years old, his mother and two sisters were killed in a train crash. His father was determined that his three sons would be educated. All became doctors.

He attended Grey High School in Port Elizabeth, where he distinguished himself as a sportsman and formed a lifelong friendship with Sir Raymond Hoffenberg. He was a champion hurdler at school and captain of the cricket team. Interestingly, his boyhood dream was to climb to 17,000 feet in Nepal. He did this at the age of 62 with one of his sons and his daughter while recovering from treatment for bladder cancer.

He entered the Faculty of Medicine at the University of Cape Town in 1940. He and Raymond Hoffenberg, who had enrolled as a medical student at UCT in 1939, both volunteered for active service with the army medical corps during World War II. After their applications were approved on the third attempt, both served for 3-1/2 years with the 6th SA Armoured Division in Egypt and throughout the Italian Campaign, in which the Division was attached to the British 8th Army and the US 5th Army. They avoided promotion in order to remain in the same unit with the rank of corporal. Walt served with a surgical team in the field, which developed his sustained interest in trauma and proved useful in his time in Detroit as a surgeon.

He played rugby for the Mediterranean forces and had hoped to play on the army team in London where he would have been able to reconnect with his brother after not having seen him for more than a decade. However, this did not occur. While stationed in Egypt, he was unable to return to South Africa in time to attend an interview for a Rhodes scholarship.

Alexander Walt returned to the UCT Medical School in 1945 after demobilization. He graduated in 1948 and served an internship at Groote Schuur Hospital. At university, he was an athletic Blue. In 1947, he married Irene Lapping. They went abroad for his surgical training, initially to attend the basic science course for the primary fellowship of the Royal College of Surgeons in London, and later to undertake residency training at the Mayo Clinic in Rochester, Minnesota. While there, he qualified as FRCS (Canada) in 1955 and a MS (Minnesota) in 1956. Returning to England as a surgical registrar at St. Martin's Hospital, Bath, he took his final RCS in 1956 before returning to Groote Schuur with his family as an assistant surgeon and lecturer.

Continue page 3



Memories of Dr. Alexander J. Walt, cont.....

In 1961, he decided to leave a flourishing practice in South Africa because of the country's political situation, and he returned to the USA. He began his career in Detroit in 1961, joining the Department of Surgery at Wayne State University School of Medicine. There he was appointed to a post at the Veterans Hospital in Allen Park, Michigan, where his abilities were soon recognized. In 1965, he was appointed Chief of Surgery at Detroit General (later Receiving) Hospital and Harper Hospital, and the following year (1966), Chairman of the Department of Surgery and the Penberthy Professor of Surgery at the Wayne State University School of Medicine, where he remained until he retired in 1988. He was also Assistant and Associate Dean of the Medical School from 1965 to 1970.

As Professor of Surgery, he gained recognition as a superb teacher and distinguished academic. He was designated 'clinical teacher of the year' on three occasions, and in 1984 received the Lawrence M. Weiner Award of the Alumni Association for outstanding achievements as a non-alumnus. On his retirement in 1988, he was a visiting fellow at Wolfson College, University of Oxford, where Professor Hoffenberg was then President of the College and the Royal College of Physicians. He was elected to the Academy of Scholars and was designated the Distinguished Professor of Surgery at Wayne State University in 1990.

Professor Walt was an active and prolific clinical investigator. He published 165 papers and reviews concentrating on the surgery of trauma and on hepatobiliary disease, which, with breast cancer, were his prime interests. His army experience had endowed him with extraordinary skills in the organization of trauma services. This stood him in good stead during the Detroit riots in 1967 when his paper on the anatomy of a civil disturbance and its impact on disaster planning was a classic ('Anatomy of a civil disturbance: The impact of disaster planning', SA Dulchavsky et al, eds, Alexander J. Walt: Reflections (Wayne State University Press, 1999), pp 241-249.) On four occasions, he took surgical trauma teams for training in Colombia, whose government presented him with the Jorge Bejarano Medal in 1981.

He was the principal author of the first paper describing the prognostic value of oestrogen receptors in breast cancer and was an active participant in therapeutic trials in this disease (Walt A.J., Singhakowinta A, Brooks S.C. & Cortez A. The surgical implications of estrophile protein estimations in carcinoma of the breast. Surgery 80 (4), pp. 506-512).



Memories of Dr. Alexander J. Walt, cont.....

He also was a strong proponent of the need for multidisciplinary care for patients with breast cancer, and ensured that one of his lasting contributions to surgery in Detroit was the development of the Comprehensive Breast Center in the Barbara Ann Karmanos Cancer Institute, which was renamed the Alexander J Walt Center in 2000. A gifted writer with an unusually broad range of interests, he wrote essays on the history of surgery and contemporary surgical training. An essay on the experience of surgical residency contained a close observation of Margot Fonteyn after meeting her while a surgical resident.

Professor Walt served on the editorial boards of several medical journals, including the archives of Surgery and the Journal of Trauma. He was in great demand as a lecturer, honouring numerous prestigious national and international commitments. He was Hunterian Professor at the Royal College of Surgeons in 1969 and Moynihan Lecturer in 1988, and in 1995 gave a keynote address at the 75th Anniversary Meeting of the Association of Surgeons of Great Britain and Ireland. He was the Harrington Lecturer for the Midwest Surgical Association in 1974.

He held leadership positions in many North American surgical organizations, including the Presidency of the American Association for the Surgery of Trauma (AAST), the American Board of Medical Specialties (ABMS) and was Vice-President of the American Surgical Association (ASA). He was elected an honorary Fellow of the College of Surgeons of South Africa in 1989, and of the Royal Colleges of Surgeons of Edinburgh and Australia in 1993 and 1995, respectively.

He served as a Regent of the American College of Surgeons from 1984 to 1993 and as Chairman of the Board of Regents from 1991 to 1993. He was elected 75th President in 1994, an office which he undertook with great flair. Sadly, during his presidential year he developed a massive recurrence of a bladder cancer, first treated twelve years previously. With typical courage, he elected to have chemotherapy ‘spaced’ so that he could preside over the Annual Clinical Meeting, at which his successor was to be inaugurated.

Dr. Walt died in 1996. His extensive writings from 1962 to 1996 are housed in the Wayne State University Archives. A compilation of his articles and lectures, Alexander J. Walt: Reflections, was published in 1999 as a tribute to this highly respected leader of his profession (SA Dulchavsky, SI Schwartz, eds. Detroit: Wayne State University Press, 1999.)



Memories of Dr. Alexander J. Walt, cont.....

A great part of Dr. Walt's wonderful success was related to his spouse, Irene Walt. Irene was a very strong supporter of everything that Alec was committed to. Each year there would be a summer party in the backyard of their home in Huntington Woods, where all of the residents and their spouses, and sometimes little ones, would enjoy the beauty of their backyard and the wonderful food that was provided by Irene Walt. Irene Walt had a special interest in artistic activities, and she was responsible for making the Detroit Receiving Hospital the most beautiful art-decorated hospital in Michigan and one of the most beautiful art-decorated hospitals in the country. She was also involved in the enhancement of beauty at other nearby hospitals and throughout the city of Detroit. Her work in the area of art was recognized when she received her honorary doctorate degree from Wayne State University because of her many contributions to various hospitals and structures within the city of Detroit.



Mrs. Irene Walt

Any discussion about the accomplishments made by Dr. Alec Walt would be incomplete without identifying the many contributions that he made outside of the operating room. The following is a republication from one of the earlier issues of the monthly report.

THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

THE DAY

Sunday, July 23, 1967, was hot and dry, a typical midsummer day in Detroit. The early morning hours had seen nothing unusual. A few drunks were arrested for disorderly behavior. A number of stabbing victims were successfully treated at the city hospital; a blind pig was raided for after-hours liquor violations; there were a number of minor fires without serious injury.

The afternoon was calm. The rotating intern at the city hospital thought it was an ideal time to see her new city. After working the Saturday night shift, she napped in her dingy six-by-six living quarters on the fifth floor above the operating suite.



Detroit Receiving Hospital – 1967



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

The room was sweltering, the only source of relief being the meager fan the cleaning lady had been kind enough to provide. Decay and rot had left holes in the wood under the sink. The place resembled a prison cell. It had been 23 days since she left the hospital. The young intern stored most of her worldly possessions in her car, as this room that she would call “home” for the next eleven months was too small to accommodate them. She started on her exploratory tour around 4 p.m. She had the windows of



Detroit Receiving Hospital - 1980

her non-air conditioned car wide open in a vain attempt to coax in a non-existent breeze. As she sat waiting at a red light, an elderly African-American lady in the adjacent car hollered over “Ma’am, you ought to not go up there; they’re rioting.” The young intern smiled, thanked the old lady, ignored her advice, and continued to proceed “up there.” It soon became apparent, however, that the elderly lady was correct. Nervous and frightened, the young intern, who had been raised on a peaceful farm, turned back toward the city hospital and was able to reach the parking lot shortly before barricades were erected around the grounds.

In a nearby suburb, the city hospital’s chief of surgery was riding peacefully with his spouse. The car radio announced that there was a disturbance outside a blind pig that had been raided that morning; the newscaster asserted that everything appeared to be under control. The chief of surgery, however, was alarmed. Having grown up in Cape Town, South Africa, where racial strife was often downplayed, he was sure that this “minor disturbance” was the beginning of a race riot. He immediately drove home confiding in his wife his suspicions about what was really happening in the city. She thought he was crazy but, at his urging, agreed to keep all three kids in the house that evening. He then took his shaving kit and extra undergarments and made the trip down to the city hospital arriving as the barricades were being erected.

The chief surgical resident left home shortly after 5 p.m. to serve his nightly stint on the emergency surgical service of the city hospital. Because the hospital routinely saw such a large volume of trauma and non-trauma emergencies, there were two emergency surgery teams so that one team worked nights and the second team worked days for one month and then switched for one month. Each team was headed by a fourth-year surgical resident. The chief surgical resident was in the fifth year and worked two months of nights. As the chief surgical resident approached the downtown area, he was concerned to see dark smoke billowing over the skies of Detroit. Had there been a warehouse fire or did a gasoline station explode, he wondered? The radio gave no hint of what was happening. Shortly thereafter, he arrived at the city hospital just as the barricades were being erected.



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

The Riot

The commotion that began when the blind pig that was raided in the early morning hours spread throughout the day as the police skeleton crew staffing a supposedly peaceful Sunday afternoon had difficulty containing this "civil disturbance." The city officials, in briefings with the news media, downplayed the disturbance, refusing to see it for what it was. Despite the fact that other cities had experienced race riots recently, the officials thought this could never happen here. After all, race relations in Detroit were excellent, weren't they? Surely, the gains made since the 1943 Detroit race riot precluded any recurrence, or so they thought. Sadly, they were mistaken. It was only when Mr. Bill Bonds arrived to anchor the evening news for one of Detroit's television network stations and recognized what others refused to admit, that the news media finally reported the reality of the situation. The disturbance, he announced, which had begun as a protestation to the blind pig raid on the near west side, was now out of control and had expanded to the near east side. The worst riot of the turbulent 1960s had begun.

THE HOSPITAL

In the early 1900s, Detroit was a working class city closely aligned with the expanding automobile industry. St. Mary's Hospital, supported by the large Archdioceses of Detroit, was the primary provider of indigent health care. The combination of a good work ethic, strong tax base, and strong religious affiliations in the city led to a higher prioritization of health care for the needy. The Detroit Receiving Hospital (DRH) opened in 1916 in order to serve the poor and downtrodden of Detroit. The Wayne University, later Wayne State University (WSU)



The Arc by Diana Pancioli was completed as Dr. Walt was dying and was referred to by Mrs. Walt as "the last hurrah".



Benefactors (trainees of Dr. Walt) enjoy reminiscences prior to the art tour. Note the many art pieces on



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

College of Medicine, a city-owned institution of higher education, partnered in the provision of care for the have-nots of Detroit. The new hospital was erected next door to the St. Mary's Hospital, which continued to be a resource to the new city hospital in times of need for many years. For half a century, this partnership served the needy of Detroit and fostered the training of medical students and residents in all specialties. During these years, this large, 750-bed, full-service hospital experienced many ups and downs generally related to the economic welfare of Detroit. Skeletal crews provided care through two World Wars, and finances were scarce during hard times such as the Great Depression. Resources were always found to keep the hospital open, but there were few amenities. Many times nurses and nurses' aids were compelled to "borrow" linens from the adjacent St. Mary's Hospital. These "borrowings" were really long-term loans without collateral with the only payment being heart-felt thanks to the St. Mary's Hospital administrative personnel who looked the other way. DRH survived these many difficult times and, by 1967, was providing emergency care to 140,000 citizens per year.



Four Sasuto Women by Solomon Sekhaolelo, a mohair tapestry shows four African women carrying heavy loads on their heads

Although the Emancipation Proclamation was enacted into law 50 years before the city hospital was constructed, separation of the races continued throughout the northern cities including Detroit and was evident during these early years at the new city hospital. The chief surgical resident, many years later as a faculty member, cared for the first registered African American nurse to work at the city hospital. She taught him about how, in her day, "people of color" were not expected to be registered nurses, but rather were expected to work as practical nurses



Art benefactors are attentive to the description of art works by Mrs. Walt.

or nurse's aides. She credited one of her teachers at WSU with challenging her to overcome this stifling attitude. Upon receiving her degree and beginning her career at DRH, she was forced to bring a bag lunch to work every day because people of color were not allowed to eat in the whites-only dining room. She described how the restrooms also were for white people, so that when she had to visit the facilities, she would go outside to the corner store, affectionately known by all of us as "the Greeks," where the proprietor would nod when she and others would come in to use the facilities. The remnants of this discrimination were still present in 1967.

Continue page 9



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

THE TREATMENT

On that fateful day in July, the chief of surgery was serving his second year as chairman of the WSU department of surgery. When he arrived at the hospital that evening, the atmosphere was relatively calm. Intuitively, he knew that things were about to get very busy; this view was not shared by many others. He implemented the hospital disaster plan and enticed the community surgeons, many of whom had done their training at the DRH/WSU, to be available. These surgeons canceled their elective schedules and came into the hospital to be available for what might happen. Working through the administrative and nursing offices, he arranged for the nurses to stay and work a second shift while police vehicles conveyed the night shift nurses to the hospital under armed protection.

His foresight and actions were critical to the successful treatment of almost 1500 patients in the emergency department including almost 500 patients who presented during a span of 36 hours. Many of these latter patients had sustained life-threatening gunshot wounds. At the peak of the crisis, all nine operating rooms were in use; two additional “operating rooms” were set up in the hallway, but fortunately, the turnover of rooms was such that these makeshift facilities never had to be used. By all standards, the treatment of the sick and injured during this period of time was an outstanding success with much of that success due to the foresight of the new, young chairman.

THE CHALLENGE

The new and young chief of surgery received plaudits from near and far for his planning and handling of the civil disturbance. He instinctively knew, however, that successful surgical response to an urban riot was only window dressing; the underlying causes of widespread inequities had to be addressed. While many residents, nurses, and faculty had become inured to these inequities, the chief’s prior experience with apartheid taught him that corrective action was badly needed. Now secure in his new position as the WSU chairman of surgery, it was time to deal with these inequities within his sphere of influence. He called upon his lovely and capable spouse to help him in this endeavor. She was given a tour of the hospital and was asked to make the hospital more inviting to patients, students, residents, and attending physicians. The challenge was enormous.



The Triton shows handcrafted weaving by Mrs. Janet Kummerlain, donated to DRH by the Hilton Hotel Chain.



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

The first hurdle was a fiscal one. City leaders clearly were less than enthusiastic about a hospital modernization and beautification program; the city was still financially sound, but the post World War II automotive industry boon had clearly passed. It seems that each hospital has a person who knows where the hidden resources are located. The DRH had Mr. Al Plotkin, a hard-nosed, crusty Man-for-All-Seasons with a soft underbelly; the chief's spouse instinctively found the soft underbelly. They worked out a pact: if she were able to procure external donations, he would match them; these matching funds would come from the Research Corporation, into which all physician third-party payments were made. A DRH Beautification Committee was formed with the chairman's spouse providing the artistic leadership and Mr. Plotkin overseeing the financial considerations. In her quest for donations, the chairman's spouse met with men's clubs and women's clubs of Detroit's major corporations, including industrial giants such as General Motors Corporation, Chrysler Corporation, and Park-Davis Pharmaceuticals. In the early days of the Beautification Committee, donations trickled in and, as a result, only the most pressing aesthetic needs of the hospital could be addressed.



Toucans of South Africa a hand-woven tapestry exhibited in the first floor DRH hallway.

The first priorities were the large, 13-bed, open wards. In these antiquated treatment areas, no curtains separated the old wrought iron beds, whereas tattered shades without curtains were the only window dressings. There were three or four rickety chairs for each 13-bed ward. Each ward had a physician sitting room where records were reviewed, x-rays examined, and orders written. The rooms resembled old broom closets with a couple of chipped and eroded desks and rickety old chairs. The first priority of the Beautification Committee was to vastly improve the appearance of these open wards by placing curtains around each bed, replacing the old shades, adding window curtains, upgrading the bedside tables, and procuring at least one chair for each bed. In addition, at least one picture was hung on the walls of each of these large wards. This simple, inexpensive beautification was enormously appreciated by the patients and relatives but perhaps even more so by the nursing and physician staff, who suddenly realized how callously accustomed to the dreary décor they had been for so many years. In the physician work rooms, the addition of carpeting, fresh paint, window curtains, clean and sturdy furniture and, of course, a picture on the walls created a whole new atmosphere. The house officers and medical students could actually be cheerful while working long hours well beyond the current 80-hour work week.



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

As a modest increase in donations began to flow into the Beautification Committee, the next priority was to upgrade the waiting room at the hospital entrance. This area contained long benches, which had not been replaced since the hospital opened over 50 years earlier. The floors, walls, and ceiling lighting were primitive. The registration and information windows resembled the ticket counters of an old train station and did not foster congeniality. Again, simple, inexpensive upgrading with chairs, brighter lighting, repainted walls, restructured reception and information desks and the all-important addition of art pieces to grace the walls created a tremendous difference and were appreciated by all.



Wave Composition created by Mr. Sam Gilliam is the largest indoor art piece in DRH and graces the main first-floor hallway.

The next challenge was the fifth-floor living quarters that the rotating intern and many other house officers called “home.” These tiny rooms were hot and stuffy, pocked with holes from dry rot, and reeked of food smells from the cooking that was being done in the small common kitchen, which suffered from poor circulation and lack of air conditioning. Again, simple but inexpensive solutions were found. The atrium was re-carpeted and furnished with proper seating accommodations, the lighting was upgraded, air conditioning was installed, plumbing and carpentry needs were addressed, and each of the dormitory rooms was freshly painted in colors designed to create a sense of well-being. The whole effect was nicely enhanced by the addition of pleasant, but inexpensive, art pieces to the atrium walls.

During the 1940’s, DRH added a large extension known as the Farwell Building. The eighth floor of the Farwell Building contained the on-call rooms. These rooms were almost as spartan as the fifth-floor living quarters. The mattresses were saggy and should have been thrown away many years earlier. When curtains were present, they were tattered and often non-functional. The paint was chipped from age, and the underlying plaster was cracked. The chairman claimed that it would be highly unlikely for quality medical students to choose the WSU/DRH surgery program when the night call facilities provided no comfort, poor accommodations, no desks, and no communication with the outside world. Simple, inexpensive improvements by the Beautification Committee included an upgrade of the communal shower facility, new beds, new shades and curtains, replastered and repainted walls, and proper reading lights markedly improved the environment; of course, let us not forget the addition of art work to the walls.



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

The morgue in a hospital serves two purposes: prosection by the pathology team and viewing of the deceased by the immediate family. Somehow, DRH physicians had grown accustomed to the dark, dank, cramped environment when doing work related to prosection. Unfortunately, the substandard, dreary environment extended to the viewing room. The chairman's spouse championed the effort to create a proper viewing room, helping to ease the terrible burden upon the family and loved ones of the deceased. Art work was included.



Windscape, a mixed media bas-relief, adorns the wall behind the information desk and is described by creator, Mr. Glen Michaels.

Each successful improvement in these simple but basic amenities of everyday patient care and hospital life strengthened the reputation of the Beautification Committee. Those who once had been mere bystanders became supporters and advocates. Getting more financial support became easier; the future looked rosy. Another bump in the road, however, was just around the corner.

THE SHOOTING

During the late morning of July 13, 1971, a muscular middle-aged man entered the hospital through the Farwell Annex, which adjoined the original building and the Farwell extension, and strode through the halls toward the administration offices. He attracted everyone's attention because of his deliberate pace but, mostly, because of the rifle he gripped with both hands. As is so often the case, witnesses assumed that he was performing some administrative function and went about their work. As he turned down the long hallway leading to the main administration offices, few took notice. Shortly before entering the administrative office suite, he was recognized by a senior employee who rapidly shoved him aside and then slammed and locked the main administrative suite door. The mayhem had begun.

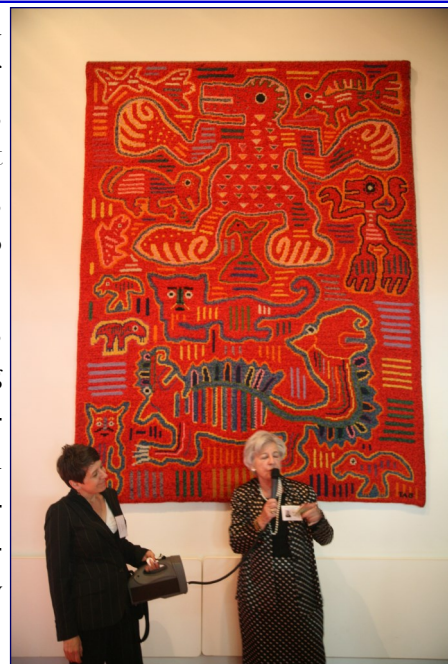
The shooter was a former employee who had been dismissed for cause. He suffered from schizophrenia but was thought to have been cured after a fourteen-month in-hospital stay. He had vowed to kill Mr. Marty Battle, a middle level administrator who had to be the bearer of bad news regarding his dismissal. He was well armed with rapid fire capabilities.



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

While each of the individuals within the main administrative suite closed their doors in order to protect themselves, he blasted through the outer door with multiple rifle rounds and entered into the main suite. Simultaneously, an emergency alert went out to the Detroit Police Department First Precinct across the street. They deployed the SWAT team. The chairman's spouse, preparing for the next Beautification Committee meeting, was shoved into one of the administrative offices where she and two others, including Mr. Battle, pushed a desk against the door. As they were barricading the door, Marty was shot through the closed door, and he sustained life-threatening chest and abdominal injuries. One of the secretaries received a large destructive wound to her forearm, and the chairman's spouse received a superficial wound to her upper extremity. While multiple shots were fired in many different directions, the chairman's spouse held Marty's hand as he progressively exsanguinated. Shortly thereafter, the SWAT team arrived and lethally shot the assailant.

The chief surgical resident, now an attending physician and chairman of the Disaster Committee, instituted the Disaster Plan. All operations were cancelled. Six operating teams were assembled to provide care for the six individuals known to be in the administrative suite. The shooter was the first to be rushed by the triage point; he was obviously beyond treatment. Mr. Marty Battle followed immediately, and he was taken directly to the resuscitation room where he underwent an emergency department thoracotomy; he had temporary restoration of heartbeat but died soon thereafter in the emergency department. The injured secretary was rapidly evaluated and then taken directly to the operating room for the debridement of soft tissue, primary neurotomy, and primary tenotomy performed by a general surgical faculty member who had been trained in the care of these injuries as part of the WSU/DRH surgical residency. The chairman's spouse presented with the superficial wound, which was treated with a small dressing. She experienced excruciating pain, which was successfully treated with two cartons of whole milk. The chairman's daughter, meanwhile, was working in the hospital as an attaché to the art program when she heard about the shooting. She knew that her mother was not the seriously injured victim because she was told that the victim had dark hair; the chairman's spouse had white hair. After all were attended to, the former chief surgical



Columbian Textile demonstrates an intricate weave and was created in Columbia, South America.



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

resident, now disaster chief, contacted the chairperson who was lecturing in New York, informed him that there had been a serious in-house disturbance and, on multiple occasions, during the conversation assured him that his spouse was okay. When he arrived in Detroit that evening and was met at the airport by newshounds who informed him that his spouse had been injured, he did not worry because he knew that she was “okay”.

Once the dust had settled and calm had been restored, his spouse informed him that she was not about to spend another moment at the DRH. With the wisdom born of his experience as a soldier in World War II, he advised that she needed to return to the hospital, preferably as soon as possible, so she could expel this horrific nightmare and reinvigorate herself with the many challenges to come. It is a testament to her strength, perseverance of spirit, and commitment to the Beautification Committee that she consented to let him escort her back to the hospital the next Monday.



Hallway on the first floor showing multiple works of art hanging on walls and suspended from the ceiling.

THE GROWTH

The many early successes in creating a positive environment at minimal expense were rewarded by a continued increase in donations. The men’s clubs and women’s clubs of Detroit industries supported expansion of the beautification program. Through the largesse of the Kresge Corporation, a modest park was constructed across the street from the front door of the hospital. On pleasant days, patients’ relatives, medical students, and house officers could rest there for a few moments and enjoy the calming scenery prior to going back to the hectic hospital environment. On occasion, it provided a respite for homeless people to spend the night. One of the surgical residents later stated, “Seeing these homeless people spending the night there reminded me that after my call is over, my wife and kids will be waiting for me at a real home.”

Each success identified new goals. July of 1975 was one of the hottest months on record in Detroit. The former chief surgical resident, now faculty, was called to the chairman’s office to deal with a crisis in the critical care step-down unit. The unit contained nine beds and had many patients on ventilators. There was no air-conditioning, and there were no screens. A frustrated surgical critical care resident wrote an order to “shoo flies from trach stoma pri.” The hospital administrator wanted him fired. The chairman had a better idea.



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

The former chief surgical resident met with the administrator, and they agreed that the surgical critical care resident would be chastised as soon as screens were placed on the windows. The screens were in place by noon the next day; the surgical critical care resident was treated to a beer and burger that evening. This entire critical unit was upgraded by the Beautification Committee shortly thereafter.

On the campus of the WSU Medical School, a new Radiation Oncology Center (ROC) had been created. Capitalizing on her newfound supporters, the chairman's spouse managed to adorn the ROC with multiple murals. Much of this success exemplified her persuasive powers in coaxing business people to donate artwork that was no longer going to be used in their office buildings. The Children's Hospital of Michigan utilized the Children's Cancer Center (CCC) within the Harper Hospital for children requiring bone marrow transplantation. The art team was able to make this area warm and inviting to children. These continuing successes engendered even more support for the Beautification Committee.

THE NEW HOSPITAL

The new DRH was slated for completion in July 1980. The art program at the old hospital was so successful that the art committee was given a new challenge. Detroit Mayor Coleman A. Young and WSU President George Gullen each appointed four people to this committee. They, in turn, enlisted the aid of spouses of WSU professors including many from the Law School and the Medical School. Representatives of the Detroit Institute of Arts (DIA) were included on this committee. The task was to plan not only for a beautifully constructed hospital, but also for beautiful art work within the hospital. Both aims were highly successful. The hospital opened on schedule in July 1980 with forty beds. Within one year, all 340 beds were opened. Approximately 200 works of art were taken from the old hospital to the new hospital and, as each new ward was opened, the walls were adorned with art. The new hospital had a maximum of two patients per room, was spacious, effectively utilized natural light, and had an excellent attached University Health Center to facilitate outpatient care. It also had courtyards, which later were to be filled with giant works of art, which had to be moved in by huge cranes. The challenge to financially support these new works of art was successfully carried out through fundraising dinners, donations from friends and faculty, and multiple letters sent out by the chairman at the direction of his spouse. These endeavors permitted large works to be commissioned at no expense to the hospital.

The art work represented all parts of the world. The chairperson was now world-renowned and accepted invitations to speak all over the world. His spouse, when accompanying him, made it her job to identify local art to be



THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

acquired for the hospital. Again, her frugal instincts allowed for these tremendous works to be brought to the hospital at minimal expense. By the 1990s, the hallways had an international artistic flavor, and the quality of the art pieces continued to increase.

THE LAST HURRAH

While the art program flourished, so did the chairman. He became a leader in many of the nation's surgical associations, and his name was recognized and respected everywhere. As he gave his presidential address at the American College of Surgeons annual meeting in October, 1995, Dr. Alexander J. Walt suffered severe pain from metastatic kidney cancer. As he was dying in early 1996, Mrs. Irene Walt was involved in another large project for the hospital atrium. When this was dedicated, she identified this as "the last hurrah." How wrong she was.

After Dr. Walt died, the demands made upon Mrs. Walt intensified. Her work at the DRH became known throughout Southeast Michigan. She led the beautification of the Federal Building in Detroit, the People Mover within the central city, the Alexander J. Walt Breast Center within the Harper Hospital, and helped with the art works at the nearby Henry Ford Hospital. The current emblem of the American College of Surgeons is another example of her continued involvement in the art world. All Fellows of the American College of Surgeons should view this beautiful piece made of Detroit Pewabic tile. The DRH art program has continued to thrive because of the administrative support by the hospital and because of the many support groups in Southeast Michigan. Mrs. Walt conducted many art tours for medical students, DRH and WSU visitors, and for speakers at the DRH/WSU Annual Trauma Symposium, the oldest trauma symposium in American and an event strongly supported by Dr. Walt.



Surgical donors to the art program including the young rotating intern (*in the red coat*) and the chief surgical resident (*in the foreground*), both with white hair, enjoy the reminiscences of their fellow surgical alumni at the celebration dinner of the art tour.

During these art tours, Mrs. Walt often opined that a historical record of the art program should be preserved in a book dedicated to the beautification of DRH and the 1000 art works currently on display. Indeed, this wish was repeated yearly until the former rotating intern and the former chief surgical resident organized a fundraising project to finance this new book and CD-ROM to accompany it. When surgeons who had trained under the Dr. Walt were invited to financially support this program, the outpouring of support was stupendous.



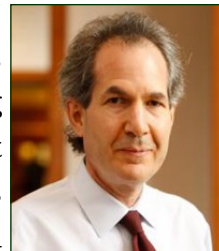
THE BEAUTIFICATION OF A HOSPITAL AND A MEDICAL CENTER

Within two months, the financial goal was exceeded. On April 30, 2007, those benefactors who could make the trip to downtown Detroit shared in an art tour provided by Mrs. Walt followed by a celebration dinner, at a wonderful nearby Italian restaurant, which was attended by over 75 former trainees. The art work displayed herein represents the pictures that were taken during this tour and the subsequent dinner. (Figures II-XI) The art book was completed in September, 2007, and is available at the WSU Press for \$45.00 plus shipping. (University Press, 4809 Woodward Avenue - Detroit, Michigan 48202)

Memories of Dr. Alexander J. Walt, cont.....

FAST FORWARD

Steve Walt - Steven is a professor of law and holds the Percy Brown, Jr. chair in law at the University of Virginia (UVA) School of Law. He also holds a doctorate in philosophy from the University of Chicago. After completing his PhD, he received a law degree from Yale Law School. He has taught commercial law subjects at the University of Virginia since 1992. Steve is the author of many books and articles on contract law. He is married to a circuit judge in San Diego and does a lot of commuting in regards to his professorship and lecturing.



Steven Walt

John Walt - John still practices law in Detroit, and its environs keep him very busy, although lately his courtroom work is via Zoom. John's oldest son, Aaron, is a recent college grad from the University of Michigan, where he majored in Neurophysiology. He is working as a medical assistant for Dr. Rattner, a cardiologist on Long Island, and has applied to medical school, including the Wayne State University School of Medicine. John's younger son, Jack, is a sophomore at the Ross School of Business, a part of the University of Michigan.



Mr. John Walt (JD) with his son, Aaron Walt, at the Annual Walt Lecture

Continue page 19



Memories of Dr. Alexander J. Walt, cont.....

Lindsay Walt - Lindsay lives in New York with her husband of 30 plus years, Colin Thomson. They are both professional artists with studios in the Brooklyn Navy Yard. Lindsay is represented by High Noon Gallery on the Lower East Side where she had a solo exhibition in 2018 and has an upcoming solo scheduled for November 2020



Lindsay Walt, Eve Leonore Walt Thomson, Colin Thomson

Their daughter, Eve Leonore, graduated in 2016 from the State University of New York Geneseo with a major in International Relations and a minor in Spanish. She is a manager at AlphaSights, a consulting company in New York. Though medicine is not her path, she is interested in pursuing a graduate business degree with an emphasis on public policy. You can view some of her artistic paintings and artwork at www.lindsaywalt.com.



The Walt Clan: (left to right) Jack Walt, Aaron Walt, Eve Leonore Walt-Thomson, Lindsay Walt-Thomson, Steven Walt, John Walt



PRODUCTIVITY

Dr. Solhee Lee (WSUGS 2022) published a paper in a recent issue of the American Journal of Surgery (volume 291; pages 462-464) entitled "Nonoperative management (NOM) of most liver injuries impairs the mastery of intraoperative hemostasis." Dr. Lee analyzed the Detroit Receiving Hospital registry data for all liver injuries treated for a two-year period for each decade from the 1960s through the 2010s. She demonstrated that there was a marked decrease in the number of patients treated for liver injuries during these two-year intervals from 235 patients in the 1960s to 41 patients in the 2010s. She also demonstrated that the introduction of NOM for known liver injury in the early 1980s led to a marked decrease in the number of patients undergoing laparotomy and the number of patients requiring some type of hemostatic technique on the bleeding liver at the time of laparotomy. More specifically, she reported that the number of patients having hepatorrhaphy decreased from 97 patients in the 1960s to 3 patients in the 2010s. The total number of patients requiring some type of intraoperative hemostasis for a bleeding liver decreased from 129 patients in the 1960s to 7 patients in the 2010s. She concluded that the lack of resident experience with obtaining liver injury hemostasis has impaired their proficiency and that other modes of learning how to obtain hemostasis from the actively bleeding liver must be learned by rotations on the hepatobiliary service or in animal models such as the ATOM Course. Her coauthors were Drs. Joseph Buck, Anna Ledgerwood (WSUGS 1972), and Charles Lucas (WSU/GS 1962/67).



Dr. Solhee Lee



*International
Beer Day
August 7th*



DOWN MEMORY LANE

Anna M. Ledgerwood, MD

Continuation of Dr. Ingida Asfaw, Chief Resident on Nights

Sunday—8/01/71—Staff—Dr. Carrasquilla

1. GSW abdomen right upper quadrant with through-and-through laceration right transverse colon, laceration distal sigmoid colon and mid-jejunum x6. Operative procedure was resection and primary anastomosis jejunum, resection and primary anastomosis sigmoid colon, exteriorization right transverse colon.
2. Perforated gastroduodenal ulcer. Operation was distal gastrectomy with gastrojejunostomy, tube duodenostomy and tracheostomy.
3. 32 year old GSW right flank, right upper quadrant with through-and-through laceration hepatic flexure colon, stellate laceration liver, perforation jejunum x6, laceration of left common iliac artery and vein tangential. Operation was ligation left common iliac vein, resection and end-to-end anastomosis of the right iliac artery, resection and primary anastomosis jejunum, exteriorization hepatic flexure.
4. 27 year old GSW right upper quadrant abdomen with through-and-through laceration antrum of the stomach, perforation jejunum x4, descending colon x2, left lobe of liver with 1-1/2 cm stellate laceration not bleeding. Operation was closure of all perforations and lacerations.



Dr. Anna Ledgerwood

Monday—8/02/71—Staff—Dr. R. Birks

1. 22 year old ectopic pregnancy. Operation excision.
2. 40 year old foreign body right neck, broken needle from heroin use. Operation was removal.

Continued page 21



DOWN MEMORY LANE, cont...

Anna M. Ledgerwood, MD

Tuesday—8/03/71—Staff—Dr. Zwi Steiger

1. 22 year old blunt trauma jumped from 3 stories, fractured acetabulum, left arm, transverse processes L1-4, sacrum, and distal left tibia, dislocation left arm, bilateral kidney contusions with gross hematuria, partial paralysis at L3. His abdomen was rigid and guarding and felt to have an intraabdominal visceral injury, peritoneal tap was positive for blood. Operation was exploratory laparotomy with the findings of severe hematoma sigmoid and rectal mesocolon, retroperitoneal and pelvic hematoma, hematoma of the bladder and base of the small bowel mesentery and enlarged right kidney.
2. 17 year old with left gluteal abscess. Treated with I&D.

Wednesday—8/04/71—Staff—Dr. Benavides

1. 30 year old with perforated duodenal ulcer treated with closure and omental patch.
2. 58 year old with perforated appendicitis as preoperative diagnosis who was found to have a free perforation of the gallbladder with gallstones. Operation was cholecystectomy.

Thursday—8/05/71—Staff—Dr. Lucas

1. 18 year old with perirectal abscess treated with I&D.
2. 31 year old with laceration of the left wrist with transection of the flexor digitorum sublimis to the third finger, extensor radialis longus and brevis, extensor pollicis brevis, and adductor pollicis longus as well as the superficial branch of the radial nerve. These were treated with repair of all the extensor tendons and the radial nerve.
3. 44 year old with gunshot wound left upper quadrant of the abdomen, through-and-through laceration of the left leaf of the diaphragm. These were treated with



DOWN MEMORY LANE, cont...

Anna M. Ledgerwood, MD

closure of the lacerations of the stomach, colon, diaphragm, and pancreas with insertion of a left chest tube.

4. Laceration of the right palm of the hand with transection of the flexor digitorum and profundus and superficialis to second and third finger at the metacarpal phalangeal joint. This was treated with repair of the profunda.
5. 22 year old blunt chest abdomen and extremities with fractures (previous patient treated on 8/3) treated with tracheostomy for respiratory insufficiency.

Friday—8/06/71—Staff—Dr. AJ Walt

1. 34 year old gunshot wound epigastrium with through-and-through laceration first part of duodenum, right transverse colon, IVC, and right renal vein at junction of the two. Laceration of the upper pole of the right kidney which was shattered. Operation consisted of closure of the laceration of the duodenum and stomach, repair of the IVC, and a right nephrectomy.
2. 18 year old in motorcycle crash with blunt injury and fracture of the left ulna, left iliac bone, acetabulum, symphysis, with dislocation of the left humerus. Patient had increasing abdominal distention and a positive abdominal tap and underwent laparotomy with the findings of a large non-pulsatile, non-expanding retroperitoneal hematoma.
3. 22 year old with perirectal abscess treated with I&D.

Saturday—8/07/71—Chief Resident Dr. F. Irani—Staff—Dr. Pelok

1. GSW left scrotum and pelvis with through-and-through laceration of the bladder and the ureter. This was treated with ureteroneocystostomy and a suprapubic cystostomy.



DOWN MEMORY LANE, cont...

Anna M. Ledgerwood, MD

2. GSW of the abdomen with laceration of the stomach, duodenum, and pancreas, treated with closure of all lacerations.
3. Abscess left forearm, treated with I&D.
4. GSW chest and abdomen. A bullet was noted in the abdomen. Underwent laparotomy with no perforation of the stomach. Bullet was palpable in the stomach. Patient underwent a right thoracotomy with repair of the tracheal laceration from perforation of the bullet (this patient had one wound to the trachea, coughed the bullet up, and swallowed it).



Chief Resident, Dr. Anna Ledgerwood (standing second from right) and the graduating class of 1972, with Dr. Alexander Walt (sitting second from right), Dr. Ingida Asfaw (standing first on the right)



WSU MONTHLY CONFERENCES

2020

Death & Complications Conference
Every Wednesday from 7-8



Didactic Lectures — 8 am
Kresge Auditorium

****GRAND ROUNDS WEBINAR****

The WSU Alumni is invited to be part of our Grand Rounds Webinar each month. The WebEx application that is used for Grand Rounds allows 100 users to sign in at a time.

This is a great way to stay connected with the WSU family and friends and, perhaps, eventually be part of the Grand Rounds by presenting remotely.

Details on connecting are as follows:

1. **WebEx app**—Recommended

Download the WebEx app ([iOS](#), [Android](#), [MacOS](#), or [PC](#)) and join meeting number **626 407 145** or follow this link once you have the app: <https://meetingsamer5.webex.com/join/neildpatl>.

2. **Phone in**

Dial [+1 \(408\) 418-9288](tel:+14084189288) and enter access code **626 407 145**.

For more information or if you have any questions, please contact Dr. David Edelman at dedelman@med.wayne.edu.



WSU MONTLY CONFERENCES

2020

Death & Complications Conference
Every Wednesday from 7-8



Didactic Lectures — 8 am
Kresge Auditorium

*****ALL CONFERENCES DONE VIA WEBEX, 7:30 A.M.*****

Wednesday, August 5

(LOCATION: Morse Auditorium)

Death & Complications Conference

“Introduction to Breast Reconstruction”

Guillermina Nava, MD

Wayne State University Michael & Marian Ilitch Department of Surgery

Wednesday, August 12

Death & Complications Conference

Jessica McGee, MD

Wayne State University Michael & Marian Ilitch Department of Surgery

Wednesday, August 19

Death & Complications Conference

Gamal Mostafa, MD

Chief, Department of Surgery, VA Medical Center

Professor of Surgery, WSU

Wednesday, August 26

Death & Complications Conference

Gamal Mostafa, MD

Chief, Department of Surgery, VA Medical Center

Professor of Surgery, WSU



WAYNE STATE
UNIVERSITY
School of Medicine

Department of Surgery
6C/UIC, 4201 St. Antoine
Detroit, Michigan 48201
(313) 577-5013
FAX: 577-5310

WSSS
wayne state surgical society

2020

Dear Wayne State Surgical Alumni and Friends,

The WSSS continues to thrive, offering support to our members and the current general surgery residents at WSU. As the new president of the Wayne State Surgical Society (WSSS), I would like to greet you in the new year and report on the Society's activities in 2019. Our annual meeting was held during the American College of Surgeons meeting in San Francisco, California at the Moscone Center. A cocktail reception was hosted by Chairman Don Weaver followed by the WSSS banquet and meeting. The banquet is free to all Society members, with current residents attending as our guests.

The Society also sponsors the annual WSSS Lectureship named in memory of Dr. Walt. The evening before society members have an opportunity to meet and question the WSSS Lecturer on the topics of the day. The discussion is typically quite interesting and wide ranging. The meal is wonderful. Last year's speaker was Dr. Roxie Mae Albrecht from the University of Oklahoma Health Science Center and the OU Medical Center in Oklahoma City, OK. She is a Professor and the Vice Chair of Quality, and the Division Chief of General Surgery, Trauma and Surgical Critical care in the Department of Surgery at OU Health Science Center. Dr. Albrecht is also the Medical Director of Trauma and Surgical Critical Care at the OU Medical Center, the only ACS verified Level I Trauma Center in Oklahoma. Dr. Albrecht is from the University of Michigan and an expert in Acute Care Surgery and Critical Care as well as a board member of the ABS and a Governor of the ACS. This year's speaker will be Dr. Joseph C. Maroon, clinical professor and vice chairman of the Department of Neurological Surgery and Heindl Scholar in Neuroscience at the University of Pittsburgh Medical Center. In addition to being a renowned neurosurgeon, he is a sports medicine expert, health and nutrition expert and Ironman triathlete. Dr. Maroon is regarded as a premiere specialist in the surgical treatment of injuries and diseases of the brain and spine, specializing in minimally invasive procedures. Consistently listed in *America's Best Doctors* for the past 20 years, he has an international referral base, including numerous professional athletes and celebrities. This year's annual WSSS Lectureship is scheduled for Wednesday, November 4, at the Kresge Auditorium in the Harper Hospital. Because of the current pandemic, this has to be looked upon as a tentative schedule pending the status of social mingling in November of this year.

Your WSSS membership also covers your admission to the annual Detroit Trauma Symposium (DTS). The Symposium, put together by Larry Diebel, is first rate and well worth attending. This year, the DTS is scheduled to occur on Thursday and Friday, November 5/6 at the MGM Casino in Downtown Detroit. The DTS is the oldest trauma symposium in the country and has been very successful under the leadership of Dr. Diebel, who typically attracts over 700 people to this very excellent event. The current planning for the 2020 DTS is in limbo because of the social restrictions of the pandemic and the DTS may occur, this year, in a virtual manner. This will be determined by the health guidelines later this year.

Each year, the WSSS sponsors the WSSS Alumni meeting on the Tuesday in October when the American College of Surgeons meeting takes place in Chicago. The pandemic appears to be affecting those plans in that the American College of Surgeons meeting will probably occur as a virtual meeting this year so that the annual meeting of the WSSS on the Tuesday of the ACS meeting will likely not occur. This is always an exciting meeting for our senior residents whose expenses are totally covered for attendance at the ACS annual meeting and the annual reunion of the WSSS.

The WSSS currently has 126 members including 65 Charter Life members who have or will donate \$10,000 to the Society, tax deductible! **If you are not receiving the newsletter please let us know your email so that you can be included to receive this very fun and informative newsletter for all the alumni of the department of surgery.** It gives me great pleasure to tell you that we have over \$189,932.70 in the bank and are in the process of investing a portion to ensure the Society will exist in perpetuity. Consider becoming a Life Member, invest in the future, and one of these outstanding residents may just become your partner!

Enclosed with this letter is a ballot for new officers and board members. Also included is the form for your annual dues. I always thought that the standards and skills learned during my residency formed the foundation for my professional career. The society offers the opportunity to continue a relationship with the program, both by continued fellowship with peers and mentors, and the support to those who will be replacing us when we retire. I think the WSSS is worthy of your support.

Serving as our Society president will be an honor. The WSU Michael and Marian Ilitch Department of Surgery and the WSSS is responsible for a large part of our success as surgeons. It is an organization that brings old friends together with mentors and future partners. It is worthy of our participation and support.

Sincerely yours,
Scott Davidson, MD, FACS
President, WSSS



Wayne State Surgical Society
2020 Dues Notice

Name: _____

Address: _____

City/State/Zip: _____

Service Description	Amount
2019 Dues Payment _____ \$200	_____
My contribution for "An Operation A Year for WSU" _____	_____
*Charter Life Member _____ \$1000	_____
Total Paid _____	_____

Payment by Credit Card

Include your credit card information below and mail it or fax it to 313-993-7729.

Credit Card Number: _____

Type: MasterCard Visa Expiration Date: (MM/YY) _____ Code _____

Name as it appears on card: _____

Signature: _____

Billing address of card (if different from above):

Street Address _____

City _____ State _____ Zip Code _____

*I want to commit to becoming a charter life member with payment of \$1000 per year for the next ten (10) years.

Send check made payable to **Wayne State Surgical Society** to:

Charles Lucas, MD
Department of Surgery
Detroit Receiving Hospital, Room 2V
4201 St. Antoine Street
Detroit, Michigan 48201

MARK YOUR CALENDARS



*Please Update Your
Information*

The WSUSOM Department of Surgery wants to stay in touch. Please email Charles Lucas at clucas@med.wayne.edu to update your contact information.



Missing Emails

Over the years the WSU Department of Surgery has lost touch with many of its alumni. If you know the email, address, or phone number of the following WSU Department of Surgery Residency Program graduates please email us at clucas@med.wayne.edu with their information so that we can get them on the distribution list for the WSU Department of Surgery Alumni Monthly Email Report.

Mohammad Ali (1973)

David B. Allen (1992)

Tayful R. Ayalp (1979)

Juan C. Calzetta (1982)

Kuan-Cheng Chen (1976)

Elizabeth Colaiuta (2001)

Fernando I. Colon (1991)

David Davis (1984)

Teoman Demir (1996)

Judy A. Emanuele (1997)

Lawrence J. Goldstein (1993)

David M. Gordon (1993)

Raghuram Gorti (2002)

Karin Haji (1973)

Morteza Hariri (1970)

Harrison, Vincent L. (2009)

Abdul A. Hassan (1971)

Rose L. Jumah (2006)

R. Kambhampati (2003)

Aftab Khan (1973)

Samuel D. Lyons (1988)

Dean R. Marson (1997)

Syed A. Mehmood (2007)

Toby Meltzer (1987)

Roberto Mendez (1997)

Mark D. Morasch (1998)

Daniel J. Olson (1993)

David Packer (1998)

Y. Park (1972)

Bhavik G. Patel (2004)

Ami Raafat (1998)

Kevin Radecki (2001)

Sudarshan R. Reddy (1984)

Renato G. Ruggiero (1994)

Parvid Sadjadi (1971)

Samson P. Samuel (1996)

Knavery D. Scaff (2003)

Steven C. Schueller (1974)

Anand G. Shah (2005)

Anil Shetty (2008)

Chanderdeep Singh (2002)

D. Sukumaran (1972)

David G. Tse (1997)

Christopher N. Vashi (2007)

Larry A. Wolk (1984)

Peter Y. Wong (2002)

Shane Yamane (2005)

Chungie Yang (2005)

Hossein A. Yazdy (1970)

Lawrence S. Zachary (1985)



Wayne State Surgical Society


The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of \$1,000 per year for ten years or \$10,000 prior to ten years. Annual membership is attained by a donation of \$200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. Brian Shapiro (WSU/GS 1988/93) passed the baton of presidency to Dr. Jeffrey Johnson (WSUGS 1984) at the WSSS Gathering during the American College of Surgeons meeting in October 2018. Members of the WSSS are listed on the next page. Dr. Johnson continues in the hope that all former residents will become lifetime members of the WSSS and participate in the annual sponsored lectureship and the annual reunion at the American College of Surgeons meeting.



*Members of the Wayne State Surgical Society
Charter Life Members*

Ahn, Dean	Bradley, Jennifer	Galpin, Peter A.	Kovalik, Simon G.	Nicholas, Jeffrey M.	Stassinopoulos, Jerry	Wood, Michael H.
Albaran, Renato G	Cirocco, William C.	Gayer, Christopher P.	Lange, William (Deceased)	Novakovic, Rachel L.	Sullivan, Daniel M.	Zahriya, Karim
Allaben, Robert D. (Deceased)	Clink, Douglas	Gerrick Stanley	(Deceased)	Perrone, Erin	Sugawa, Choichi	
Ames, Elliot L.	Colon, Fernando I.	Grifka Thomas J. (Deceased)	Lau, David	Ramnauth, Subhash	vonBerg, Vollrad J. (Deceased)	
Amirikia, Kathryn C.	Conway, W. Charles	Gutowski, Tomasz D.	Ledgerwood, Anna M.	Rector, Frederick	Washington, Bruce C.	
Anslow, Richard D.	Davidson, Scott B.	Herman, Mark A.	Lim, John J.	Rose, Alexander	Walt, Alexander (Deceased)	
Auer, George	Dujon, Jay	Hinshaw, Keith A.	Lucas, Charles E.	Rosenberg, Jerry C.	Weaver, Donald	
Babel, James B.	Edelman, David A.	Holmes, Robert J.	Malian, Michael S.	Sarin, Susan	Whittle, Thomas J.	
Bassett, Joseph	Francis, Wesley	Huebl, Herbert C.	McIntosh, Bruce	Shapiro, Brian	Williams, Mallory	
Baylor, Alfred	Flynn, Lisa M.	Johnson, Jeffrey R.	Missavage, Anne	Silbergleit, Allen	Wilson, Robert F.	
Bouwman, David	Fromm, Stefan H.	Johnson, Pamela D.	Montenegro, Carlos E.	Smith, Daniel		
	Fromm, David G		Narkiewicz, Lawrence	Smith, Randall W.		

Members of the Wayne State Surgical Society—2019 Dues

Alpandre, Cristiano	Cirocco, William C.	Herman, Mark A.	Lloyd, Larry	Novakovic, Rachel L.	Sundaresan, Naresh	Zerfas, Dorene
Asfaw, Ingida	Dawood, Moiz	Horness, Mark D.	Lopez, Peter	Phillips, Linda G.	Tarras, Samantha	Ziegler, Daniel W.
Bailey, Colin E.	Dawson, Konrad L.	Joseph, Anthony	Mansour, Roozbeh	Prendergast, Michael	Taylor, Michael G.	Zoellner, Steven M.
Bambach, Gregory A.	Dente, Christopher J.	Kaderabek, Douglas J.	Marquette, Lauren	Reilly, Lindsay	Tennenberg, Steven	
Baute, Peter B.	Dolman, Heather	Klein, Michael D.	Marquez, Jofrances	Resto, Andy	Thomas, Gregory A.	
Baylor, Alfred E. III	Field, Erin	Knight, Anna	Masood, M. Faraz	Schwarz, Karl W.	Thoms, Norman W.	
Bucci, Lorenzo A.	Golden, Roy	Kosir, Mary A.	Mayuiers, Matthew	Shanti, Christina	Truong, William	
Busuito, Michael J.	Goltz, Christopher J.	Larson, Sarah	McAlpin, Glenn M.	Siegel, Thomas S.	Vaszuez, Julio	
Carlin, Arthur M.	Gutowski, Tomasz D.	Liebold, Walter C.	Noorily, Michael J.	Spotts-Resto, Josette	Zahriya, Osama	

*Operation-A-Year
January 1—December 31, 2020*



The WSU department of Surgery has instituted a new group of alumni who are remembering their training by donating the proceeds of one operation a year to the department. Those who join this new effort will be recognized herein as annual contributors. We hope that all of you will remember the department by donating one operation, regardless of difficulty or reimbursement, to the department to help train your replacements. Please send you donation to the Wayne State Surgical Society in care of Dr. Charles E. Lucas at Detroit Receiving Hospital, 4201 St. Antoine Street (Room 2V), Detroit, MI, 48201.

Albaran, Renato G.	Davidson, Scott	Gayer, Christopher P.	Huebel, Hubert C.	Lopez, Peter	Siegel, Thomas S.	Wood, Michael H.
Anslow, Richard D.	Dujon, Jay	Gutowski, Tomasz D.	Johnson, Jeffrey R.	McIntosh, Bruce	Silbergleit, Allen	
Bambach, Gregory A.	Edelman, David A.	Herman, Mark A.	Johnson, Pamela D.	Missavage, Anne	Sugawa, Choichi	
Bradley, Jennifer	Francis, Wesley	Hinshaw, Keith A.	Ledgerwood Anna M.	Nicholas, Jeffrey	Sullivan, Daniel M.	
Conway, W. Charles	Gallick, Harold	Holmes, Robert J.	Lim, John J.	Perrone, Erin	Whittle, Thomas J.	

WSU SOM ENDOWMENT

The Wayne State University School of Medicine provides an opportunity for alumni to create endowments in support of their institution and also support the WSSS. For example, if Dr. John Smith wished to create the “Dr. John Smith Endowment Fund”, he could donate \$25,000 to the WSU SOM and those funds would be left untouched but, by their present, help with attracting other donations. The interest at the rate of 4% per year (\$1000) could be directed to the WSSS on an annual basis to help the WSSS continue its commitment to improving the education of surgical residents. Anyone who desires to have this type of named endowment established with the interest of that endowment supporting the WSSS should contact Ms. Lori Robitaille at the WSU SOM> She can be reached by email at lrobitai@med.wayne.edu.