

JANUARY 2021

# The 22<sup>nd</sup> Century Has Arrived!



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**2021 WSSS OFFICERS**

- President:**  
Scott Davidson (WSU/GS 1990/96)
- Vice-President:**  
Larry Narkiewicz (WSU/GS 2004/09)
- Secretary-Treasurer:**  
Pamela Johnson (WSU/GS 1984/89)
- Members-at-Large:**  
Bruce McIntosh (WSU/GS 1989/94)  
Jay Dujon (WSU/GS 2011)  
Robert Holmes (WSU/GS 1983)
- Resident Member:**  
Peter Cmorej (WSUGS 2021)

Dr. Anastasia Stevens-Chase (WSUGS 2020) circulated a memo to all of the surgical residents on the learning objectives as it relates to robotic surgery. The residents must understand the basic concepts and function of the robotic system, learn to dock the robot with the patient and attach appropriate implements/instruments, describe the potential advantages and disadvantages to robotic surgery, and demonstrate competency in performing basic general surgery operations robotically prior to graduation. There will be simulation programs designed to help the residents reach these learning objectives and to progress over time with all specific objectives.



Dr. Anastasia Stevens-Chase



Dr. Donald Weaver

This will be completed in the fourth or fifth year of residency. Their simulations will be both as a bedside assistant and a console surgeon if they are docked to the robot. Each resident will have documented their experience and competency by the time of graduation and have served as a console surgeon with a minimum of 30 cases. Dr. Stevens-Chase outlined the activities regarding robotic surgery that will be completed in each of their five postgraduate years. Clearly, we are moving into a new era. There are numerous video modules to facilitate this learning process. Likewise, the Da Vinci surgical system outlines multiple lessons that must be learned in order to prepare the residents in achieving these goals. Once the residents have completed these online modules, the hands-on training will begin. Within 30 years, laparoscopic operations will be a thing of the past. Our own Dr. Donald Weaver (WSUGS 1979) and Dr. John Webber (WSU/GS 1992/99) are leaders in the minimally invasive surgical program.



Dr. John Webber



## Dr. Peter C. Meade, MD

Dr. Peter C. Meade grew up in Northern New York. He attended the McQuaid Jesuit High School in Rochester and then first came to the Midwest where he attended Notre Dame from which he graduated in 1974. Following college he returned to his beloved New York and did his medical training at the Albany Medical Center where he also did his internship. Pete entered the WSU General Surgery program in 1981 and stayed with us through 1983 before returning to the East Coast to complete his surgical training under the leadership of the legendary Dr. William Stahl in New York City.



Dr. Peter Meade

Although Pete finished his surgical training in New York, he still recalls many interesting experiences at WSU and considers many of his colleagues lifelong friends. He occasionally sees Dr. Randy Smith (WSU/GS 1981/86) and worked closely with Dr. Delford Williams (WSUGS/VS 1982/83) until Delford's premature death from pancreatic cancer. Following his surgical training, Pete did a trauma critical care fellowship at the Martin Luther King/Drew Medical Center in Los Angeles. MLK, at the time, was one of the busiest trauma centers in America; he and Delford were important leaders within that trauma service. Pete stayed with MLK until they closed in 2005. During these years, he served as the director of the ICU and co-trauma director along with Dr. Delford Williams. MLK reminded Pete of his training at the old Detroit Receiving Hospital.

Pete remembers many sayings and events which he carried with him since he left Detroit. He recalls Dr. Ledgerwood (WSUGS 1972) teaching him on rounds that, "some people eat too much, some people drink too much, and some people use drugs. It doesn't mean that they are bad people." He remembers how Drs. David Bouwman (WSUGS 1978) and Arthur Weaver were analyzing the differences between amylase 1 and amylase 2. He recalls Dr. Bouwman saying that he hoped the work would earn him tenure. Being true researchers, they decided to continue their research at the year-end surgical party where they were planning on drawing blood for amylase 1 and amylase 2 before and after the event. Pete doesn't recall if any science was gleaned from this exciting experiment but he does remember that the two individuals with the highest amylase were Dr. Dillar and our esteemed chairman, Dr. Alexander Walt. While rotating on the Green Service, Pete had a lesson in experience. While draining a big abscess from the arm of a drug user, he noticed that Dr. Ledgerwood stood back from the table while Pete remained close to where he was working. The results was that the pus, when drained under pressure, exploded onto the operating lights and covered Pete's face, moving onto his forehead, hair, and eyes. He could see the grin behind the mask on Dr. Ledgerwood. His meal that evening tasted like pus. Dr. Meade loved the way that Dr. Doug Clink (WSU/GS 1978/83) taught. After Pete had placed a central line, an x-ray was obtained in order to check the position. Dr. Clink simply put the x-ray up on the view box and said to Dr. Meade, "Remember that central line you put in?" The catheter had passed up into the internal jugular toward the brain. He has tried to emulate Dr. Clink's teaching technique ever since. Dr. Meade claims that Dr. Clink did not teach his children the same degree of patience. When Pete called Dr. Clink at home, his



## Dr. Peter C. Meade, MD

four-year-old answered. He was not amused to hear Dr. Meade's voice and he did not like being interrupted. He said, "Who is this? I'm eating my cheerios!" He then hung up. Pete was fond of Dr. Clink as a teacher and as a human being. Pete recalls when Dr. Clink was considering doing an extra year of a GI fellowship. When this information came to Mrs. Clink, she started to cry. Doug decided it was time to go into practice!

Pete was not very confident about his skills as an emergency surgeon when he first began his rotation at DRH in July. He received a call from the ER nurse who, in a panic-like manner, was saying that we have a gunshot wound. He immediately reported this information to Dr. Clink who, in a very matter-of-fact manner, stated, "Well, where was he shot?" Pete responded, "I don't know...but he's been shot!" Doug calmly reassured him that "Well, why don't you just go down to the emergency room and see the patient because if he is shot in the arm or leg it will probably be an orthopaedic problem and we won't have to worry about it." This was Pete's introduction into the violence of Detroit; he later learned to approach everything in a deliberate and non-panic manner.

Pete recalls he had a tendency to sleep at many of the surgical conferences prior to the institution of the 80-hour workweek. During one of the morbidity/mortality conferences the lights went out, and Pete went out; he was rudely awaked by Dr. Walt's voice, "Dr. Meade, this is one conference that you will NOT sleep through!" Dr. Walt had Dr. Meade sit next to him and with any suggestion of a nod, Pete would receive a stiff elbow in the ribs.

Dr. Meade vividly recalls one of his early cases that helped him mature and become a bit of a philosopher. He states, "It was about midnight when I met her on a stretcher in the emergency department, with a bullet hole in her abdomen just below the right ribs. The hole was surrounded by a powder burn. Probably the gun had gone off with the barrel flush against her skin. She was pale, her extremities were cool, and her skin was wet with perspiration. Her blood pressure was low, her heart rate was rapid, and her pulse was weak: **not good!!** There was no time to waste! "Get those lines in and some blood from the blood bank! Get a consent, and let's get into the operating room! NOW!!" The nurses learned from the patient's family members that the girl's boyfriend had dumped her so she shot herself. It was a very bad decision and very bad logic. None of us are logical all the time, but there was no taking back that bullet!

When we got into the operating room and made the incision, the abdomen was full of blood. Full! "My God! What's been hit? Aorta? Vena Cava?" Then her blood pressure disappeared. We put packs in all quadrants. We waited for what seemed to be forever for anesthesia to catch up. It is very hard for a surgeon to wait in this situation, but to go headlong into a bleeding area when the patient has no blood pressure is deadly. So, we waited. More blood came in from the blood bank. The blood warming machines were working. They called the Red Cross to get the cell saver/auto-transfuser.

Continued page 4



## Dr. Peter C. Meade, MD

We considered damage control and just packing and getting out to come back later. But we couldn't because there was too much bleeding. We got the signal from anesthesia that they had a blood pressure. Then we dove in again, removing the packs one quadrant at a time. More bleeding; it was more than torrential. It was horrible. Finally, Pete got clamps on the two ends of the vena cava, which had been blown apart with that being at such close range. But she went into cardiac arrest. We gave fluids, blood, and drugs. Nothing worked. It was too late. She died.

People get amazingly cold when they die on the table. The cold penetrated Pete's gloves, his hands, his heart, and his mind. "I felt defeated. No one was saved tonight. No heroes or heroines that night, just lots of blood on the floor, on our gowns, and on our shoes. The operating room looked like a battlefield, which it truly was. Lots of heads were shaking. I searched for ways to blame myself. *What did I forget to do? Where could I have done better? Could someone else have done better?*"

One more trial. The nurses told Pete there was family downstairs. "I headed down the stairway and down those deserted 4 a.m. hallways. Her boyfriend and sister were waiting for me in that small triage room outside the emergency department. The examining table took up most of the room and the two of them sat on those two cold metal chairs. There was no place for me to sit, so I swung my left leg up on the examining table. They looked up at me expectantly. I studied the boyfriend. I wondered just what it was that he said to the girl before she aimed the gun at herself. It wasn't my place to ask him. I told the story. I thought, *How much detail should I tell them?* Then, in the middle of my talking, the boyfriend interrupted me. "She'll be okay, right?" Well, it's now time for me to tell him those words that he'll never forget. He's as ready as he'll ever be. *No. She won't be alright. I am sorry to tell you that she had died.* They're shocked. He asked me again, and I tell him again. Together, both the boyfriend and sister start to cry and they hug each other. Together they slide off their chairs and crumple to the floor. One of the nurses comes to help. I stand there for a while, ineffective and helpless. I had my chance to save her and I couldn't do it. I could hear their wailing echoing off the walls of the empty hallways as I left."

"Those echoes stayed with me. I didn't sleep. There was too much to do anyway. When patients die, I search for reasons. And, if I find any remote way that I can blame myself, then it is very hard. So I did blame myself. There was no escape from this. I was in trouble and I needed to talk with someone who understood. Later that morning, I found my gray-haired mentor in his office. He's a world famous physician, surgeon, and researcher. I told him what happened. I poured out my despair, my frustration, and my self-doubts. This gray-haired Solomon was Dr. William Shoemaker, a world famous critical care surgeon."

"He listened patiently, saying nothing. He's been through all of this before himself and he's heard





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many young surgeons like me in these situations. I was really rough on myself. I questioned my own skills. I even told him that if the famous Drs. Mattox, Lucas, Feliciano, Moore, McSwain, or Ivatury had been there, things probably would have been different. Finally, I stopped.”

And then he started. He asked quiet questions, but he asked them rapidly.

**Were you the trauma surgeon on call that night?**

Yes

**Wat time did the girl come to the hospital?**

2 a.m.

**How long did it take you to get her to the operating room?**

Minutes

**Did you alert the Red Cross and get the cell-saver working?**

Yes

**Did you have your team organized and working together in the operating room?**

Yes

**Did you do your best?**

*Oh my God, yes! God, did I try!*

**And just where were those world famous trauma surgeons, the doctors you think might have done better than you, at the time you were operating?**

This seemed like a strange question. What did he mean, “Where were they?” But I answered anyway. *Well, Dr. Mattox was in Houston; Dr. Lucas was in Detroit; Dr. Feliciano was in Atlanta; Dr. Moore was in Denver; Dr. McSwain was in New Orleans, and Dr. Ivatury was in Richmond.*

**No, I don’t care what cities they were in. Just tell me exactly where they all were at 2 a.m. when you were trying to save the girl’s life?**

*Well, I guess that they all were probably at home, in bed, sleeping.*

**My point exactly. You were there and they were not. Despite what you may think of yourself and your skills, you do have the training and the experience, and you are board certified and this was a very difficult case. And, while everyone else was sleeping, you were there for this woman. And no one else was. That makes YOU the best**



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**doctor in the whole world for that girl. YOU. Not them. You were there and you did your best. And no one else can do more than that. Now, I am sure that someone else needs you right now. So please learn what you can from this, but don't let it stop you from doing your best for your next patient."**

While on the faculty at MLK, Pete had a completely different maturing experience. Each summer there were open water swim races and Pete was an avid swimmer. When he finished the annual two-mile swim called "The Pier-to-Pier" with 600 other swimmers, he was socializing with his fellow swimmers when he developed an ache in the left chest, started sweating profusely,, and laid down under the massive pier. Fortunately, his colleagues recognized how bad he looked, took him to the readily available ambulance for the event, and delivered him to the local hospital. He recalls the irritation of the paramedics when he told them that the oxygen that they were giving him was not helping. By this time his chest was hurting. Upon arrival to the hospital, he had an emergency cardiac cath and angioplasty of his LAD. This took a grand total of 90 minutes, after which he recovered fully and has never had any cardiac problem since. He thanks God for his good luck.

Following the closure of MLK, Pete made his way down to New Orleans, Louisiana where he continued to be a trauma surgeon and critical care surgeon at the Tulane Hospital. Besides being very busy with trauma and critical care, he has continued his active involvement with teaching. While at MLK, Pete received seven student teaching awards and six "Outstanding Attending" resident awards. Since being at Tulane, Pete has received three awards because of his contributions to student education.

As he reaches retirement, Peter plans to be working with Samaritan's Purse and become a faculty member with the Pan American Academy of Christian Surgeons (PAACS). PAACS provides USA model training programs in Africa for Africans. Many medical missionary superstars are living and working within PAACS. If the Virus does not interfere with his plans, he will be at three teaching hospitals in Kenya from March through May and then he will go to the Kudjip Nazarene Hospital in Papua, New Guinea for six months. Over the last 32 years, Peter has been fortunate enough to serve in 18 countries with 12 different missionary organizations. He had done this during his vacation time but now want to make this his full-time retirement career.





## Dr. Melvyn Westreich

Dr. Melvyn Westreich (WSU/GS/PS 1970/75/77) was born in the Royal Palace at Hampton Court, England, when it was still a maternity hospital at the end of World War II. Shortly thereafter, his parents moved to New York City where he grew up and attend Yeshiva University. Following his premedical studies, he went to medical school and did his consecutive residencies at Wayne State University. After completion of his plastic surgery residency, he and his family moved to Israel, where he became a very busy surgeon and a very productive contributor to the academic program.

Mel served as the Chairman of the Department of Plastic Surgery at the Assaf Harofeh Medical Center at Tel Aviv University, Sackler School of Medicine. He also served as the President of the Israel Association of Plastic Surgery and Chairman of the Board of Plastic Surgery of Israel. Mel has always had many extracurricular activities including traveling, photography, and gardening; he has a mishegoss (craziness) about Japanese Gardens. Mel and his family currently reside on the Kibbutz Yavne in Israel. His wife, Ada, put up with his many different interests and activities.

Mel has retired from his very busy surgical practice and has moved into a different creative part of his new career as an author. He wrote his first novel, *Murder in the Kollel: A Lincoln/Lachler Mystery*, and when he wrote this novel he promised Ada that another book would be coming out shortly. That book is now here and is titled *The Kosher Butcher*. This book begins with the abduction and murder of a rabbi who is loved by everybody. The murder is carried out in such a manner that the local police believe that there is no murder, but that this is somebody who is walking away from life, since no body is discovered. The chief rabbi in Southeast Michigan does not believe this rabbi would just leave his wife and friends and has requested one of his students, Mr. Shimon (Sy) Lincoln to look into this unexpected disappearance.

Sy Lincoln is a former Detroit police officer who later became employed as a private detective. After being involved as the investigator who solved the murder in Dr. Westreich's prior novel, he became a student of the Chief Rabbi at the local Yeshiva. During this time he has



## Dr. Melvyn Westreich, cont..

met the young lady who was to become his bride, Dafna Lachler, who is a well-known computer genius whose services had been requested by the local, state, and federal law enforcement agencies, the latter being the FBI. After many anecdotes, Sy and Dafna are back in the detective business. As the story progresses, they have many interchanges with the police departments from Southfield, Detroit, the State of Michigan, and the FBI. Although the chief rabbi, Sy, and Dafna do not believe that the murdered Rabbi just walked away from his family. The story unfolds slowly to reveal to the reader that this is a serial killer on the loose who appears to be a racist since his subsequent victims include a Latino, a Muslim, and another minority victim. Using hard, plain, old-fashioned detective work by Sy and the complicated computer work by Dafna, they are finally able to narrow down the suspects to less than 1000. By continued hard computer work, they are able to pinpoint the perpetrator to a single farmhouse in Southeast Michigan. As usual, Dr. Westreich provides many additional entertaining aspects of the story prior to the apprehension of this individual. The novel includes many Yiddish words and there is a glossary at the end of the novel defining these words for those unfamiliar with Yiddish. The novel reads quite easily, is full of humor, and reflects the actual knowledge that Dr. Westreich has for legal proceedings, law enforcement activities, and forensic pathology. You will enjoy this second novel; he promises that there will be another mystery novel within the next two years. Dr. Westreich's novel, *The Kosher Butcher*, is now available on Amazon.



The Westreich Clan: Center sitting, Mel and his bride, Ada (wearing hat), their six children with their spouses, and their 16 grandchildren!





January 2021



## REPORTS FROM THE OUTFIELD

Dr. James Babel emailed the following note to the editor regarding the report on Dr. Daniel Reddy in the December 2020 Monthly Email Report.

Good Morning Dr. Lucas,

I enjoyed the article on Dr. Dan Reddy in this month's WSSS newsletter. I was lucky enough to have him as the chief resident on the surgical service when I was doing my third year rotation at Detroit General Hospital. I registered for a vascular surgery elective my senior year when I heard he was the fellow working with Dr. Berguer.

He was very influential in teaching me the methods of presenting a case during rounds and teaching me when to keep my mouth shut when the questions were over my head.

I hope you are staying safe and sane during Covid.

Jim Babel

### Greetings from the Smiths!

This has truly been a year that has shown us what we are most grateful for in our lives. We appreciate our families, friends, and communities that have helped us through the year.

Julia is a senior at Loyola in Chicago and will graduate this spring. She worked in a nursing home this past year which gave her invaluable experiences.

Christina works as a nurse in Fridley, and also part time as a forensic nurse for other hospitals in the Twin Cities. She and Steve continue to reside in an apartment in St. Paul.

Scott and Jenna remain in Ft. Lewis in Tacoma, Washington. Scott as an Army Ranger and Jenna working as a nurse in the cardiac ICU. Scott is coming home for Christmas this year!

Steven has a new job as a Sales Operations Analyst at Resideo. They sell products for home comfort, security, and energy efficiency for Honeywell. He also works part time at UPS at the MSP airport.

Mark and Anna were blessed (as we all were) in August with a second son, Noah Bladley! Noah and Liam will be little buddies as they grow up.

Anna continues to work in Urgent Care in Stillwater, MN. Mark will finish his fifth year as a surgery resident at Hennepin County Medical Center and has been busy with trauma. They will be moving to San Antonio next year as Mark begins a one year fellowship in Minimally Invasive/Bariatric Surgery.

Norita continues to work at Sanford Hospital in Bemidji. She enjoys her coworkers and her job. Dan continues his surgical practice. He tries to sneak in muskie fishing trips whenever possible. With the Canadian border closed this year, he and Christina explored Chautauqua Lake in western upstate NY. They did manage to land a few nice fish during that trip.

Wishing you and your loved ones a very blessed holiday season, was well as health and happiness in 2021!



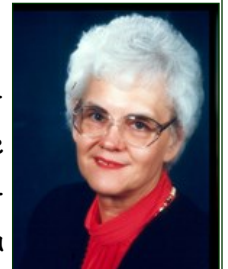


## "EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

**Anna M. Ledgerwood, MD**

Chief Resident — Sukumaran      March 1970

Dr. Walt, "It has become a custom for other hospital to operate on patients and transfer them immediately to DGH. For instance, Henry Ford Hospital transferred a police prisoner one day following exp lap. In the first place, his wounds did not require an exploration. Wayne County General Hospital transferred a prisoner four days following a bowel resection. The information which accompanied these patients is far from being adequate and our hospital has become a dumping place for other institutions. I was informed that I should bring to your notice, hence this complaint."



Dr. Anna Ledgerwood

03/15/1970—Staff: Dr. JC Rosenberg

1. AS—Stab L neck—hematoma sternocleidomastoid muscle—neck exploration
2. JR—GSW Chest & Abdomen x3 GSW Rt arm—brought to ER in state of shock—Exploration—tangential hole—2 cm—posterior surface Rt Ventricle—massive bleeding. Through-and-through perforation Rt diaphragm—hole through Rt lower lobe lung with hemothorax Rt chest, through-and-through perforation left lobe liver and fundus of the stomach with massive spillage in the abdomen, two holes in ascending colon, hematoma Rt kidney. Repair of holes in heart, diaphragm, stomach, colon through thoraco-abdominal approach, drainage, tracheostomy—pt in ICU

03/16/1970—Staff: Dr. A Arbulu

1. DW—Upper GI bleed due to stress ulceration post automobile accident/face trauma—vagotomy & 70% gastrectomy with BII

03/17/1970—Staff: Dr. Ellias

1. MP—8 yr old boy was ran over by a truck—brought to ER in state of shock with lacerated face and scalp, Fx pelvis, tibia and fibula Lt. leg, lacerated perineum, transected bulbous urethra and perivesicular haematoma—had urethral injury repaired, suprapubic cystostomy, perineum repaired. Also had repair of anal sphincter, presacral space drained, abdomen explored & sigmoid colostomy done and cast to leg applied after femoral arteriogram

Continued page 12



## DOWN MEMORY LANE

### Anna M. Ledgerwood, MD

2. HB — Shotgun blast to Rt thigh and lower abdomen. Exp abdomen and wide debridement of wound—no abdominal injury
3. IH—Peritonitis—aetiology perforated viscus—peritonitis from PID—exploration

03/18/1970—Staff—Dr. Eisenstein

1. JL—Press injury Lt hand. Debridement, closure of amputated stump of index finger

03/18/1970- Staff—Dr. Silbergleit

1. CG—GSW scrotum and abdomen—multiple small bowel perforations and retroperitoneal haematoma—bowel resection, end-to-end anastomosis, scrotal exploration.
2. JB—GSW chest and abdomen—Rt haemopneumothorax, perforation of Rt and Lt lobes of liver and rent in the right leaf of diaphragm. Closure of diaphragm and drainage supra and subhepatic spaces
3. DF—Stab Lt flank—laceration of spleen—splenectomy
4. CP—Incarcerated Lt inguinal hernia—reduction and repair
5. CL—Stab abdominal—peritoneal perforation but no visceral injury—exploration abdomen

03/20/1970—Staff—Dr. IK Rosenberg

1. CA—Stab abdomen—perforation jejunum and colon—closure and drainage
2. CJ—Shotgun wound Rt and Lt lower extremities—complete avulsion of arteries, veins, nerve and soft tissue Rt lower extremity at the inguinal area—did open AK amputation and debridement LT lower extremity

03/21/1970—Staff—Dr. C Lucas

1. WS—GSW Lt chest and lung—Lt lower lobectomy, repair of laceration and ligation of intercostal vessels.
2. TD—Acute appendicitis—appendectomy
3. LC—SGW of Rt lower chest—Exp lap, partial hepatectomy Rt lobe liver, cholecystostomy, closure wound, tracheostomy



**WSU MONTLY CONFERENCES  
2021**

**Death & Complications Conference**  
Every Wednesday from 7-8



**Didactic Lectures — 8 am**  
**Kresge Auditorium**

***The weblink for the New WebEx Room:***  
**<https://davidedelman.my.webex.com/meet/dedelman>**

**Wednesday, January 6**

Death & Complications Conference

**“Thoracic Review for ABSITE”**

**David Sternberg, MD**

Wayne State University Michael & Marian Ilitch Department of Surgery

**Wednesday, January 13**

Death & Complications Conference

**“ABSITE Review”**

**John Webber, MD**

Wayne State University Michael & Marian Ilitch Department of Surgery

**Wednesday, January 20**

Death & Complications Conference

**James Tyburski, MD**

Wayne State University Michael & Marian Ilitch Department of Surgery

**Wednesday, January 27**

Death & Complications Conference

**“ABSITE Review”**

**Gamal Mostafa, MD**

Wayne State University Michael & Marian Ilitch Department of Surgery





Wayne State Surgical Society  
2021 Dues Notice

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Service Description	Amount
2021 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.

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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](mailto: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](mailto: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. Aletta (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*

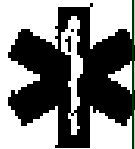
Ahn, Dean	Bouwman, David	Fromm, David G	Johnson, Pamela D.	Narkiewicz, Lawrence	Smith, Daniel	Williams, Mallory
Albaran, Renato G	Bradley, Jennifer	Galpin, Peter A.	Kovalik, Simon G.	Nicholas, Jeffrey M.	Smith, Randall W.	Wilson, Robert F.
Allaben, Robert D. (Deceased)	Cirocco, William C.	Gayer, Christopher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

*Members of the Wayne State Surgical Society—2021 Dues*

Alpendre, Cristiano V.	Edwards, Ryan	Kosir, Mary Ann	Paley, Daniel S.	Ziegler, Daniel W.
Asfaw, Ingida	Fernandez-Gerena, Jose	Larson, Sarah	Phillips, Linda G.	Zoellner, Steven M.
Bambach, Gregory A.	Gallick, Harold	Liebold, Walt	Schwarz, Karl W.	
Baylor, Alfred	Goltz, Christopher J.	Lopez, Peter	Shaheen, Kenneth W.	
Carlin, Arthur	Hilu, John	Malian, Michael S.	Siegel, Thomas S.	
Dawson, Konrad L.	Jeffries, Christopher	McGee, Jessica D.	Taylor, Michael G.	
Dente, Christopher	Joseph, Anthony	Meade, Peter C.	Thomas, Gregory A.	
Dolman, Heather	Kaderabek, Douglas J.	Mueller, Michael J.	Thoms, Norman W.	
Dulchavsky, Scott A.	Klein, Michael D.	Noorily, Michael	Vasquez, Julio	



*Operation-A-Year  
January 1—December 31, 2021*



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.	Crocco, William C.	Gallick, Harold	Huebel, Hubert C.	Lopez, Peter	Perrone, Erin	Sullivan, Daniel M.
Anslow, Richard D.	Conway, W. Charles	Gayer, Christopher P.	Johnson, Jeffrey R.	Malian, Michael	Porter, Donald	Whittle, Thomas J.
Antoniolli, Anita L.	Davidson, Scott	Gutowski, Tomasz D.	Johnson, Pamela D.	McIntosh, Bruce	Siegel, Thomas S.	Williams, Mallory
Anthony, Joseph	Dujon, Jay	Herman, Mark A.	Joseph, Anthony	Missavage, Anne	Silbergleit, Allen	Wood, Michael H.
Bambach, Gregory A.	Edelman, David A.	Hinshaw, Keith A.	Ledgerwood Anna M.	Nicholas, Jeffrey	Smith, Randall W.	
Bradley, Jennifer	Francis, Wesley	Holmes, Robert J.	Lim, John J.	Novakovic, Rachel L.	Sugawa, Choichi	

**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](mailto:lrobitai@med.wayne.edu).