

March 2020

## The Development of a Surgeon Part 3



Sunday, March 8<sup>th</sup>

### Inside this issue:

<i>The Development of a Surgeon—Part 3</i>	1-18
<i>Greetings from the Outfield</i>	19
<i>Productivity</i>	20-22
<i>WSU Conferences</i>	23
<i>WSSS Dues</i>	24
<i>WSSS Members</i>	25-26



### 2020 WSSS OFFICERS

**President:**

Jeffrey Johnson (WSUGS 1984)

**Vice-President:**

Scott Davidson (WSU/GS 1990/96)

**Secretary-Treasurer:**

Pamela Johnson (WSU/GS 1984/89)

**Members-at-Large:**

Larry Narkiewicz (WSU/GS 2004/09)

Bruce McIntosh (WSU/GS 1989/94)

Jay Dujon (WSUGS 2011)

**Resident Member:**

Anastasia Stevens-Chase (WSUGS 2020)

Dr. Waldo Lorain Cain was a long-term private practicing surgeon in southeast Michigan and in the Detroit Medical Center. Throughout the years, he was a tremendous help in the technical and cognitive training of surgical residents. Each year, the residents would choose their favorite private practicing teacher-surgeon, who would receive a special plaque. This award was won by Dr. Waldo Cain so many times that the plaque is now described as the “Cain Award”.



Recently, Dr. Joseph Sferra (WSUGS 1991) uncovered some information regarding a University of Michigan Medical School project entitled “Documenting the Health Care Experience of African Americans in Southeast Michigan, 1940-1969.” A wise man once said that “Knowing where you’ve been helps determine where you are going.” The following is a continuation of excerpts from that interview.

Dr. Cain talked about his experiences at Northwestern High School.

*Miss Tourney was my most influential teacher in high school. Mabel Tourney. I remember, when I first went to Northwestern, they talked about learning tracks. Again, I was taking French, but I didn’t know until, I guess maybe half the semester was over, they had two tracks. When I signed up for French, they put me in the slow class, and I didn’t know. It was just a French class to me. I thought it was awfully easy and I told my sister, I said, “Boy, that’s an awful easy class I got in French over here. I know all that stuff they’re trying to teach.” She came over and found out that they had a slow track and a fast track, and she saw to it that I got put in the fast track at Northwestern. I’d never heard of that sort of stuff.*

Continue page 2



## **The Development of a Surgeon**

### **Part 3, cont...**

*I've heard of it since then. I'm sure they have it in schools right now. They have classes for kids who don't learn very fast and classes for kids who learn at the regular rate.*

Was there a reason why they put you in the slow track?

*Because I was black, I was a little colored kid. I said the school was predominately, was a high percentage of Jews and I don't know what percentage of Gentiles, but the black kids were only about 10% of Northwestern High then. But, of the black kids who were taking French, most of them were in that slow track class.*

So, after you graduated from high school, what was your next move?

*I went to Wayne (State University). In my high school yearbook, when they put under your name what activities you're in and where you're going to go to college, because a lot of my family had gone to Talladega (College), I put in the yearbook that I was going to go to Talladega. But, I didn't have any money to go to Talladega because you've got to go down to Alabama, and you've got to pay room and board and tuition. So I went to Wayne. I could get on a streetcar and go to Wayne and stay at home. I think I went to Wayne for \$50 a semester. The Federal Government had a program called the National Youth Act (NYA), and I got an NYA job, and the NYA job paid my tuition. I didn't have any money, so I went to Wayne. At that time, they had an entrance exam, but if you had a B average, you didn't have to take the entrance exam. All my associates in high school at the time went to Wayne. I think we only had one guy who had to take the entrance exam, but everybody went.*

*I know all the same guys now. Some of them are dead. But there were two classes, I shouldn't say classes, two groups of people that I knew when I was in high school. The group that were my friends, that I ran around with, were people who primarily were pretty good students and who were ambitious and were going to go somewhere. Another group of guys that I knew and I associated with was primarily because I could play pool. I was a good pool player, so I knew all the thugs because I used to hang out in the pool hall. Up on Oakland Avenue, next to the Echo Theater, was a pool hall.*

*In those days, each side of town had a gang. They had a west-side gang, an east-side*

Continue page 3



## The Development of a Surgeon

### Part 3, cont...

gang, and a north-end gang. I guess it's just like they have the street gangs out on the street now. The north-end gang were some bad guys. They were bad dudes. If you were having a house party, this gang would just come to your house. But, after I started playing pool with these guys.....I got to know all these guys, all the thugs, because, if I say so myself, I was very good. In those days, they had pool hustlers. Have you ever seen the movie with Minnesota Fats? They had pool hustlers, and these guys would just go up and down Oakland Avenue playing pool. The guy who owned the pool hall, or ran the pool hall, whether he owned it or not, I was his man. When hustlers came to his pool hall, he'd say, "I bet you can't beat this school boy over here." Didn't cost but a nickel a game to play pool. I won a heck of a lot more than I lost, so I got to be sort of a legend. I was 16 years old, and I got to be sort of a legendary figure in the pool hall. But most of the kids who were there had to go report to somebody downtown in police headquarters. They had a little card that had to be punched.

Was this probation?

I guess....I don't know. Anyway, they were just some bad guys who had been in trouble with the law. I remember when I went to the bathroom once and I saw a guy in there smoking. He had a little cigarette, and he was sucking. I didn't know what the hell he was doing. I'd never seen anybody do that. So, I came back out and I said, "What's that guy (doing)...he's got a little bitty ol' cigarette and he's draggin on it, pullin on it." The favorite expression in those days was "dad". The guy answered, "Oh, dad, he's blowing his gauge." I said, "What do you mean, blowing his gauge?" Well, that's what they called marijuana in those days. The guy was smoking marijuana. I didn't know what he was doing. I'm just a little clean living, innocent boy. But those guys smoked that marijuana. They didn't do anything. They would steal. I'll give you another incident.

The normal guys that I associated with would..... one guy named Walter Fisher went to a movie one Saturday in the wintertime, and somebody stole his overcoat. Well, I knew these guys, they're into it and they got the leader of the gang, whose name was Buttermilk. I played pool with Buttermilk, and I told Buttermilk that somebody stole my

Continue page 4



## The Development of a Surgeon Part 3, cont...

*man's overcoat last Saturday night up at the Echo. He said, "Oh, dad, that was your man?" I said, "Yeah." He said, "I'll get it back for you. Come up tomorrow. I'll bring the coat back." The next day, he brought the overcoat back because of one his thugs had stolen the overcoat. He brought it back. But I'm sure most of those guys are dead. I hear Buttermilk was in jail. I guess 30 years ago he was up in Jackson (prison). But they were some bad guys.*

What neighborhood did you grow up in?

*Well, it didn't have a name. I grew up on the north end. I lived on King between Woodward and John R, which was what the guys used to say in those days, was the "elite neighborhood." It was a very nice neighborhood. But see, all my sisters and brothers who were working bought the house. My parents were still in Alabama.*

Was it an integrated neighborhood, or segregated.....?

*There were a few white families in that neighborhood but it was primarily black. I can remember one incident (that occurred) shortly after we first moved into that house at 69 King, right off of Woodward Avenue. I can remember going home one day in the summer from Sidney Barthwell's Drugstore. In those days, I used to have a long chain with my house key on it. I remember walking to my house, let's see, I'm walking west, and walking towards me were two little white women. I don't know, they looked like old ladies to me then. I guess they must have been 40 or 50 years old, or 50 or 60. I started to reach in my pocket to get my house key out because I'm right in front of my house. Those women jumped back and grabbed hold of each other, and I knew they were scared of me. I'm just taking my house key out of my pocket. I went on in the house, and I realized that just the act of putting my hand in my pocket to pull out my key scared the hell out of those women!*

When you were a student at Wayne, what did you study?

*I started out taking education, history, just liberal arts subjects and I gave that up because I decided I didn't want to be a school teacher. See, I started out thinking I was going to be a school teacher. I switched from that, thinking I was going to be a lawyer, taking*

*Continue page 5*





## The Development of a Surgeon

### Part 3, cont...

*pre-law, but I didn't enjoy civics, economics, and government. It used to put me to sleep. Then I started thinking pre-med. A friend of mine suggested that I take pre-med, and when I started in the biological sciences, I enjoyed it. I finally found something that I enjoyed reading and enjoyed studying. It was fascinating to me. Actually, that's how I got into medicine, just on the suggestion of a friend of mine; a buddy who was taking pre-med said, "Why don't you try this? See, you might like this." He dropped out and he never did finish college.*

What year of college were you in when that happened?

*Sophomore.*

What was it that made you decide not to go into education?

*As an education prospect, I was assigned a job. Everybody had to do it. You were supposed to have 90 hours of volunteer leadership, and they assigned me to a school called the Trowbridge School. It was over on Vernor Highway. They gave me the job of teaching safety patrol boys to play basketball and take them to sporting events. I took the safety patrol boys - it was the last time I'd been to a hockey game, when the Red Wings were playing at the Olympia - I took the safety patrol boys to the Olympia to hockey games, and I tried to teach them the rules of basketball. Those little boys wouldn't listen. They'd grab the ball and run with it like it was a football. At that time, I was 17 years old and I wasn't a big kid, I wasn't a big fellow, and those little boys didn't listen to me. They were just almost uncontrollable for me. So, I decided right then that I don't want to be bothered with these damned kids. I'm not going to be a school teacher.*

Well, that was a good experience....

*That turned me off completely. That's why I went from education to pre-law to pre-med. When I got into pre-med, I found something that I liked.*

You graduated from Wayne what year?

*I didn't graduate. I only went three years. I didn't graduate because the war had started.*



## The Development of a Surgeon Part 3, cont...

This was World War II?

*World War II. See, after I found myself in pre-med, I hadn't even planned to go to medical school until after I'd done some graduate work. I had talked to my older sister, and she was advising me. She said, "You ought to go to medical school. You ought to get the bachelor of science degree and then do some graduate work and then go to medical school. Then you'd have a much better chance of making it." Well, the war started, I think on the Monday morning after December 7. I wrote to Meharry (Medical College) for an application to go to medical school. I'm not about to go in this war and get killed. So, I never graduated. I wrote to Meharry (Medical College) for an application and as soon as they sent it, I got it filled out and sent it right on back to them. Otherwise, I would have gone to medical school probably three years later.*

Why Meharry as opposed to....?

*As opposed to Wayne? In those days, Wayne took one black student and two Jews. Now, this was sort of unofficial. Everybody knew it. In order for you to get into the Wayne Medical School you had to have maybe a 3.5 average. I had a 3.0 average. I never applied to Wayne because I knew I wasn't going to get into Wayne. If you were black, you got into Wayne if you had close to a 4.0 average. I think the year that I went to Meharry, Wayne didn't have any black students.*

His was 19...?

*1942. They had no black students. There was one guy that I'd gone to high school with who had gone to Meharry to dental school, and I knew some other people who had gone to Meharry, and they were lauding Meharry saying, "You go to Meharry." I didn't apply to Howard (College of Medicine), I just applied to one place. I guess when I was a sophomore, the dean at Meharry taught bacteriology and I don't know why he happened to tell me, how the subject came up, but the dean told me the main, the biggest reason I got into Meharry was not because of my grades but because I did well on the medical aptitude test. That's another story too. I had a job for my tuition. I was working as a laboratory assistant in inorganic chemistry. Actually, I was doing more cleaning than anything else.*

Continue page 7



## The Development of a Surgeon

### Part 3, cont...

*There was a white guy who was a classmate of mine in high school. He was a Jewish fellow name Seymour Rapp. Seymour also worked in the lab. I had this counselor tell me things that I ought to take, and Seymour came to me one day. He said, "Waldo are you taking the aptitude test?" I said, "What aptitude test?" He said, "Man, you can't get into medical school unless you take the medical aptitude test." My counselor never told me anything about it. I didn't know there was such a thing. I said, "Well, when is it going to be?" He said, "They're going to give it at 1 o'clock." We're talking about this in the morning and it cost \$5. Shoot, I didn't have \$5. I had fifty cents. Seymour loaned me \$5, and I went around to the treasurer's office, paid my \$5 for the aptitude test, and went round to the gym - they had a great big gym with everybody in it - and I sat down and wrote the aptitude test. That's how I got into medical school. If Seymour hadn't mentioned that, I never would have taken the doggone test. If I hadn't taken the test, I wouldn't have gotten into medical school. The odd thing about that, Seymour's a Jew. He applied to Wayne, and he didn't get in until two years later; and Seymour had a damn near 4.0 average. But, they didn't take but two Jews in a year. I see Seymour maybe once every two or three years. He has two sons who went to Wayne. Both of his sons are neurosurgeons and came right through the surgical training program at Wayne.*

So what were your days like at Meharry (Medical College)? What were they like when you first got there and became a student?

*Well, when I first got to Meharry, I was scared. I got to Meharry in the first part of September and everybody's scared, of course. The war's going on, and you're scared you're going to flunk. Meharry didn't have any sort of dormitory facilities. You just did the best you could to find a place to live. The fellow that I told you about that was in dental school had been at Meharry a year, the guy I was in high school with. He had arranged for rooms for us. It wasn't a rooming house. It was a man and a woman who had a house, and they had two rooms upstairs. Their kids were grown and gone away, and they rented the rooms. So we lived in the rooming house. I think it was from the beginning of the school year until around Thanksgiving that I decided I wasn't going to flunk. By that time, I had decided, "I can make it through this medical school. I can learn this stuff." I was getting good grades.*

Continue page 8



## The Development of a Surgeon

### Part 3, cont...

*I didn't do anything but go to school, read, and go to school. That's all I did.*

*My roommate, the fellow I told you to call, (Hayward) Maben, the cardiac surgeon, was my roommate. We had a routine, because you had to be in school at 8 o'clock in the morning, which meant you got up at six, went to breakfast—where we lived, the lady didn't have any place to eat—we got up and we ate at Ann's Team Room. It's just a restaurant. We got out of school at 5 o'clock, went to Ann's and ate dinner, and then we'd go home and get into bed. Harry James used to come on at 6 o'clock, and we'd get in bed and listen to Harry James and go to sleep and get up at 8 p.m. We studied from 8 p.m. until midnight. No matter what, we studied. From 8 p.m. until midnight both of us would sit there together, and at midnight we'd get in the bed. That's all we did. Every single day. I'd say by Thanksgiving, we knew that, hell, we could learn this stuff. We're not going to flunk out, so we can get a date now and go out and party some. But that's all those first few days were, just study, study, study, study, study.*

So tell us a little bit about how you met your wife.

*Yes, anatomy. I met my wife (Natalia Tanner, MD) in anatomy class. At least I should say I recognized her presence. I recognized her presence; we were taking anatomy. When I recognized her as an entity, she was crying. She wanted to go home to her daddy because she thought she was flunking out of medical school. It was too hard, and she wanted to borrow some money for train fare to Chicago. I wasn't about to let her have any money to go home. I don't remember what our exchange of words were at that time, but that's the first time I really recognized that we had four women in our class. I hadn't recognized any of the women as just being, you know, individuals. I just knew that we had some women in the class. But she was crying because she wanted to go home to her daddy because she thought she was going to flunk out. She couldn't learn this stuff, and she couldn't borrow money from anybody. Nobody would give her a quarter! So she couldn't go. Maben and I used to study so hard. We studied so hard together. I remember we had practical exams in anatomy and they got the cadaver on the table, and the professors would come around with a little pointer, actually, a little instrument about that long, that's just a needle on the end.*

Continue page 9





## The Development of a Surgeon

### Part 3, cont...

A little bit longer than a pencil?

*Yes, with metal on the end. See, at the end of the year, you've been through this whole cadaver, and he'd walk around and he'd take this thing and throw it like an ice pick. Throw it in the cadaver and let it stick. Then he said, "Talk about it." Wherever that needle went in, he'd turn to you, whoever he was doing the examination of, and all he'd say was "Talk about it." That meant that you had to know what the organ was, what its blood supply was, what its function was, what its nerve supply was, if it was an organ, if it was a muscle. You've got to have origin, the insertion, blood supply, nerve supply, and function. Now, if you don't know that you flunked, or if you missed that particular question. I remember we were having an exam, and this guy, this instructor, didn't ask, didn't throw the point or anything, but he asked Maben - because we figured we knew everything - he asked Maben, he said, "Mr. Maben, name the branches of the descending thoracic aorta." Maben thought about it. He thought about it, I guess, about 10 seconds and he said, "It doesn't have any branches." The instructor started laughing because we had gone through everything he'd asked us and just knocked them, just knocked them out. Then Maben said, "It doesn't have any branches." He started laughing. After he stopped laughing he said, "Maben, how can you tell me that the descending thoracic aorta doesn't have any branches?" Maben said, "Well, Dr. Crump, I'll tell you. I don't know the branches of the descending thoracic aorta, and I figured I'd know everything that's in the chest and that if I don't know that, then it must not exist." We, he just, we just didn't know that part. That was funny.*

Very good!

*But we knew we had passed it, flat. That was about the last thing the man asked. He walked away from our table after that, but we knew we had passed that exam with flying colors because we studied hard. It just really proved that you've got to study hard.*

When did you decide that you wanted to choose our specialty and why?

*Oh gee. When I was, I think, a third-year student. I found, first let me say that all of medicine was fascinating and was interesting to me. I was fascinated by all of it. But, when I was a third-year student, I thought that psychiatry was the most fascinating subject*

Continue page 10



## The Development of a Surgeon

### Part 3, cont...

*I'd ever read, when I started reading about all the things that happens to people's minds. I remember reading about obsessive compulsions and some people who were obsessed and walked down the street and they had to count every crack in the sidewalk, they just must count them. Or somebody that must wash their hands all day long. I knew I was just fascinated by this subject. So when I was a third-year student, I decided that I was going to go into psychiatry. I felt that way until I got to be an intern. When I got to be an intern is when I started thinking about not going into psychiatry. In those days, everybody did a rotating internship. You didn't come right out and do a specialty internship the way we do now, and it wasn't fashionable for black people to go see psychiatrists in those days. We had a psychiatrist at Meharry, one at Howard, one in Chicago, and one, I think, in New York. Anyways, I knew the psychiatrists that I'd met and I'd talked to, and they could barely make a living. I decided right there, no, I don't want to go into this field. I can't make a living. When I started my internship - in the rotating internship you go through every discipline, every major discipline in medicine - so during my rotation I found that the thing I was most interested in was the surgical specialties. I really wanted to go into gynecology, but I didn't want to go into OB. In most places, obstetrics and gynecology go hand in hand; you take one, you've got to take the other. I wound up staying at Meharry. That's part of the reason I decided I wanted to go into surgery, because gynecology was part of the surgical service. I didn't have to take obstetrics, and the man who was chief of surgery was legendary, so I decided I would stay with him, become a general surgeon.*

What was his name?

*Matthew Walker. He was one of the smartest people I've ever met in my life. Dr. Matthew Walker could speed read and in those days I don't think he knew what speed reading was himself. I'd never heard of it. But, I remember once when I was, I guess I was about a second year resident, I went into his office and he was sitting and reading. He was sitting with a book and he was turning pages very fast.*

He was turning pages, just moving?

*He was reading. He was moving pages. I said, "Dr. Walker, you're reading that?"*



## The Development of a Surgeon

### Part 3, cont...

*He said, "Yes." He was the kind of fellow who believed that, how should I put it, that you learn something from everybody and he didn't care who challenged him. I just told him, I don't believe you're reading that.*

*Anyway, he was reading a surgical journal.*

*Moving pages fairly quickly?*

*Yes, you know, maybe three times as fast as anybody I'd ever seen. I just told him, "I don't believe you're reading that." He handed the journal to me and he said, "Well, ask me what it says back there on..." I said, "No, this is surgery. I know you know this. If I ask you, you're going to know it anyways." So I just picked up a book over there and said, "Now, here. Read this for me." I've forgotten what the book was about. He read it, turned those pages at the same speed and handed it back to me. I said, "Now, tell me what it says on this page." Damn if he couldn't tell me. He couldn't tell me word for word, but he could tell me the meat of the meaning of what was on the page. That's the first time I'd ever seen anybody read like that.*

*Did you have a close relationship with all your professors like that?*

*Yes. Not as an undergraduate. After I graduated, I did. I had a fairly close relationship with most of my professors as an undergraduate but after I graduated, I had a closer relationship with the entire faculty. Matthew Walker's philosophy was that one of the best ways to learn is to have to teach. So, everybody who came through Matthew Walker's surgical training program had to teach. From day one, you were an instructor in something, which meant that really, I went to medical school twice. I had to be an instructor in everything. I was an instructor in everything in medical school except biochemistry and bacteriology because there was just not enough time. But with physiology and anatomy and pathology and all those things, Matthew put you back in there as an instructor. In addition to your clinical, in addition to your ward duties, you were an instructor in his class in the morning, which meant that you had to go and prepare and you had to read, read, read. He knew that, because if you're trying to teach freshman students physiology, if you don't know the physiology backwards, forwards, and up and down, the students will embarrass you.*

Continue page 12



## The Development of a Surgeon Part 3, cont...

*They will surely embarrass you.*

What year did you graduate from medical school?

1945.

Now, were you married...?

No. No, I got married the year after I graduated. I got married in 1946.

Were you ever in the military?

*From the sophomore year on, everybody was in the Army. We were in what was called ASTP. Army Specialized Training Program, during World War II, which was, man, was a godsend. Because, see, the summer before I went to Meharry (Medical College), I had two jobs. I worked in the Dodge Truck Plant and I worked in the playground to get some money to pay tuition. In the summer of 1942, or the spring, I worked seven to three in the Dodge Truck Plant out on Mound Road and, in theory, I worked from one to nine on the playground. Well, one of my sisters, who was a physical education teacher, got the job for me on the playground, and it was in the neighborhood where I knew a lot of families. One of my buddies, the guy I was telling you who was in dental school down at Meharry the year before I got there, he had a younger brother. This was out on the north end, out in Highland Park. I used to have him come out and put out the bases, the softball, and the volleyball net and start the kids playing at 1 o'clock. Well, I'm supposed to be on the job at 1 o'clock, and I was still in the factory. So, he'd put out the baseball, the bats, the volleyball nets and everything and get the kids started playing and about the time I'd get off from the Dodge Truck Plant, it was lunch time on the playground. So I would go home and change clothes, go back to the playground and supervise everything until 9 o'clock at night, then I'd close everything up and put the stuff you played with away. So I worked those two jobs all summer, and I didn't spend any money. That's another story. I spent 10 cents every day for a carton of milk, and I used to ride to work with some guys. These guys were all grown men. I was, I guess, 19 years old, and these guys would get paid on Friday and, come Tuesday, they were all broke. They used to hit me, "Hey schoolboy, let me have \$10 until payday." I was loaning all those guys money, but they paid me back.*

Continue page 13





## The Development of a Surgeon Part 3, cont...

*I loaned them all summer long until near the end of the summer. One of the other guys that I wasn't riding with said, "You loan those guys money?" He said, "How much interest do you charge them?" "Interest?" He said, "You loan them \$10 and they don't give you \$15 back?" I said, "No." He said, "You fool. You fool. These guys have been using you all summer long. You're supposed to be making money. You let them have \$10, they're supposed to pay you \$15." Well, I didn't know that until it was too late. But, as I said, at the end of my freshman year, everybody went in the Army. That's when the government started this Army Specialized Training Program. You went in the Army, the Army gave you uniforms, they paid your rent, bought your books, and gave you \$95 a month. Oh, we were rich! Rich! I was living in the fraternity house with the Army paying all the expenses, buying your books, and giving you \$95 a month. Shoot, that's heaven.*

So, you were a member of a fraternity?

*Yes, I'm a Kappa.*

Kappa Alpha Psi, right?

*I lived in the Kappa House, and everybody went in the Army with few exceptions. We had one or two guys who didn't go in the Army, and I can't remember why they never went in the Army. I never knew why they didn't go in the Army.*

So what were the conditions afterwards?

*I went in as a private and before I graduated, everybody got to be a private first class. Then, when you graduated, you'd get a commission as a first lieutenant in the Army reserves, in the Medical Corps Reserves. After about a year, after I graduated, see, nobody wanted to be in the Army, and the Army didn't want all these black officers in the medical corps, and the Army wrote letters to everybody requesting that it would be nice if they resigned their commission and got out of the Army. I resigned too.*

This was after you graduated from Meharry?

*Yes.*

Continue page 14



## The Development of a Surgeon

### Part 3, cont...

But you had started the ASTP program while you were at Wayne?

*No, no, at Meharry. The ASTP program didn't exist until I was a sophomore at Meharry. They asked you to resign your commission. I resigned by return mail because I didn't want anything to do with the Army, and practically everybody did.*

Was the war over at that time?

*No, the war wasn't over.*

So, once you did that, what happened?

*You still owed the Army two years. By this time, I'm in my residency, and I finished my residency and when I came home.....*

You did your residency....?

*At Meharry.*

And you finished your residency what year?

*1951.*

You said you came back to Detroit.

*Yes, the Army decided that they wanted these doctors, and the Korean War started. I was too old for regular draft age, but they're going to draft you anyhow because the draftee is a doctor unless you volunteer. They tell you if you volunteer, you can go in the Army as a captain; don't volunteer, and you're going to go in the Army as a private. So, naturally, you volunteered! I owed the Army two years. So I volunteered and went back in the Army as a captain in the Korean War. Your rank depended entirely on how long you'd been out of medical school. This was the spring of 1953 and I'd been out of medical school six months. I graduated in September so this was April. Anyway, I needed the months between April and September in order to go in the Army as a major, but I went in as a captain and I stayed a captain for two years. In those days, and still now, you don't get promoted unless you are really on active duty or overseas.*

Continue page 15



## The Development of a Surgeon

### Part 3, cont...

Were you ever overseas?

No.

Where were you stationed?

*Missouri. Fort Leonard Wood, Missouri. When I left home, my wife was pregnant with our first child. When I left Detroit, I went down to Fort Sam Houston, Texas, for the Army basic medical training. At the end of your basic training, the guy who was a full colonel came down from Washington, came from someplace, to interview everybody so that the assignments wouldn't be just arbitrary. He interviewed everybody and asked the person where he wanted to go, and it turned out that most people got what they asked for. When he interviewed me, he asked me where did I want to be assigned. I told him that I didn't know anything about the Army but that the only thing I wanted to do is to stay in the United States until my wife had the baby. She was going to have the baby in August. He said, "I see you're from Michigan. The Fifth Army area." I said, "You know, I'd like to go down to Fort Wayne." Fort Wayne is a little post. He looked at my Military Occupation Specialty number, and he said, "We don't need any more surgeons at Fort Custer." So, since I didn't know anything else about the Fifth Army, I was going to go to Fort Leonard Wood, Missouri.*

*I'd never heard tell of Fort Leonard Wood. All I'd heard tell of was Fort Wayne, Fort Custer, and Fort Sheridan in Chicago. He said, "You're going to go to Fort Leonard Wood, Missouri. That's in the foothills of the Ozark Mountains, boy." I had good duty. I had no complaints about the Army. They had 35,000 troops on the base, they had a 600-bed hospital, and it happened that when I got there, most of the general surgeons were getting discharged because the table of organization, I think, called for eight general surgeons. When I got there, only two were left. Anyway, after I'd been there a while and after my wife had the baby, I started to try and get transferred. I started volunteering to go everywhere. I volunteered to go to Tripler, then I volunteered to go to Germany. I volunteered to go everywhere I could think about until, finally, I said, "Well look, I'll go to Korea. Just let me go somewhere." But the colonel told me that, "NI will not approve your transfer until we get somebody with the same Military Occupations Services as yours."*

Continue page 16



## The Development of a Surgeon

### Part 3, cont...

*He told me, "You're the only board certified surgeon I have and I'm not about to give you up until I get somebody who's got their boards." That was it. He wouldn't let me go anywhere.*

*The guy who was chief of the service was a major, but he'd only had three years. He was a major because he'd been to Korea and he'd spent some number, a whole tour in Korea, whatever it was, and he'd gotten promoted from first lieutenant up to a major while he was in Korea. So, he outranked me, and he was chief of the service then, and I was the vice-chief of the service. But he was not board certified. He only had three years of training, so the colonel wouldn't let me go. So I stayed there for two years. I had no complaints about the possible duty on that base though. The guy who was chief was a major. The general's wife got sick. Just to make a long story short, he wanted to transfer the general's wife to Walter Reed Army Hospital. The general's wife was in her 50s. We're dealing mostly with young kids. The other surgeon was a career Army Officer, a manager. He was scared to operate on the general's wife. He wanted to transfer her to Walter Reed. Well, by this time I'd been there for, I don't know, not quite a year, and I was the only black person in the whole hospital. This is just a small town, 35,000 people. Pretty soon everybody knows they've got this black surgeon up there. So the woman, she had two teenage kids, and if you're a general, you live like a prince on the base. She had a big house and two teens. She said, "I don't want to go to Walter Reed." She told the guy who was Secret Services, "How about that colored captain you got up there?" Anyway, I learned all this in retrospect. He just came to me and said, "Waldo, I got a patient up on such and such a floor I want you to go see." So I went up, and there is this middle-aged woman instead, contrast it to a young soldier's wife, and she is surprised when I walked in the room and she was just as nice as she could be. I went over her chart and went over it with her. She said, "Can you do this operation?" I said, "Sure, I can do this operation." She said, "Will you operate on me?" I said, "Sure, I'll do the operation." To make a long story short, I operated on her, and she did well. She would have done well had the other guy operated, I mean, anybody can take a spleen out. All I needed to do was take her spleen out. Anybody could do that but the guy who was a regular Army Officer was just afraid. He was afraid something was going to happen to her and said, "Boy, I can ruin my career."*

Continue page 17





## The Development of a Surgeon

### Part 3, cont...

*So anyway, I took her spleen out, and she did well. After that, I was the general's boy. I could do no harm. An incident happened on the base after that, and this is interesting too. We had a captain who was in the Ordnance Division. I remember his name. He was Arthur Lusak from Hamtramck, Michigan. On the base, we had two officer's clubs. We had a big officer's club for the whole base, but the hospital had a separate officer's club. Most of the officer,s a high percentage of the officers, used to hang out at the hospital officer's club. I'm trying to remember the exact incident now. He was the Ordnance Officer, and we were sitting at the bar. In the Army, everybody would go to the bar. Every night you'd go to the club, and every night you'd go to the bar. So, I was sitting at the bar, and you sit and you're just looking around to see who's there having a drink. I looked up and saw this guy was a captain sitting over there. He looked at me and said, "What are you looking at?" Well, I knew who he was. Everybody called him "Lucy." I said, "I'm looking at you, Lucy." He called me a few choice names. There was a female major nurse sitting at the bar, and she slapped him. He called her a nigger lover and said, "Well, I'll kill the son of a bitch!" That's the way he talked to me.*

Talking about you.

*Talking about me. We were sitting in the officer's club, and the guy who's managing the officer's club yelled for somebody to call the AOD, the Administrative Officer of the Day. It just happened that the Administrative Officer of the Day was a black first lieutenant. When I saw him come in the door, I said, "Now boy, don't you come in here and mess with this. Just leave the guy alone. He's half drunk, he's made, and he's really out of place already. Just leave him alone." So he did. He was a young first lieutenant. He turned around and left. And Lucy left. This was a Saturday night. The next morning my chief, my CO, said Lucy had been arrested and he's confined to quarters. He under house arrest. I said, "House arrest for what?" He said, "He's under house arrest for threatening to kill you." To make a long story short, they court-martialed him and put him out of the Army.*

For threatening to kill you?

*I was the general's boy.*

But you hadn't reported it?

Continue page 18



## The Development of a Surgeon Part 3, cont...

*No, I didn't. I hadn't said anything, to anybody but he was under arrest and confined to quarters, and the next day they court-martialed him. When I went to the court-martialing, when they called me to testify, they got these officers up there, I think there were three or four of them, acting as judges. They asked me if he threatened to kill me? I said, "Yes, he threatened to kill me." They said, "Well, did you believe that he really meant to kill you?" I told them, "No, I didn't believe he really meant to kill me, but that's what he said." Now, I think the guy was just drunk and he really was just spewing off, but it ruined his career. He was a regular Army Ordnance Office from Hamtramck. They put him out. I think that they would not have put him out had I not been the general's boy, if I hadn't operated on the general's wife.*

So, once you finished with your military career, you came back to Detroit?

Yes.

Were you considering opening up a practice or working in one of the hospitals?

*Well, I did. Now, see, I had opened a practice before I went into the Army.*

A private practice?

*A private practice. I'd only been open for less than a year. See, I came home in July, I opened my own office, must have been sometime in, sometime in the fall because we had a building on 12<sup>th</sup> Street that we remodeled for an office. My wife and I shared the office. We lived upstairs over the office. The building had three stories and three apartments. We took one store and remodeled it for an office, and we lived in one apartment and rented the other two apartments out. I'd only been there for a few months before I went into the Army, so we had the practice already started. So, I just came back to my practice. In those days, everybody went into private practice. Nobody had a job doing anything else in those days. Nowadays, kids come out of surgical practice and all they're looking for is a job. See, at that time we had five or six small black hospitals because very few black doctors had privileges to work in the major hospitals.*

Stay tuned. More to come next month!



## GREETINGS FROM THE OUTFIELD

# The Future of American Surgery

Each year Drs. Charles Lucas (WSUGS 1962/67) and Anna Ledgerwood (WSUGS 1972) provide a mentoring session for junior students interested in having a career in surgery. This session is held at Giovanni's Ristorantè, where all participants can enjoy good productive discussion and excellent Italian cuisine. The 20 junior students were able to ask questions of two senior students, two junior residents, and two senior faculty. Many questions regarding applications, career choices, interviews, and subsequent career activities were discussed. Clearly, the excellent future of surgery is assured.





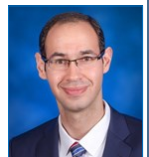
# PRODUCTIVITY



## 16th Annual Academic Surgical Congress

The Association for Academic Surgery and the Society of University Surgeons each year organize the Academic Surgical Congress, where surgical residents have the opportunity to present their investigative work. This year, the meeting was held in Orlando, Florida, and WSU was well represented during the resident presentations.

Dr. Awni Shahait (WSUGS 2021) presented “Perioperative Outcomes After Prophylactic Ureteral Stenting in Colorectal Surgery in Veterans.” His coauthors were Dr. Jose Wilson Mesquita Neto (WSUGS 2023), Kara Girten RN, Dr. Donald Weaver (WSUGS 1979), Dr. Scott Gruber, and Dr. Gamal Mostafa.



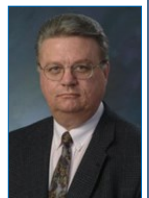
Dr. Awni Shahait

Dr. Shahait assessed the value of prophylactic ureteral stenting (PUS) as an adjunct in identifying the ureter in order to prevent injury during colorectal surgery (CRS). He and his coauthors looked at the Veterans Administration (VA) data base which, included over 27,000 CRS patients, of whom 458 (1.6%) had PUS. They demonstrated that there were 45 patients who had intraoperative ureteral injury (0.16%), and all were in the group without PUS ( $p=0.38$ ). In contrast, the PUS group had a significant ( $p<0.05$ ) increase in 30- and 90-day mortality, operative time, rise in creatinine compared to preoperative levels, increased incidence of pulmonary embolism, and longer operative time. The authors concluded that PUS prevents intraoperative ureteral injury but is associated with increased complications and mortality.



Dr. Jose Wilson Mesquita Neto

Mustafa R. Hasnain presented “Comparing Two Eras’ Outcomes for Colectomy for Inflammatory Bowel Disease in Veterans with Biologics.” His coauthors were Dr. Awni Shahait, Dr. Mohanad Baldawa, Dr. Muhammad Jaffar, Dr. Donald Weaver, Dr. Khaled Saleh, Dr. Scott Gruber, and Dr. Gamal Mostafa.



Dr. Donald Weaver

Dr. Hasnain assessed how the use of immunomodulators and biologics (four anti-TNF agents: infliximab, adalimumab, golimumab, certolizumab pegol; and two anti-integrin agents: natalizumab and vedolizumab) has impacted the outcome of surgery for inflammatory bowel disease (IBD) in patients treated at the VA Hospital. They looked at a total of 678 patients treated within the VA system during a 7-year period. This included 630 patients with 320 patients having Crohn’s Disease (CD) and 358 patients with Ulcerative Colitis (UC) treated either between 2008 and 2011 (period A) or subsequent to 2011 (period B). They observed that patients treated during period B were significantly older, had fewer emergency operations, had a lower 30-day and six-month mortality, had a lower incidence of surgical site infection,

Continue page 21





# PRODUCTIVITY



## 16th Annual Academic Surgical Congress, cont..

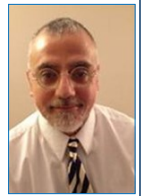
required less blood transfusions, remained on a ventilator for a shorter period of time, and had a shorter postoperative length-of-stay. They concluded that the overall outcome of surgery for IBD in veterans has improved during the most recent era and that the introduction of immunomodulators and biologics in the management of IBD may have contributed to this improvement.



Dr. Scott Gruber

Talin Darian presented “Adherence to After Treatment Surveillance of Colorectal Cancer at Tertiary Academic Center.” His coauthors were Mr. Irvin Lien, Dr. Awni Shahait, Dr. Mustafa Hasnain, Dr. Mohanad Baldawi, Dr. Donald Weaver, and Dr. Gamal Mostafa.

Talin Darian reported that colorectal cancer (CRC) is the third most common cancer in the US and that recurrence usually appears within 3 years after a “curative” resection. This study assessed the compliance to published guidelines for postoperative surveillance following resection for CRC. Their database included a review of 124 patients who had curative resection performed during a 9-year period at a large tertiary academic medical center. They demonstrated that, following surgery, 38% of patients had clinical evaluation twice a year for three years, 51% had a colonoscopy at one year, and only 30% received a second colonoscopy at 3 years. Only 51% of patients had a Carcino-Embryonic Antigen (CEA) level checked twice a year for three years, whereas a CT scan evaluation was performed in 79% of patients at one year. They concluded that strict adherence to surveillance guidelines occurred in only 46 patients (48%) and this lack of compliance with surveillance guidelines was unrelated to gender, race, age, or insurance status. They emphasized that specific measures need to be implemented in order to increase the awareness for both physicians and patients to the importance of surveillance after curative resection of CRC.



Dr. Gamal Mostafa

Dr. Awni Shahait presented “Iatrogenic Ureteral Injury in Veterans Undergoing Colorectal Surgery.” His coauthors were Dr. Jose Wilson Mesquita Neto, Dr. Donald Weaver, Dr. Scott Gruber, and Dr. Gamal Mostafa.

Dr. Shahait reported that iatrogenic ureteral injury (IUI) is an uncommon but a potentially lethal injury of colorectal surgery (CRS). They looked at all CRS done over a 7-year period within the VA systems in order to identify IUI and the subsequent impact IUI had on morbidity and mortality. They reported that IUI occurred in 45 patients (0.2%) and was more likely ( $p < 0.05$ ) to occur in women with left-sided surgery and open operations. Obesity, emergency operation, laparoscopy approach, and participation of surgical trainees were not risk factors for IUI.



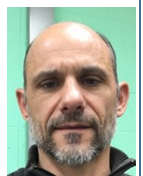
# PRODUCTIVITY



## 16th Annual Academic Surgical Congress, cont..

Dr. Alexander Marinica presented “Microfluidic Study of Effects on Endothelial and Red Blood Cell Glycocalyx in Obesity.” His coauthors were Mr. David Liberati, Dr. David Edelman (WSU/GS 2002/09), and Dr. Lawrence Diebel (WSU/GS 1980/86).

Dr. Marinica reported that morbidly obese (MO) patients respond poorly to resuscitation following severe injury and that MO is associated with microvascular dysfunction and altered hemorrheological profiles including impaired red blood cell (RBC) aggregation and adhesion. He stressed the importance of the glycocalyx layer of RBC and vascular endothelial cells (EC) on microvascular perfusion using blood from normal controls and MO patients. They assessed RBC glycocalyx degradation and shedding of EC glycocalyx components, which were measured by syndecan-C (Syn-1) and hyaluronic acid (HLA) using microfluidic techniques; they monitored RBC adherence under normal and shock conditions. They demonstrated that EC glycocalyx thickness was reduced following an oxidative insult and that EC Syn-1 shedding was markedly increased in comparison to control. They concluded that blood from MO patients has decreased RBC glycocalyx thickness with increased EC glycocalyx shedding, which may account for the previously described impaired response to resuscitation in MO patients.



David Liberati



Dr. Larry Diebel



Dr. David Edelman



Tuesday, March 17<sup>th</sup>





**WSU MONTLY CONFERENCES  
2020**

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



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

**Wednesday, March 4**

Death & Complications Conference

**“Preperitoneal Inguinal Hernia Repair”**

**Jayanth Manoharan, MD, Chief Resident**

Wayne State University Michael & Marian Ilitch Department of Surgery

**Wednesday, March 11**

Death & Complications Conference

**“The Five people You Meet in Residency”**

**Jessica Pochedly, MD, Chief Resident**

Wayne State University Michael & Marian Ilitch Department of Surgery

**Wednesday, March 18**

Death & Complications Conference

**Lester Laddaran, MD, Chief Resident**

Wayne State University Michael & Marian Ilitch Department of Surgery

**Wednesday, March 25**

Death & Complications Conference

**“Management of Enterocutaneous Fistulas”**

**Rohan Policherla, MD, Chief Resident**

Wayne State University Michael & Marian Ilitch Department of Surgery



**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**

*American Surgical Association  
140<sup>th</sup> Annual Meeting  
Grand Hyatt in Washington DC  
April 16-18, 2020*

*Michigan Chapter of the ACS  
67<sup>th</sup> Annual Meeting  
Boyne Mountain Resort, Boyne Falls, MI  
May 13-15, 2020*

*Midwest Surgical Association  
Annual Meeting  
August 2-4, 2020  
Grand Hotel, Mackinac Island, MI*



**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. 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)



Thursday, March 19<sup>th</sup>

## 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	Huebel, 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*

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

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