



SEPTEMBER 2022



LABOR DAY

September 5th

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**MIDWEST SURGICAL ASSOCIATION
2022 ANNUAL MEETING**

The Midwest Surgical Association (MSA) was established in 1958 by a contingent of surgeons from Illinois and gradually spread to involve all of the Midwestern states and beyond. Dr. Robert F. Wilson (WSUGS/TS 1963/65) became involved early with the MSA and was responsible for attracting many Michiganians into the membership. The first meeting to be held at Mackinac Island was in 1972 when Dr. Ernie Berkas was president. The location of Mackinac Island allowed the MSA membership to meet all of their goals, including science, recreation, beautiful scenery, and involvement of family, spouses, and children in the activities of the meeting. Subsequent to the success seen in 1972, the annual meeting of the MSA occurs on Mackinac Island every other year.

As usual, there were many people from WSU who were involved in that annual meeting. Dr. Heather Dolman (WSU/GS 2000/06) served on the Program Committee. Dr. James Tyburski (WSUGS 1992) was the Invited Discussant on a paper presented by Dr. Connor Dillon entitled, "Outcomes and Risk for Reoperation Following Urgent and Emergent Colectomy." Dr. Dolman was the Invited Discussant for a paper entitled, "Outcomes of Clostridioides Difficile Infection on IBD Patients Undergoing Colonic Resection: A Propensity Score Matched NSQIP Analysis" Dr. Jock Thacker (WSUGS 2023) presented a paper, "Utility of Arterial CO₂-END Tidal CO₂ Gap as a Mortality Indicator in the Surgical ICU." His co-authors were Dr. Alyssa Stroud (WSUGS 2023), Dr. Michael Carge (WSUGS 2022), Dr. Baldwin, Dr. Awnie Shahait (WSUGS 2021), Dr. James Tyburski, Dr. Heather Dolman, and Dr. Samantha Tarras (WSUGS 2011). Dr. Joseph Sferra (WSUGS 1991) sponsored and co-authored a paper presented by Dr. Asmita Chopra from the Toledo Medical Center entitled, "Management of Massive Upper Gastrointestinal Bleed Secondary to Gastrosplenic Fistula." Dr. Charles Lucas (WSU/GS 1962/67) presented an Invited Lecture entitled, "Dr. Alexander J. Walt: Historian, Philosopher, and Surgical Educator."

The next meeting of the MSA will be held on July 30-August 1, 2023 at the Eaglewood Resort in Itasca, Illinois. Put that on your calendar for great science and great enjoyment!



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Dr. Alexander J. Walt: Historian, Philosopher, and Surgical Educator

Dr. Alexander J. Walt was a long-term Penberthy Professor and Chairman of the Department of Surgery at Wayne State University. He had an extraordinarily successful career, and a brief summary of his achievements was presented at the recent Midwest Surgical Association meeting. The materials were gathered with the help of many of the Alec and Irene Walt offspring and co-authored by Mr. Aaron M. Walt, who is currently a medical student in New York.

The Midwest Surgical Association (MSA) was created to combine surgical science with extracurricular amenities, such as family, collegiality, and history. As such, one of the members of the council serves as the official historian. Thank you, Dr. Bill Cirocco (WSUSOM 1985), our former president, Dr. Jeffrey Hardacre, our current president, and Dr. Rick Berg, our historian, for the opportunity to present this lecture on Dr. Alexander J. Walt: historian, philosopher, and surgical educator. His friends called him Alec.

The Early Years

Dr. Walt was born in Capetown, South Africa in 1923. His father, Isaac Walt, as a teenager, emigrated to South Africa from Wilkomer, Lithuania in order to escape the infamous pogroms and conscription into the Russian army.¹ He became a wholesale grocer and some years later, he met and married Leah Walt (nee Garb). When Alec was two years old, his mother and two sisters were among the 63 passengers killed in a South African train crash in 1926. His dad raised the three boys, Maurice aged 13, Frank aged 10, and Alec aged 2; all became doctors. Alec attended Grey High School in Port Elizabeth, South Africa and established himself as an excellent athlete, in addition to being an academic star. Following high school, he matriculated at the University of Capetown (UCT) Faculty of Medicine in 1940. When World War II broke out in 1941, he and his close friend, Ray (Bill) Hoffenberg, one year ahead of Alec, enlisted in the army and spent 3.5 years with the Sixth South African Armored Division, which was attached to the British Eighth Army under the leadership of Field Marshal Bernard Montgomery. They stayed with this division throughout the 1943-44 campaigns in North Africa and up through Italy to Rome, when Italy surrendered. Alec and Bill served on a field surgery team and helped with many operative procedures. About this time, penicillin had been developed and made available on the front lines; Alec would often joke about how they didn't know how to use this new powder, so they sprinkled it in the open wounds instead of dissolving it in saline and administering this new miracle drug by vein.



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The Middle Years

Following VE Day, Dr. Walt returned to UCT to finish his medical training in 1948 and begin his internship at Groote Schuur Hospital in Capetown. Prior to finishing medical school, he had the good sense to marry Ms. Irene Lapping in 1947. After returning to UCT, he continued to star as an athlete and was the captain of the lacrosse team and a first-class hurdler on the track and field team. After graduation, he took a basic science course administered by the Royal College of Surgeons in London in order to later become a Fellow of the royal College of Surgeons (FRCS/England). He then moved to Rochester, Minnesota and began his surgical training at the famed Mayo Clinic. While there, he also completed his requirements to become certified as a FRCS (candidate) in 1955, and received his M.S. degree in Surgery in 1956. Returning to England in 1956, he served as a Registrar at St. Marten Hospital in Bath. While there, he finished his final requirements to become FRCS/England in 1956 prior to returning to the Groote Schuur Hospital as “an assistant surgeon and lecturer.” Dr. Jon van Heerden, a retired endocrine surgeon at the Mayo Clinic, recalls his medical school days at UCT when Alec was his teacher.² He states that all of the “distinct attributes for which he was to become so well known worldwide” were obvious to the medical students. Jon describes how “his lucid presentations mixed with wit and humanism, presented with a British accent, laced with an American “twang” were admired by the male students and caused the hearts of the female students to go a-flutter.”³ Alec competed with the students on the university cricket pitches and regaled them on Friday evenings with stories about the famous Mayo Clinic, while sipping a beer with them at the “Pig and Whistle.” Jon recalls many Sunday afternoons when he and other students would compete with him on the golf courses around Capetown.² When Dr. van Heerden queried Dr. Walt about which of the surgical residency programs in South Africa would be best for him, he was instructed, “You belong at the Mayo Clinic. I will take care of it.”² Jon was one of many surgeons who followed Alec’s advice and became well-known in their areas of expertise.

Separate But Not Equal

Hendrik Verwoerd, considered by many to be the architect of apartheid, helped implement this racist policy in 1948, and it continued to be in place well after his death until 1994.³ Apartheid was incorrectly presented to the outside world as “separate but equal”; in Afrikaans language, the word means “apartness.” The turning point for the serious beginning of anti-apartheid movement and the decision by the Walt family to leave South Africa was the infamous Sharpsville Massacre on March 21, 1960 when 69 peaceful unarmed protestors against apartheid were killed by the police.⁴ Following this tragedy, Alec’s relative, Theodore Levin, the Chief

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Justice of the 5th United States Circuit Court and husband of Dr. Walt's first cousin, wrote a forceful letter insisting they leave South Africa and come to the United States; this was permitted since their children had been born when Alec and Irene were at the Mayo Clinic.

The New World

Although Alec and Irene would certainly be welcomed by the people with whom he trained in England or in Rochester, Minnesota, they decided that the best move for them to make would be to move where they had family, namely, the Levin clan in Detroit. After moving to Detroit, Alec continued his university career and became an Assistant Professor of Surgery at the Wayne State University (WSU) School of Medicine in Detroit and Consultant at the Veterans Administration Hospital (VAH) in nearby Allen Park. His skills as a teacher and organizer were quickly recognized by the students and residents. The implementation of many of his teaching ideas were accepted, and not long after his arrival at WSU, he was appointed an Associate Dean for Academic Affairs, while he continued his clinical work. The residents at that time recall the great contributions he made at the Friday afternoon Journal Club Meetings.

The Dean of the medical school was faced with a crisis in the Department of Surgery when, in 1966, Dr. Alan Thal, the WSU Chairman of Surgery accepted a position at the University of Kansas, and the Vice-Chief of Surgery, Dr. Raymond Read, accepted a position at the University of Arkansas. The Dean, suddenly faced with no chairperson, asked Dr. Walt to serve as Acting Chairperson until a search committee could find a new chairman. Dr. Walt knew what should be done in order to improve the department and he took the opportunity as Acting Chairman to implement changes. For many years, Orthopaedic Surgery, Otolaryngology, Urology, and pediatric Surgery were divisions of General Surgery. Dr. Walt convinced the Dean that these specialties should be independent departments, and the Dean complied with those wishes. Dr. Walt also recognized inefficiencies at the VAH; he reorganized the surgical divisions and supported the appointment of strong full-time surgeons with excellent technical and teaching skills. He resolved a long-term conflict between the cardiothoracic surgeons at the Children's Hospital of Michigan (CHM) and the Detroit Receiving Hospital (DRH). Dr. Walt also recognized the importance of re-establishing close relationships with the Detroit area hospitals, whose surgical activities were carried out primarily by WSU alumni. He personally attended all of the regional surgical meetings, brought up interesting discussions with surgeons from the area hospitals, and pretty soon, the senior faculty at the area hospitals would be sure that they and their younger surgeons attended with their residents all of the regional meetings within southeast Michigan. The Dean soon recognized that he would not

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find anyone from the outside who would be able to compete with the imaginative administrative policies of Dr. Walt, and one year later, the word “acting” was removed from his Chairman’s title.

The First Great Challenge

During his second year as Chairperson in July 1967, the city of Detroit exploded with the nation’s worst race riot. Sunday morning, July 23, 1967 was hot and dry, which is typical for a mid-summer day in Detroit. The DRH surgical team was finishing the overnight operations on a number of stabbing victims and observing other patients as they sobered up prior to being discharged. Unknown to the citizenry, there was an ongoing disturbance outside a nearby blind pig, which had been raided by the police in the pre-dawn hours. This local disturbance led to a number of buildings being torched, but this information was kept from the citizenry. Fifteen hours later, the 6 pm news reported that there was a “civil disturbance” on the near west side which was being contained. Dr. Walt was not convinced about this being contained. He and Irene were visiting close friends when he insisted that they immediately head for home, and he instructed Irene to pack some extra underwear, he was going into the hospital. She was sure that he was overreacting, but his South African experiences persuaded him that this “civil disturbance” was the beginning of a riot. When he arrived at the hospital shortly thereafter, things were relatively calm, but the “civil disturbance” had spread from the area northwest of the hospital to an area east of the hospital. Although no patients had yet arrived at the hospital, he implemented DRH’s disaster plan and called many of the WSU trained community surgeons at home to request that they cancel their Monday morning schedules and come into the hospital as an insurance that the hospital would not be overrun by casualties. He correctly foresaw that things were going to turn bad and, indeed, this was the beginning of the worst civil disturbance in that fateful summer of 1967.⁵ He arranged for the nursing night staff to stay in the hospital and sleeping rooms were set up to accommodate them and the community surgeons. He talked with the city police chief, a personal friend, who used police vehicles to bring in nurses and he arranged for additional food stores in the cafeteria. All of these activities were carried out in conjunction with the hospital disaster chief, Dr. Robert Wilson, and all of the surgical residents stayed in-house for the next four days.

The DRH had nine operating rooms and on the second night (July 25), all nine rooms were in use. In addition, Dr. Walt created two additional, fully-equipped operating areas in the hallway leading to the operating theater, similar to what he had seen during the Italian campaign when he was with the Fifth Armored Division of the South African Armored Brigade. His foresight and actions were critical to the successful treatment of

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over 1,500 patients who presented to the Emergency Department with injuries, including over 500 patients who presented during a span of 36 hours. Many of these patients had sustained life-threatening injuries and had operative intervention done in a successful manner.⁵ By all standards, the treatment of the injured patient during this period of time was an outstanding success, primarily due to the foresight of the new young chairman. During the four day disturbance, there were 47 patients who died from massive gunshot wounds during the worst riot in the disruptive summer of 1967.

The Challenge

Having witnessed the “separate but not equal” results of apartheid, Dr. Walt recognized that a successful surgical response to an urban riot was only window dressing; the underlying causes of widespread inequities had to be addressed, at least within the confines of the DRH.³ Now secure in his new position as the chairman of Surgery, he was determined to deal with these inequities within his sphere of influence. He turned to his bride, Irene, to implement changes within the hospital. She was given a tour of the hospital and was instructed to make the DRH more inviting to patients, students, residents, and physicians. The challenge was enormous. Working with hospital leaders, she organized a DRH Beautification Committee, which was composed of representatives from all of the men’s and women’s clubs in Detroit and from the Board of Directors from all of the major corporations in Detroit. Alec and Irene reached out to all of the Detroit leaders, who responded with tremendous generosity. Hospital wards of 11-13 beds without curtains between beds were transformed into user friendly, more efficient patient care areas, full of art work in all the hallways and patient rooms. The citizens of Detroit recognized the wonderful changes that were occurring in their hospital. The on-call rooms were upgraded, an atrium was placed in the front of the hospital, and new lighting, plumbing, and carpentry were inserted so that, within five years, it looked like a new hospital.

The Educator

Dr. Walt frequently reminded the faculty that the WSU salary was paid for the purpose of medical student education. Desiring to upgrade and better organize medical student education, Dr. Walt asked Dr. Irwin Rosenberg, a meticulous educator within the department, to re-develop the educational format for teaching third-year students. Dr. Rosenberg created an education committee which included all surgical disciplines.⁶ If one of the specialty representatives or a general surgery representative missed a meeting, their absence would be forwarded to the various chairpersons so that lack of 100% attendance was uncommon. Dr. Rosenberg

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educated the committee about the “Weed” method of medical education, which categorized the educational objectives into the psychomotor, affective, and cognitive domains.⁶ Complexity of exam questions was categorized according to subject matter considered essential for every student; easy questions (90% answered correctly), average complexity questions (60% answered correctly), and difficult questions (30% answered correctly) would help determine the final grade of failure, pass, and honors. When special expertise was desired from the University of Illinois (UI), which probably had the best educational system in the country at the time, Dr. Walt arranged for all of the responsibilities for the attending surgeons within the department to be covered by the community surgeons who had trained at WSU, so that the entire department could go to the UI for a two-day symposium directed specifically to the WSU Department of Surgery. Because of the support in this arena by Dr. Walt and the leadership provided by Dr. Rosenberg, the WSU surgical student educational program became a national model.⁶ Dr. Walt also supported Dr. Jerry Rosenberg, recruited from the University of Minnesota, to establish a transplant program within the department. This led to WSU becoming a busy transplant center and a major contributor to transplant-related publications.

During the Saturday morning Grand Rounds, Dr. Walt would always have a list of the third-year students and, in the middle of a discussion, would ask a student about the achievement of some famous surgeon. This reminded the students that they must attend Grand Rounds since a non-response to this directed question would identify truancy. They also became enamored about the surgical history that was learned each week. The ignorant student would show excellent knowledge during the next Saturday ten-minute presentation about this famous surgeon. Dr. David Spain, who identified Dr. Walt as one of his mentors during his presidential address at the American Association for the Surgery of Trauma, recalls his assignment was to make a report on Alexander Fleming; this was one part of a trilogy, as two other students reported on Joseph Lister and Ignaz Semmelweis.⁷

Dr. Walt’s emphasis on a broad surgical education also extended to the surgical residents. The complete resident would be skillful in taking a history, doing an examination, diagnosing, operating, providing postoperative care, and understanding how all of these activities relate to surgical history. Lack of appropriate knowledge in any of these domains led to an assignment where the resident had to report at subsequent Grand Rounds. During his first five years as chairperson, only one resident failed to pass his surgical board examinations on the first go-around. This created a crisis in the department; Dr. Walt brought all of the faculty members together in order to discuss how we failed that particular resident; it was never a resident failure but a faculty failure since all of the residents were quite intelligent.

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When Dr. Walt gave his presidential address at the annual meeting of the American College of Surgeons, he highlighted twelve areas for improvement of resident training (Table I).⁸ These included: 1) excessively rigid training programs with a lockstep approach, primarily, dictated by scheduling demands; 2) service needs superseding education; 3) acceptance of deficiencies in the hospital environment for financial reasons; 4) unjustified “signing out” of residents not fully qualified; 5) inadequate utilization of programs designed to improve technical skills; 6) neglect of resident personal needs; 7) superficial instruction of ethical dilemmas in patient care; 8) poor recruitment and training of minorities; 9) bias against women; 10) inadequate exposure to the private practice challenges for fear of being accused of commercialism; 11) insufficient instruction about hospital costs, especially operating room charges; 12) failure to highlight our surgical origins, so that our graduates would feel great pride and self-confidence when they went out into practice.

Dr. Dulchavsky, who had the opportunity to experience Dr. Walt’s influence as a student, a resident, and subsequent faculty member, comments about how this scholar inspired students and residents with his mastery of the field of surgery and surgical history. He pointed out that Dr. Walt tolerated ignorance since it could be easily corrected by study. Dr. Dulchavsky, who co-authored the book, “Alexander J. Walt Reflections,” made the observation that “Dr. Walt was as intolerant of poor grammar or poor personal appearance as he was about shoddy patient care.⁸ Many a resident had a tie straightened or an offer made for reimbursement for a barber visit. When a resident had carelessly worn surgical shoe-covers outside the operating room, Dr. Walt would silently kneel at the resident’s feet to remove them; this indiscretion was rarely repeated.”⁸ He instructed the residents that the patients deserved better. Clearly, Dr. Walt visioned surgical education as a continuum, with the surgeon constantly providing the patient with compassionate care.

Dr. Donald Weaver, who served under Dr. Walt as a resident and rose through the ranks to become the current Chairman of the Department of Surgery at WSU, remembers Dr. Walt as one of a kind. “He was a rare combination of just about equal parts of scientist, educator, philosopher, historian, and love of the arts. A well-rounded and competent surgeon - the operating room was not his natural habitat. What he lacked in surgical mastery, he made up for in oratory. He could turn a phrase like none other; widely read and full of wit, with his mature South African accent, there was rarely a time that he spoke when he didn’t sound like the smartest person in the room. His liberal education gave him the insight to see around the corners of surgery, education, and life in general. His upbringing in apartheid South Africa indelibly influenced his thinking and actions around diversity, equity, and inclusion. He championed the under-represented minority long before it became expected. Stern but fair; demanding but enabling; agnostic to much of the polarization in life - he was the ideal teacher, mentor, and supporter. After him, they broke the mold.”

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Dr. Robert F. Wilson, who ran the Trauma Program under Dr. Walt, remembers Alec saying, “Without a love of people, a doctor cannot function effectively for long and can never establish the requisite interpersonal relationships with patients - - - a genuine affection for patients is essential if one is to absorb, in gratitude without anger, weariness without irritability, criticism without rancor.”⁸

When speaking at the Spring meeting of the Council of Medical Specialty Societies (CMSS), Dr. Walt commented that “the design of the curriculum, the content of the curriculum, both basic and clinical, is an integral part of graduate medical education (GME).⁸ Acquisition of technical skills takes time; while human gestations are nine months, surgical gestations range from five to eight years, depending upon the individual and what it is you are trying to gestate. The individual has to learn during this time the natural history of surgical disease, has to have an appreciation of non-surgical disease, has to develop a sense of responsibility, has to develop an appreciation of the covenant between the surgeon and the patient, has to develop his/her own professional character, and has to get certain natural human reactions under control in an environment which is, by its nature, stressful.” Dr. C. James Carrico, later president of the ACS, noted that Dr. Walt “reaffirmed the primacy of the patient’s needs and emphasized the importance of continuity of care and resident supervision, pointing out the paradox (and frank hypocrisy) and postures, such as limiting duty hours, while condoning moonlighting.⁸ He stressed the triad of patient care, educational standards, and a healthful working environment.”⁶

When delivering his presidential address for the American Association for the Surgery of Trauma, Dr. Walt discussed impaired driving and noted that “most of our slaughter occurs on the roads, and yet as an association, we have remained curiously silent on the subject.....more than 50% of those involved in automobile accidents have excessive alcohol on their breath and presumably in their bloodstream. Some of these drivers have killed innocent citizens as surely as if they had shot them and yet, while in some states, we have begun to put into law the insistence that mandatory jail sentences be given to those who commit crimes with a gun in their possession....we have not insisted on similar penalties for those who cause injury under the influence of liquor. Our tolerance of drunken driving makes no sense medically, economically, or morally. We are far behind other civilized and democratic countries in an insistence of self-discipline for automobile drivers with respect to alcohol, and even further behind in devising laws to protect the innocent.”⁸

The Scholarship

Scholarly activity in the surgical arena is often measured by the number of peer review publications of either clinical or basic science material. Certainly, Dr. Walt was well represented in the surgical literature with more

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than 100 publications. His contributions to scholarship, however, were much broader than the typical academic surgeon. He recognized that surgeons need to be cultured and strove to contribute to the development in this area of the surgical residents. He always arranged for the department to distribute tickets to the nearby Detroit Symphony Orchestra (DSO). Of course, when the resident reported on the performance, he would also have to know the composer's background, such as the connection between Dr. Theodore Bilroth and the famed composer, Johannes Brahms. The honor student would report that not only were they good friends, but that Dr. Bilroth was an excellent pianist and violinist, wanted to be a professional musician, was dissuaded from this goal by his mother, and went on as a surgeon to establish "The first modern school of thought in surgery." A student might be asked to report on how Dr. Rene Laennec developed the first stethoscope based upon his understanding of physics as a flutist who built his own wooden flutes. Many similar stories in medical and surgical history became the topics presented by his medical students and young residents. The best examples of Dr. Walt's scholarship are displayed in the many invited lectures that he provided all over the world. This is nicely summarized in the book, "Alexander J. Walt: Reflections" by Dr. Seymour Schwartz and Dr. Scott Dulchavsky.⁸ His depth of comprehension of current and past world events, insight into social changes, current and emerging surgical technology, the challenge of surgical training fragmentation, the changing patient care focus in the SICU, the humanities, the anatomy of a civil disturbance, and all types of surgical history are masterfully presented in these many lectures in a masterful English style and preserved for the future.⁸ Each of these masterful scholarly presentations in Reflections is followed by a comment from a famous American surgeon highlighting the importance of insights that he had in many areas.⁸

The Shooting

Four years after being appointed chairman, Dr. Walt had achieved many things. The education program under the leadership of Dr. Rosenberg excelled; the Trauma Program under the leadership of Dr. Robert Wilson had achieved national stature; Dr. Walt had become a member of most of the important societies; was recognized as a leader within Michigan; and was beginning to present Distinguished Visiting Lectureships at various institutions. He was giving a named lectureship in New York on July 3, 1971 when a middle-aged gentleman entered Detroit Receiving Hospital thru a side door and strode, rapidly, down the hallway while carrying an assault rifle. Shortly before reaching the administrative offices, he was recognized by a senior employee as someone who had recently been dismissed for cause. The senior employee pushed him to the side and rapidly slammed and locked the door leading to the administrative suite. This administrator was fatally shot thru the

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door and Irene Walt helped him into the adjacent room where they pushed a desk against the door. Multiple shots were fired while waiting for the SWAT team from across the street to reach the hospital (the 1st Precinct of the Detroit Police Department was located directly across the street). While this senior administrator and friend of the Walt family bled to death while Irene was holding his hand, the SWAT Team arrived and killed the assailant. The Disaster Plan was initiated, and six operating rooms were prepared for the six individuals who were known to be in the administrative suite. The first person to reach the Emergency Department was the assailant who was beyond help. The second person to arrive was the senior administrator who underwent an emergency thoracotomy but could not be resuscitated in the operating room. The third injury was one of the secretaries who had serious injuries to her forearm, which were treated by a senior general surgeon who was very experienced in muscle, nerve, and tendon repair. The fourth victim was Mrs. Walt. She had a superficial graze wound to the forearm but complained of abdominal pain which responded to two cartons of whole milk. Their daughter, Lindsay, was in the hospital working on the Beautification Committee with her mother and was very worried about mom until she heard that the woman who had been seriously injured had dark hair, whereas Irene was completely gray by this time. Shortly thereafter, Dr. Lucas, the Disaster Chief, was able to reach Dr. Walt in New York and update him about what happened, and in the process, tell him on about ten occasions that Mrs. Walt was “okay”; when he arrived at the airport that evening and was met by many reporters, he felt comfortable knowing that Irene was “okay”.

Once Dr. Walt arrived home, he was told by Irene that she would never go back to that place again. With the wisdom born of his experience as a soldier and with the experience that he had seen with Apartheid in South Africa, he advised her that she needed to get back to the hospital in order to expel this horrific nightmare and reinvigorate herself with the many challenges of the Beautification Committee.

Enhanced Beautification

“The Shooting” drew a great deal of negative press, as would be suspected, and created fears that the ongoing beautification process might be hampered. Quite the contrary was true. Alec and Irene increased their efforts to communicate with the Detroit leaders. Corporate leaders became aware of the beautification efforts and donated to the project. The Kresge Corporation constructed a modest park across the street from the hospital, which allowed patients, relatives, medical students, and house officers to take a few moments off and enjoy the calming effect of the park scenery as a respite from the hectic activities within the hospital. One of the surgical residents later reflected, “Seeing homeless people spending the night there reminded me that after my call is over, my wife and kids will be waiting for me at a real home.”

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The expanded beautification efforts promoted by the ongoing activities of Dr. And Mrs. Walt extended into improvements in the patient care areas. Later in the 1970s, Dr. Lucas was called to Dr. Walt's office to deal with a crisis in the Critical Care Unit. This was a nine-bed unit with most of the patients on ventilators. There was no air-conditioning or screens on the windows. A frustrated surgical resident wrote an order to "shoo flies from trach stoma prn." the hospital administrator wanted him fired. Dr. Walt had a better idea; he instructed Dr. Lucas to meet with the administrator and an agreement was formed whereby the resident would be severely counselled as soon as screens were placed on the windows. This was achieved by the next afternoon and the resident was treated to a beer and burger that evening. Not long following this incident, the Beautification Committee arranged for all of the critical care units to have air conditioners.

Because of the funds raised by the Beautification Committee following the continued efforts of Alec and Irene, their activities expanded to the new Radiation Oncology suite, where multiple murals were added and to the new Children's Cancer Center within the Harper Hospital which was caring for children requiring bone marrow transplantation. This work continued throughout the 1970s because of continued financial support by the community, and then expanded into the new Detroit Receiving Hospital, which was completed in July 1980.

Beautification of a Hospital

The popularity of the beautification efforts led by Alec and Irene boomeranged as the new hospital was being constructed.⁹ The mayor of the city of Detroit, Mr. Coleman A. Young and the Wayne State University president, Dr. George Gullen, became members of this committee and made sure that there was city support and University support for all of their beautification efforts. Led by Alec and Irene, spouses of WSU professors from the law school and the medical school joined in these efforts and brought in members from the Detroit Institute of Arts (DIA), who provided dozens of art works on long-term loan to the DMC. That was over 40 years ago, and these art works still adorn the walls of the Detroit Receiving Hospital and the Detroit Medical Center. Continued acquisition of art work was provided through fundraising dinners, donations from friends and faculty, and multiple letters sent out by the chairman at the direction of his spouse. These endeavors by Alec and Irene allowed the DRH to be one of the most beautiful hospitals in the nation.⁹

By this time, Dr. Walt was achieving national and international attention and was being invited to give talks all over the world. Irene would accompany him and make it her job to identify local art, which would be acquired for the hospital. Her frugal instincts allowed for these tremendous works to be brought to the hospital at minimal expense.

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Professional Development

The decade of the 1980s saw the most rapid advance of Dr. Walt's recognition as a national surgical leader. He was an invited lecturer throughout the country and the world, and rose in stature because of his many efficient contributions to many surgical societies.⁸ He served as president of all of the Michigan surgical societies and served in high office positions for many national societies, including president of the American Association for the Surgery of Trauma, president of the Central Surgical Association, vice-president of the American Surgical Association, president of the Western Surgical Association, president of the American Board of Medical Specialties and, with the American College of Surgeons, he served several years on the Board of Governors, followed by the Board of Regents, and, prior to his demise, president of the American College of Surgeons. During his Presidential Address at the ACS, Dr. Walt referred to "the great generosity of our American society" and described his first encounter with an American during the Italian campaign when a U.S. Army sergeant offered him a ride on a cold muddy night north of Florence. Dr. Walt described how he provided the sergeant with a litany of typical soldier complaints about food, mail, the weather, and Generals; when he finished complaining, the sergeant said, "Say, son, you've got to learn to compromise with the inevitable." When Dr. Walt gave his ACS Presidential Address, he was suffering from metastatic kidney cancer and "spaced" his chemotherapy so that he could properly preside over the 1994 ACS Clinical Congress. These great honors reflected his commitment to all aspects of surgery and his scholarly approach to resolving controversies within each of these organizations. Simultaneous to these national and international honors, Dr. Walt continued to further the science in his favorite clinical arena, namely, the multidisciplinary treatment of breast cancer.

The Great Mentor

Throughout his career, Dr. Walt had the desire and ability to mentor surgical colleagues. His deliverance of many named lectureships throughout the world provided this opportunity. There are many examples of this mentoring, but only a few will be mentioned herein. Dr. David Mulder from McGill University in Montreal, Canada described how Dr. Walt counseled him on the importance of Canadian participation in the central Surgical Association (CSA). David became a leader in promoting this association and later served as president of the CSA. He describes how Dr. Walt changed the Montreal philosophy on the treatment of blunt liver injuries during one of his presentations. David and Norma Mulder became good friends with Alec and Irene and travelled together to the International Trauma Meeting in Cologne, hosted by the famous Professor Troidl. Bob Freeark and Alec Walt took David and Norma Mulder and Don and Jane Trunkey to the Prado Gallery and

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entertained them by educating them about fine arts. Of course, during the visit, they had the opportunity to hear Alec philosophize on war, politics, religion, and life in general. David describes it as “a once-in-a-lifetime experience.” On one of his visits to Montreal, Alec investigated the activities of Dr. Norman Bethune, the famous thoracic surgeon, who participated as a surgeon in the famous military march of Mao Tse Tung; this later led to the publication of “The World’s Best Known Surgeon.”⁹ David describes how Alec always spoke of the honor and privilege of being a surgeon and that each surgical procedure is “a deep moral endeavor!”

Dr. Jack Pickleman, Professor of Surgery at Loyola University, describes how Alec played a major, albeit behind-the-scenes role, in his career. He pointed out that Dr. Walt, as president of both the CSA and the Western Surgical Association (WSA), rarely missed the annual meetings and was always sought after to be a discussant of many papers. Jack describes how his “modus operandi” would be to slowly rise, adorned in a black pin-stripe suit, smile, and then with his charming South African accent, sometimes praise, but periodically vivisect the hapless author who, after the deed was done, somehow felt good that such a man would even to acknowledge such an average presentation. Jack was a resident when he made his first national presentation at the WSA held, in 1972, at the Mayo Clinic. His co-author was the legendary George Block, who was a close friend with Alec. When he finished his presentation, Alec addressed his comments, mostly to George, and proceeded to state (again with that twinkle in his eye and that accent!) that this paper probably set back the care of trauma patients at least 50 years. The audience, of course, loved it, and Jack further stated, “I hurried off the podium in search of some serious psychotherapy from my wife.”

Jack would describe that the highlight of each meeting would be the presidential dinner, followed by dancing. Despite ample fortification with Scotch, Jack stated he remained a rather catatonic dancer, and Alec would often relieve me of my wife and sweep her away. Everyone would marvel at the handsome and graceful couple and speculate how my wife, Brenda could have married a surgeon with two left feet.”

Jon van Heerden remembers not only how Alec mentored him as a medical student, directing him to the Mayo Clinic for his education, but also because of his love for the humanities, teaching everyone that we must not only treat the disease but we must treat the total human condition.² Jon recalls that even at the presidential dinner when he was president of the American College of Surgeons, he still exhibited humor and compassion for mankind, even though he was suffering severe pain from a fatal malignancy. Jon recalls vividly telling Alec how much he loved him and to this days wonders how many times Alec guided others in the same way that he guided Jon.

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Alec and Irene would rendezvous with surgical colleagues at meetings all over the world. In March, 1994, they flew to Athens for an American-Hellenic Congress, to be followed by a several day cruise through the Greek Isles on the “luxurious” *Pallas Athena*. At the time, Alec was President-Elect of the American College of Surgeons; in Athens, they joined several other presidents of the ACS from that decade and subsequently, including Lloyd MacLean of Montreal, David Murray of Syracuse, New York, and the young Brent Eastman of San Diego; Brent Eastman would become President of the ACS in 2012. Brent and Sarita recall the wonderful experience as Alec taught them about Greek history while they travelled on the *Aegean Dolphin* to the magnificent ruins of Ephesus. The cruise was a delight as Alec served as the unofficial historian while they visited Crete with the palace of Knossos, Santorini, the island of Rhodes, and Kusadasi, Turkey with the excursion to Ephesus, the site of the ancient ruins of the Temple of Artemis, first built around 1000 B.C. in the Bronze Age. While on Ephesus, they also visited the great Celsus Library, which was constructed in 117 A.D.

Clinical Arena

Dr. Walt was trained as a general surgeon which, during the time of training, meant that he was exposed to all types of surgery involving the neck, abdomen, and soft tissues, including hernia repair. He was also exposed to different types of trauma from the time of his pre-medical years in World War II and continued to take in-house coverage at the Detroit Receiving Hospital one Sunday each month until the old Detroit Receiving Hospital closed in June of 1980. Whenever he was faced with an unusual problem, such as a destructive penetrating wound to the neck, he was very comfortable in asking one of his colleagues to participate in the operation.

Throughout all of these years, his primary interest eventually centered on the treatment for breast cancer. In many ways, he was ahead of the curve and commented about breast-preserving therapy, “The June 1990 NCI Consensus Conference on early breast cancer was designed to reinforce the fact, but we change slowly. In my own state of Michigan, things are improving, but not rapidly enough. In 1983, only 10% of women had breast conservation although this rose to 27% by 1987. When we look at Europe and Canada, we find that conservation is performed in 75% of patients. Obviously, taboos fade more slowly in some countries than in others. The urgency for a more receptive national mindset is compounded by the fact that up to 30% of impalpable suspicious shadows on mammography are malignant but relatively early, a far cry from Halsted’s patients who consistently had large and often fungating lesions.”⁸ Dr. Walt emphasized that the time was well past appropriateness that American women should be having conservative therapy and not total mastectomy.

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His special interest in providing complete care for patients with breast cancer led to the development of a new Breast Center within the DMC. He arranged for Mrs. Walt to become involved in the beautification of this center, so that any woman lying on her back to have an examination would be able to look up at the ceiling and see beautiful artwork. Because of all the work provided by Alec and Irene to the evolution of this center, it is now referred to as the “Walt Breast Center.”

Progeny

The public persona of Alec and Irene being strongly supportive of education, equality for all, and commitment to others as teachers and mentors has had an obvious effect on their offspring. Always the mentor, he taught residents, students, and his children, “work hard, be honest, and the rest will take care of itself.” Their oldest son, Steve, obtained his Doctorate in Philosophy at the University of Chicago and then completed his law degree at Yale University. He has a special interest in Commercial Law and has published several books and many articles that deal with contract law. Currently, he is the Percy Brown, Jr. Professor of Law and Chairman at the University of Virginia. His spouse is a Circuit Judge.

Their second son, John, is a busy practicing attorney in Detroit and southeast Michigan. John’s older son, Aaron, is in medical school, and his younger son, Jack, completed the Ross School of Business at the University of Michigan.

Their third child, Lindsay, maintained her interest in art. She and her husband, Colin Thomson, are both professional artists represented by High Noon Gallery in New York City. Lindsay has had a number of solo exhibitions, and her work is in many public collections. Their daughter, Eve Leonore, earned her degree in International Relations at S.U.N.Y. Geneseo. She works as the Director of Social Impact Partnerships at AlphaSites, a consultancy company in New York City. Clearly, the careers chosen by all three reflect the interest of their parents in education, social equality, and artistic creativity.

Conclusion

Success in life is the product of many variables at different stages. Although genetics may be a factor, the most important influences deal with the early parental years when one is exposed to the concept of fairness, hard work, education, and the desire to meet goals. During the preschool years and throughout the early educational years, Dr. Alexander J. Walt had the good fortune to be tutored and mentored by parents and friends who placed the greatest value on achieving such goals. These early experiences allowed him to be receptive

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to history, education, diligence, and consideration for his fellow man. These traits evolved throughout his educational years into his surgical years so that he was able to be a wonderful teacher and mentor to many students and professional colleagues. He continues to be remembered by many as a historian, philosopher, and surgical educator.

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TABLE I

RESIDENT EDUCATIONAL CHALLENGES IDENTIFIED IN HIS AMERICAN COLLEGE OF SURGEONS PRESIDENTIAL ORATION

1. Excessively rigid training programs, primarily, dictated by scheduling demands.
2. Service needs superseding educational objectives.
3. Acceptance of deficiencies in hospital environment for financial reasons.
4. Unjustified “signing out” of residents not fully qualified.
5. Inadequate utilization of programs designed to improve technical skills.
6. Neglect of resident personal needs.
7. Superficial instruction of ethical dilemmas in patient care.
8. Poor recruitment and training of minorities.
9. Bias against women surgical residents.
10. Inadequate exposure to the primary practice challenges.
11. Inadequate instruction about hospital costs, especially operating room charges.
12. Failure to highlight our surgical origins so that graduates feel pride and confidence when they go into practice.



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Alec Walt's parents, Isaac and Leah Walt



Alec Walt's mother, Leah, and his two sisters, Freda and Jane, died in a catastrophic train accident in 1926



Isaac Walt is shown with his brother, Barney Walt, and with his three sons, Alec, age 3, Frank, age 11, and Maurice, age 14; all three became physicians



Ray (Bill) Hoffenberg and Alec Walt in their fatigues during their stint in the North African campaign with the Sixth South African Armored Division

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Mrs. Irene Walt and Dr. Alec Walt celebrating his graduation from medical school in 1948



The Cricket Team at the University of Capetown, captained by Alec Walt (center)



Dr. van Heerden introduced Dr. Walt who delivered the Cooper Memorial Lectureship at the Mayo Clinic with Mrs. Cooper in attendance



Alec Walt practicing in the 200-meter low hurdles while at the University of Capetown

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Irene and Alec Walt with Dr. Brent Eastman (ACS President, 2012) on the *Aegean Dolphin* during their tour of the Aegean Sea



During their visit to Ephesus in Turkey, Alec and Irene are shown in front of the ruins of the Celsus Library constructed in 117 A.D.



Colin Thomson (left), Lindsay Walt, Steve Walt, and John Walt enjoy a lake outing



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SURGICAL GRAND ROUNDS

Dr. Zane Hammoud, a WSUSOM graduate, is currently the chief of General Thoracic Surgery at Ascension-Providence Hospital. He presented an outstanding lecture on “Surgical Management of Esophageal Cancer.” He began by describing the Greek origin of esophagus, which comes from the combination of eosin which means carry and phagos which means eat. He then went into great detail describing the blood supply, which comes in laterally, the lack of serosa, and the function of the upper esophageal sphincter and the lower esophageal sphincter.



Dr. David Edelman (WSU/GS 2002/09) introducing Dr. Zane Hammoud at the WSU Surgical Grand Round

Dr. Hammoud described the two common types of esophageal cancer, namely squamous cell and adenocarcinoma. The risk related to squamous cell cancer correlates with smoking, alcohol use, and symptomatic achalasia. The risks of adenocarcinoma relate to obesity, gastroesophageal reflux disease, and Barrett’s esophagitis. The symptoms are often subtle in the early stages until the problems of dysphagia become so significant that the patient is forced to alter the daily diet, and this is typically associated with weight loss.

Esophageal cancer is a bad disease, and the overall five-year survival rate is about 20%. The lymph drainage from esophageal tumors goes vertical up into the cervical area or down into the abdomen. Part of the preoperative workup includes careful examination of all image studies in order to get an actual count of lymph nodes suspected of being malignant in the preoperative workup. Following PET imaging, looking for distal metastases, an endoscopic ultrasound is an important part of the staging process.

The treatment of esophageal cancer depends upon the extent of disease and the staging. Patients with superficial lesions confined to the esophageal mucosa (T1a) may be treated with endoscopic mucosal resection; not many people meet the criteria for this approach. Patients with localized disease confined to the esophagus may be treated primarily with esophagectomy with the use of chemoradiation therapy (CRT) made on the basis of the pathology findings. Patients with local disease, including positive nodes, are best treated with preoperative CRT, followed by esophagectomy. When patients have what appears to be a complete response to CRT without operation, the exact role for esophagectomy is unclear. Sometimes these patients are followed to see if there is any evidence of recurrent disease.

Dr. Hammoud described the two common operative approaches to esophagectomy, including the Ivor

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SURGICAL GRAND ROUNDS, cont..

Lewis approach, which combines an abdominal approach with a right thoracic approach with the anastomosis being performed in the upper mediastinum above the azygos vein. He also described the Orringer approach (transthoracic esophagectomy) which uses the abdominal approach and the left cervical approach, with the anastomosis being made in the neck. He showed outstanding operative movies using the laparoscopic technique to mobilize the abdominal tissues and the thorascopic technique in order to mobilize the mid-esophagus. These provided excellent examples of the surgical technique. He emphasized more than once that a G-tube for feeding should be avoided in that the stomach is needed as part of the reconstruction. His patients routinely receive a J-tube for feeding, which is removed when the patient is tolerating regular diet. All of his patients are extubated in the operating room and have an average length-of-stay of about seven days. He published his results in the 2015 Annals of Thoracic Surgery. There was a lively question-and-answer session following this outstanding presentation.



Dr. Zane Hammoud's children

At the end of his presentation, he presented a list of paraproverbs from Winston Churchill:

- 1) Do not argue with an idiot. He will drag you down to his level and beat you with experience.
- 2) Light ravel faster than sound. This is why some people appear bright until you hear them speak.
- 3) If I agreed with you, I'd both be wrong.
- 4) I didn't say it was your fault; I said I was blaming you.
- 5) Behind every successful man is his woman; behind the fall of a successful man is usually another woman.
- 6) Money can't buy happiness, but it sure makes misery easier to live with.
- 7) You're never too old to learn something stupid.
- 8) The last thing I want to do is hurt you, but it's still on my list.



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SURGICAL GRAND ROUNDS, cont..

Dr. Kellie McFarlin (WSU/GS 2003/08) presented the Surgical Grand Rounds on August 17, 2022, which was titled “Updates on Gastroparesis Management.” Following the completion of her surgical residency, Dr. McFarlin joined the Henry Ford surgical team in the Division of General Surgery and maintained this position, so that now she is one of the senior staff surgeons on the General Surgery Division. She has a special interest in stomach problems, particularly gastroparesis.



Dr. Kellie McFarlin

Her presentation was very comprehensive, beginning with a nice summary of the anatomy and physiology of the stomach. She identified the location of the gastric pacemaker along the greater curvature of the proximal stomach and emphasized how this pacemaker is very important in all gastric motility and how lucky most of us are to have a normal functioning gastric pacemaker and subsequent peristalsis. She emphasized how the majority of patients with chronic gastroparesis are female and have problems with diabetes mellitus. She emphasized how the gastric paresis is associated with suppression of normal peristaltic activity related to interference with conduction by way of the muscle complexes. Mild gastroparesis may be treated with dietary adjustments, and such treatment is often augmented with Metoclopramide, a long-standing drug used for this entity. The tricyclides, including such drugs as Amitriptyline, are often secondary drugs used for this problem. There has even been some peroral endoscopic myotomy treatment for refractory gastroparesis, although there are not good reports from this. The endoscopic placement of Botulinum toxin A has also been attempted. Some of these patients have been identified as being depressed and have had trials of anti-depressants; anyone who is unable to eat is going to be depressed!

More recent studies have focused on electrical stimulation of the gastric muscular cells. A product identified as Enterra has received significant study and significant funding in order to overcome the resistance to gastric peristalsis. Enterra is an electrical device which is implanted into the stomach wall in order to facilitate electrical pacing, with the source of pacing being

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SURGICAL GRAND ROUNDS, cont..

a pack which is buried in the abdominal wall. This provides for gastro-electrical stimulation (GES) on a regular basis, and hopefully will be associated with improved symptoms. Of course, gastric peristalsis is very complicated and also involves a gastric-cerebral feedback mechanism so that hopefully, the Enterra will allow for the interchange between the stomach and the brain to be operative. Dr. McFarlin pointed out that there are some controversies regarding internal pacing, in that there have not been a large number of controlled studies, and it is important to make sure that the patient does not compromise



Dr. Kellie McFarlin presenting at the WSU Department of Surgery Surgical Grand Rounds

the effects of internal pacing with the abuse of narcotics. There are some quality-of-line studies with the use of Enterra, and it appears that there is a decrease in problems related to pain and increase in gut function. Pain, incidentally, is not a prime symptom of gastroparesis. Utilization of the Enterra



Dr. Kellie McFarlin's Surgical Grand Rounds Presentation

system requires programming in order to determine what is best for each patient. Typically, the pacing device is placed in the abdominal wall in the left upper quadrant so that there is close access to the proximal stomach. Typically, the system is activated in the operating room in order to be sure that there is evidence of peristalsis when the appropriate amount of voltage is added. Some of the pitfalls related to the Enterra system reflect the internal wires not being at the site of the gastric pacemaker or that they be too close to each other to facilitate

peristalsis. When a patient has temporary relief of gastroparesis followed by recurrence of symptoms, one might suspect that the wires have eroded through their intramural location and are no longer functioning in such a way as to stimulate a peristaltic wave.

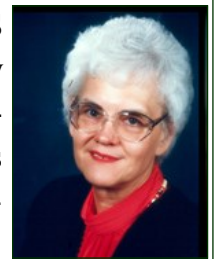
Dr. McFarlin pointed out that there are phase 2 study trials being performed currently in order to identify the long-term effect of Enterra in reducing symptoms by augmenting peristalsis. When complications occur, the system has to be explanted and some other type of therapy utilized. She emphasized that this is a very complex disease which requires a multidisciplinary approach and long-term maintenance of the Enterra system once placed. The patient becomes part of the surgeon's practice group forever. Her presentation was followed by a stimulating question-and-answer session.

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SURGICAL GRAND ROUNDS, cont...

WITH LIBERTY AND JUSTICE FOR ALL

The Surgical Grand Rounds was presented on 8/24/22 by Dr. Anna Ledgerwood (WSUGS 1972) and was titled, "With Liberty and Justice for All." Dr. Ledgerwood described her early upbringing and how, when she went to school with her eight classmates back in the farm country, they always began the day with, "I pledge allegiance to the flag," which, of course, ends with "and liberty and justice for all." She described her college and medical school experiences and how she managed to do her internship at the old Detroit General Hospital, sight unseen.



Dr. Anna Ledgerwood

She described how she had an interest in surgery but at the same time, women were not supposed to go into surgery so that she was not comfortable about making her desires known. Once the faculty members learned of her desire, they influenced Dr. Walt to accept her into the program. Her presentation discussed the malpractice crisis which began at the time of her first operation as a faculty member. A young man who had received blunt trauma and sustained a femur fracture associated with a popliteal artery injury had delay in recognition and, therefore, delay in operative intervention to repair the popliteal artery. Because of the delay, the calf muscles did not survive, despite four compartment fascial decompression at the time of the original surgery, so that her first operation consisted of an above-the-knee amputation for a gangrenous leg. Thus, she was one of those who, 18 months later, was sued. The plaintiff's attorney and plaintiff's expert witness based their case on the fact that there had been no arteriogram, which led to a delay in surgery. Actually, arteriograms were done by the surgical residents with a percutaneous puncture, and this patient had an arteriogram which was not in the official record but was capable of being produced for the jury so that the physicians were dropped from the suit. This was certainly not "justice for all," in that this patient had poor care but was not properly compensated because of an incompetent attorney.

Her next lawsuit, one year later, involved a patient who had a gunshot wound to the right thigh with injury to the profunda femoral artery. They elected to explore the area of injury, and they evacuated the hematoma, did a repair of the profunda femoral artery, and ligated an adjacent venous injury, thereby preventing an arteriovenous fistula. One year later, the patient developed an abscess which, when drained, allowed for the bullet to be evacuated. She was sued because the bullet caused the patient to have a taste of "lead" for the past 18 months prior to the abscess being drained and the bullet removed. The taste of lead in the mouth is, of course, ridiculous, and this was not justice in that the surgeon was sued for having an outstanding result.



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SURGICAL GRAND ROUNDS, cont..

She proceeded to describe a number of other cases where she was being sued and pointed out the ridiculousness of many of these cases, which never belonged in a courtroom. She described the process that one goes through when one receives a summons and then later gives a deposition in preparation for a court appearance. She described a number of examples where the plaintiff's expert witnesses testifying against her were clearly outside the domain of accepted standard of medicine.

Dr. Ledgerwood described a number of cases where she has served as an expert for the defense and pointed out some guidelines that should be followed when physicians have complications. Surgeons, of course, would be high on the list for the incidence of complications because of the mode of invasive intervention to provide care.

She highlighted the importance of a mature performance improvement program in which all injuries are discussed and all complications, whether preventable or not, are discussed in great detailed. She gave examples of some of the leaders in the American College of Surgeons who were very important in the development of the performance improvement programs within the American College of Surgeons' Trauma Verification program. Dr. Ledgerwood served for many years on that committee and was instrumental in developing some of the guidelines that are used for performance improvement activity which extends throughout the system, as is the case for the San Diego County trauma system, which has been a leader in this domain for half a century.

Dr. Ledgerwood finished her presentation with a plea that the future of litigation would change based upon the truthful and accurate presentation at the performance improvement meetings at each hospital. Errors of commission or omission should be identified and discussed fully with the patients' families, in order that the family members can better understand the complexity of providing care to patients with multiple severe injuries. Based upon these deliberations, a recommendation should be made by the institutional performance improvement system to compensate where preventable errors have been made. The patient and family should be informed that non-preventable errors may have been made and these same non-preventable errors are going to be repeated in the future and should not be litigious.

There was an active question-and-answer session, and many people had great interest in this very significant problem for all practicing physicians and surgeons.





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WAYNE STATE
UNIVERSITY
SCHOOL OF MEDICINE

The Department of Surgery
cordially invites you and a guest to an

Alumni Reception/Dinner

Tuesday, October 18, 2022

6:00 p.m. – 7:00 p.m.

Marriott Marquis San Diego Marina

333 West Harbor Dr.

San Diego, CA

Cardiff/Carlsbad

Hosted by Donald W. Weaver, M.D.

Penberthy Professor and Chairman

Department of Surgery

RSVP by September 28, 2022 to jdamm@med.wayne.edu or

Call Janet Damm at 313-745-8777

~ Choice of Entree ~

Braised Short Rib

Glazed Pork Belly, Loaded Mashed Potato, Truffle Gouda, and Chive Crème Fraiche, Roasted Romanesco
Citrus BBQ Sauce

Pan Roasted Atlantic Salmon

Sweet Soy Glaze, Jasmine Rice with Bok Cho y and Mushrooms Medley, Ginger sautéed Broccolini Coconut
Lemongrass and Curry reduction

VEGETARIAN



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PRODUCTIVITY

Dr. Larry Diebel (WSU/GS 1980/86) will be presenting a paper at the upcoming meeting of the American Association for the Surgery of Trauma. The title of this paper is “Effect of Tranexamic Acid on Endothelial von Willebrand Factor/ADAMTS-13 Response to In Vitro Shock Conditions.” His co-author is Mr. David Liberati.



Dr. Larry Diebel

Dr. Diebel will also be discussing a paper presented by Dr. Terry Schaid and co-authors from the University of Colorado at Denver. This paper is titled “Elevated Plasma SERPINB1 is a Marker of Immune Dysregulation Predictive of Post-Injury Outcomes.”

More information on these projects will be presented in the October 2022 edition of the Monthly Email Report.



Extra-Curricular Productivity



Miss Lana Shahait



Miss Lana

Dr. Awni Shahait (WSUGS 2021) and his bride, Lana, along with their son would like to announce the birth of their precious little daughter, Salma. Salma entered the world on Tuesday, August 23, at 16:36 and weighing in at 3.6 kg and 20. Mother and daughter are doing great and big brother can't wait to play with his new little sister. The WSSS extended clan welcome Salma to the WSSS family and send their congratulations to Dr. Shahait and his family.



Dr. Shahait with his daughter, Lana

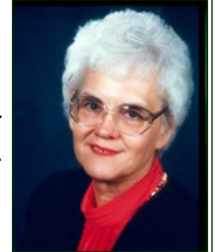


"EXCERPTS FROM LOG BOOK" - DOWN MEMORY LANE

Anna M. Ledgerwood, MD

3/25/71: Chief Resident: Edgar Roman - Night Staff: C. Carrasquilla

1. EB: GSW abdomen with retroperitoneal hematoma, perforation head of the pancreas and transverse colon. Operation: Exploratory laparotomy, colostomy, and drainage.
2. JJ: GSW abdomen with laceration small bowel mesentery and small bowel loops, treated with resection of small bowel and end-to-end anastomosis.
3. SP: Crush injury to left pelvis, thigh, and right leg (run over by a train). Findings included traumatic amputation left thigh and fractured pelvis, traumatic amputation right leg and laceration of urinary bladder and prostatic urethra, and laceration lower rectum. Operation included left hemipelvectomy done by Orthopedics, right above-the-knee amputation, repair of urinary bladder and urethra by Urology with suprapubic cystostomy, exploratory laparotomy and transverse colostomy with mucous fistula.



Dr. Anna Ledgerwood

3/26/71: Staff: Dr. I.K. Rosenberg

1. JD #154: SW to right anterior chest with perforation of right atrium, treated with a right thoracotomy and suture of laceration.

3/27/71: Staff: Dr. J.C. Rosenberg

1. CB: GSW abdomen with perforations of stomach, treated with closure.
2. CJ: Stab left chest and abdomen with perforation of stomach, treated with closure.
3. JH: GSW right abdomen and chest with perforation of diaphragm x2, treated with closure, and laceration of liver, treated with drainage.

3/28/71: Staff: Dr. P. LeBlanc

1. EA: GSW right pelvis with laceration right adnexa and uterus, treated with right salpingo-oophorectomy and repair of laceration of uterus.
2. RL: SW left chest and abdomen with laceration diaphragm and spleen, treated with left chest tube, repair of diaphragm, and splenectomy.

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DOWN MEMORY LANE — Anna M. Ledgerwood, MD

3/29/71: Staff: Dr. William Harriety

1. JW: Diabetic with acute abdomen and pregnant, treated with exploratory laparotomy which was negative.
2. DW: Acute appendicitis with findings of gangrenous appendicitis, treated with appendectomy.
3. AC: Fractured pelvis with bronchopneumonia and respiratory failure, treated with tracheostomy.

3/30/71: Staff: Dr. J.C. Rosenberg

1. JR: GSW sacrum and abdomen with multiple small bowel perforations and laceration rectum and sigmoid colon, treated with resection of three segments of small bowel with end-to-end anastomosis and closure of sigmoid laceration and retrorectal drainage and end colostomy with mucous fistula.
2. CW: Shotgun wound right knee with superficial soft tissue laceration. Operation: Debridement of wound and exploration of the popliteal vessels, which was negative.

3/31/71: Staff: Dr. A. Weaver

1. AF: GSW left thigh. Operation: Exploration of femoral vessels, which was normal.
2. PB: Incarcerated incisional hernia with 10-15 cm of gangrenous small bowel, treated with resection of small bowel, end-to-end anastomosis, and repair of hernia.
3. TC: Small bowel obstruction. Postoperative diagnosis: Ileus and incidental finding of jejunal diverticula.
4. CB: Postop GSW to the abdomen with atelectasis of right upper lobe, treated with bronchoscopy.





WSU MONTHLY CONFERENCES

2022

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, SEPTEMBER 7

Death & Complications Conference

“Dr. Alexander J. Walt: Historian, Philosopher, and Surgical Educator”

Charles E. Lucas, MD, FACS

WSU Michael & Marian Ilitch Department of Surgery

Wednesday, SEPTEMBER 21

Death & Complications Conference

“Common Bile Duct Exploration: A Lost Art”

Abubaker Ali, MD, FACS

WSU Michael & Marian Ilitch Department of Surgery

Wednesday, SEPTEMBER 28

Death & Complications Conference

“Bariatric Surgery Principles and Complications”

Roobeh Mansour, MD

WSU Michael & Marian Ilitch Department of Surgery

NOTE: NEW EVALUATION CODES:

Surgical Death and Complications Rounds #2022321125 Sept-Dec2022 CME Reflective Evaluation,

<https://www.surveymonkey.com/r/SQZ9Z9T>

Surgery Grand Rounds #2022321064 Sept-Dec2022 CME Reflective Evaluation,

<https://www.surveymonkey.com/r/SW&VQNL>



Wayne State Surgical Society
2022 Donation

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.

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

81st Annual Meeting of the AAST & Clinical Congress of Acute Care Surgery

September 21-24, 2022

Chicago, IL

108th American College of Surgeons Clinical Congress

October 16-20, 2022

San Diego, CA

Detroit Trauma Symposium 70th Annual Event

November 3-4, 2022

MSM Grand

Detroit, MI

Western Surgical Association 130th Scientific Session Meeting

November 5-8, 2-22

The Ritz-Carlton Bacara

Santa Barbara, CA



**Please Update Your
Information**

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



Missing Emails

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

Mohammad Ali (1973)

David B. Allen (1992)

Tayful R. Ayalp (1979)

Juan C. 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)

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)

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 J. 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. Scott Davidson (WSU/GS 1990/96) will pass the baton of presidency to Dr. Larry Narkiewicz (WSU/GS 2004/09) at the WSSS gathering during the American College of Surgeons meeting in October 2022. Members of the WSSS are listed on the next page. Dr. Davidson 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	Clink, Douglas	Gerrick Stanley	Lim, John J.	Ramnauth, Subhash	Tuma, Martin
Albaran, Renato G	Chmielewski, Gary W.	Grifka Thomas J. (Deceased)	Lucas, Charles E.	Rector, Frederick	vonBerg, Vollrad J. (Deceased)
Allaben, Robert D. (Deceased)	Colon, Fernando I.	Gutowski, Tomasz D.	Malian, Michael S.	Rose, Alexander	Washington, Bruce C.
Ames, Elliot L.	Conway, William Charles	Herman, Mark A.	Martin, Donald J., Jr.	Rosenberg, Jerry C.	Walt, Alexander (Deceased)
Amirikia, Kathryn C.	Davidson, Scott B.	Hinshaw, Keith A.	Maxwell, Nicholas	Sankaran, Surya	Weaver, Donald
Anslow, Richard D.	Dente, Christopher	Holmes, Robert J.	McGuire, Timothy	Sarin, Susan	Whittle, Thomas J.
Antoniolli, Anita L.	Dujon, Jay	Huebl, Herbert C.	McIntosh, Bruce	Sferra, Joseph	Williams, Mallory
Auer, George	Edelman, David A.	Johnson, Jeffrey R.	Missavage, Anne	Shapiro, Brian	Wills, Hale
Babel, James B.	Francis, Wesley	Johnson, Pamela D.	Montenegro, Carlos E.	Silbergleit, Allen	Wilson, Robert F.
Bassett, Joseph	Flynn, Lisa M.	Kline, Gary	Narkiewicz, Lawrence	Smith, Daniel	Wood, Michael H.
Baylor, Alfred	Fromm, Stefan H.	Kovalik, Simon G.	Nicholas, Jeffrey M.	Smith, Randall W.	Zahriya, Karim
Bouwman, David	Fromm, David G	Lange, William (Deceased)	Novakovic, Rachel L.	Stassinopoulos, Jerry	
Bradley, Jennifer	Galpin, Peter A.	Lau, David	Perrone, Erin	Sullivan, Daniel M.	
Crocchio, William C.	Gayer, Christopher P.	Ledgerwood, Anna M.	Porter, Donald	Sugawa, Choichi	



Members of the Wayne State Surgical Society—2022 Dues

Alpendre, Cristiano V.	Carlin, Arthur	Goltz, Christopher J.	Klein, Michael D.	McGee, Jessica D.	Shaheen, Kenneth W.	Ziegler, Daniel W.
Asfaw, Ingida	Dawson, Konrad L.	Hall, Jeffrey	Kosir, Mary Ann	Meade, Peter C.	Shanti, Christina	Zoellner, Steven M.
Babel, James	Dittinbir, Mark	Hamamdjian, Khatch	Larson, Sarah	Mueller, Michael J.	Siegel, Thomas S.	
Bambach, Gregory A.	Dolman, Heather	Hilu, John	Liebold, Walter	Noorily, Michael	Spencer, Amy	
Barnwell, John	Dulchavsky, Scott A.	Hollenbeck, Andrew	Lloyd, Larry	Paley, Daniel S.	Taylor, Michael G.	
Baylor, Alfred	Edwards, Ryan	Holmes, Robert	Lopez, Peter	Phillips, Linda G.	Tennenberg, Steven	
Bloch, Robert	Fernandez-Gerena, Jose	Jeffries, Christopher	Malian, Michael S.	Porterfield, Lee	Thomas, Gregory A.	
Bucci, Lorenzo	Field, Erin	Joseph, Anthony	Marquez, Jofrances	Robinson, Steven	Thoms, Norman W.	
Camero, Luis	Gallick, Harold	Kaderabek, Douglas J.	Mayuiers, Matt	Schwarz, Karl W.	Vasquez, Julio	



*Operation-A-Year
January 1—December 31, 2022*



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



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.