Many of the graduates of the WSU surgical residency program have authored books with the topics usually not directly related to surgery. Dr. Myron K. Denney (WSUGS 1967) continues to be creative in his very productive life. The editor has always recognized Mike as being one of the most free-thinking surgeons he has ever encountered and always has had the ability to stimulate one to think outside the box. Stimulated by the recent publication in the monthly email journal of Dr. Yvan Silva’s recent artistic publications, Mike decided to submit this brief article published in the Spring 2014 issue of the EXPLORER, Journal of the Society for Scientific Exploration.

**PUPPIES IN THE SKY**

My memory of when I first began to develop a scientific attitude is about a mathematics class in my third grade at Detroit’s Van Dyke school. We students had been assigned a written math quiz on addition and subtraction of five-digit numbers. Pausing from the worksheet on my desk, I looked out the window at a fluffy-clouded blue sky and was struck with a state of wonder. “Look,” I exclaimed. “There’s a little white puppy dog in the sky. That cloud looks just like a cute little puppy!” Mrs. Scheimer was not pleased. With heavy steps she marched to my side, forcefully pulled down the window shade, and pointed an insistent index finger at the work on my desk.

Throughout the rest of my education, I gradually learned the difference between fact and puppies in the sky. Reading Francis Bacon was one of the first in a long series of events that taught me the power of mathematical logic and science. He said, of science: “We are going to put nature on the rack and torture out her secrets.”

Gradually, I became imbued with an objective attitude so that biology, chemistry, and physics were my keys to appraising and understanding reality. Furthermore, it was in medical school and later surgical residency training that the hard reality of this scientific imperative became fully manifest—unless firmly grounded in biomedical science, medical care would harm rather than cure.

Continue page 2
After many years of medical teaching, research, and practice, I recently became a full member of the Society for Scientific Exploration, whose primary mission is to provide a professional forum for presentation, criticism, and debate concerning topics which are for various reasons ignored or studied inadequately within mainstream science. However, it was the secondary goals of the Society that intrigued me—specifically the ones about promoting improved understanding of those factors that limit the scope of scientific inquiry such as restrictive worldviews and hidden theoretical assumptions.

Pondering my rather strange attraction to restrictive and hidden dimensions of scientific exploration, I soon realized that I had not forgotten that lovely puppy in the sky outside the window of my third grade math class. Throughout my decades of study and practice, I had continued to look through a window of paradoxical wonder and awe when witnessing such events as spontaneous remission of incurable illness, near-death experiences, dramatic healing after acupuncture and many alternative, complimentary and spiritual healing methods. And, it is noteworthy, that after thousands and thousands of empirical studies designed to “prove” whether or not these healing modalities “work,” there is as yet no reliable, statistically significant, repeatable scientific evidence that these alternative treatments are efficacious.

To accommodate this thwarting reality, many respectable researchers and practitioners are using the term “evidence-based,” which basically means reducing the statistical criteria which determine the validity of the studies. This, then, becomes a way to express that some results, though not statistically significant, are judged to be “promising.”

Perhaps there is another way to express regard for alternative and complementary medicine. If we open our minds, we might consider the possibility that our empirical scientific method is inadequate to measure all the factors in these anomalous but potentially healing phenomena. My approach to this conundrum was to return to graduate school in late-life and earn a PhD in depth psychology. The “depth” in this psychology pertains to the non-rational, unconscious, intuitive, noetic (the editor had to look up this word which means pertaining to the mind or apprehend by reason), imaginal, and paradoxical dimensions of the Self. My special interest was in mind-body medicine.

I learned about phenomena such as synchronicity, a psychological serendipitous state in which a highly meaningful inner experience coincides with a physical external event, a so-called anomalous or peak experience. This has a parallel in the scientific phenomenon of complexity and chaos, in which, through strange attractors, spontaneous events occur that are unpredictable by ordinary science. It began to seem as though my strange attraction to the goals of SSE might have come about through strange attractors.
I also learned about a depth psychological phenomenon called “holding the tension of opposites,” in which one does not choose between opposites, but holds them together at the same time and experiences a transcendent third, perhaps even a eureka moment, a numinous moment of clarity or peak experience, in which questions about the nature of things suddenly become clear. This, and many other phenomena, have parallels in highly reliable quantum observations in which subatomic particles can be two places at the same time.

I imagine that many scientists have similar thoughts and experiences as they ponder the nature of things. Few of us, however, can allow those experiences to gain credibility outside of ordinary logic. Fewer still can find a way to include them in our research methodologies. Guided by medical “peer review,” we obdurately continue to try to reduce anomalous phenomena to ordinary science, using a restrictive worldview and theoretical assumption called “scientism.”

How might one design a biomedical research project that included spontaneous emergence out of chaos and the existence of a quantum particle in two places at the same time? To begin with we might include: qualities together with quantities, the subjective together with the objective, wholeness together with fragmentation, metaphor together with logic, and the imaginary numbers in Mandelbrot’s fractals. In short, we might include depth psychology with ordinary biomedical science.

I recorded my path toward the union of ordinary empirical science with paradox in a little memoir I published recently (available on Amazon.com). The title of the book is: Nobody’s Boy. It’s called Nobody’s Boy because that’s how it feels when you go around talking to scientists about little white puppies in the sky.

Mike Denney
demmeymike@aol.com
MEET OUR NEW 2018 RESIDENTS

Each year the residents finishing their training go out into private practice and must be replaced by the new breed who will begin their training July 1, 2018 in preparation for the long trek to when they too will be going into practice. Dr. David Edelman (WSU/GS 2002/09), the Residency Program Director, is proud of the new crop of young residents who will be starting in July. These talented people are listed below.

**CATEGORICAL**

Catherine Byrd - University of Pittsburgh School of Medicine

Michelle Coughlin - State University of New York Upstate Medical University

Maseray Kamara - Michigan State University College of Human Medicine

Joshua Kong - Wayne State University School of Medicine

Jose Wilson Mesquita - Universidade Estadual do Ceara (UECE)

David Springstead - Wayne State University School of Medicine

Alyssa Stroud - Central Michigan University College of Medicine

**PRELIMINARY SURGERY**

Alan Auckland - Lake Erie College of Osteopathic Medicine (Urology)

Anthony Bonzagni - Touro College of Osteopathic Medicine-New York (Urology)

Gannon Curtis - Wayne State University School of Medicine (General Surgery/Orthopedics)

Michael Fry - Texas Tech University Health Sciences Center School of Medicine (General Surgery/Orthopedics)

Matthew Georgis - Keck School of Medicine of the University of Southern California (General Surgery/Orthopedics)

Rami Jirjis - Oakland University William Beaumont School of Medicine (Urology)

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### MEET OUR NEW 2018 RESIDENTS

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<th>Name</th>
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<tr>
<td>Samer Kirmiz</td>
<td>Michigan State University College of Human Medicine</td>
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<td>Matthew Radant</td>
<td>Oral Surgery</td>
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<td>Daniel Kurtz</td>
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<td>Jesse Rockmore</td>
<td>Edward Via College of Osteopathic Medicine - Carolinas Campus (Urology)</td>
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<td>Britanny Milliner</td>
<td>Campbell University Jerry M Wallach School of Osteopathic Medicine (Urology)</td>
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<td>James Yip</td>
<td>Wayne State University School of Medicine (General Surgery)</td>
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### REPORTS FROM THE OUTFIELD

**Dr. Amjad S. Hussain Remembers His Thoracic Surgery Residency at Wayne State University**

(Per Dr. S. Amjad Hussain (WSUGS 1970))

When I was in my third year of training, I had applied for training in cardiovascular surgery in several hospitals. I received an interview call from Wayne State University in Detroit. They offered me a two year contract. I also received calls from a few other hospitals but I preferred Detroit over the other places. Towards the end of June 1968, I moved 50 miles north of Toledo to the city of Detroit.

Toledo was a small city and Maumee Valley Hospital was a small hospital. Compared to that, Detroit was the 4th or 5th largest city in the United States and its hospitals were much bigger in size.

Continue page 6
I felt like I had moved from a village to a metropolis. It might be easier to get used to a bigger city, but getting used to a big hospital is very hard. Maumee Valley Hospital had the feel of a big family place, but in Detroit, the environment was very competitive and everyone seemed to be focused on their self-interest. Everyone was busy trying to get ahead of everyone else. In this race, if any participant stumbled, he was likely to be trampled on by others. No one would stop to offer him a hand to rise again. The weekly conference was also a scene of intense self-promotion, where everyone tried to beat others. The following story illustrates my point:

For the weekly conference, about 30-40 resident and staff surgeons had congregated. During discussion on care, I ventured to express my opinion. One surgeon whom I had never met before immediately reported that he had never heard anything more ridiculous than what I had said. I was stunned! In the past few years, I had attended many conferences but never had anyone express their views in such a rude manner. Anyhow, after the conference ended, another surgeon came to me, introduced himself and asked me to forgive those remarks. This surgeon’s name was Dr. Zwi Steiger. A chapter is included on his character sketch along with chapters of other personalities from that institution.

As they say, man adapts to every environment, so in a few months, I also got accustomed to Detroit. But, whenever these types of situations arose, I badly missed Maumee Valley Hospital. Training in cardiovascular surgery was going to last for two years. To get selected for this training, it’s essential that the candidate has completed the training in general surgery. In other words,
only after getting trained as a general surgeon for five years can one start training in cardiovascular surgery. I had received my general surgery training in Toledo, but most of my colleagues had completed the same training at Wayne State University in Detroit. In a way, they were the authorities “own boys” and received preferential treatment.

At Wayne State University five hospitals were used for training. These hospitals were situated in different parts of the city. We were sent to each hospital for 2-3 months. Once a week, we all used to gather at a designated place for the weekly conference and that used to be the time when we got the opportunity to interact with our colleagues.

Detroit Receiving Hospital could be considered the center of our training. This hospital of more than a thousand beds was located in the center of the city. Most of the patients in this hospital were from low-income families who didn’t have medical insurance. Majority of them were African Americans. The emergency department of the hospital remained busy day and night. It was joked about the hospital that if someone had a stab wound in the heart or a bullet shot, one’s life was more likely to be saved at Detroit Receiving Hospital, but if it was something less life-threatening like appendicitis, one was more likely to die from the rupture of the appendix, while waiting one’s turn to be attended to. Such was the crowd of patients at the hospital that only those in the most life-threatening condition were taken to the operation theater immediately. The salary we received during residency was barely enough to make ends meet. My wife also worked at the hospital, but we had to watch our expenses. Sometimes I would work extra hours in the emergency department to earn the overtime pay.

The second biggest hospital of the University was the Veteran’s Administration Hospital, which
was located about 12 miles from the University campus in the city of Allen Park. This was also a very big hospital which was run by the Federal Government of the United States. It had been given the status of a research and teaching hospital and was affiliated with Wayne State University. Only retired American soldiers were treated at this hospital. I got the opportunity to work with surgeon Zwi Steiger at this hospital. Whenever my rotation brought me to the VA Hospital, my stay there would be very pleasant thanks to Dr. Steiger. The famous cancer surgeon, Dr. Arthur Weaver, also worked at the VA Hospital. He had worked for some time in the Seventh Day Adventist Hospital in Karachi. Whenever he met me, he would try his Urdu on me.

Of all the hospitals affiliated with Wayne State University, the Herman Kiefer Hospital was unique. It was established as an infectious disease hospital in the early 19th century and was named after a German doctor who used to teach anatomy at Wayne State University and who had settled down in Detroit long ago. Later, he joined Detroit's Department of Health and became its director. By the time I started working at this hospital in 1968, most of the infectious diseases had been eliminated, however patients with tuberculosis were still being treated there. Tuberculosis was treated with medicines but when the medicines were no longer effective, the patient had to undergo an operation for removal of the affected parts of their lungs. In the mid 60s, medicines had been introduced which eliminated the need for surgery for patients with tuberculosis. Since this was the only hospital in Michigan where tuberculosis patients were treated, patients from all over the state used to go there for their treatment. We had the opportunity to perform tuberculosis surgery at this hospital which was one of the very few hospitals in the United States where one could have this experience. Two years later, when I returned to Peshawar, the experiences I gained at the Herman Kiefer Hospital proved to be invaluable. During my training at the Herman
Kiefer Hospital, I committed a mistake for which my training could have been terminated, but the authorities allowed me to continue the training after issuing me a warning. Most of the patients at the Herman Kiefer Hospital were from lower social-economic classes. Many of them were alcoholics or drug addicts. Once they were admitted to the hospital, they would spend at least four months there. If an operation would become necessary, their stay would be extended for an additional 4-6 months. With Christmas approaching, there was a festive atmosphere outside Herman Kiefer Hospital but inside the hospital there was a pall of gloom. I decided to do something to cheer up the poor patients at Christmas. When I went on the morning rounds on Christmas day, I brought a few bottles of wine with me. I put the bottles and glasses on a trolley and went to every room wishing the patients a Merry Christmas and offering them a glass of wine. Everyone happily drank the wine and it seemed like the few bottles of wine had changed the whole atmosphere for the better. I was happy that I had made a difference by cheering up the patients; but all of it changed when a senior nurse complained about the incident to the medical superintendent.

I was asked to report to the medical superintendent after Christmas. Dr. Paul Chapman was a very warm and friendly person. When I entered his office I realized that he was extremely angry. He shouted at me, "We keep these patients admitted in the hospital because once discharged, they will neither take their medicines regularly nor quit drinking, whereas you have taken it upon yourself to be their Santa Claus, offering alcohol to chronic alcoholics! What you have done is unacceptable!" He stopped for a moment, examined me from head to toe and continued, "What surprises me is that being a Muslim, you don't touch alcohol yourself, but you don't hesitate to offer it to others." Once finished, he remained silent for a while. After thinking for some time, he smiled and told me to go away and not to repeat such a mistake again.
The Herman Kiefer Hospital will remain memorable for something else as well. It was on July 20, 1969 when I was in one of the rooms in the hospital where I was watching an old television set, that I saw Neil Armstrong setting foot on the surface of the moon.

During the two years of training I had two 3-month rotations at Harper Hospital as well. This is also one of the big and famous hospitals of Detroit. At that time the number of beds in the hospital was more than 700. We were sent to this hospital for training in heart surgery.

I got the opportunity to work with some very good surgeons at this hospital and learned a lot from them. There was one young surgeon, Dr. Stewart Pursel, who performed operations with delicate skills and used to teach us with dedication. He used to treat us as friends. There was another surgeon who wasn’t such a great surgeon but he had become very well known for performing a feat in the field of surgery. His name was Dr. Forest Dewey Dodrill. He was close to retirement at that time. His feat was that for the first time he had been able to keep a patient alive with a machine while performing heart surgery on the patient. In heart surgeries, it is important that the heart remains still. During that time, blood circulation in the body is maintained with the help of a machine. These days, such machines are commonly used for bypass operations, but in the 1950s such heart operations were not possible. Dr. Dodrill collaborated with engineers from General Motors to create a machine for this purpose. The machine was first tested on animals and when it was proven reliable after thorough testing, it was used in a heart operation on a human being for the very first time in the world at Harper Hospital. That machine is now displayed for exhibition at Washington DC’s Smithsonian Institute. I would also like to mention the surgeon, Dr. Raymond Barrett. He was a thoracic surgeon but he used to perform surgeries only on the lungs and oesophagus. He not only taught me about surgery but he also taught me how to pass the exams. We could only sit for the thoracic
surgery specialty exam upon completion of our training. I applied to the board of Thoracic Surgery and explained that I had to return to Pakistan immediately after completion of my training and that if I stayed for the exam, I would lose one whole year. Many thoracic surgeons start their practice after completing their training and passing the exam a few years later. It’s not compulsory to pass the exam before initiating practice in America. The Board accepted my application and allowed me to sit for the exam in the second year of my training. I mentioned this to Dr. Barrett who was very pleased to hear this and agreed to help me prepare for the exam. Dr. Barrett had also worked as an examiner for the Board of Thoracic Surgery in the past. For six months, I would go to his office once a week for an hour where he would give me mock tests. When I went to sit for the real exam, I was so well prepared that I passed it without any difficulty. It was a rare thing for the University as well that one of its residents passed the specialty exam before completing training.

I passed this exam in the second year of training but in the first year I appeared for the General Surgery Board Exam. As I have mentioned before, in thoracic surgery, we also had doctors trained in general surgery from Wayne State University who were supposed to appear for the exam along with me. The center of the examination was in Milwaukee, Wisconsin. Seven doctors, including myself, travelled from Detroit to Milwaukee to sit for the exam. The exam went well. Two weeks after we returned back to Detroit the results were announced. It turned out that two of the doctors who had completed their general surgery training at Wayne State University failed the exam, whereas three of us who came from other universities passed it. The chairman of the department of surgery was quite upset at the failure of his “own boys.”

I also had the opportunity to work with another surgeon at Harper Hospital, who neither had the capability nor skill. During surgery he expected us to rescue him out of his self-created complications. His cases often went wrong. If one of his patients died on the operating table, he would ask one of us to go
and inform the patient’s family. Thinking of him reminds me of a saying by Sheikh Saadi. A man once asked Saadi how he had learned to be so intelligent. Saadi replied that he learned it from the idiots. The man was taken aback and asked how that was possible. Saadi replied, “I avoid doing what I see them doing.” I also learned a lot from this surgeon in the field of surgery but according to Sheikh Saadi’s formula.

During my training I spent some time at Detroit’s Children’s Hospital as well. We would go there to learn about children’s heart surgery. In those days two heart surgeons used to work at Children’s, Dr. Jordan and Dr. Jacobson. Both of them were very friendly and competent surgeons. It was at this hospital that I was almost shot.

The building of Children’s Hospital was very old, probably around 100 years old. The hospital was like a labyrinth. To go to the main building from our duty rooms, one had to take the elevator to reach the main floor, then pass through a long corridor, and take another elevator to reach the upper floors. The interesting thing was that if one could cross from one building to the other from over the roof, it would take only a few seconds. The Intensive Care Unit (ICU) was right in front of the building where duty rooms were located. When I would receive a call from the ICU at night, I would ask the nurse to open the window facing my room. I would go from room over the roof into the ICU through that window. One night I was going to the ICU like that when a security guard noticed me. He thought I was a burglar trying to enter the hospital through the ICU. He took out his pistol and ordered me to stop immediately. I raised my hands right away. The security guy came over to the roof and once he was satisfied that I was not a burglar, he advised me not to use that way to go to the ICU. I was lucky that I heard the security guard ordering me to stop, otherwise, I would have continued walking over the roof like a silhouette and the guard might have used his pistol on me. This hospital was in an area of the city where the crime rate was high and shooting incidents between police and criminals were not uncommon. (To be continued, June 2018)
Dr. Andrew Isaacson (WSUGS 2017) received the news that he passed the ABS Certifying Exam on his first attempt this past March, 2018, and is now officially board certified. He extends his heartfelt thanks to all his teachers and mentors at WSU. He shares he could not have done it without the excellent teaching and support he has received over the years. He is very busy as a Trauma and Acute Care Surgery Fellow at the Grady Memorial Hospital/Emory University School of Medicine in Atlanta Georgia. He again thanks everyone and hopes all is well at DRH and plans to stop by the next time he is in town. Dr. Isaacson can be congratulated at Andrew.r.isaacson@gmail.com.

Dr. Jennifer Bradley (WSUGS 2015) shares her latest updates from western Michigan: Weather complaints aside, we are continuing to do well. The girls are still very busy with music and choir. They are progressing well with school and continue to love being outside in all weather here. Elise is now almost as tall as I am, and not yet even a teenager; she swims and runs exceptionally well. Claire continues to be my creative child and devours books at an impressive rate, reading many years ahead of her grade level. They are already looking forward to summer break and swimming in Lake Michigan.

Muskegon Surgical has almost finished its construction project. We have actually added 3 larger procedure rooms and have started to do sedation vascular access procedures in the office. Eventually we will expand into general surgery sedation procedures. The new layout has afforded us more exam rooms and an updated front waiting room and office space.

We are actively looking for a general surgeon this year, and will likely add another general surgeon in 2019. This is due to a few surgeons getting close to full retirement and the growth of our area.

We are excited to welcome the residents in the upcoming year. The paperwork has been completed and approved and I have already been contacted by one resident who seems excited to come here for the rotation. I know that our breadth of general surgery will benefit them and hopefully give them insight into the life of a private practice surgeon.

Our ACS Level II trauma verification is done and we have received a good review, maintaining our Level II status. One outcome of the review is that I am now the Director of the Surgical Intensive Care
Unit, as we needed to have more surgeon input to that management. This is affording me an interesting view into the running of the hospital and I find myself busy with Administration some weeks.

Personally, some cases can be extremely challenging, and when patients have complications it hits hard. I just have to remember all of the solid advice and training I have received and make decisions based on good technique and safety for the patients. It helps that I have found a set of talented surgeons here to work with and we can review and discuss cases at any time we need to.

Hope this letter finds everyone well.

Yours truly, Jennifer Bradley

Each year the DSA offers the Charles G. Johnston Award to the residents who have presented the best clinical paper and the best basic science paper during the academic year. The best basic science paper was presented by Dr. Jonathan V. Martin (WSUGS 2019) and is entitled “Acute Hyperglycemia Exacerbates Trauma Induced Endothelial Glycocalyx Injury: An In Vitro Model.” He will receive this recognition at the combined meeting of the Detroit Surgical Association and the Academy of Surgery of Detroit on Thursday, May 3, 2018 at 6:00 p.m. at the Century Grille Restaurant in Detroit. Congratulations to Jonathan!

ALEXANDER J. WALT
LECTURESHP
2018

David A. Rogers, M.D., M.H.P.E.
Senior Associate Dean of Faculty Affairs and Professional Development
Professor of Surgery, Medical Education and Pediatrics
UAB School of Medicine
University of Alabama, Birmingham

“Education of a Surgical Teacher”
Wednesday, May 9, 2018
8:00 a.m.
Kresge Auditorium, Second Floor
Harper University Hospital
3990 John R
Our WSU Department of Surgery past residents enjoying the “SAGES 2018” meeting which hosted the 16th World Congress of Endoscopic Surgery” and was held at the Washington State Convention Center in Seattle, Washington this past April 11–14.

(Left to right) Dr. Rachael Springer (WSUGS 2015), Dr. Cristiano Alpendre (WSUGS 2014), Dr. Abubaker Ali (WSUGS 2015), Dr. William Truong (WSUGS 2015), and Dr. Maged Elkhouly (WSUGS 2017)

(Back left to right) Dr. Cristiano Alpendre (WSUGS 2014), Dr. Mona Taleb (WSUGS 2016), Dr. Rachael Springer (WSUGS 2015), (sitting left to right) Dr. William Truong (WSUGS 2015), Dr. Maged Elkhouly (WSUGS 2017), and Dr. Abubaker Ali (WSUGS 2015)
Healthy for your heart, the pundits say
But don't you start, if you don't drink
If you do it's two for a man they say
But for a woman, one will do for a day
Drink responsibly
If you're dumb enough not to get it
The law will strike you some way
For sure you'll live to regret it
Drink until you hear—last call
You're having such a ball after all
Forget getting home to let out the dog
You're partying hard, you're brain's in a fog
You can be a hard core smoker
But not a working toker
That's their problem—the laws and all
Your drug of choice is legal—after all
Drink, drink, drink after drink
Strip off your precious neurons
Time after time you drink and drive
Till you get caught—badass moron
The Ossifer will check your sobriety
Test your breath, prove impropriety
Lock you hammered in the slammer
Till you level down your B.A.C.
Join the rapsheeted DUI's
Who maintain the cops are really spies
With quota sheets in their pockets
Feed the State—fill the judges' dockets
Drunken driving is for sure no fun
You broke the law and the law won
Now you're the victim and the perp
And you swear—that was the last one
It makes the lives of those you love
A daily living hell
It hammers hurt into your body
Messes up you L.D.L
Comes the time you hit the bottom
Their hearts have hurt and hurt for you
Their eyes have cried so much they're dry
For all that's left of you
Enjoy yourself it's later than you think
Except for now you're really on the brink
You're busted, close to broke and paying fines
You may do time and have to see a shrink
You've reached the buzz beyond recall
Laughing on the outside, crying
on the inside
Your brain has shrunk and that's not all
Here's your last and final call
- Alcohol or not at all!!
**WSU MONTHLY CONFERENCES**

**2018**

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

**Didactic Lectures** — 8 am
Kresge Auditorium

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**Wednesday, May 2**

Death & Complications Conference

"Anorectal Emergencies“

Dean Kristl, MD

“WSU Mike & Marian Ilitch Department of Surgery"

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**Wednesday, May 9**

Death & Complications Conference

**WALT LECTURE**

“Education of a Surgical Teacher”

David A. Rogers, MD, MHPE

UAB School of Medicine, Birmingham, Alabama

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**Wednesday, May 16**

4th ANNUAL KATHY CRAMER VISITING LECTURESHP

Robert S. Jampell, MD, PhD

**KRESGE EYE INSTITUTE**

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**Wednesday, May 23**

Death & Complications Conference

Gari Martinovski, MD

WSU Mike & Marian Ilitch Department of Surgery

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**Wednesday, May 23**

Death & Complications Conference

“My Most Memorable Case”

B Selwan, N Desa, A Hollenbeck, A Jafr, S Jhamb, D Kristl, I Lobeck, G Martinowski

WSU Mike & Marian Ilitch Department of Surgery
Dear WSSS Alumni and Friends:

The WSSS continues to thrive, offering support to our members and the current general surgery residents at WSU. As your president, I would like to summarize events of the last year, the status of the Society, and this year’s calendar of events.

The annual meeting of the WSSS is held on the Tuesday night of the ACS week, which took place at the San Diego Convention Center in San Diego, California on October 22-26, 2017. The cocktail reception and dinner was hosted by Chairman Donald Weaver and attended by 65 members and guests. The dinner is free for members and the residents attend as guests. I was proud of the accomplishments and future plans of our chiefs. They are a credit to the program. All chiefs automatically become members of the Society, dues-free for two years.

The Annual Lectureship of the WSSS is held on the Wednesday before the Detroit Trauma Symposium. The 2017 WSSS annual lecturer, Dr. Martin A. Schrieber from the Oregon Health & Science University, lectured on the new frontiers in blood transfusion. He is Professor of Surgery and Chief of the Division of Trauma, Critical Care, and Acute Care Surgery. Dr. Schreiber’s special areas of interest are trauma surgery and surgical critical care. He received his medical degree in 1988 from Case Western Reserve University in Cleveland, OH. Dr. Schreiber completed his internship at Madigan Army Medical Center in Fort Lewis, WA., and his residency training at the University of Washington in Seattle. His trauma and critical care fellowship was completed at the University of Washington.

The Detroit Trauma Symposium is second to none. It is amazing what Dr. Larry Diebel is able to accomplish year in and year out. There is something for everyone: lectures by world famous surgeons, sunrise hands-on sessions, and panel discussions.

The Michael and Marian Ilitch Department of Surgery newsletter lists 118 members of the WSSS, including 61 Charter Life Members who have or will donate $10,000 to the Society, tax deductible! I am proud to tell you that we have over $205,119.28 in the bank and are in the process of investing a portion to ensure the Society will exist in perpetuity. Consider becoming a Life Member, invest in the future, and one of these outstanding residents may become your partner!

This year the WSSS meeting will be on Tuesday, October 23 at the Boston Convention & Exhibition Center in Boston, Massachusetts, October 22-26, 2018. If you haven’t been to an ACS meeting recently, come to Boston; the meeting is well worth attending and the WSSS cocktail reception and dinner is always a good time. (As is going out on the town with the residents afterwards.)

The Detroit Trauma Symposium and the WSSS Annual Lectureship Series continues to attract world class speakers. This year the 2018 guest lecturer will be Dr. Lena M. Napolitano, MD. Dr. Napolitano is Professor of Surgery at the University of Michigan School of Medicine, Acute Care Surgery (Trauma, Burns, Critical Care, Emergency Surgery), Program Director of the Surgical Critical Care Fellowship (6 fellows annually) and Associate Chair for the Department of Surgery. Dr. Napolitano is certified by the American Board of Surgery in General Surgery as well as Surgical Critical Care. She is a Fellow of the American College of Surgeons, American College of Critical Care Medicine (ACCM), and the American College of Chest Physicians. Dr. Napolitano is a member and holds leadership positions in numerous professional organizations in surgery, trauma and surgical critical care.

The WSSS dinner will be held Tuesday, November 6, 2018 at Giovanni’s Ristoranté. Dr. Napolitano will be the honored guest, but the price is steep; she must answer truthfully all questions posed. No matter how “inspired” you are by the dinner, try to make the M&M conference which precedes the WSSS Lecture on Wednesday morning, November 7, and I will introduce Dr. Napolitano and hope to see you there. Make plans to stay for the Detroit Trauma Symposium.

Serving as your President has been an honor and a privilege. As I stated before, the WSU Department of Surgery and the WSSS is responsible for a large part of my modest success as a surgeon. It is an organization that brings old friends together with mentors and future partners. It is worthy of your participation and support.

Sincerely,

Brian Shapiro, MD, FACS

President, WSSS
Wayne State Surgical Society
2018 Dues Notice

Name:
Address:
City/State/Zip:

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<tr>
<td>2018 Dues Payment</td>
<td>$200</td>
</tr>
<tr>
<td>My contribution for “An Operation A Year for WSU”</td>
<td>______</td>
</tr>
<tr>
<td>*Charter Life Member</td>
<td>$1000</td>
</tr>
<tr>
<td>Total Paid</td>
<td>______</td>
</tr>
</tbody>
</table>

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

65th Annual Michigan Chapter/ACS
May 16-18, 2018
Grand Traverse Resort & Spa
Traverse City, MI

Midwest Surgical Association
August 5-7, 2018
Grand Hotel
Mackinac Island

77th Annual American Association for the Surgery of Trauma & Clinical Congress of Acute Care Surgery and 4th World Trauma Congress
September 26-29
Manchester Grand Hyatt Hotel
San Diego, 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.
WAYNE STATE SURGICAL SOCIETY
OFFICERS BALLOT
2018

PRESIDENT-ELECT:

☐ Scott Davidson

Members-At-Large:

☐ Bruce McIntosh

Resident Member:

☐ Anna M. Knight
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.


Wayne State Surgical Society

The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. 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. Randall W. Smith (WSU/GS 1981/86) passed the baton of presidency to Dr. Brian Shapiro (WSU/GS 1988/93) at the WSSS Gathering during the 3.0 American College of Surgeons meeting in October 2016. Members of the WSSS are listed on the next page. Dr. Shapiro 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
Albaran, Renato G
Allaben, Robert D.
(Deceased)
Ames, Elliot L.
Amirikia, Kathryn C.
Auer, George
Bassett, Joseph
Bayor, Alfred
Bouwman, David
Cirrullo, William C.
Gayer, Christopher P.
Clink, Douglas
Colon, Fernando I.
Conway, W. Charles
Davidson, Scott B.
Edelman, David
Francis, Wesley
Flynn, Lisa M.
Fromm, Stefan H.
Fromm, David G
Galpin, Peter A.
Gerrick Stanley
Grifka Thomas J.
(Geceased)
Gutowski, Tomasz D.
Herman, Mark A.
Hinshaw, Keith A.
Holmes, Robert J.
Huebl, Herbert C.
Johnson, Jeffrey R.
Johnson, Pamela D.
Kovalik, Simon G.
Lange, William
(Leceased)
Lau, David
Ledgerwood, Anna M.
Lim, John J.
Lucas, Charles E.
Malan, Michael S.
Mcintosh, Bruce
Montenegro, Carlos E.
Narkiewicz, Lawrence
Novakovic, Rachel
Ramnauth, Subhash
Rector, Frederick
Rosenberg, Jerry C.
Sarin, Susan
Shapiro, Brian
Smith, Daniel
Smith, Randall W.
Stassinopoulos, Jerry
Sullivan, Daniel M.
Sugawa, Choichi
vonBerg, Vollrad J.
(Deceased)
Washington, Bruce C.
Walt, Alexander
(Deceased)
Weaver, Donald
Whittle, Thomas J.
Williams, Mallory
Wilson, Robert F.
Wood, Michael H.
Zahriya, Karim

Members of the Wayne State Surgical Society—2018 Dues

Alpendre, Cristiano
Babel, James B.
Bambach, Gregory A.
Bradley, Jennifer
Gallick, Harold
Kaderabek, Douglas
Leibold, Walter
Mueller, Michael J.
Schwarz, Karl W.
Sferra, Joseph
Ziegler, Daniel

Operation-A-Year
January 1—December 31, 2018

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 your 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.