The many surgeons who have become members of the WSSS have travelled on the different pathways in order to reach their final destination. Some surgeons are exposed to a family member who is a physician or even a surgeon from the early years and plan their educational years accordingly in order to get into medical school, do a surgical residency, and go out into private practice like their mother or father, aunt, or older brother. Others are exposed to the medical profession at a young age because of an illness that had to be overcome in themselves or one of their family members and decide this is a nice way to go, where you can take care of people and be rewarded by their happiness. A separate contingent of our graduates did not decide to become surgeons until their college years when they identified the excitement of physiology and decided to make medicine their careers.

Once the decision is made, there are many obstacles that have to be overcome, including doing well in school, finding some individuals who will write nice letters, and most importantly, excelling on the MCAT. Once in the surgical residency program, many other obstacles have to be overcome, such as dealing with uncooperative patients, tolerating emotionally unstable attending surgeons, and learning the many new techniques for taking care of patients, both in and out of the operating room. As one moves toward the end of residency training, a great sense of urgency often arises; what am I going to do? Most surgeons go out and work in a private practice setting, usually in a large metropolitan area; will I be able to go out and compete with all of those very busy surgeons who have had the advantage of operating all those years? The finishing resident wonders whether to take some type of Fellowship in order to enhance one’s skills in a certain area in order to be able to survive in the cold world. This segment of our graduates will often join a team of former alumni in order to ease in gradually to the final pathway of their careers. A smaller segment decides to seek employment within a university department of surgery, thinking that they are going to change the world for future surgeons; oh, how confused they be!
During all these deliberations, very few of our graduates consider the life of a missionary surgeon. The rewards have got to be outstanding, as one is always providing care to those in need. Many of your future patients would no longer receive such expert care if you and your fellow colleagues of the same mind were not providing this care to people who are less fortunate in this wide world. Dr. Todd Lavery (WSUGS 2012) has devoted a significant part of his surgical career to providing such care to our less fortunate world citizens. His presentation at the recent WSU Surgery Grand Rounds described some of the challenges faced by missionary surgeons working in areas of compromised resources and sometimes without the benefit of 21st century instruments and facilities. He and his family spent many months each year doing such missionary work, and his presentation outlined some of the rewards and challenges associated with this activity. Those who have considered the possibility of being involved in such activity but feel insecure about making any commitment should contact Dr. Lavery in order to discuss the challenges and rewards of such activities. Dr. Lavery would certainly have been influenced by Dr. Donald Weaver (WSUGS 1979), who likewise has enjoyed the rewards of doing extensive missionary surgery. Both would love to answer questions from those who are considering such a rewarding future.

**PARTICIPATING IN GLOBAL SURGERY**

**TODD LAVERY (WSUGS 2012)**

It’s great to be back in Detroit after another couple of years training surgical residents in Africa. While there are many approaches to handling the world’s unmet burden of surgical disease and the shortage of properly trained surgeons, I continue to channel my time and energy into training surgical residents, knowing that these young men and women are well poised to make long-lasting impacts in their home countries, equipped with the cultural understanding and relationships to address these issues of surgical access more successfully than any outside efforts ever could.
Each time I'm back in the U.S., I'm amazed to see how the complexity of surgery continues growing at such a rapid pace, all while there are still parts of the world without the basics: access to safe anesthesia and surgical care. I think much of the world currently needs generalization rather than specialization. The full spectrum of general surgery is needed (appendicitis and diabetic wounds occur everywhere), but so are some of the common procedures in other surgical specialties: A Caesarian section, open prostatectomy, or repair of an incarcerated pediatric hernia can all be potentially life-saving and make great adjuncts to the usual general surgery training. I'm grateful for the broad spectrum of surgery that I was exposed to during my WSU/DMC residency and to the many who have continued to educate me in other specialties. Hopefully passing on these skills to the next generation of surgeons so that they can serve some of the world’s neediest populations is an adequate way for me to say thank you.

While the plan was easy enough to work out in theory, plenty of challenges arise to keep life interesting in reality. Limited resources often compromise the best possible standard of care and often demand creativity to meet the needs with what’s available. My patience is often tested as recycled equipment malfunctions or the power goes out for the sixth time in the same case. Cultural and linguistic barriers must be navigated daily, requiring hours of language study each week in addition to the clinical work. As we return this Fall, we’ll enroll our oldest daughter in the local schools (after several years in a local daycare), and I’m sure that will bring more surprises our way that once again require flexibility (will partial or fulltime home-schooling become necessary?). The hospital staff, including my residents and their families, our local church, and our neighbors have become our community, and living cross-culturally is an education in itself.
THE ROAD SELDOM TAKEN, cont..

that, much like surgery, goes well with a strong dose of humility and good humor. It continues to be a challenging and worthwhile journey with good surgery and good fun along the way. Thanks to the many in the WSU/DMC surgical community who have supported my journey and continue to make my intermittent returns to Detroit feel like coming home.

Dr. Lavery with his surgical residents
(Left photo) New PPE arrives and (right photo) PAACS Operating Room

The Lavery Family 2021: Dr. Lavery and his wife, Jen, holding their daughters, Anneke and Tabitha
Dr. Alfred E. Baylor, III attended Hampton University in Hampton, Virginia through 1991, when he received his Bachelor’s degree in Biology, after which he attended medical school at the Georgetown University in Washington, DC. Following completion of his medical training at Georgetown University, he did an internship in surgery, which he finished in 1999. Following his tour in the military, Dr. Baylor entered the surgical residency program at Wayne State University (WSU), which he completed in 2005. During these years, he also was actively involved as a doctoral candidate working in the Department of Immunology and Microbiology. Also during his residency years, Dr. Baylor worked as an NIH Trauma Research Fellow under the tutelage of Dr. Larry Diebel (WSU/GS 1980/86).

After completing his residency training, Dr. Baylor became a member of the faculty of the WSU Department of Surgery and has been very active in trauma and acute care surgery, burn surgery, and hyperbaric medicine. He has been the Director of Hyperbaric Medicine from 2015 to the present. Dr. Baylor has also been very active in regional surgical activity, being a Counselor for the Academy of Surgery of Detroit, a Counselor for the Midwest Surgical Association, and has served many officer positions for the Detroit Surgical Association, including the presidency from 2016 to 2017. He is a member of many professional societies, both regionally and nationally, and has served as a course director for the Advanced Trauma Life Support program for the past ten years. He is triply boarded in General Surgery, Surgical Critical Care, and Preventive Medicine. He has received a number of awards for his scientific presentations from the American College of Surgeons Michigan Chapter, the Midwest Surgical Association, and the Veterans Administration Hospital. He was also the recipient of the “Excellence in Teaching Award” from the WSU Department of Surgery in 2013.
Dr. Baylor has also been actively involved in the United States Army Reserves. He is a Lieutenant Colonel and has received medals for Global War on Terrorism, Army Component Achieving Medal, the NATO Medal, the Afghanistan Campaign Medal, the Kosovo Campaign Medal, the National Defense Service Medal, and the Army Service Medal. Within the Department of Surgery, he has been responsible for a major portion of the surgical curriculum and the Clinical Education Committee. He is also the associate Clerkship Director for the student program within the WSU Department of Surgery. Likewise, he has been the Surgery Clerkship Site director for the Detroit Receiving Hospital since 2016 and the Surgical Resident Site Director at the Detroit Receiving Hospital since 2016. He is also a member of the Surgery Curriculum study Committee at the WSU School of Medicine. Each year, the medical students and residents rotating on the surgical services evaluate their teachers; for the 2020-2021 year, Dr. Baylor received the highest combined score in the department.

Dr. Baylor has also been very active in community outreach and has participated in regional meetings dealing with mentoring of young adults, men’s health, colon cancer, frostbite prevention, heart disease risk factors, and has been a speaker about “embracing the past, building the future” at the New Greater Christ Baptist Church in Detroit. He has also been a guest speaker on Community Lifeline Radio, where he discussed heart disease and blood transfusions. Clearly, Dr. Baylor has emulated the famous Dr. Galen, the great early teacher of medical science and the historical figure who is sometimes considered the father of modern medicine.

Dr. Baylor has expanded his gift of teaching beyond the medical profession and is a leader at the Immanuel Grace A.M.E. Church on the east side of Detroit near the river.
**Dr. Jonathan Saxe (WSUGS 1990)** was co-author on a paper titled, “The Effect of Prolonged antibiotics on Postoperative Complications for Common Bile Duct Stones: A Post Hoc Analysis of an EAST Multicenter Study,” which was published earlier this year in the Journal of Trauma, 91:234-240. Jonathan and his co-authors looked at the effect of antibiotic duration on infectious complications in patients with cholelithiasis and/or gallstone pancreatitis. This was a prospective observational multicenter study that looked at 755 patients and the duration of antibiotic therapy, as reflected by prophylactic antibiotics (<24 hrs) or prolonged antibiotics (>24 hrs). They reported that increased age, CBD diameter, and preoperative ERCP significantly predicted prolonged preoperative antibiotic use. The rates of infectious complications were similar between the two groups, but LOS was two days longer in patients receiving prolonged antibiotics. Likewise, prolonged antibiotic use was associated with increased total LOS and acute kidney injury. The authors urged caution in the use of prolonged antibiotic therapy in this group of patients.

**Dr. Chris Dente (WSUGS 2002)** was co-author of a paper titled, “An Integrative Model Using Flow Cytometry Identifies Nosocomial Infection After Trauma,” which was published in this year’s Journal of Trauma, 91:47-53. These authors used flow cytometry (FCM) to monitor immune cell function in order to identify nosocomial infection after injury. This prospective study correlated FCM as a tool to estimate the risk of severe sepsis, organ space infection, and ventilator-associated pneumonia (VAP). They prospectively analyzed 138 patients with a mean injury severity score of 20. These patients had an 8.7% incidence of severe sepsis, a 16.7% incidence of organ space infection, and an 8% incidence of VAP. The positive correlation with organ space infection was strongly positive for number of RBC transfusions given in the first 24 hours, the shock index, the absolute CD16, and natural killer cell counts. The correlation for VAP identified six positive variables, including injury severity score, T-cell counts, percentage of CD16, natural killer cells, and CD19+ lymphocytes. They concluded that combined clinical and FCM data may assist in the early identification of post-traumatic infection. The presence of natural killer cells supports the innate immune response that occurs during acute inflammation. They are continuing to work on the clinical significance of these findings.
Dr. Larry Diebel (WSU/GS 1980/86) presented a paper at the recent Central Surgical Association meeting, titled, “Plasma Components to Protect the Endothelial Barrier Following Shock: A Role for Sphingosine 1-Phosphate.” His co-authors were Mr. David Liberati, Mr. Timothy Hla, and Mr. Steven Swendeman. These authors looked at the endothelial glycocalyx (EG) shedding, endothelial cellular (EC) inflammation, and increased vascular permeability following hemorrhagic shock (HS). They discussed how early plasma administration improves survival in severely injured patients and questioned whether this beneficial effect related to its ability to ameliorate the induced endotheliopathy. They studied the role of sphingosine 1-phosphage (S1-P), which is carried in plasma by apolipoprotein M (ApoM) and albumin. Using endothelial cell monolayers in microfluidic perfusion devices exposed to either control or HS, S1-P, albumin+S1-P, or ApoM+S1-P were added to the perfusate, after which the biomarkers of endothelial and glycocalyx damage were measured. They showed that S1-P preserved the endothelial and glycocalyx barrier function after HS. This protective effect was related to S1-P chaperones, with S1-P having the most beneficial effect. They concluded that carrier-based S1-P may be useful in early HS resuscitation.

Dr. David Springstead (WSUGS 2022) presented a paper at the Midwest Surgical Association’s annual meeting in the section dealing with Spectacular Problems in Surgery. His manuscript was entitled “COVID-19 Pneumonia with Synchro nous Aspergillosis Leading to Parenchymal Lung Rupture.” His presentation was sponsored by Dr. Andrew Isaacson (WSUGS 2017). Dr. Springstead described how the COVID-19 global pandemic has led to very unusual complications, particularly pulmonary complications presenting as a flu-like syndrome. He described a middle-aged man who presented in respiratory distress from a nursing home where he was sent in order to recover from COVID pneumonia and Aspergillosis. Upon presentation, he had a large pneumothorax with subcutaneous emphysema, which was initially treated with tube thoracostomy, but was associated with refractory air leak. Because of clinical deterioration, he was taken for thoracic exploration where necrosis of the right upper lobe was identified. This necrotic lobe was noted to also be fibrotic, consistent with his prior history of COVID. He did well following operation. The author suggested that the effects of COVID-19 on the immune system might have led this otherwise healthy man to develop Aspergillosis, which led to the subsequent lung rupture with life-threatening pneumothorax.
Chief resident, Zach Asuncion; first cutter, Joe Primrose

7/22/70: Staff, Dr. Kihn

DL: Stab left abdomen with injury to liver, stomach, and gallbladder. Treated with repair of stomach and cholecystectomy.
AG: Acute abdomen secondary to infarcted ileum. Resected with anastomosis.
RB: GSW coccyx through rectum, transverse colon, multiple holes small bowel and inferior vena cava. Treated with colostomy, repair of perirectal injury, small bowel resection with anastomosis, repair vena cava.
BM: GSW left renal artery and vein, fourth part duodenum, branch colic artery. Treated with left nephrectomy, resection duodenum, and anastomosis.
DB: GSW spleen, transverse colon. Treated with splenectomy, repair of colon.

7/23/70: Staff, Dr. Hershey

KO: Mesenteric adenitis with serositis involving three feet terminal ileum. Treated with appendectomy.
RF: Stab abdomen. Treated with exploratory lap—negative.

7/24/70: Staff, Dr. Arbulu

LH: Stab anterior chest, pericardial infusion of 75 cc clear fluid. Thoracoabdominal incision with pericardial biopsy and culture.

7/25/70: Staff, Dr. Thoms

RH: GSW abdomen, small bowel perforation. Treated with resection and anastomosis.
BB: Status post GSW sigmoid colon and urinary bladder. Developed pulmonary embolus and had evisceration. Treated with closure.
7/26/70: Staff, Dr. Shannon

(No cases)

7/27/70: Staff, Dr. Harrity

RD: Five days post appendectomy with evisceration. Treated with closure.
DW: GSW left thigh with injury superficial femoral artery. Treated with resection and end-to-end anastomosis.

7/28/70: Staff, Dr. S. Woods

John Doe #405: GSW left common carotid artery and pharynx. Treated with resection, internal shunt, and saphenous vein graft.

7/29/70: Staff, Dr. Threlkeld

SP: GSW stomach, pancreas, hepatic artery, and duct. Treated with right hemipatectomy, ligation hepatic artery, t-tube repair of hepatic duct.
WH: Stab duodenum and colon. Treated with repair.
WC: Perforated duodenal ulcer. Treated with patch.
WSU MONTHLY CONFERENCES
2021

Death & Complications Conference
Every Wednesday from 7-8

Didactic Lectures — 8 am
Kresge Auditorium

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

Wednesday, September 8
Death & Complications Conference
To Be Determined
Abubaker Ali, MD
Wayne State University Michael & Marian Ilitch Department of Surgery

Wednesday, September 15
Death & Complications Conference
“Overcoming Challenges in Surgical Training”
David Farley, MD
Emeritus Professor of Surgery
Mayo Clinic, Rochester, MN

Wednesday, September 22
Death & Complications Conference
“The Management of Small Bowel Neuroendocrine Tumors and their Metastases”
James R. Howe, MD
Professor of Surgery, Director, Oncology and Endocrine Surgery
Roy J and Lucille A Carver University of Iowa college of Medicine

Wednesday, September 29
Death & Complications Conference
To be Determined
Wayne State University Michael & Marian Ilitch Department of Surgery
March 8, 2021

Dear WSSS Alumni and Friends:

The Wayne State Surgical Society (WSSS) continues to thrive, offering support to our members and the current general surgical residents at WSU. As the president of the WSSS, I would like to review our new business year-end report on the Society’s activities in 2020. Our annual meeting of the American College of Surgeons was supposed to take place in Chicago, but as everyone knows, the meeting was held virtually and, of course, we did not have our annual reception and report to the membership by our chairman, Dr. Don Weaver. This year’s meeting of the ACLS will be in Washington, D.C. from October 24-28, and we will enjoy a good reunion of the department on Tuesday evening. The details of where the meeting will take place for the alumni will be forthcoming in a subsequent monthly report. The WSSS supports the senior surgical residents with their attendance at that meeting, and each of the graduating residents will give the alumni a summary as to what their plans are for the next step in their career after completing their surgical residency.

The Society also sponsors the annual WSSS Lectureship in memory of Dr. Walt. The 2020 Lecturer was presented virtually by Dr. Joseph Maroon, who is a Clinical Professor of Neurosurgery at the University of Pittsburgh. Dr. Maroon presented an outstanding talk, “From Icarus to Aquanimitas –Overcoming Adversity and Building Resilience.” Dr. Maroon summarized the statements made by Sir William Osler when he addressed the University of Pennsylvania medical students in 1890. Dr. Osler always emphasized the importance of a good relationship between physician and patient. Dr. Maroon’s presentation highlighted how Icarus was directed to avoid hubris when he flew with waxed wings and was told by his father not to fly close to the sun, lest the heat melt the wax on the wings, and not to fly close to the water, lest the waves moisten his wings and cause them to sink into the ocean. He emphasized how he (Dr. Maroon) was a workaholic when he became a member of the Department of Surgery at the University of Pittsburgh. He focused on his successful research, clinical care, publications, and left little time for anything else, including family. While at the peak of his academic career, his dad died and his wife took the kids and said goodbye. Faced with this overwhelming challenge, he dropped out of surgery and worked at a truck stop, which his father had owned, and he experienced financial difficulty in the midst of his depression. He read the book by William Dansforth, “Balance Your Life,” which emphasized the importance of a spiritual life, physical activity, and communication with others. Dr. Maroon became a competitive runner, won many triathlons, avoided anti-depressant medications, ate a balanced diet without fatty foods, and returned to his first love, namely, surgery. While doing a triathlon in Hawaii, Dr. Maroon noted that the tripe amputee who lost both legs and one arm fighting for our country was just ahead of him, running on metal legs. The individual was about to give up when Dr. Maroon badgered him and told him that he must finish the race, which he did. They became close friends, and later the two of them climbed Mount Kilimanjaro in Japan. His presentation was outstanding, and those who had the privilege of listening to this virtual presentation were rewarded.

This year’s WSSS Lectureship will be provided by Dr. David Spain, one of our own medical school graduates who credits his favorite teacher, Dr. Anna Ledgwood, for directing him to a career in Trauma/Acute Care Surgery. Dr. Spain is the Trauma Director, Critical Care Director, and Vice-Chairman of the Department of Surgery at Stanford University. He is the past president of the American Association for the Surgery of Trauma. He will give an outstanding WSSS Lectureship, which will be provided on Wednesday, November 10 at the Harper Hospital Kresge Auditorium. This will certainly be an outstanding lecture, and the membership should plan to come downtown to support Dr. Spain in his effort. Those who cannot make it downtown should follow the directions provided by Dr. David Edelman, our program director, in order to hear the lecture virtually.

The Detroit Trauma Symposium for 2020 was quite successful, even though the entire symposium was done virtually. The presenters were all outstanding, and their presentations came thru quite clearly via ZOOM. Dr. Diebel was able to provide appropriate questions for each of the presenters, who provided excellent responses to these questions. The virtual technique allowed these lectures to be seen online for approximately five weeks after the symposium ended. This year’s Trauma Symposium has already been planned and will occur on November 11-12 at the MGM Casino in downtown Detroit. Dr. Diebel already has a fine list of outstanding presenters who are going to come to Detroit and make personal presentations, rather than having the meeting done virtually. You should set those days aside and plan to come downtown to hear these great presentations and mix with your fellow members of the WSSS.

Your WSSS membership also covers your admission to the annual Detroit Trauma Symposium. Incidentally, the Detroit Trauma Symposium is the oldest trauma symposium in the country and has been very successful under the leadership of Dr. Diebel. He typically attracts over 700 people to this excellent event. The details as to the specific speakers will come out in one of the later editions of the monthly report.

The WSSS membership is currently approaching 150 members, with over 70 of those members being Charter Life members who have, or are in the process of, donating $10,000 to the Society, tax-deductible! If you are not receiving the newsletter, please let us know your e-mail address so that you can be included to receive this very fun and informative newsletter for all the alumni of the Department of Surgery. It gives me great pleasure to tell you that we have over $219,432 in the bank, and are in the process of investing a portion to ensure the Society will exist in perpetuity. Consider becoming a Life Member, invest in the future, and one of these outstanding residents may just become your partner!

Typically, enclosed with this letter is a ballot for new officers and Board members. However, the ballot will not be included this year, since none of the officers and Board members had an opportunity to carry out their functions for 2020 and have agreed to continue in the same function for 2021. Also included with this mailing is the form for your Annual Dues. I always thought the standards and skills learned during my residency formed the foundation for my professional career. The Society offers the opportunity to continue a relationship with the program, both by continued fellowship with peers and mentors, as well as the support of those who will be replacing us when we retire. I think the WSSS is worthy of your support. Serving as our Society president this year will be an honor. The WSU Michael and Marian itch Department of Surgery and the WSSS is responsible for a large part of our success as surgeons. It is an organization that brings old friends together with mentors and future partners. It is worthy of our participation and support.

Sincerely yours,
Scott Davidson, MD, FACS
President, Wayne State Surgical Society
Wayne State Surgical Society

2021 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

80th American Association of the Surgery of Trauma and Clinical Congress of Acute Care Surgery Annual Meeting
September 29-October 02, 2021
Hilton Atlanta
Atlanta, Georgia

American College of Surgeons Clinical Congress
October 23-27, 2021
Virtual Event

Detroit Trauma Symposium Annual Meeting
November 4-5, 2021
Detroit, Michigan

Western Surgical Association Annual Meeting
November 6-9, 2021
Renaissance Indian Wells Resort & Spa
Indian Wells, California

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.
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. Alette (1982)  
Kuan-Cheng Chen (1976)  
Elizabeth Colaiuta (2001)  
Fernando I. Colon (1991)  
David Davis (1984)  
Teoman Demir (1996)  
Judy A. Emanuele (1997)  
Lawrence J. Goldstein (1993)  
David M. Gordon (1998)  
Raghuram Gorti (2002)  
Karin Haji (1973)  
Morteza Hariri (1970)  
Harrison, Vincent L. (2009)  
Abdul A. Hassan (1971)  
Rose L. Jumah (2006)  
Aftab Khan (1973)  
Samuel D. Lyons (1988)  
Dean R. Marson (1997)  
Syed A. Mehmood (2007)  
Toby Meltzer (1997)  
Roberto Mendez (1998)  
Daniel J. Olson (1999)  
David Packer (1998)  
Y. Park (1972)  
Ami Raafat (1998)  
Kevin Radecki (2001)  
Renato G. Ruggiero (1994)  
Parvid Sadjadi (1971)  
Samson P. Samuel (1996)  
Knavey D. Scaff (2003)  
Steven C. Schueller (1974)  
Anand G. Shah (2005)  
Anil Shetty (2008)  
Chanderdeep Singh (2002)  
D. Sukumar (1972)  
David G. Tse (1997)  
Christopher N. Vashi (2007)

Wayne State Surgical Society

The Wayne State Surgical Society (WSSS) was established during the tenure of Dr. Alexander Walt as the Chairman of the Department of Surgery. WSSS was designed to create closer contact between the current faculty and residents with the former resident members in order to create a living family of all of the WSU Department of Surgery. The WSSS also supports department activities. Charter/Life Membership in the WSSS is attained by a donation of $1,000 per year for ten years or $10,000 prior to ten years. Annual membership is attained by a donation of $200 per year. WSSS supports a visiting lecturer each fall and co-sponsors the annual reception of the department at the annual meeting of the American College of Surgeons. Dr. Jeffrey Johnson (WSU/GS 1984) passed the baton of presidency to Dr. Scott Davidson (WSU/GS 1990/96) at the WSSS Gathering during the American College of Surgeons meeting in October 2018. Members of the WSSS are listed on the next page. Dr. 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.
She can be reached by email at lrobitai@med.wayne.edu.

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 WSU SOM 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.