A MASTER SURGEON SAYS “GOODBYE”

Dr. Ernest (Ernie) Berkas was born in the Dakotas in 1926 and moved to Minnesota four years later when his father died. Ernie and his three brothers survived the Depression years with hard work at many jobs and with dedication to education. When he completed high school, one of his teachers promised him $100 if he promised to use it for his education. Ernie received his education at the University of Minnesota until he was called to serve our nation during World War II, when he performed his duty with the United States Navy from 1944 to 1946. His military service supported his education through the GI Bill and allowed him to do his medical school training and surgical residency at the University of Minnesota, which at the time, had many giants in the department of surgery. Dr. Berkas completed his general surgical obligations, cardiopulmonary training, and received his doctorate degree in surgical physiology during these very productive years.

Following a short time at the Veteran’s Administration Hospital in Minnesota and Wichita, Kansas, he came to Detroit where he served as the chief of our Veteran’s Administration Hospital in the early 60s. During the “Berkas years,” the department of surgery at the VAH thrived as all of the nurses and internists recognized that he was a master surgeon and they made sure that patients got referred to the surgical service. Ernie was always available for a patient or for a resident at any time of the day or night. The operating rooms were full every day with cases often running on into the evening hours when shortage of anesthesia personnel was not a problem. The surgical residents rotating through the VAH quickly learned that Dr. Berkas was a master surgeon and a master teacher. When the editor was to do his HO4 level rotation at the VAH, his mentor, Dr. Raymond Reed, instructed him, “You stick with Berkas; he will teach you how to operate.” Ray Reed was entirely correct in that Berkas was a skillful surgeon while operating on any part of the human anatomy.

(Continued page 2)
Ernie’s skills did not only apply to abdominal surgery but extended into the surgical techniques of esophageal surgery and pulmonary surgery. He guided the residents through complicated vascular procedures and with complicated liver operations. While at the VAH, Ernie worked with Dr. Don Smith, the VAH chief of oral surgery, and diversely expanded the surgical head and neck service. The general surgical residents, during their fifth year, would be doing at least two radical neck dissections per week during their VAH rotation. His technical wisdom was not limited to the VAH, but he also provided night coverage on the trauma service at the DRH and he staffed what was then known as the Surgery Fracture Service. During those years, the general surgery team took care of all non-vertebral column fractures three out of the seven days a week, and Ernie along with Bob Wilson (WSUGS/TS 1963/65) and Elmer Kobold (WSU/GS 1965) became the busiest attending surgeons teaching the surgical residents how to take care of acute fractures. The Surgery Fracture Service was covered by two general surgical residents while the orthopaedic surgeons had two full divisions covering the other four days of the week! The editor recalls one busy Saturday when he admitted 22 acute fracture patients without help from the other surgical resident rotating on the fracture service, since that resident was off duty. A number of femur fractures had traction pins placed during the night, so that they could be put up in traction the next day. There was no 80 hour work week. Around 5:30 Sunday afternoon, Dr. Berkas noted that the editor was still in the hospital in the process of putting his second to last patient up in balanced skeletal traction. Dr. Berkas wanted to know why he was there so late and was told that one has to get all of the patients up in traction before going home. Dr. Berkas asked where the traction equipment was stored and then directed the editor to go home. When the editor started working with him in putting the last patient up in traction, he was told in no uncertain terms, “that was not a suggestion, that was an order! You are to go home this very moment. I know how to put patients up in traction!” When the traction apparatus was seen the next morning, it was clear that Dr. Berkas knew how to put up traction better than the editor. Later in the 1960s, Dr. Berkas became involved in private practice, working primarily at the Hutzel Hospital and the Oakwood Hospital, where he later served many years as the chief of surgery. During these years, the editor recalls helping Dr. Berkas do a mitral commissurotomy with bypass and performed digitally with a mitral commissurotomy knife. The patient did extremely well and was asymptomatic on follow-up examination.
During one of the days that Ernie was providing help to the department by staffing the Emergency Surgical Service, he received a call while working at the Harper Hospital that a patient with a probable blunt rupture to the spleen required laparotomy. Dr. Berkas left the Harper Hospital and was driving through a green light when he was t-boned on the left side by a fire truck responding to a fire alarm. When he was rescued by EMS, he directed them to take him to the Receiving Hospital knowing that there would be no attending surgeon inhouse, since he was the attending surgeon coming in to help the residents take out a spleen. Shortly after arrival, he was seen by the senior surgical resident, Dr. Charlie Lucas, who found Ernie sitting in a wheelchair holding his fractured left arm with his right hand and refusing to get on the cart, as he had done when he was brought in by EMS. He was complaining of left chest and left flank pain in addition to the pain associated with his humerus fracture. Dr. Lucas tried to explain to him the importance of getting on the cart, to which Ernie responded that he had to keep the left arm in a sling in order to facilitate comfort and proper alignment. He also refused to accept the nasogastric tube, even though he had severe chest and left-sided abdominal pain and tenderness. When Dr. Lucas asked him why he didn't instruct EMS to take him to Harper Hospital (one block from the collision) rather than to the Receiving Hospital, Dr. Berkas responded that the best care is provided at the Receiving Hospital. Dr. Lucas then reminded him that the best care for somebody that looks pale, has tachycardia, and is complaining of left chest and abdominal pain is to be on a cart with the nasogastric tube in place; they compromised by having the back of the cart up, so that he could still maintain himself in a position to support the left humerus fracture.

Knowing that Dr. Agustin Arbulu (the outstanding surgeon who succeeded Dr. Berkas as the chief of surgery at the Veteran’s Administration Hospital), identified Ernie as his “older brother” or “father,” Dr. Lucas called Dr. Arbulu to let him know that his mentor was in the emergency department. When Dr. Arbulu arrived very shortly thereafter, he was so overwhelmed with grief that he could no longer think clearly as a trauma surgeon. Dr. Lucas knew that Dr. Elmer Kobold was inhouse and told Elmer that he had to come down and take care of Dr. Berkas. Elmer at first demurred, pointing out that Dr. Arbulu was a more senior surgeon and was a full professor of surgery, whereas Elmer was only an instructor. When Lucas reminded Kobold that he was the most experienced trauma surgeon in the state of Michigan and he had a moral obligation to get down there and take care of Dr. Berkas, Elmer took command of everything and  

(Continued pg 4)
made all of the appropriate “cold-hearted decisions” needed when a trauma surgeon cares for a severely injured patient. Dr. Arbulu later thanks Lucas for insisting that Kobold take over.

Dr. Berkas had a humerus fracture, multiple rib fractures, and a badly injured kidney, which was associated with hematuria for the next four days. The chief of urology, Dr. Jim Pierce, wisely waited out the hematuria; Elmer placed a chest tube for a left-sided hemothorax; Dr. Berkas responded to this nonoperative treatment and went home after about a week in the hospital. The patient with the blunt rupture of the spleen remained stable throughout all of the morning and early afternoon when she then underwent laparotomy with splenectomy. Clearly, this was an example where somebody with a ruptured spleen had stabilized and nowadays would be treated nonoperatively despite her positive paracentesis at the time of her arrival.

One of the residents who had the opportunity to work closely with Dr. Berkas was Bob Moffat (WSUGS 1968). Bob offered these thoughts about his loved mentor. The year was 1964, the second year of our surgical residency at Detroit Receiving Hospital. I was asked to report to the Dearborn VA Hospital, where Ernie Berkas was the chief of surgery. The facility had a “dog lab,” and my assignment for the next year was doing research. Having absolutely no research experience whatsoever, it was with some trepidation that I first encountered Ernie Berkas. My first impression was of a man who was pleasant, down to earth, and with none of the ego problems so often seen in our profession.

Gastrectomy was a very common operation in those days, so we talked about its postoperative complications. He wondered if bile esophagitis was a real entity. This prompted our first experiment to divert bile into the canine esophagus. The resulting work won first prize at the Detroit Surgical Association later that year and was published in the Archives of Surgery. Thoracic trauma was another interest of Ernie Berkas. This was another problem we studied and, in particular, the development of traumatic thoracic aortic aneurysms. This work also resulted in another first prize at the Detroit Surgical Association the following year as well as publication in the Journal of Trauma.

This was a small sampling of my lab experience with Ernie Berkas. The following years revealed to me his many talents as a compassionate clinician and a superb surgical technician. Others undoubtedly will attest to these attributes. It is with the fondest of memories.

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that I appreciate being associated with this Master Surgeon. I wish his family well. (Bob and Emily are enjoying Bob’s semi-retirement in North Bay, Ontario, during their 50th year of marriage. Although “retired,” Bob still does some work in his vascular surgery laboratory.)

Both during and following his years on the full-time VAH faculty, Ernie was always available to somebody in need. In the spring of 1969, the editor’s son, Kevin, got into an argument with a car; the car won. Kevin was unconscious with a GCS of 4 and underwent CPR in the street prior to being taken to the Oakwood Hospital. Shortly after arrival, Dr. Berkas was called to assess for any general surgical problems. Ernie responded immediately and wanted to know when Kevin had last eaten. He was told that Kevin had just had two hot dogs prior to the car/pedestrian collision. Dr. Berkas knew that Kevin was probably going to vomit and was fearful of aspiration pneumonitis. He sat next to Kevin’s crib from seven in the evening until two o’clock in the morning when Kevin began to “upchuck.” Ernie grabbed Kevin by his ankles so that all of the vomitus went into the crib and there was no aspiration. He probably saved Kevin’s life.

Following a very successful career, Ernie retired from the practice of surgery but continued to be very busy with church work and community work both in Dearborn and Cheboygan, Michigan. Besides receiving many medical honors, he received a number of community honors, including the Theodore Anderson Layperson of the Year Award from the Covenant Denomination. Ernie and his wife of 63 years, Mary, have four children, 12 grandchildren, and one great-grandchild. His daughter, Carol, tells the surgical clan that “Although we will miss him very much, we take solace in the fact that he died quickly and peacefully after a wonderful Christmas with most of his family at the cottage with him. He died a happy man.” Oh, that we could all be so lucky!
REMEMBERING A FRIEND

The WSU surgical team in Kalamazoo has worked closely together for many years. The senior team member, Mark Dittenbir (WSUGS 1990), delivered a eulogy for their colleague, Mark Tagget (WSU/GS 1988/94). His feeling is shared by Scott Davidson (WSU/GS 1990/96), and Steve Wysong (WSU/GS 1991/96). All of them wanted the eulogy to be shared by the extended surgical clan.

Before I start, I’d like you all to take just a moment, clear your mind, and imagine that I’m wearing a lab coat and scrubs. If Tagget saw me up here honoring him while wearing a suit and tie, he’d call me an imposter.

I met Mark Tagget at Detroit Receiving Hospital in 1988. I was the 4th year chief resident on the legendary Lucas & Ledgerwood trauma service, and Mark was one of the fresh-faced interns on my team. Scott Davidson was a med student on the service too.

The L&L service was one of exceedingly high demands; there was an endless stream of patients with gunshots, stabblings, and other assorted third-world style advanced surgical disease. Caring for this challenging collection of patients, to the exacting standards of our mentors, demanded a full-on team effort.

A chief resident could not have asked for a better junior than Mark Tagget. During the long, long hours we spent together there, Mark’s best attributes were on full display: his keen perceptive powers, his sense of responsibility, his tireless work ethic, his limitless energy, and his desire to please, to satisfy, and to make others look good. Those are traits we’ve all witnessed and admired here in Kalamazoo for the past 20 years, and it was all exhibited then as though he arrived for his surgical career already fully formed.

Mark’s father, John, was a surgeon before him. John provided Mark a healthy dose of nature and another good measure of nurture. With that, Tagget was well equipped with the necessary tools to succeed as a surgeon. Mark was a true sponge and soaked up everything around him; and it wasn’t just medical knowledge and surgical skills. He absorbed all the elements of a hospital’s rhythm and how to become part of its fabric. Six years of Wayne State general and vascular surgery training allowed him to hone a remarkably broad, multifaceted set of skills.

Mark’s tremendous virtues and potential were recognized at Wayne, and on graduating, he committed to remain as a member of the surgical faculty. But the interfaculty squabbling and politicking he witnessed in academics soured him before he started. We all know how Mark relished trouble, mainly because he could almost always find his way out. But conflict was a different story. Conflict implies winners and losers, and Mark just didn’t think like that. So to avoid what he saw as a life of university related conflict, he bailed at the 11th hour.

He had plenty of other career opportunities to choose from, but he had trouble sorting through all the uncertain promises that came during recruitment.

He ended up selecting perhaps his most unlikely choice. That was coming to Kalamazoo to join me in the private practice of surgery. He told Janet, “If Dittenbir’s been happy there for three years, then it’s good enough for me.”

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Two years later, Scott Davidson and Steve Wysong followed the path from Detroit to join Mark, Phil Borozan, and I. It was a great time. I felt like we were the Beatles, at the very least. Visiting our office was like visiting an episode of M*A*S*H; and Tagget was Hawkeye. It was boys club in the best sense with the daily opportunity to share good humor, endlessly regale each other with the same old stories, and commiserate about all the evils of our world while always knowing that our common Wayne State, genetically coded, need to “do the right thing” would keep us and our patients in good shape.

Mark’s surgical career can be summed up simply as a success. One of the most telling measures of success is garnering the respect of your peers. Mark achieved that in spades. He was truly a “surgeon’s surgeon.” There is not a surgical specialty in town that wasn’t a benefactor of Mark’s abilities. He was frequently called on to assist surgeons of every flavor with their challenging cases. It didn’t matter how difficult or what organ system. Mark was on it. If there was trouble at Bronson, Mark was usually there in the middle of it, and he was the one putting out the fire. Then, typically, he would exit stage left, leaving the credit for others.

Despite Mark’s superior surgical skills and expertise, he carried himself without airs or pretense. He was unassuming and real. His favorite patients to care for were “salt of the earth” type folks who came to appreciate not only Mark’s expert care but also the fact that he interacted with them as an equal and a friend. Almost unfailingly, Mark would take some extra time with a patient to inquire about what kind of cat they had, how the kids were doing in college, or how that pick-up truck was handling in the snow. These little moments meant the world to his patients and strengthened their connection to him.

Mark was at home in any audience. He could be sharing a joke with housekeeping one minute, turn around and implore the residents to be “thinking surgeons” the next, and then proceed down the hall to butter-up an administrator. Because of Mark’s communication gifts, he was the best source for all the “good and reliable gossip.” He usually had all the overnight scoop and news from every corner of the hospital, every day, and, typically, before you finished your first cup of coffee.

Janet told us the other night that Mark often said he felt like Peter Pan, that he never really grew up. And there was a lot of little kid in Mark. He liked to have fun, and as good as his surgical judgment was, his decisions in the fun department could be a bit awry. He could be off-color and sometimes he didn’t seem to know where the lines you shouldn’t cross were located. Even when he did, he’d willfully slide right across them. I’m not sure he really ever knew what the phrase “not safe for work” meant. Regardless, the humor was never mean-spirited or hurtful, and it only made you want to saddle up and ride along with him.

I always loved seeing Mark’s hulking profile down the hall coming toward me. I’ll never forget how his lab coats were either woefully too small or alternately as large as a “potato sack.” I will remember how every haircut he ever got was overdue and how he put pepper, Tabasco, or mustard on virtually everything he put in his mouth. But, Mark did like life just a little spicy. He found entertainment in giving an artful, knowing treat to someone or in stirring the pot, just for the sake of stirring it.

(Continued page 8)
But those antics and tweaks were only distractions. When the going got tough, when the shit hit the fan, when you were up to your ass in alligators, Mark remained composed, and his words, judgments, and actions were gold.

The thing I cherished most about Mark Tagget was his loyalty. I want to take you back to that 1988 Receiving Hospital rotation we shared. We had just completed one of our “call shifts” or “40 hours of Hell” as we liked to call them. The team had witnessed a particularly brutal Detroit night and had spent all night, all the next day, and into the following night, to get everyone cared for and tucked away. It was now about 10 o’clock of that second night. Mark and I had put the service to bed, and we were walking to our cars in the dark, underground parking ramp beneath Receiving Hospital. Tagget had yet again been an indispensable workhorse for me, and as you may know, interns get virtually no reward for their hard work, except more hard work. So as we split up, I called to Mark. He turned around, and I offered him thanks for all his help. Mark gave me a little smile and climbed in his car.

Years later, after Mark had been with us in Kalamazoo for some time, we were telling old stories, and Mark revealed that for him, that simple thank you was our bonding moment. So, for the price of one simple thank you, I received the adventure of working with Mark Tagget for a career. I’d say I got a helluva bargain.

Over those years, Mark’s skills, as well as the tumultuous business environment of medicine, led to several opportunities for him to investigate new jobs. Always with the promise of more money, better weather, less call, and better whatever. But no matter how good the offer, Mark would deliberate and return with the same decision. “I could never leave you guys.”

But now he has.

We have all been nourished, basking in the glow of Mark Tagget. Mark was a giant presence but he never towered over anyone, he towered amongst us. His family mourns the loss of their pillar, his peers are now missing a true comrade, his patients have lost their best advocate, and we all ache in the absence of his big, oversized, soft, pure heart.
Dr. Joseph Primrose (WSUGS 1972) was a strong surgical resident who exhibited all the traits that one would expect in someone completing his/her training. Following the completion of his residency, he became involved in the active practice of surgery but missed some of the excitement that occurs when taking care of many seriously injured or acutely ill patients. Consequently, he gradually drifted to the field of Emergency Medicine and became boarded in both surgery and emergency medicine and maintained his Fellowship in both the American College of Surgeons and the American College of Emergency Physicians. Most of his career in emergency medicine was spent at the Washington University in St. Louis, Missouri as one of the professors in clinical and emergency medicine. Joe related to the summary (January Monthly Email Report) that Dr. Charles Hu provided regarding Dr. Hu’s experiences with Dr. Tim Buckman in the SICU at Washington University. Dr. Primrose reaffirms that it was truly called “Bucky’s Corner.” Dr. Buckman’s classic “game” was to ask a resident or student a question. When the best guess turned out to be wrong, he would give them the answer, tell them what to read, and warn them that they would be getting the same question the next day! God have mercy on those who didn’t know the answer to the question the next day! Dr. Buckman had no use for the “bluffers” or “four flushers” who would fill the SICU with unadulterated BS. The young resident would find that he had a new opening for “excretion” with the operative procedure being performed right in front of the patients, nurses, and fellow residents. Needless to say, the word spread rapidly that you should NEVER try to bluff “Bucky!” During his years at Washington University, Dr. Primrose was frequently told by the surgical residents that he reminded them of “Bucky;” Joe always took that as a compliment. Joe also took it as a compliment that “Bucky” always supported him and even let him direct the ATLS courses; Joe always respected this “hands off” approach that “Bucky” took toward him.

Following his years at Washington University, Joe and his bride, Vicki, retired and moved to Sheridan, Wyoming where their son and several in-laws, going back four generations, live. Dr. Primrose never had the opportunity to meet Dr. Elmer Kobold (December 2013 Report) who had left WSU in 1968 before Joe arrived in the early 70s. After arriving in Sheridan, Wyoming, Joe learned that Dr. Elmer Kobold was still well-known (continued page 9)
and revered in Southern Montana and Northern Wyoming for his surgical skills and down-to-earth personality. Joe points out that Billings, Montana, is two hours north of Sheridan, Wyoming and four hours north of where Joe and Vicki live in Casper, Wyoming, using the northwestern measure of distance, which is 150 and 300 miles while traveling at 75 mph. During the old days, Elmer Kobold used to always talk about driving 80-85 mph! Joe thought that the extended surgical clan ought to know that Elmer Kobold is still thought of as a legend in this part of the country.

Joe also wanted to send some special thoughts to the clan. He quotes Margaret Thatcher during her years as the “Femme de Fer” when she said, “Being powerful is like being a lady. If you have to tell people you are, you aren’t.” Discussing the current definition of surgical quality, Joe quotes Napoleon Bonaparte when he said, “History is a series of lies which men have agreed upon.”

We all hope that Joe and Vicki have a very enjoyable retirement.
The WSUSOM is returning to Detroit in 2014 to celebrate their annual Alumni Day. This will be the first time that this annual event has occurred in our great city since the beginning of the 21st century. The meeting will begin with a scientific CME session, which will be held at the new Mazurek Building next to Scott Hall. Following a light breakfast, the scientific session begins at 8 a.m. and extends to the noon hour. The topics are currently being selected and will include many up-to-date and innovative presentations covering all specialties.

Following a business meeting during the lunch hour in Scott Hall, the evening function will occur at the Motor City Casino in downtown Detroit. Those from Southeast Michigan should plan on visiting their classmates on the evening of Saturday, May 10, at the Motor City Casino. Put this date on your calendar. Additional information will be included in the subsequent monthly email reports. Hopefully, we will have enough surgical alumni to have a separate room dedicated to our department.
Wayne State Surgical Society

2013 Dues Notice

Name:
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My contribution for “An Operation A Year for WSU”

*Charter Life Member $1000

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*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:
Deborah Waring
Department of Surgery
Detroit Receiving Hospital, Room 2V
4201 St. Antoine Street
Detroit, Michigan 48201

Please Update Your Information

The WSUSOM, Department of Surgery wants to stay in touch. Please contact Deborah Waring at dwaring@dmc.org to update your contact information.

MARK YOUR CALENDARS

March 6-8
Central Surgical Association
Indianapolis, Indiana

April 10-12
American Surgical Association
Marriott Copley Place
Boston, Massachusetts

May 10
WSUSOM Alumni Day
Detroit, MI

May 14-16
Michigan Chapter of the ACS
The Inn at the Bay Harbor
Petoskey, MI
Wednesday, February 12
(Note time change 8-9 a.m. and 9-10 a.m.)
Death & Complications Conference
“Assessing the Risk of Recurrence Following the Complete Resection of Localized, Primary Gastrointestinal Stromal Tumor”
Jason S. Gold, MD
Harvard Medical School Chief of Surgical Oncology

Wednesday, February 19
Death and Complications Conference
“Intermittent Claudication Diagnosis and Management”
Elizabeth Pensler, MD
“WSU Department of Surgery

Wednesday, February 26
Death and Complications Conference
“Medical Management of Systolic Heart Failure: The Past, Present, and Future”
Vinay Pallekonda, MD
WSU Department of Anesthesiology
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. Lisa Flynn (WSU/GS/VS1993/98/99) passed the baton of presidency to Dr. Mark A. Herman (WSU/GS 1994/2001) at the WSSS Gathering during the American College of Surgeons meeting in October 2012. Members of the WSSS are listed on the next page. Dr. Herman hopes 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

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<td>Curtis, Brendon</td>
<td>Hinshaw, Keith A.</td>
<td>Nevonen, Marvin G.</td>
<td>Spotts, Josette E.</td>
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<td>Dawson, Konrad L.</td>
<td>Horsness, Keith D.</td>
<td>Nicholas, Jeffrey M.</td>
<td>Sugawa, Choichi</td>
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</tbody>
</table>

**AN OPERATION A YEAR FOR WSU**

**January 1, 2013 through December 31, 2013**

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.