
Profiles in surgery

The beautification of a hospital and a medical center

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On Sunday, July 23, 1967, it was hot and dry, a typical mid-summer day in Detroit, MI. The early morning hours had seen nothing unusual. A few drunks were arrested for disorderly behavior. A number of stabbing victims were successfully treated at the city hospital; a “blind pig” was raided for after-hours liquor violations; there were a number of minor fires without serious injury.

The afternoon was calm. The rotating intern at the city hospital thought it was an ideal time to see her new city. After working the Saturday night shift, she napped in her dingy six-by-six living quarters on the fifth floor above the operating suite. The room was sweltering, the only source of relief being the meager fan the cleaning lady had been kind enough to provide. Decay and rot had left holes in the wood under the sink. The place resembled a prison cell. It had been 23 days since she left the hospital. The young intern stored most of her worldly possessions in her car, as this room that she would call “home” for the next 11 months was too small to accommodate them.

The intern started on her exploratory tour of the city close to 4:00 pm. As she sat waiting at a red light, an elderly African-



The DRH emergency room in the 1960s. Patients are lined up in the hallway because the in-room beds are filled.

American woman in the adjacent car hollered to her, “Ma’am, you ought to not go up there. They’re rioting.” The young intern smiled, thanked the old woman, ignored her advice, and continued to proceed “up there.” It soon became apparent, however, that the woman was correct. The young intern turned back toward the city hospital and was able to reach the parking lot shortly before barricades were erected around the grounds.

In a nearby suburb, the city hospital’s chief of surgery was driving with his spouse. The

car radio announced that there was a disturbance outside a blind pig that had been raided that morning; the newscaster asserted that everything appeared to be under control. The chief of surgery, however, was alarmed. Having grown up in Cape Town, South Africa, where racial strife was often downplayed, he was sure that this “minor disturbance” was the beginning of a race riot. He immediately drove home, confiding in his wife his suspicions about what was really happening in the city. She thought he was crazy, but at his urging

agreed to keep all three kids in the house that evening. He then took his shaving kit and extra undergarments and made the trip to the city hospital, arriving as the barricades were being erected.

The chief surgical resident left home shortly after 5:00 pm to serve his nightly stint on the emergency surgical service of the city hospital. Because the hospital routinely saw such a large volume of trauma and nontrauma emergencies, there were two emergency surgery teams: for one month, one team worked nights and the second team worked days and then they switched. Each team was headed by a fourth-year surgical resident. The chief surgical resident was in his fifth year of residency and worked two months of nights. As the chief surgical resident approached the downtown area, he was concerned to see dark smoke billowing over the skies of Detroit. Had there been a warehouse fire or did a gasoline station explode? he wondered. The radio gave no hint of what was happening. Shortly thereafter, he arrived at the city hospital just as the barricades were being erected.

The commotion that began when the blind pig was raided in the early morning hours spread throughout the day as the police skeleton crew staffing a supposedly peaceful Sunday afternoon had difficulty containing this "civil disturbance." The city officials, in briefings with the news media, downplayed the disturbance, refusing to see it for what it was. Despite the fact that other cities had ex-

perienced race riots recently, the officials thought this could never happen here. After all, race relations in Detroit were excellent, weren't they? Surely, the gains made since the 1943 Detroit race riot precluded any recurrence, or so they thought. Sadly, they were mistaken. It was only when Bill Bonds arrived to anchor the evening news for one of Detroit's television network stations, and recognized what others refused to admit, that the news media finally reported the reality of the situation. The disturbance, he announced, that had begun as a protestation to the blind pig raid on the near west side was now out of control and had expanded to the near east side. One of the worst riots of the turbulent 1960s had begun.

The hospital

In the early 1900s, Detroit was a working-class city closely aligned with the expanding automobile industry. St. Mary's Hospital, supported by the large Archdioceses of Detroit, was the primary provider of indigent health care. The combination of a good work ethic, strong tax base, and strong religious affiliations in the city led to a higher prioritization of health care for the needy. The Detroit Receiving Hospital (DRH) opened in 1916 in order to serve the poor and down-trodden of Detroit. The Wayne University, later Wayne State University (WSU) College of Medicine, a city-owned institution of higher education, partnered in the provision of care for the have-nots of Detroit. The new hospital was erected

next door to the St. Mary's Hospital, which continued to be a resource to the new city hospital in times of need for many years.

For half a century, this partnership served the needy of Detroit and fostered the training of medical students and residents in all specialties. During these years, this large, 750-bed, full-service hospital experienced many ups and downs generally related to the economic welfare of Detroit. Skeletal crews provided care through the two World Wars, and finances were scarce during hard times, including the Great Depression. Resources were always found to keep the hospital open but there were few amenities. Many times nurses and nurses' aides were compelled to "borrow" linens from the adjacent St. Mary's Hospital. These borrowings were really long-term loans without collateral—the only payment being heartfelt thanks to the St. Mary's Hospital administrative personnel who looked the other way. DRH survived these many difficult times and, by 1967, was providing emergency care to 140,000 citizens per year.

Although the Emancipation Proclamation was enacted into law 50 years before the city hospital was constructed, separation of the races continued throughout the northern cities including Detroit and was evident during these early years at the new city hospital. The chief surgical resident, many years later as a faculty member, provided medical care to the first African-American

registered nurse to work at the city hospital when she was a patient there. She taught him about how, in her day, people of color were not expected to be registered nurses but rather were expected to work as practical nurses or nurses' aides. She credited one of her teachers at WSU with challenging her to overcome this stifling attitude. Upon receiving her degree and beginning her career at DRH, she was forced to bring a bag lunch to work every day because people of color were not allowed to eat in the whites-only dining room. She described how the restrooms also were for white people only, so when she had to use the bathroom, she would go outside to the corner store, affectionately known by the hospital staff as "the Greeks." The proprietor would nod when she and others would come in to use the facilities. The remnants of this discrimination were still present in 1967.

The treatment

On that fateful day in July, the chief of surgery was serving his second year as chairman of the WSU department of surgery. When he arrived at the hospital that evening, the atmosphere was relatively calm. Intuitively, he knew that things were about to get very busy, though this view was not shared by many others. He implemented the hospital disaster plan and enticed the community surgeons, many of whom had done their training at the DRH/WSU program, to be available. These surgeons canceled their elective schedules and came into the hospital



The full DRH emergency area waiting room, with not enough seats for all patients.

to be available for what might happen. Working through the administrative and nursing offices, he arranged for the nurses to stay and work a second shift while police vehicles conveyed the night shift nurses to the hospital under armed protection.

His foresight and actions were critical to the successful treatment of almost 1,500 patients in the emergency department, including almost 500 patients who presented during a span of 36 hours. Many of these latter patients had sustained life-threatening gunshot wounds. At the peak of the crisis, all nine operating rooms were in use; two additional operating "rooms" were set up in the hallway, but fortunately, the turnover of rooms was such that these makeshift facilities

never had to be used. By all standards, the treatment of the sick and injured during this period of time was an outstanding success, mostly because of the foresight of the new, young chairman.

The challenge

The new chief of surgery received plaudits from near and afar for his planning and handling of the civil disturbance. He instinctively knew, however, that successful surgical response to an urban riot was only window dressing; the underlying causes of widespread inequities had to be addressed. Although many residents, nurses, and faculty had become inured to these inequities, the chief's previous experience with apartheid taught him that corrective

action was badly needed. Now secure in his new position as the WSU chairman of surgery, it was time to deal with these inequities within his sphere of influence. He called upon his lovely and capable spouse to help him in this endeavor. She was given a tour of the hospital and was asked to make the hospital more inviting to patients, students, residents, and attending physicians. The challenge was enormous.

The first hurdle was a fiscal one. City leaders clearly were less than enthusiastic about a hospital modernization and beautification program; the city was still financially sound but the post-World War II automotive industry boom had clearly passed. But it seems that each hospital has a person who knows where the hidden resources are located: the DRH had Al Plotkin, the chief executive officer who was a hard-nosed, crusty man-for-all-seasons with a soft underbelly, and the chief's spouse instinctively found the soft underbelly. They worked out a pact: if she were able to procure external donations, he would match them. These matching funds would come from the Research Corporation into which all physician third-party payments were made.

A DRH Beautification Committee was formed with the chairman's spouse providing the artistic leadership and Mr. Plotkin overseeing the financial considerations. In her quest for donations, the chairman's spouse met with Men's Clubs and Women's Clubs of Detroit's major corporations, includ-

ing industrial giants such as General Motors Corporation, Chrysler Corporation, and Parke-Davis Pharmaceuticals. In the early days of the Beautification Committee, donations trickled in and, as a result, only the most pressing aesthetic needs of the hospital could be addressed.

The first priorities were the large, 13-bed, open wards. In these antiquated treatment areas, no curtains separated the old wrought-iron beds and tattered shades without curtains were the only window dressings. There were three or four rickety chairs for each 13-bed ward. Each ward had a physician sitting room where records were reviewed, X rays examined, and orders written. The rooms resembled old broom closets with a couple of chipped and eroded desks and rickety old chairs.

The first priority for the Beautification Committee was to vastly improve the appearance of these open wards by placing curtains around each bed, replacing the old shades, adding window curtains, upgrading the bedside tables, and procuring at least one chair for each bed. In addition, at least one picture was hung on the wall of each of these large wards. This simple, inexpensive beautification was enormously appreciated by the patients and relatives but perhaps even more so by the nursing and physician staff, who suddenly realized how callously accustomed to the dreary décor they had been for so many years. In the physician workrooms, the addition of carpeting, fresh

paint, window curtains, clean and sturdy furniture and, of course, a picture on the walls created a whole new atmosphere. The house officers and medical students could actually be cheerful while working long hours well beyond the current 80-hour workweek.

As a modest increase in donations began to flow into the Beautification Committee, the next priority was to upgrade the waiting room at the hospital entrance. This area contained long benches, which had not been replaced since the hospital opened more than 50 years earlier. The floors, walls, and ceiling lighting were primitive. The registration and information windows resembled the ticket counters of an old train station and did not foster congeniality. Again, simple, inexpensive upgrading with chairs, brighter lighting, repainted walls, restructured reception and information desks and the all-important addition of art pieces to grace the walls created a tremendous difference and were appreciated by all.

The next challenge was the fifth-floor living quarters that the rotating intern and many other house officers called "home." These tiny rooms were hot and stuffy, pocked with holes from dry rot, and reeked of food smells from the cooking that was being done in the small common kitchen, which suffered from poor circulation and lack of air conditioning. Again, simple but inexpensive solutions were found. The atrium was recarpeted and furnished with proper seating accommodations, the lighting

was upgraded, air conditioning was installed, plumbing and carpentry needs were addressed, and each of the dormitory rooms was freshly painted in colors designed to create a sense of well-being. The whole effect was nicely enhanced by the addition of pleasant, but inexpensive, art pieces to the atrium walls.

During the 1940s, DRH added a large extension known as the Farwell Building; the eighth floor housed the on-call rooms. These rooms were almost as Spartan as the fifth-floor living quarters. The mattresses were saggy and should have been thrown away many years earlier. When curtains were present, they were tattered and often nonfunctional. The paint was chipped from age and the underlying plaster was cracked. The chairman claimed that it would be highly unlikely for quality medical students to choose the WSU/DRH surgery program when the night call facilities provided no comfort, poor accommodations, no desks, and no communication with the outside world.

Simple, inexpensive improvements by the Beautification Committee included an upgrade of the communal shower facility, new beds, new shades and curtains, and replastered and repainted walls, and proper reading lights markedly improved the environment; of course, let us not forget the addition of artwork to the walls.

The morgue in a hospital serves two purposes: prosecution by the pathology team and viewing of the deceased by the



One of the 13-bed wards, after the curtains were placed but before many other improvements were made.

immediate family. Somehow, DRH physicians had grown accustomed to the dark, dank, cramped environment when doing work related to prosecution. Unfortunately, the substandard, dreary environment extended to the viewing room. The chairman's spouse championed the effort to create a proper viewing room, helping to ease the terrible burden upon the family and loved ones of the deceased. Artwork was included.

Each successful improvement in these simple but basic amenities of everyday patient care and hospital life strengthened the reputation of the Beautification Committee. Those individuals who once had been mere bystanders became supporters and advocates. Getting more financial support became easier;

the future looked rosy. Another bump in the road, however, was just around the corner.

The shooting

During the late morning of July 13, 1971, a muscular, middle-aged man entered the hospital through the Farwell Annex, which joined the original building and the Farwell extension, and strode through the halls toward the administration offices. He attracted everyone's attention because of his deliberate pace but, mostly, because of the rifle he gripped with both hands. As is so often the case, witnesses assumed that he was performing some administrative function and went about their work. As he turned down the long hallway leading to the main administration offices, few took notice. Shortly before

entering the administrative office suite, he was recognized by a senior employee who rapidly shoved him aside and then slammed and locked the main administrative suite door. The mayhem had begun.

The shooter was a former employee who had been dismissed for cause. He suffered from schizophrenia but was thought to have been cured after a 14-month inpatient stay. He had vowed to kill Marty Battle, a middle-level administrator who had had to be the bearer of bad news regarding his dismissal. The shooter was well armed with rapid-fire capabilities.

While each of the individuals within the main administrative suite closed their doors in order to protect themselves, he blasted through the outer door with multiple rifle rounds and entered into the main suite. Simultaneously, an emergency alert went out to the Detroit Police Department First Precinct across the street. They deployed the SWAT team. The chairman's spouse, preparing for the next Beautification Committee meeting, was shoved into one of the administrative offices where she and two others, including Mr. Battle, pushed a desk against the door. As they were barricading the door, Marty was shot through the closed door and sustained life-threatening chest and abdominal injuries. One of the secretaries received a large destructive wound to her forearm and the chairman's spouse received a superficial wound to her upper extremity. While multiple shots were fired in many different directions,

the chairman's spouse held Marty's hand as he progressively exsanguinated. Shortly thereafter, the SWAT team arrived and fatally shot the assailant.

The chief surgical resident, now an attending physician and chairman of the Disaster Committee, instituted the Disaster Plan. All operations were canceled. Six operating teams were assembled to provide care for the six individuals known to be in the administrative suite. The shooter was the first to be rushed by the triage point, but he was obviously beyond treatment. Mr. Battle followed immediately and he was taken directly to the resuscitation room where he underwent an emergency thoracotomy; he had temporary restoration of heart-beat but died soon thereafter in the emergency department. The injured secretary was rapidly evaluated and then taken directly to the operating room for the debridement of soft tissue, primary neurorraphy, and primary tenorrhaphy performed by a general surgical faculty member who had been trained in the care of these injuries as part of the WSU/DRH surgical residency. The chairman's spouse presented with the superficial wound, which was treated with a small dressing. She experienced excruciating epigastric pain, which was successfully treated with two cartons of whole milk.

Once the dust had settled and calm had been restored, the chairperson's spouse informed him that she was not about to spend another moment at the DRH. With the wisdom born

of his experience as a soldier in World War II, he advised that she needed to return to the hospital, preferably as soon as possible, so she could expel this horrific nightmare and reinvigorate herself with the many challenges to come. It is a testament to her strength, perseverance of spirit, and commitment to the Beautification Committee that she consented to let him escort her back to the hospital the next Monday.

The growth

The many early successes in creating a positive environment at minimal expense were rewarded by a continued increase in donations. The Men's Clubs and Women's Clubs of Detroit industries supported expansion of the beautification program. Through the largesse of the Kresge Corporation, a modest park was constructed across the street from the front door of the hospital. On pleasant days, patients' relatives, medical students, and house officers could rest there for a few moments and enjoy the calming scenery before going back to the hectic hospital environment. On occasion, it provided a respite for homeless people to spend the night. One of the surgical residents later stated "seeing these homeless people spending the night there reminded me that after my call is over, my wife and kids will be waiting for me at a real home."

Each success identified new goals. July 1975 was one of the hottest months on record in Detroit. The former chief surgical resident, now faculty, was called to the chairman's

office to deal with a crisis in the critical care step-down unit. The unit contained nine beds and had many patients on ventilators. There was no air conditioning and there were no screens. A frustrated surgical critical care resident wrote an order to “shoo flies from trach stoma prn,” and the hospital administrator wanted him fired. The chairman had a better idea. The former chief surgical resident met with the administrator and they agreed that the surgical critical care resident would be chastised as soon as screens were placed on the windows. The screens were in place by noon the next day; the surgical critical care resident was treated to a beer and burger that evening. This entire critical unit was upgraded by the Beautification Committee shortly thereafter.

On the campus of the WSU Medical School, a new Radiation Oncology Center had been created. Capitalizing on her newfound supporters, the chairman’s spouse managed to adorn the Radiation Oncology Center with multiple murals. Much of this success exemplified her persuasive powers in coaxing business people to donate artwork that was no longer going to be used in their office buildings. The Children’s Hospital of Michigan utilized the Children’s Cancer Center within the Harper Hospital for children requiring bone marrow transplantation. The art team was able to make this area warm and inviting to children. These continuing successes engendered even more support for the Beautification Committee.



The hallway on the first floor of the new DRH has multiple works of art hanging on walls and suspended from the ceiling.



Wave Composition, created by Sam Gilliam, is the largest indoor art piece in DRH and graces the main hallway on the first floor.

The new hospital

The new DRH was slated for completion in July 1980. The art program at the old hospital was so successful that the art committee was given a new challenge. Detroit Mayor Coleman A. Young and WSU President

George Gullen each appointed four people to this committee. They, in turn, enlisted the aid of spouses of WSU professors, including many from the law school and the medical school. Representatives of the Detroit Institute of Arts were included



The Arc, by Diana Pancioli, made of historic hand-crafted Pewabic tiles, graces the entrance of the atrium. This work was completed as Dr. Walt was dying and was referred to by Mrs. Walt (left) as her “last hurrah.”

at minimum expense. By the 1990s, the hallways had an international artistic flavor and the quality of the art pieces continued to increase.

The last hurrah

While the art program flourished, so did the chairman. He became a leader in many of the nation’s surgical associations and his name was recognized and respected everywhere. As he gave his Presidential Address at the American College of Surgeons annual meeting in October 1995, Alexander J. Walt, MD, FACS, suffered severe pain from metastatic kidney cancer. As he was dying in early 1996, Irene Walt was involved in another large project for the hospital atrium. When this was dedicated, she identified this as her “last hurrah” (see photo, this page). How wrong she was.

After Dr. Walt died, the demands made upon Mrs. Walt intensified. Her work at the DRH became known throughout Southeast Michigan. She led the beautification of the Federal Building in Detroit, the People Mover within the central city, the Alexander J. Walt Breast Center within the Harper Hospital, and helped with the artworks at the nearby Henry Ford Hospital. The ceramic replica of the current emblem of the American College of Surgeons is another example of her continued involvement in the art world. All Fellows of the American College of Surgeons should view this beautiful piece, which was crafted of Detroit Pewabic tile and hangs in the lobby of the College’s

on this committee. The task was to plan not only for a beautifully constructed hospital, but also for beautiful artwork within the hospital. Both aims were highly successful (see photos, page 37–39).

The hospital opened on schedule in July 1980 with 40 beds. Within one year, all 340 beds were opened. Approximately 200 works of art were taken from the old hospital to the new hospital and, as each new ward was opened, the walls were adorned with art. The new hospital had a maximum of two patients per room, was spacious, effectively used natural light, and had an excellent attached University Health Center to facilitate outpatient care. It also had courtyards that later were to be filled with giant works of art that had to be moved in by

huge cranes.

The challenge to financially support these new works of art was successfully carried out through fundraising dinners, donations from friends and faculty, and multiple letters sent out by the chairman at the direction of his spouse. These endeavors permitted large works to be commissioned at no expense to the hospital.

The chairman was now world-renowned and accepted invitations to speak in many different cities in many different countries. His spouse, when accompanying him, made it her job to identify local art to be acquired for the hospital so that the artwork represented all parts of the globe. Again, her frugal instincts allowed for these tremendous works to be brought to the hospital



Windscape, a mixed-media bas-relief, adorns the wall behind the information desk and is described during the tour by creator Glen Michaels. (Mrs. Walt is pictured, center.)



Surgical donors to the art program including the “young rotating intern” (in the red coat) and the “chief surgical resident” (in the foreground), both with white hair, enjoy the reminisces of their fellow surgical alumni at the celebration dinner after the art tour.

ers at the DRH/WSU Annual Trauma Symposium, the oldest trauma symposium in America and an event strongly supported by Dr. Walt.

During these art tours, Mrs. Walt often opined that a historical record of the art program should be preserved in a book dedicated to the beautification of DRH and the 1,000 works of art currently on display. Indeed, this wish was repeated yearly until the former rotating intern and the former chief surgical resident organized a fundraising project to finance this new book and the CD-ROM that would accompany it. When the surgeons who had trained under the leadership of Dr. Walt were invited to financially support this program, the outpouring of support was tremendous. Within two months, the financial goal was exceeded.

On April 30, 2007, the benefactors who could make the trip to downtown Detroit shared in an art tour provided by Mrs. Walt, followed by a celebration dinner that was attended by more than 75 former trainees (see photo, this page). The art book was completed in September 2007 and is available at the WSU Press (University Press, 4809 Woodward Ave., Detroit, MI 48202).

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headquarters in Chicago, IL (see Regnier SJ. Ceramic replica of ACS Seal adorns College headquarters. *Bull Am Coll Surg.* 2007;92[5]:29).

The DRH art program has continued to thrive because

of the administrative support by the hospital and because of the many support groups in Southeast Michigan. Mrs. Walt conducts many art tours for medical students, DRH and WSU visitors, and for speak-