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MedicineBulletin

University of Maryland Medical Alumni Association & School of Medicine



Jay A. Perman, MD: Vision of an Unconventional Man 8

Since taking over as president of the University of Maryland Baltimore 18 months ago, Jay Perman, MD, has undertaken a campus-wide initiative of inter-professional education. His first target is child obesity, a health hazard he considers the biggest medical threat of this generation. It was the center of discussion at a November 2011 summit cosponsored by the university and Maryland Department of Health and Mental Hygiene. *Cover photo of Jay Perman, MD by Richard Lippenholz*

The Cost of Cure 14

Today 80 percent of children with cancer are surviving, but a recent study indicates that by age 30, nearly 73 percent of the survivors had developed serious or life-threatening illnesses. Patricia Shearer, MD, MS, professor of pediatrics and head of pediatric hematology/oncology, leads a survivorship program assessing the risk for late effects of cancer and providing valuable clinical care.



Alumna Profile: Camille Hammond, '01 22 Family and Infertility

Her goal as a child was to become a doctor and serve, and after medical school she had a nice career in preventive medicine and public health. But unable to conceive due to infertility, Camille Hammond, '01, realized her true calling. Today she runs a not-for-profit foundation devoted to helping families with similar problems.



Alumnus Profile: Stephen L. Houff, '87 24 The Consummate Hospitalist

While working as a hospitalist at Ohio State University Hospital East in the 1990s, Stephen L. Houff, '87, realized that his work was reducing patients' length of stay as well as their mortality rates. He soon began building a business around his practice with a promise to improve quality of care with higher efficiency. Today he heads the largest hospitalist organization in the country.

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The U.S. Centers for Disease Control and Prevention (CDC) has ranked childhood obesity as the number one health risk facing America. According to the CDC, childhood obesity has more than tripled in the past 30 years, and today more than one third of children and adolescents in the U.S. are overweight or obese. Although Maryland's youth obesity rate on average is slightly better than the nation as a whole (26 percent are overweight or obese), our very young children are not. A recent study of Maryland's WIC Program (Women, Infants, and Children) found that 33 percent of children ages 2–5 in the WIC Program were overweight or obese.

Childhood obesity has both immediate and long-term negative consequences. Overweight and obese children are at higher risk for cardiovascular disease, pre-diabetes, bone and joint problems, sleep apnea, and social and psychological problems compared with normal-weight children. They also are more likely to become obese adults, putting them at greater risk for a bevy of adult chronic health problems, including heart disease, type 2 diabetes, stroke, cancer, and osteoarthritis. Obese women who become pregnant have a very high risk of having a child with a birth defect, and this risk increases even more if they also have diabetes.

The good news is that childhood obesity and its short- and longer-term problems are largely preventable with lifestyle modifications, including healthy eating and increased physical activity. However, behavior is one of the most difficult human traits to change. Attacking this problem on a large-scale requires more research on the best ways to prevent obesity as well as efforts to improve health literacy in the general population.

This issue of the *Bulletin* contains an article featuring the efforts of Jay Perman, MD, president of the University of Maryland Baltimore, to combat childhood obesity both in the City of Baltimore and on a regional and national level. Dr. Perman, who officially became president of UMB in July 2010, intends to focus the substantial resources of this university—medical, scientific, social, and legal—on addressing this problem.

In conjunction with a recent a two-day summit focused on childhood obesity hosted by the university, Dr. Perman announced the creation of the Institute for a Healthiest Maryland, a collaboration of academic, public health, public education, and community organizations that will guide efforts to combat chronic diseases across Maryland. The institute's mission will focus on obesity prevention as well as tobacco cessation and reducing hypertension and high cholesterol in at-risk communities.

This issue also contains an article featuring Patricia Shearer, MD, professor of pediatrics and division chief of pediatric hematology and oncology. Dr. Shearer joined our medical school in July 2011 and, in addition to continuing her research in pediatric solid tumors and international medicine, is in the process of establishing a cancer survivor program in her department. The program is for survivors of pediatric cancer of any age, and not just here in Baltimore, but in the larger community around the state, region, and nation.

Thus, both of these initiatives—Dr. Perman's childhood obesity initiative and Dr. Shearer's work on behalf of childhood cancer survivors—are not only very positive developments for residents of Baltimore but the region and the nation as a whole. I can assure them that our medical school will do everything in its power to support these worthy efforts for children and others. 🏛️



E. Albert Reece, MD, PhD, MBA
Vice President for Medical Affairs, University of Maryland
John Z. and Akiko K. Bowers Distinguished Professor and
Dean, School of Medicine

... behavior is one of the most difficult human traits to change. Attacking this problem [childhood obesity] on a large-scale basis requires more research on the best ways to prevent obesity as well as efforts to improve health literacy in the general population.

EVENTS

Radiation Oncologists Gather in Miami & Radiologists in Chicago

The Medical Alumni Association co-sponsored events for faculty and alumni in Miami and Chicago last fall. On October 3, a reception was held during the annual meeting of the American Society for Radiation Oncology. More than 80 faculty, alumni, staff, and friends of the medical school attended the event at the Delano Hotel in South Beach. **William F. Regine, MD**, the Isadore & Fannie Schneider Foxman Chairman in the Department of Radiation Oncology played host. On November 28, some 45 faculty and alumni joined host **Charles S. White, MD**, professor of diagnostic radiology and nuclear medicine and vice chair for a reception Cite Restaurant on the Navy Pier in Chicago. The event ran in conjunction with the annual meeting at the Radiological Society of North America.



Joseph M. Herman, '00, a radiation oncologist who sits on the MAA Board of Directors, with William F. Regine, MD, chairman of radiation oncology



Charles S. Resnik, MD, Charles S. White, MD, Jade J. Won-You-Cheong, MD, and Barry D. Daly, MD at the Chicago reception

EVENTS

Robinson, Edwards Honored as Medical Trailblazers

Walker L. Robinson, '70, and **Willarda V. Edwards, '77**, were among four physicians honored at Baltimore's Reginald F. Lewis Museum in October. "Saluting Medical Trailblazers Past and Present" was the title of the annual gala. A neurosurgeon, Robinson served on Maryland's faculty for more than 20 years and played a pivotal role in bringing Gamma Knife technology to the medical center in the 1990s. He is currently physician advisor at the Carle Foundation Hospital and Clinic in Urbana, Ill. Edwards is a Baltimore internist who served concurrently as president of the local American Medical Association as well as the National Medical Association. For more than five years, she also served as president and CEO of the Sickle Cell Disease Association of America. Both are former members of the Medical Alumni Association Board of Directors.



Walker L. Robinson, '70



Willarda V. Edwards, '77

Photos courtesy of Balance Photography

EVENTS Hosick Hall Opens in Bressler

Formerly known as the sophomore lecture hall in the Bressler Research Laboratory, a renovated Dr. Elizabeth C. Hosick Lecture Hall opened in fall. Dedicated in 2007 with an announcement of a generous gift from **Elizabeth C. “Betsie” Hosick, ’66**, the hall now has a new sound system, wireless capabilities, and a table-top design equal to its counterpart—Taylor Lecture Hall—for first-year students. Hosick, a retired anesthesiologist, lives in Champaign, Ill.



EVENTS Abel, ’67, and Shpritz, ’70, to be Honored by MAA

Elizabeth A. Abel, ’67, an internationally renowned dermatologist, and **Louis A. Shpritz, ’70**, past president of the Medical Alumni Association, will be honored by the MAA during reunion in spring.

Abel will receive the 2012 MAA Honor Award & Gold Key, presented since 1948 for outstanding contributions to medicine and distinguished service to mankind. In addition to a thriving dermatology practice in Mountain View, California, Abel has served on the faculty at Stanford University since 1975 and, since 1996, has held the appointment of clinical professor. A prolific writer, she is widely recognized for her work in the field of psoriasis, served as editor for *Photochemotherapy in Dermatology*, and she has enjoyed editorial positions on journals including the



Elizabeth A. Abel, ’67

Journal of the American Academy of Dermatology and *Archives of Dermatology*.

Shpritz is recipient of the 2012 MAA Distinguished Service Award, recognizing service to the Alumni Association and medical school. A class captain, he has organized his five-year reunions and has participated in virtually every alumni phonothon since inception in 1978. Shpritz joined the MAA Board of Directors in 1989 and was elected president in 1995. He and wife Deborah are members of the John Beale Davidge Alliance, the school’s society for major benefactors. He retired from his urology practice last March after 41 years. During this time he was also a member of Maryland’s volunteer faculty.

The MAA will honor the two at its recognition luncheon on May 4.



Louis A. Shpritz, ’70

Contributors to News & Advances include: Sharon Boston • Karen A. Robinson • Larry Roberts • Rita Rooney • Bill Seiler • Karen Warmkessel Photos by: John Seebode • Mark Teske

Transitions



Sania Amr, MD, MS, associate professor, department of epidemiology & preventive medicine, has been appointed director of Maryland's division of preventive medicine. The new division was formed to retain the department's historical roots in preventive medicine. It provides an academic home for faculty members whose research addresses questions related primarily to prevention

and preventive medicine practice. Since 2005, Amr has directed the accredited preventive medicine residency program. She has taught the graduate class Environmental and Occupational Health, required for both the MS and MPH degrees. From 2005 to 2008, she served as the first Capstone director for the MPH program.



Margaret M. McCarthy, PhD, professor of physiology and psychiatry, was named chair of the department of pharmacology and experimental therapeutics. McCarthy has been a member of Maryland's faculty since 1993 and has held leadership roles including associate dean for graduate studies. She is nationally recognized as a leader in the field of neuroscience. She received both her BA

and MA degrees in biology from the University of Missouri, her PhD from the Institute of Animal Behaviors at Rutgers University, followed by post-doctoral training at Rockefeller University and as a national research council fellow at the National Institutes of Health. She replaces Edson X. Albuquerque, MD, PhD, who retired after 36 years at the helm.

John Olson, MD, PhD, is head of a new division of general and surgical oncology. Olson also becomes the Campbell and Jeanette Plugge Professor and vice chair of the department of surgery. Olson joins Maryland's faculty from Duke University Medical Center where he was chief of the section of endocrine, breast, and oncologic surgery. He is a nationally recognized surgeon-scientist funded by the National Institutes of Health, most recently with an R01 grant to study molecular mechanisms of altered calcium sensing in human parathyroid disease. Olson earned his MD/PhD in pharmacology and experimental therapeutics from the University of Florida. He received general surgical training at Washington University in St. Louis, and completed surgical oncology training at Memorial Sloan-Kettering Cancer Center.



eBay Mummy Returns Home

The mummified skeletal remains of a child, brought to Maryland in the early 19th century for medical instruction, has been returned to campus after disappearing years ago and recently appearing for sale on eBay.

The specimen is part of a collection assembled by Scottish anatomist Allan Burns in the early 1800s. It was transported by **Granville Pattison**, a student of Burns who inherited the collection and was hired here in 1820 as professor of surgery. Numbering more than 1,000 pieces and considered an invaluable teaching aid, the assemblage was purchased by Maryland's faculty for \$7,800 in 1821. Shortly thereafter a small building—Practice Hall—was constructed beside Davidge Hall to house the collection.

Over time, as body specimens became more plentiful and preservation techniques improved, the collection fell out of favor. It was during this time that pieces began disappearing. In 2006, Port Huron (Michigan) police confiscated the mummy after a complaint surfaced that it was posted for sale on eBay.

Ronn Wade, director of the Maryland State Anatomy Board who oversees care of the remaining pieces, had no doubt it was part of the Burns collection. This was confirmed by tissue testing. The mummy was returned in late November. Several pieces of the Burns Collection are on display in the Davidge Hall Museum.



Ronn Wade assessing condition of the 200-year-old cadaver.

School Creates Clinical and Translational Sciences Institute


In order to foster the translation of fundamental science to patient care and community health, the medical school announced the creation of the University of Maryland Clinical and Translational Sciences Institute (CTSI).

The institute is a unique umbrella organization that creates a multidisciplinary infrastructure to facilitate the rapid advancement of basic science research discoveries into novel therapies to treat and prevent serious chronic conditions and improve human health. Its research and education efforts will particularly target health disparities among underserved populations in Baltimore and beyond.

“We hope that this groundbreaking new research institute will expand collaboration across the University System of Maryland and the University of Maryland Medical System, transforming our research and clinical enterprise and allowing us to make a quantum leap in our ability to conduct translational science,” says **E. Albert Reece, MD, PhD, MBA**, vice president for medical affairs and the John Z. and Akiko K. Bowers Distinguished Professor and Dean.

The CTSI is being led by co-directors **Alan R. Shuldiner, MD**, and **Stephen Davis, MBBS**. Shuldiner is the John L. Whitehurst Professor of Medicine and associate dean for personalized and genomic medicine, and Davis is the Theodore E. Woodward Professor and Chair of the department of medicine.

The CTSI will focus on six research areas: diabetes, heart disease, cancer, infectious and inflammatory diseases, schizophrenia, and head injury with collaborations involving scientists in the university’s schools of dentistry, pharmacy, nursing, law, and social work.

Patient and community involvement and engagement will be a crucial component for the mission. For example, Shuldiner’s research in pharmacogenomics looks at gene variants that can predict response to medications, enabling more effective and individualized drug therapy. The CTSI will connect the laboratories making such discoveries with the clinical researchers who can evaluate the findings in the community. Engaging with the community will provide opportunities for clinical researchers to recruit study volunteers and to communicate the importance of biomedical research to underserved populations. 



Alan R. Shuldiner, MD



Stephen Davis, MBBS



What is LinkMD?

- ❖ Building a network among students, residents, faculty, and alumni.
- ❖ Promoting a sense of solidarity and pride within the University of Maryland academic community.
- ❖ Enables students to bond, to discover a mentor, and to prepare for professional life by bringing people together in a relaxed, candid, personal atmosphere.
- ❖ Interested doctors contact LinkMD with a date, time, and venue at which they would like to host an event, and an electronic sign-up is posted on MedScope, a website available to Maryland medical students.
- ❖ Hosting an event means providing dinner at their house, at a restaurant, meeting students for happy hour or sharing a hobby (running, biking, bowling, etc) with similarly interested students.
- ❖ While providing exposure to a specific field of medicine, students are also able to gain insight into the personalities that are drawn to different specialties.
- ❖ If you are interested in hosting an event or learning more about LinkMD, please email linkmd@som.umaryland.edu or visit <http://web.me.com/link-maryland>.

A red ambulance is shown from a low angle, driving on a paved road that curves through a dense forest of tall, thin trees. The scene is misty or foggy, creating a sense of depth and atmosphere. The ambulance's front end, including the headlight and grille, is visible in the foreground.

HEY, ROLL OVER CRASH: YOU DON'T SHOCK ANYONE HERE.

THIS IS WHERE FEAR IS ROLLED AWAY.

The R Adams Cowley Shock Trauma Center at University of Maryland Medical Center has been called the finest hospital of its kind on earth. Shock Trauma is where trauma and critical care first became science. And where 8,000 of the most badly injured or critically ill people from all over the region receive care every year.

Patients might not know much about Shock Trauma when they get here. They soon discover amazing levels of support and energy and thought, focused on them completely. They see that the people in the pink scrubs stop at nothing. If injuries had a brain, they'd understand another crash has met its match.



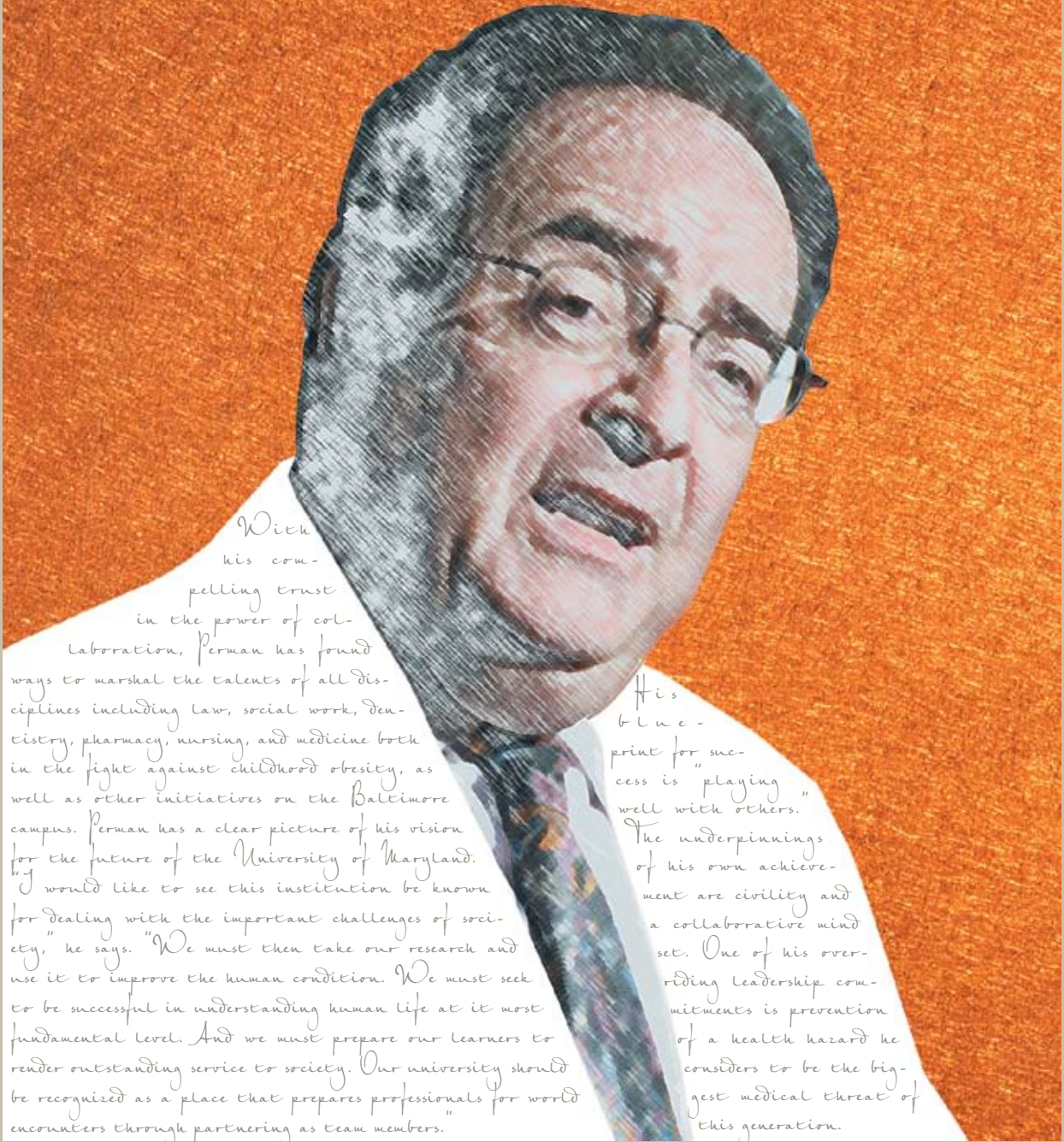
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Jay A. Perman, MD



With his compelling trust in the power of collaboration, Perman has found ways to marshal the talents of all disciplines including law, social work, dentistry, pharmacy, nursing, and medicine both in the fight against childhood obesity, as well as other initiatives on the Baltimore campus. Perman has a clear picture of his vision for the future of the University of Maryland. "I would like to see this institution be known for dealing with the important challenges of society," he says. "We must then take our research and use it to improve the human condition. We must seek to be successful in understanding human life at its most fundamental level. And we must prepare our learners to render outstanding service to society. Our university should be recognized as a place that prepares professionals for world encounters through partnering as team members."

His blueprint for success is "playing well with others." The underpinnings of his own achievement are civility and a collaborative mindset. One of his overriding leadership commitments is prevention of a health hazard he considers to be the biggest medical threat of this generation.

VISION OF AN UNCONVENTIONAL MAN

By Rita M. Rooney

His blueprint for success is “playing well with others.” The underpinnings of his own achievement are civility and a collaborative mindset. One of his overriding leadership commitments is prevention of a health hazard he considers to be the biggest medical threat of this generation.

of IPE on obesity, saying “It became clear to me that every school on our campus has a stake in preventing this threat to American youth which, if left unchecked, has the potential to tear down our health care system.”

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Albert E. Reece, MD, PhD, MBA, dean of the medical school, says he has enormous regard for Perman as a colleague he has known for many years, and for his contributions to inter-professional education. “We are fortunate to have a leader of Jay Perman’s caliber at the University of Maryland,” he says. “His emphasis on the interaction among schools, and his commitment to reducing childhood obesity are outstanding examples of his leadership. He is to be commended too for his promotion of collegiality and civility on campus.

Perman’s entree to collaborative enterprise may have had its roots in a joint program within his pediatric sub-specialty. While chief of the division of pediatric gastroenterology at Johns Hopkins, he developed the division at Maryland with the endorsement of both medical school



Jay A. Perman, MD, president of the University of Maryland, has undertaken a university-wide agenda, inter-professional education (IPE), that aims at supportive integration among the professions, highlighted by a shared appreciation for the difficulties faced by each.

Addressing the issue of childhood obesity, a national scourge that has earned his concern, and which was the focus of the university’s statewide summit aimed at prevention, Perman cites the potential influence

of IPE on obesity, saying “It became clear to me that every school on our campus has a stake in preventing this threat to American youth which, if left unchecked, has the potential to tear down our health care system.”

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While many of his colleagues call Perman a visionary, and while the vision to which they refer is multifaceted, there is one objective that has held special place on his agenda since assuming the presidency a year-and-a-half ago—childhood obesity.



deans. Ultimately, he left the State of Maryland to become chair of pediatrics at the Virginia Commonwealth University of Virginia School of Medicine, returned to chair the department of pediatrics at Maryland, then became medical school dean at the University of Kentucky. Finally, in 2010, he came back to Baltimore to lead the University of Maryland as its president.

As harmonious as the concept of collaboration sounds, there are those who would argue it is not easily achieved. Perman agrees.

“It can be difficult,” he says. “I’ve often thought it comes down to how much confidence people have in themselves. There is risk involved. When you engage in a partnership, you are giving up your ability to control.

“At the same time, I firmly believe a person doesn’t have to sacrifice autonomy. But you do have to have the kind of self confidence that isn’t threatened by the contributions of others on the team. We need to spend less time thinking about who can do the job better, and more on what we can all do together.”

So says the man who, as president of one of this country’s premier public universities, finds time to treat patients in the pediatric gastroenterology clinic. The clinic is a program of the department of pediatrics’ gastroenterology division, and is staffed by its faculty.

Elsie Stines, MS, CPNP, the clinic’s nurse practitioner, reports that Perman’s compassion in interacting with both parents and children is the tangible kind. “We all see it,” she says. “He may be sitting next to a seven-year-old on an examining table, telling him he will be fine; or he may be asking a mother if she can afford a specific medication. You instinctively know he cares about patients and the struggles they may be encountering.”

One day a week, the clinic is dubbed the *president’s clinic*. Perman spends that day, not only treating patients but practicing the inter-professional education that is a focus of his vision for the university. Students from each of the schools attend for three consecutive clinics to experience working as a team, a lesson Perman believes is critical to their future careers. Law students begin to understand public policy as it relates to medicine; social workers see first-hand the implications of family dynamics. Each discipline shares myths about its profession in the interest of understanding each other’s direction in life.

Although Perman agrees he never misses an opportunity to treat patients, he admits he never enjoys patient care as much as when he is surrounded by students engaged in discussion about the treatment of a patient. Those are the occasions he cherishes most.

“I have such good memories, and I do miss it all—research, teaching, patient care,” he says. “It’s hard to



Far left: Jay Perman, MD, with William H. Dietz, MD, PhD, of the Center for Disease Control and Prevention, left, and Fran Phillips, MS, DHMH deputy secretary, right

At left: Perman heading a panel discussion

stay involved in everything, but I try. I'm like the kid in a candy store who wants it all."

While many of his colleagues call Perman a visionary, and while the vision to which they refer is multifaceted, there is one objective that has held a special place on his agenda since assuming the presidency a year-and-a-half ago—childhood obesity.

"When I was in training in the 1970s we rarely saw an obese child." He reflects. "But today, it has become an epidemic, and if we don't attack the problem now, it soon will have an impact on lowering the anticipated lifespan of people in our country."

It's a complex issue, Perman explains, with three hurdles for medicine to overcome. Some children are predisposed by their genes, a factor that needs further research and perhaps new methods of medical management. Then there are the environmental factors. These are more complicated now than in the past when most children walked to school and played sports rather than video games. Generally, children get much less exercise than they once did. Food choices are a consistent culprit in contributing to obesity. Unfortunately, many parents can't afford fresh fruit, or don't have access to places where they can purchase healthy food. And for many, the lure of fast food, often "junk" food, is persuasive.

The complexity of the issue is compounded in that obesity has the potential to affect every organ in the body, setting a child up for lifelong illness. How does one begin to solve such serious, multifaceted medical problems? When Perman attacked this question head-on, he came back with the answer—enlist the entire State of Maryland in the battle.

On November 15–16, at the Hilton Hotel, the summit on childhood obesity, sponsored by the University of Maryland, in partnership with the Maryland Department of Health and Mental Hygiene (DHMH), hosted more than 400 stakeholders across the state, including health care leaders and government officials. Presenting partners were Perman and Josh Sharfstein, secretary of the DHMH.

The summit presented policy approaches to prevention, exchanged and disseminated evidence-based information, defined disparities in morbidity and mortality, identified cultural influences on potential interventions, and produced an inventory of resources and programs available in Maryland. Keynote speakers included Maryland Lt. Governor Anthony G. Brown, as well as congressional representatives, and the director of the National Institute on Minority Health and Health Disparities, John Ruffin.

Headliner William H. Dietz, MD, PhD, director of the division of nutrition, physical activity and obesity, at the

Centers for Disease Control and Prevention (CDC), called the summit an important strategy in overcoming childhood obesity.

“It will take time to win this fight,” he says. “It demands a shift in our communities so that they become places of healthy eating and active living. The summit highlighted the complexity of a problem that requires action on many fronts. Now we must continue to address the issue with our best knowledge and resources.”

The medical school has had ongoing programs addressing childhood obesity for many years. Steven J. Czinn, MD, professor and chair of pediatrics, says the issue is one addressed by several divisions in the department including the division of growth and development. Programs exist in other departments as well. Alan Shuldiner, MD, professor of medicine and physiology, and head of the division of endocrinology, conducts important research on type 2 diabetes and obesity.

Czinn applauds Perman’s statewide focus on the issue. “Childhood obesity is a concern in all pediatric divisions,” he says. “Dr. Perman’s leadership on the issue underlines and gives greater impact to our work in this area.”

He adds that the magnitude of the child obesity problem has led to a recognition that the way health care is delivered has to change. “We have to work together,” he says. “Physicians need to embrace the input of other professionals including nurses, social workers, pharmacists, and even attorneys.”

Czinn, who like Perman, is a pediatric gastroenterologist, calls the president an outstanding listener. “Jay is very focused on team building and engaging everyone,” he says. “He encourages all of us to raise the visibility of this campus. He is a true visionary.”

Referring to the consequences of childhood obesity, Czinn adds, “Imagine the health costs if the number of diabetics in this country was to double. For the president of a university to tackle this issue is unique. And it is exactly why I think Jay Perman is a visionary.”

Whether addressing childhood obesity, or any of the myriad issues confronting him as president, Perman’s energies are focused on his IPE initiative, what he calls “bridging the disciplines.”

“Our aim is to bring students of different stripes together and dispel any myths they may have about each other,” he says. “Anyone who thinks a pharmacist just counts pills

soon understands the vast knowledge pharmacists have about drug interaction. By the time students listen to each other, they begin to understand what each brings to the table.”

IPE isn’t just some vague feel-good initiative. It is an organized agenda, headed by a task force whose members represent all schools on campus. It is a visible university component through interdisciplinary activities undertaken by students and faculty. They include an interdisciplinary family health fair held in west Baltimore and conducted by students in the schools of law, social work, nursing, and medicine. An inter-professional critical care simulation event included faculty and students in nursing and pharmacy, and was highlighted by a demonstration by Perman of interdisciplinary care for a critical patient.

Underlying his confidence in the IPE initiative, Perman says, “One reason I came back to this university is my incredible respect for its people—faculty, staff, and students. They care about work done well, and I haven’t always seen that elsewhere. Our people are committed to quality. They have a passion for excellence, and they often do a good job in tough circumstances.”

Considering the major objectives achieved in less than two years of Perman’s presidency, one has to wonder about the next step. As it happens, the next step was already undertaken at the opening of the summit when Perman and the DHMH’s Sharfstein announced creation of the Institute for a Healthiest Maryland, a collaboration of support systems that will guide efforts to combat chronic diseases across Maryland. The institute is funded by a five-year, \$9.5 million community transformation grant from the CDC awarded to DHMH. Its mission will focus on obesity prevention, tobacco cessation, and the reduction of hypertension and high cholesterol, and will link local health departments and community leaders to proven interventions in health and wellness. Perman and Sharfstein will co-chair the institute’s advisory board, and the executive director will be based at the university and will report directly to Perman.

The statewide significance of the new institute is underlined by Lt. Governor Anthony Brown who says, “The institute will provide local public health leaders, particularly those from rural areas, with technical assistance and access to experts who have tested and proven prevention strategies. As co-chair of the state’s health care quality and

Inter-professional education (IPE) isn't just some vague feel-good initiative. It is an organized agenda, headed by a task force whose members represent all schools on campus. It is a visible university component through interdisciplinary activities undertaken by students and faculty.

Photos by Richard Lippenholz

cost council, I look forward to working with the institute to implement needed state policy changes to protect our state's youth and families."

Before long, the president's office will release its strategic plan. Regarding its content and direction, Perman says only that it will be an "elegant" plan for the future of the university. However, he talks with great enthusiasm for the process involved.

"This has been an incredible community undertaking," he says. "Hundreds of people from across all our schools have articulated their vision. Many of them didn't know each other before becoming involved in this exercise, and yet they have bonded to develop a unified direction for our university. Their efforts are proof of what can be achieved when we work together."

There is rarely a grand design that catapults people beyond their dreams, and there was no such design when Perman graduated from medical school with a plan to practice pediatrics on the north side of his native Chicago. But there were forks in the road that led him inevitably to academic medicine and leadership of a major university. Today, when he is called visionary by colleagues, he laughs. It's a laugh



tinged by discomfort because he obviously doesn't think of himself in such lofty terms.

Asked how he would like others to regard him, he says simply, "I'd like people to think I'm nice. It's a soft word I guess, but I think an important one. It speaks of civility, which we need to restore in our world, and which is critical in the health professions. If we don't insist on civility, there's no hope for the world."

Perman has a clear picture of his vision for the future of the University of Maryland. "I would like to see this institution be known for dealing with the important challenges of society," he says. "We must then take our research and use it to improve the human condition. We must seek to be successful in understanding human life at its most fundamental level. And we must prepare our learners to render outstanding service to society. Our university should be recognized as a place that prepares professionals for world encounters through partnering as team members." 🏛️

Jay A. Perman, MD can be contacted at jperman@umaryland.edu

By Rita M. Rooney

THE COST OF Cure

It is indeed a celebratory statistic. Today, 80 percent of children with cancer will survive. Countering such encouraging news, however, is the reality that the young are vulnerable to a “double-whammy”—for them, cancer is attendant to a predisposition for subsequent serious, even life-threatening illness.



Studies show late effects of cancer among children and young adults can develop within five years from diagnosis or later. A 2006 national study of 20,000 young cancer survivors shows that at age 26, some 62 percent of survivors had at least one abnormal condition. Most disturbing is that, 30 years from diagnosis, 73 percent of survivors have a serious or life-threatening illness as a result of the type of their cancer or therapy.

Patricia Shearer MD, MS, professor of pediatrics and division head of hematology/oncology, is founder of the new highly collaborative cancer survivorship program that will assess individual risks and correlate them to evaluation and treatment. She founded a similar University of Florida initiative that treated patients from around the country, and she anticipates a similar referral base for the Maryland program.

“Ours is consummate personalized medicine,” Shearer says. “Working with evidence-based guidelines, the program monitors pediatric and young adult survivors, assessing their potential for late effects of cancer and providing clinical care.”

Among conditions related to young survivorship are those associated with growth and development, heart, lung, kidney and liver dysfunction, infertility, and secondary cancers which are not a recurrence of the original but a completely new malignancy. An entirely separate but nonetheless severe category covers quality of life issues such as chronic fatigue, depression, lack of insurability, anxiety, and sexual dysfunction.

Childhood obesity as a late effect of cancer is estimated in some studies to be as high as 50 percent. A decrease in bone density and change in body composition are related to steroids taken for some malignancies including chemoplastic leukemia and brain tumors.

The way in which the survivorship team anticipates trouble ahead for a specific patient is through a studious abstraction of the young person's medical record. The kind of malignancy treated, type of chemotherapy and/or radiation used, dosage, duration of treatment, part of the body that was treated, number and types of surgeries—all become part of an evidence-based treatment summary with recommendations. Shearer calls it the “heart and soul of cancer survivorship.”

A member of the pediatric sub-committee of the oncology drug development advisory committee of the Federal Food and Drug Administration, she explains, “This summary is what every young cancer survivor needs, and it is what they get in our program. Not all cancers incur the same late effects. Some chemotherapeutic drugs, for instance, have few if any effects. Others have grave repercussions.”

Following the personalized medical record comes the development of long-term follow-up guidelines that parallel the record with risk factors, treatment factors, testing that needs to be done and the frequency of such testing. A full summary detailing the risks for each drug, with its relationship to every diagnosis and the degree of risk it incurs, is developed. While parents of children with cancer are advised of these risks following the original diagnosis, the survivorship team personalizes the information with detail and a game plan. For instance, based on the dosage of a specific chemotherapeutic drug, the patient might learn how often electrocardiograms should be taken to prevent the onset of heart damage. Guidelines from CureSearch provide a one-page breakdown of every drug, its risks, degree of risk, and a virtual roadmap for survival.

Typically, a patient enters the survivorship program two years following treatment. Each receives a detailed formula for his or her future, outlining how often they need tests such as blood counts, pulmonary function tests, or other investigations to pinpoint a late effect of cancer. It is important for patients to revisit the program annually for life. Lifetime survivorship care is critical in that some late effects don't appear for 20 or more years. Others emerge later in life when the condition has an impact on age-related issues.

Survivorship knowledge has important implications for cancer treatment through changes in the way therapy is

delivered. For example, radiation administered to young women for Hodgkins disease is curative but often results in a later cancer. This kind of information has led to the development of therapies that help identify patients for whom radiation can be eliminated or reduced.

According to Shearer, survivorship means more than the absence of disease. “We counsel our patients on the importance of good lifestyle habits including nutrition, exercise, and the perils of smoking,” Shearer says. “In addition, we look at quality of life tests appropriate for each age, and for which they can get help from our social worker. We may be able to help them get into college, establish primary care in their community, get insurance, or network with other survivors to help avoid the isolation they may be experiencing.”

The role of the survivorship physician is to identify risk issues and diagnose the degree of risk, provide needed testing, and then refer the patient to an appropriate medical provider. The whole concept centers on the ability to predict the potential for late effects of childhood cancer; so that appropriate and early intervention can take place. When the probability of heart damage is identified, for instance, a patient is referred to a pediatric or adult cardiologist for consistent medical management. Genetic counseling can be offered to survivors with hereditary predispositions to cancer or other late effects.

“That is one of the advantages of our program here at Maryland,” Shearer says. “We have the vast collaborative expertise of an academic center, where we regularly partner with endocrinologists, cardiologists, neurologists, renal specialists, geneticists, fertility experts, and others for ongoing treatment of our patients.”

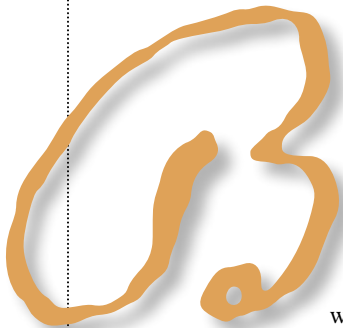
In Maryland, the importance of this extensive resource on behalf of childhood cancer victims may be difficult to calculate in terms of actual lives saved. Then again, its impact in numbers provides a fair estimate. There are approximately 200 new pediatric cancer cases annually in the State of Maryland. Assuming 80 percent of these youngsters become “survivors” after five years, they will number 160 a year, and 1,600 new cases in 10 years, plus an incalculable number of those no longer counted among the new. It adds up to the right timing for cancer survivorship of the young. 🏛️



Patricia Shearer, MD, MS

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Corpora Delicti “Bodies of Crime”



Before mortician William Banting—featured subject in a previous “Medicina Memoriae” column (*Bulletin* Summer 2011)—gave his surname to the weight-loss regimen called “Banting,” an earlier British character had provided the eponymous basis for a less healthful phenomenon: “Burking.” William Burke and his partner William Hare are the two best-known examples of murder-for-hire with an anatomical twist. In November 1828, Burke and Hare were charged with a series of murders in and around Edinburgh, their intent having been to earn ready money by providing cadavers to a prominent Scottish anatomist. Burke would eventually hang for his crimes; Hare turned state’s evidence, disappeared, and seems to have died poor and obscure. In the meantime, though, their story would generate public enthusiasm that has never entirely disappeared. Almost two centuries later it still inspires popular histories and even a recent (2010) black-comedic film, John Landis’s *Burke & Hare*.

Professors of anatomy at the start of the 19th century were in need of an increasing supply of human remains for study and for display in courses of instruction. Such corpses were often hard to come by. Religious proscription and other factors severely limited the supply. What was an



...he would deny knowledge of how those victims landed on the dissection table of his private anatomy theater.

ambitious professor to do, especially a professor whose income directly depended on the number of students who signed up for his lectures? Would he go so far as to pay for the bodies of murder victims?

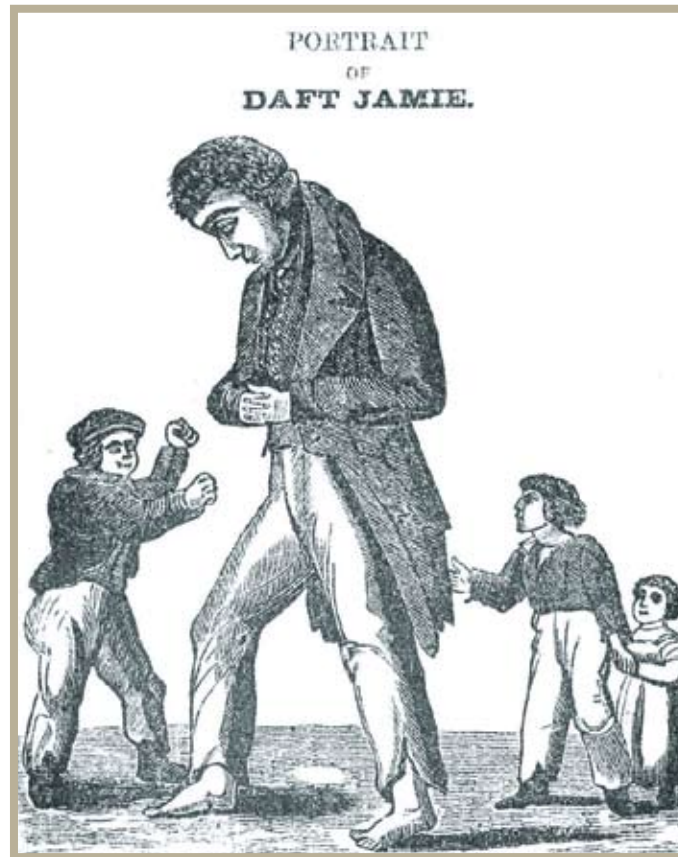
That was exactly what Dr. Robert Knox did, although he would deny knowledge of how those victims landed on the dissection table of his private anatomy theater. Knox (1791–1862) was one of the most successful teachers associated with medical education at the University of Edinburgh, although he never obtained a regular faculty position at that institution. At the time of Knox’s lecturing career in the early 19th century, the cities of Edinburgh, Glasgow, and Paris formed a kind of golden triangle for medical education. Modern scientific practice was being estab-

lished by physicians whose intellectual background had been provided by the Enlightenment thinkers of France and Scotland. Professors of medicine in this golden triangle were ready to try new techniques, to offer up radically new theories, and to set aside old prejudices. The result was a deeper understanding of disease and marked improvements in surgical procedures more than was possible under the ancient humor-based paradigms. Yet the doctors could not do this great work—and could not make a living as lecturers—without a steady and increasing number of cadavers. If such cadavers could be relatively fresh and healthy specimens, so much the better.

Enter Burke and Hare, two young Ulstermen without the advantages of wealth or position that most Edinburgh students enjoyed. Both men were manual laborers who were employed for a time on a canal project in central Scotland. They came to know each other in the West Port neighborhood of Edinburgh, and the first cadaver they sold to Knox was not a murdered man but rather an older army veteran who seems to have died of natural causes. He had been, in the language of the time, “resurrected.” Most later victims, however, were smothered after having become intoxicated, sometimes with the aid of Hare’s wife or Burke’s domestic partner, Helen McDougal, and then delivered directly to Knox.

The best-known of Burke and Hare’s victims was only 18 years old, a young man with some level of mental impairment and known on the streets of Edinburgh as “Daft Jamie.” The boy’s mother went searching for him. Instead, a group of students found his corpse, minus head and feet, in Knox’s theater.

Burke and Hare were caught once the number of their victims had reached a critical mass, and locals began to ask questions. Within a few months (January, 1829) Burke was hanged, although not before swearing that Knox did not know how many of his cadavers—at least 15—had first been murdered.



The best-known of Burke and Hare’s victims was only 18 years old, a young man with some level of mental impairment and known on the streets of Edinburgh as “Daft Jamie.”

Changes in law and religious scruple would lead to the diminution in the trade of cadavers for educational use—as early as 1832 in the United Kingdom, and even before that in France following the Revolution of 1789. Yet in parts of the world it was not until many years later that dissection of human remains, or autopsy, was fully allowable in clinical settings. The State of Maryland finally passed its Anatomy Law of 1882, which permitted physicians to take deceased indigents and legally use them for medical research. Even so, at least one case of burking came to court in Baltimore four years afterward.

Knox continued to teach medicine and anatomy, but his career and reputation never recovered. He eventually moved to London and died there in 1862, just

one year before Banting would publish his *Letter on Corpulence* and thereby become a household verb with a far more appealing connotation than “Burking” ever enjoyed. 🏠



Author Wayne Millan has been working behind the scenes of Maryland’s historical CPC for the past decade. A teacher and historian, he recently entered the world of on-line learning by teaching an intensive class in Classical Latin through the George Washington University.

Appointments to National Organizations



Maureen Black, PhD

❖ **Maureen Black, PhD**, the John A. Scholl, MD, and Mary Louise Scholl, MD, Professor of Pediatrics, is serving a three-year term on the committee on policy and communications for the Society for Research

in Child Development. The committee is charged with linking research on children's development with national policies and practice. In addition, Black was invited to serve on the advisory committee of the maternal, infant and early childhood home visiting program of the maternal and child health program for the Department of Health and Human Services. The committee is charged with advising the Health Resources and Service Administration on the plans for conducting a national evaluation of home visiting programs to promote the health and well being of vulnerable children.



Svetlana Chapoval, MD, PhD

❖ **Svetlana Chapoval, MD, PhD**, assistant professor, department of microbiology & immunology, center for vascular and inflammatory diseases and program in oncology, was appointed to the editorial board of *TheScientificWorld-JOURNAL*.



John W. Cole, MD, MS

❖ **John W. Cole, MD, MS**, associate professor, department of neurology, was selected for membership in the American Neurological Association.

❖ **Alessio Fasano, MD**, professor, departments of pediatrics, physiology and medicine, and director, center for celiac research, has been elected to the position of vice-chair of the growth, development and aging section of

the American Gastroenterological Association Institute Council until 2013, as section chair from 2013 to 2015, and as chair of the nominating committee in 2015.

❖ **Charlene Hafer-Macko, MD**, associate professor, department of neurology, was elected to the executive board of the Myasthenia Gravis Foundation of America and was the keynote speaker at its national conference in Baltimore in May 2011.



Charlene Hafer-Macko, MD

❖ **Andrew N. Pollak, MD**, professor, department of orthopaedics, was appointed by Governor Martin O'Malley to serve a two-year term as a member of the governor's emergency management advisory council (GEMAC). The GEMAC was created by statute and is charged with advising the governor on all matters relating to emergency management in Maryland. The GEMAC serves as an independent advisory body, comprised of persons with special expertise in areas critical to homeland security and emergency management, as well as persons broadly representative of business interests, public utilities, and other communities.



Andrew N. Pollak, MD

❖ **Sunni Houston Scott, OD, FFAO**, instructor, department of ophthalmology & visual sciences, was recently appointed fellow of the American Academy of Optometry. This designation ensures that the practitioner has met the highest standards of professional competence in a broad range of issues related to eye diseases.

❖ **Kevin N. Sheth, MD**, assistant professor, department of neurology, is serving a two-year term on the American Heart Association Stroke Council Professional Education Committee.

❖ **Alan R. Shuldiner, MD**, the John L. Whitehurst Professor of Medicine, associate dean and director, program in personalized and genomic medicine, was appointed to the council of the National Institute of Diabetes, Digestive and Kidney Diseases.

❖ **Devinder Singh, MD**, assistant professor, department of surgery, was appointed by Governor Martin O'Malley to the Maryland State Board of Physicians for a four-year term.



Devinder Singh, MD

❖ **Dudley Strickland, PhD**, professor, departments of surgery and physiology and director, center for vascular and inflammatory diseases, was appointed chair of the Hemostasis and Thrombosis Study Section.



Dudley Strickland, PhD

❖ **Thelma Wright, MD**, assistant professor, department of anesthesiology, was appointed to the advisory board on prescription drug monitoring by Department of Health and Mental Hygiene secretary Joshua Sharfstein, MD.



Thelma Wright, MD

Awards & Honors

❖ **Jennifer DeSanto, RN, MS**, department of neurology, received a \$20,000 scholarship from the American Cancer Society and a \$3,000 scholarship from the Oncology Nursing Society.



Jennifer DeSanto, RN, MS



Mangla Gulati, MMBS

❖ **Mangla Gulati, MMBS**, assistant professor, department of medicine, received the University of Maryland Physician Colleague Award for 2011 at the special achievement in nursing awards ceremony held in May 2011 at the University of Maryland Medical Center. Gulati worked with nursing to develop a systematic approach in optimizing patient flow in order to communicate and forecast future discharges and the interventions needed to facilitate those discharges as efficient and timely.

❖ **Marc C. Hochberg, MD, MPH**, professor, departments of medicine and epidemiology & public health, received the prestigious Roger Demers Award from The Laurentian Conference of Rheumatology. The award is named in honor of the founder of the conference and was given to Hochberg at the annual meeting in Mont Tremblant, Quebec, in recognition of his contributions to the international community of rheumatology. Hochberg presented two lectures at the conference: "Epidemiology of Osteoarthritis: Update 2011" and "Clinically Relevant Outcomes in Osteoarthritis."



Marc C. Hochberg, MD, MPH

❖ **Ram Karan, PhD**, postdoctoral fellow in the department of microbiology & immunology, received the American Society for Microbiology International Fellowship for Asia. He is one of four recipients

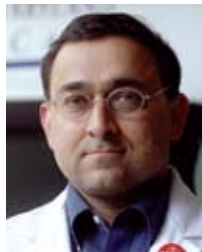


Ram Karan, PhD

of the award, recognizing promising young investigators for outstanding contributions to the advancement of microbiological research. Karan will work with Professor Shiladitya Das-Sarma, PhD, at Maryland's institute of marine and environmental technology on a research

project to study the genomics and proteomics of halophilic Archaea.

❖ **Mimi Lu, MD, MS**, clinical assistant professor, department of emergency medicine, won the short-lecture competition held during the August 2011 session of the teaching fellowship sponsored by the American College of Emergency Physicians. The title of her presentation was "How to Grow Old...Gracefully."



Mimi Lu, MD, MS

❖ **Amal Mattu, '93**, professor, department of emergency medicine, was named 2011 program director of the year by the Emergency Medicine Residents' Association (EMRA). The award was presented during the annual meeting of the Society for Academic Emergency Medicine, held in Boston in June 2011. At the same meeting, **Priya Kuppusamy, MD**, now clinical instructor and academic fellow, department of emergency medicine, received a dedication award, presented to a resident whose work promoted the specialty and the organization.

❖ **Andrei E. Medvedev, PhD**, assistant professor, department of microbiology & immunology, received a junior faculty travel award from the American Association of Immunologists to attend its 98th annual meeting in San Francisco in 2011.



Andrei E. Medvedev, PhD

❖ **Ligia Peralta, MD**, associate professor, department of pediatrics, received the Robert S. Rixse Memorial Lecture Award at Children's National Medical Center in Washington, DC, in June 2011.



Ligia Peralta, MD

❖ **Rodney J. Taylor, MD, MSPH, FACS**, associate professor, and **Jeffrey Wolf, MD**, associate professor, both from the department



Rodney J. Taylor, MD, MSPH, FACS

of otorhinolaryngology-head and neck surgery, were named 2011 *Super Doctors* of Washington, DC, Baltimore, and Northern Virginia. *Super Doctors* is a listing of outstanding physicians from more than 30 medical specialties who have attained a high degree of peer recognition or professional achievement.

Events, Lectures & Workshops

❖ **William T. Carpenter, MD**, professor, departments of psychiatry and pharmacology & experimental therapeutics, presented a keynote lecture, "Schizophrenia: The Beginning, The Change, The Future" at the 15th World Congress of Psychiatry in Buenos Aires, Argentina, in September 2011. He presented two additional lectures during the meeting.

❖ **Matthew Cooper, MD**, associate professor, department of surgery, presented "Live Donor Nephrectomy" at the American Foundation for Donation and Transplantation in Bal Harbour, Florida, in May 2011. Also in May, Cooper presented "Choosing an Appropriate MPA Agent" to the Korean Society of Transplantation in Seoul, Korea.



Matthew Cooper, MD

❖ **Deepak A. Deshpande, PhD**, assistant professor, department of medicine, presented "Bitter Taste Receptors on Airway Smooth Muscle: A New Therapeutic Target" at the European



Deepak A. Deshpande, PhD

Academy of Allergy and Clinical Immunology in Istanbul, Turkey, in June 2011.



Les Katzel, MD, PhD

❖ **Les Katzel, MD, PhD**, associate professor, department of medicine, presented a lecture on issues of research in decisionally-impaired populations at the Association for the Accreditation of Human Research Protection Programs national conference in Washington, DC, in April 2011.

❖ **Emmanuel Mongodin, PhD**, assistant professor, department of microbiology & immunology and institute for genome sciences, was an invited speaker at the 9th International Workshop on Advanced Genomics in Tokyo in July 2011. His lecture was entitled "Exploring the Healthy Oral Microbiota through Community-Wide Metagenomic Sequencing."



Emmanuel Mongodin, PhD

❖ **Terrence M. Mulligan, DO, MPH**, assistant professor, **Brian J. Browne, MD**, professor and chairman, **Amal Mattu, '93**, professor and vice chair, **Michael E. Winters, MD**, assistant professor, and **Stephen M. Schenkel, MD, MPP**, assistant professor, all from the department of emergency medicine, in April 2011 presented a two-day course, "Administration and Management in Emergency Medicine" in Sweden. It was hosted by Karolinska Institute and the Swedish Society of Emergency Medicine. During the trip, the American delegation met with Dr. Finn Bengtsson, a member of the Swedish Parliament, to discuss emergency medical services in Scandinavia.



Brian J. Browne, MD

❖ **Terrence M. Mulligan, DO, MPH**, assistant professor, **Y. Veronica Pei, MD,**

Med, MPH, assistant professor, **Michael A. Rolnick, MD**, clinical assistant professor, and **Jennifer Reifel Saltzberg, MD, MPH**, clinical instructor, all from the department of Emergency medicine, organized, produced, and taught the first medical school course in emergency medicine in The Netherlands. The 50-hour, five-week elective course, presented at University Medical Center Utrecht beginning in late May, was attended by second-year medical students. In addition, Mulligan presented a one-day course entitled "International Emergency Medicine" in Egmond aan Zee, The Netherlands, in June 2011. The course was offered during The 5th Dutch North Sea Emergency Medicine Conference, sponsored by the Nederlandse Vereniging Van Spoedeisende Hulp Artsen. Mulligan, a fellow of the NVSHA, was a co-organizer, designer, and moderator of the course as well as its main speaker. **Michael A. Rolnick, MD**, also lectured at the conference on the topic of "Emergency Medicine Networks."

❖ **Laura Pimentel, MD**, clinical associate professor, department of emergency medicine, was an invited speaker at the US-China symposium on emergency medicine education, sponsored by The United Family Healthcare Center for Disaster and Emergency Medicine Education and held in Beijing, China, in June 2011. She presented a lecture entitled "Residency Training in Emergency Medicine, Perspective USA." During that trip, she also presented a grand rounds lecture, "Community Hospital Emergency Departments: Managing for Quality and Safety," at the Beijing United Family Hospital. Additionally in June, Pimentel was a panelist on the topic of the benefit of a domestic violence program to a community hospital emergency department at a conference entitled "Programs & Partnerships: The Health Care Response to Domestic Violence," which was sponsored by the Maryland Health Care Coalition Against Domestic Violence and held in Cheverly, Maryland.



Toni Pollin, PhD

❖ **Toni Pollin, PhD**, associate professor, department of medicine, presented "A Genetic Primer for the Practicing Physician," as part of a symposium entitled "A Physi-

cian's Guide to the Genetics of Personalized Medicine in Diabetes—The Impact of Genetic Forms of Diabetes on Clinical Practice" at the 2011 American Diabetes Association Scientific Sessions in San Diego in June 2011.



Alice Ryan, PhD

❖ **Alice Ryan, PhD**, professor, department of medicine, presented an abstract poster presentation, "Predictors of Metabolic Flexibility in Obese Postmenopausal Women," at the American Diabetes Association's annual conference in San Francisco in June 2011.

❖ **Stephen M. Schenkel, MD, MPP**, assistant professor, department of emergency medicine, presented "The Morbidly Obese Patient in the Emergency Department" and "Simulation and Patient Safety in Emergency Medicine" at the Asian Conference for Emergency Medicine in Bangkok, Thailand, in July 2011.



Stephen M. Schenkel, MD, MPP

❖ **Henry Silverman, MD, MA**, professor, departments of medicine and epidemiology & public health, was a keynote speaker for the 2nd Annual Salim El-Hoss Bioethics and Professionalism Program at the American University of Beirut in September 2011.



Henry Silverman, MD, MA

The theme of the conference was "Current Controversies in Research Ethics: Research Integrity, Research Ethics Committees and International Clinical Trials."



Carole Sztalryd, PhD

❖ **Carole Sztalryd, PhD**, associate professor, department of medicine, presented "Cel-

lular Energetics: Interactions between the Warehouse (Lipid Droplets) and the Furnace (Mitochondria)" at the 2011 Gordon Conference in Waterville Valley, New Hampshire, in July 2011.

❖ **Yanbao Xiong, PhD**, research fellow, and **Andrei Medvedev, PhD**, assistant professor, department of microbiology & immunology, presented a poster entitled "Induction of Endotoxin Tolerance *in vivo* Inhibits LPS-Inducible Activation of IRAK4, p38 and NF-kappaB, Decreases Expression of Pro-Inflammatory Cytokines and Induces Negative Regulators of TLR4 Signaling" at the 2011 American Association of Immunologists annual meeting in San Francisco in May 2011.

Book/Textbook Publications

❖ **Michael E. Winters, MD**, associate professor, department of emergency medicine, is editor-in-chief for *Emergency Department Resuscitation of the Critically Ill*, a 250-page book published by the American College of Emergency Physicians in August 2011.



Michael E. Winters, MD

Michael C. Bond, MD, assistant professor, department of emergency medicine, served as an associate editor and a chapter contributor. Chapters were also written by **Fermin Barrueto, Jr, MD**, clinical associate professor, **Benjamin J. Lawner, DO, EMT-P**, assistant professor, **Amal Mattu, '93**, professor and vice chair, **Joshua C. Reynolds, MD**, third-year resident, **Robert L. Rogers, MD**, associate professor, and **George C. Willis, MD**, instructor, all from the department of emergency medicine. The book was copy edited by **Linda**



Robert L. Rogers, MD

J. Kesselring, MS, ELS, technical writer, department of emergency medicine.

Grants & Contracts*

❖ **Nancy Fossett, PhD**, assistant professor, department of pathology and center for vascular and inflammatory diseases, received a four-year \$1,351,500 competitive renewal of her RO1 from the National Institute of Diabetes, Digestive and Kidney Diseases for her work entitled "Genetic Regulation of *Drosophila* Hematopoiesis."

❖ **Matt Frieman, PhD**, assistant professor, department of microbiology & immunology, received a five-year, \$1,875,000 RO1 award from the National Institute for Allergy and Infectious Diseases for his work entitled "Role of Epithelial Growth



Matt Frieman, PhD



Myron Levine, MD, DTPH

Factor Receptor in SARS Coronavirus Pathogenesis."

❖ **Myron Levine, MD, DTPH**, the Grollman Distinguished Professor, department of medicine and director, center for vaccine development,

received a two-year, \$10,347,537 grant from the Bill and Melinda Gates Foundation for a project entitled "Diarrheal Disease in Infants and Young Children in Developing Countries (GEMS1a)." The purpose of this grant is to conduct two multi-country case-control studies using standardized methods to measure, in parallel, the etiology and burden of moderate and severe diarrhea and of clinically less severe diarrhea among children in developing countries. The results of these studies will guide development of broadly effective vaccines and other interventions against enteric infections in developing countries. 🏛️

*Grants & Contracts of \$1 million and above



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[ALUMNA PROFILE]

Family and Infertility

Camille Hammond, '01

LIKE MANY PHYSICIANS, Camille Cade Hammond, '01, MPH, decided as a child that she wanted to be a doctor. She also was determined that beyond any ultimate career choice, she wanted to serve. When she talks of this early goal, and how it has shaped her life, it is without any hint of self-

imposed altruism. It's just a fact. It's what she wanted to do.

"Initially, I chose anesthesiology as my specialty," Hammond says. "But I was attracted as well to preventive care and public health, which led me to pursue a residency in preventive medicine and a masters in public health."

As life took its usual turns, Hammond found a unique approach to serving a generally overlooked population through her own public health initiative. But it took the unexpected resolution of personal heartbreak before that would happen.

Hammond met her husband, Jason, at a mixer when they were both first-year medical students, she at Maryland, and he at Johns Hopkins. They were married during their third year. They had individual professional aspirations, but shared a goal that exceeded any career ambition. They both wanted to become parents, and because Hammond had been diagnosed with endometriosis—they decided to waste no time. When she didn't become pregnant during the first year, she and Jason sought help from a fertility specialist.

"We thought that, as physicians, we would have an advantage," she recalls. "We knew where to go for help. We knew the right questions and many of the answers. But we struggled mightily, and soon learned that infertility is non-discriminatory."

They agreed on in vitro fertilization (IVF) and began six rigid regimens of treatment that extended over four years. After each cycle, they would wait a month or two, then begin another. When the sixth series concluded without success, their physician advised them not to continue, but to try another option.

"We were totally devastated," Hammond reports. "In the beginning, we thought of not being able to conceive as a problem we could overcome. Suddenly, we were faced with

Hammond, right, with mother Tina



the prospect of not ever having children. It's hard to describe how lost I felt. My body had failed me in the one thing I felt it was supposed to do."

Hammond believes it is difficult for people who have not personally experienced infertility to understand the depth of isolation it incurs.

"I woke up every morning with the same reminder of failure," she says. "I knew that was the wrong perspective; but that's how I felt, and I believe anyone who has walked that road probably understands. I thought I was being punished. Every time I was invited to a baby shower, attended a family event with children present, or was godmother to a friend's child, I was reminded I did not have the thing I wanted most—to hear someone call me Mommy"

They began to consider the possibility of a gestational carrier. One day, Hammond's parents, Tinina and Ronald Cade, questioned if it was possible for her mother to carry a baby for the couple.

"I rejected the thought at first," Hammond says. "I told my mother it had never been done to my knowledge, and that as much as I appreciated her willingness to assume such a responsibility, it just didn't seem possible."

Tinina Cade, who was 54 and post-menopausal at the time, was persistent. Finally, the Hammonds agreed to at least determine what Cade's doctor thought. He pronounced the woman healthy and said he felt sure the experience wouldn't kill her, but he could not make any guarantees beyond that.

Cade was implanted with three of Hammond's embryos. Both the Hammonds and the Cades were happily surprised to learn that Tinina Cade became pregnant as a result of the first implant. That surprise and delight increased threefold when they were told that Cade was pregnant with triplets.

Understandably, it was not the easiest of pregnancies. At one point, doctors advised terminating one fetus so that the others would survive. The Hammonds decided against it.

"Jason and I had prayed so long for a family, and we felt this was a blessing," Hammond says. "We couldn't consider selective reduction." It turned out to be the right decision. Aaron, Kai, and Simone are now seven, and the light in their parents' eyes, to say nothing of their grandparents'.

"My Mom is a fantastic and an exceptional person," Hammond says. "She did something wonderful out of love for me, giving birth to my three children."

The birth of their children changed the direction of Camille and Jason Hammond's lives. With their own

The birth of their children changed the direction of Camille and Jason Hammond's lives. With their own money as the initial investment, they began a foundation, The Tinina Q. Cade Foundation, directed to helping families overcome infertility.

money as the initial investment, they began a foundation, The Tinina Q. Cade Foundation, directed to helping families overcome infertility. In the beginning, it was an outreach effort directed to Maryland families. Talks took place in private homes, churches, libraries, schools, and elsewhere locally. Fertility specialists, adoption lawyers, adoption agency personnel, and parents with their own stories shared options with 200 to 300 people at gatherings of those eagerly seeking advice and understanding.

Hammond no longer sees patients. She is involved full-time in the operation of the foundation, which has become a national non-profit entity serving thousands of families coast to coast.

"I guess I no longer fill the traditional role of doctor," she says. "But though not involved with patients, I am still very much involved with people. Ever since I was a child, I have looked for a way to serve, and I feel I'm doing what I was placed here to do, serving families for whom I have compassion, and with whom I share personal experiences."

The Hammonds understand, as much as anyone, the financial cost involved in infertility solutions. Through the foundation, they began a scholarship initiative, underwriting the cost of treatments or adoption up to \$10,000, for at least one family a year. Since 2006, that record includes support to 31 families, resulting in 19 babies born as a result of fertility treatments, and three finalized adoption services. Of those who received IVF treatments, all but one family got pregnant.

Now a national foundation, with active programs and fund-raising efforts such as the Race for the Family events in Maryland, Chicago and Los Angeles, the Cade Foundation is supported by major corporations, pharmaceutical companies, and other health-related organizations.

Hammond says, "When you are part of our Foundation family, you are a part for life. Our goal has been, and always will be, to strengthen families, not just help people have babies. I hope we continue to have opportunities to serve and help families struggling with but overcoming infertility." 🏠

[ALUMNI PROFILE]

The Consummate Hospitalist

Stephen L. Houff, '87

WHEN HE WAS SIX, Stephen L. Houff, '87, had his mind made up; he was going to be a country doctor just like his grandfather. Louis A. Houff, MD, ran a bustling practice in the small railroad town of Clifton Forge, Va., population 5,268, and was treated with the reverence of a war hero. When

he walked through town, locals went out of their way to greet the man who delivered their babies, mended broken limbs, and treated the more mundane cold and flu symptoms.

"He just seemed to be at the highest level of personal attainment," says Houff, now age 50. "It was incredible. It was very inspiring."

Although it has been five years since Houff slung a stethoscope around his neck, he too, is having an impact on patients' lives. But unlike his grandfather, Houff's work has much broader implications. He is altering the way health care is managed, delivered, and practiced across the country.

Houff is chief executive officer of Cogent HMG, of Brentwood, Tenn., the largest privately-held hospitalist company in the country. It recruits, trains, and manages physicians who work onsite at hospitals. Cogent also manages hospital operations and performs an array of functions from overseeing information technology systems, to data capture and analysis, to finance and clinical support.

Houff's goals are to improve the patient's overall experience, bring discipline to hospitals by managing the patients from the moment they walk through the doors to the moment they leave, deliver quality care, eliminate inefficiency, and drive down costs.

Cogent physicians staff hospitals 24 hours a day, seven days a week. Among their responsibilities, they admit and discharge patients, manage ventilators, place lines, staff emergencies, perform the duties of a receiving physician for inter-hospital transfers, and staff observation units. "We are the glue that seeps into the cracks of a delivery system," Houff says.

As health care costs soar—premiums for an average family jumped a reported nine percent in 2011—Houff is searching for a solution to a complex problem: how to deploy limited resources while providing the best possible care. "We are on a cost curve that is not sustainable," he says.

The future, he adds, is moving toward the hospitalist model where patients and costs are carefully managed. He sees a day when physicians and hospitals will receive a fixed payment to manage a group of patients with hospitals marketing their capacity. "Imagine there is a pot of funding for caring for 40,000 lives in a market," Houff says. "If you can provide care for 40,000 patients for less, then you keep the rest. I think that is where it is headed."

Houff's goals are to improve the patient's overall experience, bring discipline to hospitals by managing the patients from the moment they walk through the doors to the moment they leave, deliver quality care, eliminate inefficiency, and drive down costs.



While the future of health care is difficult to predict, Houff knew exactly where he was heading by the time he was in the first grade. His father was an economist at the U.S. Department of Labor in Washington, D.C., and his mother taught elementary school. Both grandfathers were accomplished men, too. One had a doctorate in economics, spoke seven languages and wrote a portion of President Franklin D. Roosevelt's New Deal. But it was his physician grandfather who had the greatest influence over the young man.

Early on, Houff hoped to be a surgeon, but "I couldn't really get my hands around it or my brains," he says. "I had the keen eye of an internist."

After graduating from medical school in 1987, he received training at the University of Tennessee Medical Center, University of Massachusetts Medical Center, and the Cleveland Clinic. In the early 1990s, he landed at Ohio State University Hospital East as a hospital-based physician, and figured he would soon move to

California. But within three months, he noticed something interesting; he was reducing patients' length of stay and their mortality rates. "I had a *Eureka* moment," he says.

In 1993, Houff was named director of hospitalist services at Hospital East, and began building a business around his practice. He pitched one hospital after another promising to improve the quality of care and deliver greater efficiencies. The business took off and by 2006, he won contracts with 15 hospitals and oversaw 100 doctors. That year, he formed Hospitalists Management Group (HMG) and by 2010, the company had tripled in size.

Houff realized his growing business needed more resources, particularly in collecting and managing data. So, he looked for a partner with information technology expertise and found Cogent Healthcare. While HMG focused on small and medium-sized hospitals in urban and rural settings, Cogent served large teaching hospitals. It also had the data collection power to track costs, analyze patient outcomes, and demonstrate to the client—number by number—how their efforts were benefitting the hospital and patient. In May 2011, the companies merged, and today have 1,000 affiliated physicians working in 106 health systems across the country.

Last August, Cogent HMG snapped up the Intensivist Group, a Lake Zurich, Ill.-based provider of critical care services to community hospitals nationwide. Cogent is looking at other options for growth, including nursing homes, home care facilities, and clinics that treat patients discharged from hospitals.

"We are at the beginning of the transformation of the health care delivery system," says Houff, who is married and has a daughter. "We are thinking quite a bit about ways to expand our sphere of control. I don't want to put limits on us."

Houff often thinks of his grandfather. In 1969, the day Louis Houff died, he saw 28 patients. "He was a real servant. I look at his picture and yearbook, and I say, 'Wow, what a great guy. I don't measure up.' When you look at how, with his own hand, he impacted the lives in the town he grew up in, it's hard to top that," Houff says.

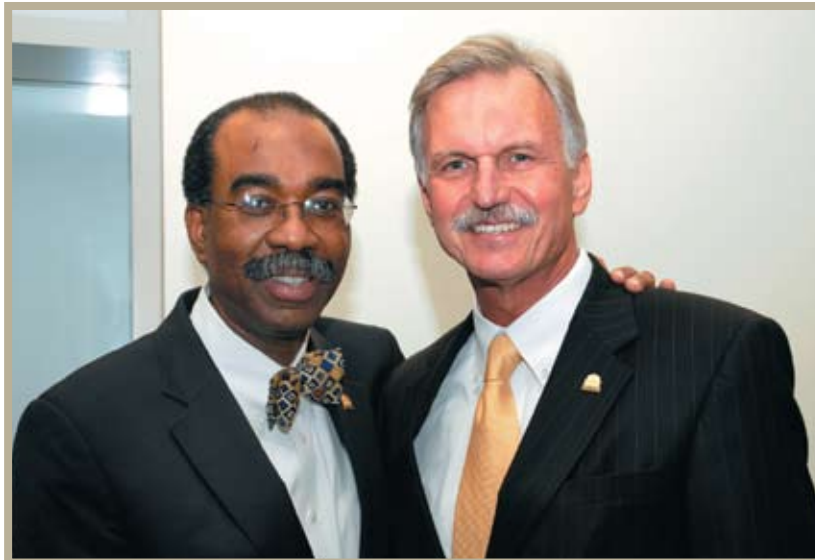
Yet, Houff is making his mark. "It is working within the skill set that I have, following my passion," he says. "Hopefully, my grandfather is smiling somewhere, knowing he planted the seed." 🏠

Narango Departs Maryland

Dennis Narango, the medical school's associate dean for development since 2008, departed in November to take a leadership position at George Washington University. Narango led the development program through three years of steady growth despite an ailing economy.

Narango arrived at the medical school in 2002 as assistant dean for development, recruited by associate dean **Patrick Madden** from the University of Maryland University College where he was acting vice president for institutional advancement. At Maryland, Narango was a key figure in establishing an expanded professional development group under former dean **Donald E. Wilson, MD, MACP**. The first five years of his term were devoted to fund raising for the \$200 million bicentennial campaign which exceeded its goal two years ahead of schedule and garnered numerous new funds and endowed professorships. Narango assumed the top fund raising post in February 2008 after Madden's departure.

The national financial crisis erupting in October of 2008 wrought havoc in fund raising circles and undermined the campaigns of innumerable non-profit organizations including those of universities and academic medical centers. Despite that trend, the medical school produced a record-setting \$58.3 million in private philanthropy at the end of that fiscal year on June 30, 2009, an 18.7 percent increase over the previous year. In each successive year through the most recent one that ended June 30, 2011, the organization produced record-setting amounts of donations and contributors. In the last fiscal year, fund raising reached



SOM dean E. Albert Reece and Dennis Narango

\$66.1 million, an increase of seven percent over the previous year.

Narango played a major role in building the grateful patient fund raising program, involving physicians in the development process and working with individual benefactors. He also collaborated with the Medical Alumni Association and its executive director, **Larry Pitrof**, through his tenure. He was a key factor in helping expand the school's board of visitors and led

the development program to a higher level of visibility and professionalism throughout the medical school and university.

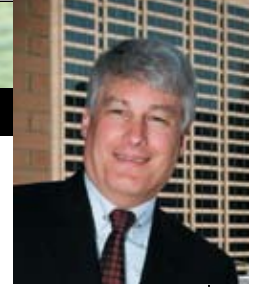
At George Washington, Narango will assume the titles of associate dean for development, and school of medicine and health sciences/associate vice president, overseeing alumni affairs and fund raising programs for the school, hospital, and physicians' practice plan. 🏛️

MAA Phonothon Nets \$120K

Thanks to the work of 138 students and several alumni, the Medical Alumni Association raised \$120,648 in pledges during its annual phonothon in Davidge Hall. During eight nights of calling, nearly 1,300 alumni were contacted by callers, with 645 making pledges—a 16 percent increase over 2010 figures. Gifts to the annual fund are accepted through June 30, 2012.

Andrew Schuldenfrei '14 during the fall phonothon






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Substantially Equal Periodic Payments: A Strategy for Early Withdrawals

Although your objective may be to defer taking distributions from your savings until later in your retirement, an unexpected financial need or an opportunity that suddenly arises may encourage you to withdraw assets prematurely from an Individual Retirement Account (IRA) or from a qualified retirement plan, such as a 401(k) or 403(b), account. Generally, the amounts that an individual withdraws from his or her IRA or other qualified plan account prior to reaching age 59½ are called “early” or “premature” distributions. To discourage the use of retirement savings for purposes other than normal retirement, the law requires taxpayers to pay an additional 10% tax on the taxable portion of the withdrawal amount (in addition to the ordinary income tax that may be due on that amount) and to report the withdrawal amount to the Internal Revenue Service (IRS) for such distributions, unless an exception applies. One such exception is a situation in which an individual receives a distribution made as a part of a series of substantially equal periodic payments (SEPP).

There are a variety of technical requirements associated with implementing and managing a SEPP based withdrawal strategy. Substantially equal periodic payment distributions must continue for at least five full years, or if later, until an individual reaches the age of 59½, unless modified by reason of death or disability. In addition, one of three methods must be used in determining the SEPP amounts; the required minimum distribution method, the fixed amortization method, or the fixed annuitization method. All three methods require the use of an IRS approved life expectancy or mortality table, and the second and third methods require the use of an IRS acceptable interest rate (such as the federal mid-term rate published in IRS revenue rulings for either of the two months immediately before the distributions are to begin); if necessary, a one-time change in calculating the SEPP amounts from either the amortization method or the annuitization method to the required distribution method is permitted. Further, if the distributions are from a qualified plan other than an IRA, the individual must separate from service with his or her employer before the payments begin, for the SEPP exception to apply. Finally, once a SEPP distribution process has been started for a retirement account,

no additions or other distributions may be made to or from the account as any changes to the account balance (other than the SEPP withdrawals and required account administrative fees) may result in a disqualification of the exception by the IRS.

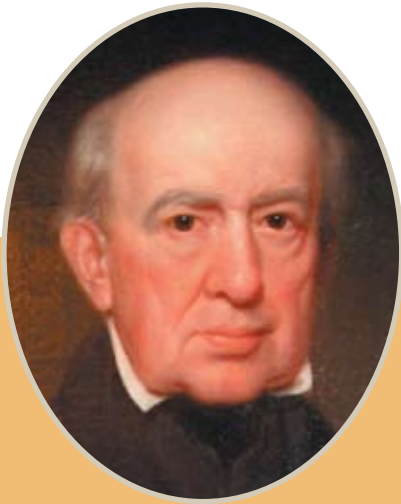
The use of a substantially equal periodic payment program to address unexpected financial needs or opportunities that suddenly arise may be a viable funding strategy, but related mistakes can be costly. For example, if the retirement account owner withdraws more or less than the amount calculated under the SEPP formula, the 10% early distribution penalty that was previously waived will apply to not only that specific withdrawal, but to all prior distributions, and interest on the amounts will also be due. Additional information on this topic can be found through the IRS website (at www.irs.gov; please see Department of the Treasury Revenue Ruling 2002-62, and IRS Publications 590 and 575), but if you are considering the use of a SEPP based withdrawal strategy, you should seek advice from qualified tax and financial planning professionals before proceeding. 

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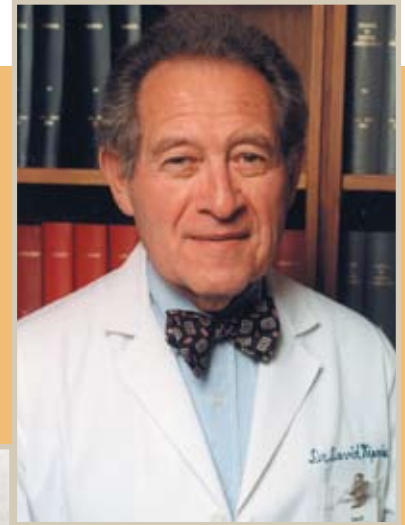


200 Years Ago

In 1812, the medical college was re-chartered by the State of Maryland as the University of Maryland. The institution was authorized to "constitute, appoint and annex to itself faculties of divinity, law, and arts & sciences." At the time, Nathaniel Potter, MD, was serving as dean of the medical school.

105 Years Ago

In 1917, University of Maryland Base Hospital Number 42 was created and served with distinction in France during World War I. Physicians, surgeons, nurses, and assistants from Maryland staffed the unit which remained active until 1919.



45 Years Ago

In 1967, David M. Kipnis, class of 1951, established the need for correlating pathophysiologic mechanisms in carbohydrate abnormalities with the action of insulin to guide the management of patients with diabetes and hypoglycemia. He served as chairman of the department of medicine at Washington University School of Medicine in St. Louis from 1972 to 1992.



recollections

A look back at America's fifth oldest medical school and its illustrious alumni

student Activities

Appreciation Night for Phonothon Volunteers

There were 138 students who volunteered last October for the annual alumni phonothon in Davidge Hall, and in November the MAA thanked them by staging a two-hour reception. The event was held at the Pratt Street Ale House in the downtown area on November 15 and was attended by about 100 of the callers.



Second-year phonothon volunteers Meredith Goodloe, Keith King, Ben Khazan, and Rachel Shuck

White Coat Ceremony for Class of '15

Two thousand eleven marked the 15th year Maryland has celebrated a white coat ceremony for its entering class. Established in 1997, the ceremony formally recognizes their entry into the profession of medicine, welcoming them as junior colleagues. A late 19th-century symbol of the medical clinician and scientist, the white coat represents knowledge, skill, and integrity of the medical profession and the highest standards of professional work. In addition to receiving their garment, members of the class of 2015 signed the University of Maryland Honor Registry and recited a student oath recognizing the privilege to study medicine. Families, friends, and significant others witnessed the ceremony after morning presentations designed to enlighten them on the life of a medical student. The event was held at the Hilton Hotel. 🏛️



Willard Applefeld, Nicholas Anastasio, and Jordan Alger are coated by faculty.



The Class of 2015

1940s **1946: Samuel D. Gaby** of Baltimore reports that son **Alan R., '79**, published a critically-acclaimed book in 2010 entitled *Nutritional Medicine*. **1947: David K. Geddes** of Santa Ana, Calif., reports that despite an artificial left knee, hip-replacement, and coronary problems, he is fairly well and occasionally travels. Two of his children are MDs and one grandchild is in medical school. He also has four great-grandchildren. ♦ **Eugene P. Salvati** of Martinsville, N.J., turned 88 last September. He has been retired for seven years and continues driving his car and boat. Salvati has eight children, 17 grandchildren, and four great-grandchildren.

1950s **1950: Harry H. Bleeker Jr.**, of San Pedro, Calif., has a new granddaughter. He reports that fishing is still good and golfing is lousy. He's looking forward to the next reunion in 2015. ♦ **Frank T. Kasik** of Baltimore is 93 years old with 15 grandchildren and 15 great-grandchildren. **1952: Richard E. Alquist Jr.**, of Spokane, Wash., wishes classmates a happy new year and says he's looking forward to the 60th reunion in spring. ♦ **Morton M. Krieger** of Baltimore reports that he is saddened by the death of wife Sallye in 2010, but he is awestruck and humbled by the naming of the Medical Alumni Center in his honor. He, too, looks forward to the upcoming 60th reunion. ♦ **Richard A. Sindler** of Towson, Md, works part time doing whole body CT scanning and reviewing all images with each patient. Wife Vicki continues working full time in residential real estate. **1954: Thomas E. Hunt Jr.**, of Baltimore was honored by the League for Crippled Children in June, as the organization's annual charity golf tournament was dedicated to him. Hunt has served area children for more than 46 years. In late June, the Maryland State Medical Society held its annual lectureship in Hunt's name. The speaker was Dr. Alfred Sommer, dean emeritus of the Johns Hopkins Bloomberg School of Public Health. **1956: Richard L. Plumb** of Houston reports that his daughter and family are relocating to Boston after 20 years in

London. **1957: Leonard M. Zullo** of Baltimore has been making wine at home for years with grapes from Chile and California. He recently won a prize in the national home wine-making contest. **1958: Bruce N. Curtis** of Thatcher, Ariz., reports that wife LaDawn has survived non-Hodgkins lymphoma. He feels fortunate at the age of 85 to deer hunt with their sons.

1960s **1960: Michael J. Fellner** of New York City continues to practice dermatology, running four clinics and teaching residents at Metropolitan Hospital of New York Medical College. He sends regards to classmates. ♦ **Elijah Saunders** of Baltimore received the 2011 Herbert W. Nickens Award from the Association of American Medical Colleges. The award honors individuals for contributions promoting justice in medical education and health care equality. ♦ **Theodore Zanker** of Cheshire, Conn., continues in his full-time child & adolescent psychiatry practice as well as his advocacy activity. He is a past president of the Connecticut State Medical Society and a representative for his state to the AMA House of Delegates. **1961: Thomas G. Breslin** of Bristol, R.I., is a long-term member of his state's board of medical licensure & discipline; otherwise he's watching life pass by. ♦ **George E. Urban Jr.**, and wife Alicia of Clinton, Md., welcomed their 14th grandchild in October 2011 and recently celebrated their 50th wedding anniversary with a two-week Seine River cruise. Urban's ear, nose and throat practice was recently acquired by a hospital, and with expansion has created the perfect work environment. **1963: Michael G. Hayes** of Baltimore continues practicing full time. **1964: Edgar V. McGinley** and wife Barbara of Fernandina Beach, Fla., recently celebrated their 50th wedding anniversary. He is retired, enjoys golf, travel, and visits with their grandchildren ages 14 to 20. ♦ **Samuel Muher** of Owings Mills, Md., is fully retired and living with Parkinson's Disease. ♦ **Richard G. Shugarman** and wife Rhona of West Palm Beach, Fla., celebrated their 50th wedding anniversary by taking children and grandchildren to Europe. **1967: Elisabeth E.**

Kandel of Lafayette, Colo., ran an 8k in 52 minutes during a race in Iowa, finishing first and last in her age group. She reports her three daughters are having children, and she continues to work one day per week after receiving treatment for spinal stenosis. ♦ **David S. McHold** of Annapolis, Md., since retirement four years ago has been helping defend doctors through Medical Mutual Insurance Company. ♦ **Boyd D. Myers** of Annandale, Va., continues doing international volunteer work. ♦ **John R. Rowell** of Greenville, S.C., retired in July 2010. **1968: Richard A. Baum** of Baltimore reports daughter Sara graduated from Maryland's law school last May. He continues practicing GI full time. **1969: Reynold M. Karr** of Snohomish, Wash., reports that former Bolton Street roommates **Thomas (aka "Toes") Miles, '70, Tracy (aka "Rusty") Spencer, '69**, and he (aka "Rennie") got together for a mini-reunion at Rusty's home overlooking the beautiful Puget Sound last August.

1970s **1970: Jerome D. Aronowitz** of Boca Raton, Fla., reports that daughter Jessica is chief resident in orthopaedic surgery at the University of Miami-Jackson Memorial Hospital and will be doing a one-year fellowship in shoulder and elbow surgery at the Mayo Clinic beginning in July. Daughter Ashley is an attorney with a master's degree in land use law, and on March 2, 2011, gave birth to daughter Ryland. She is married to Greg Barron, MD, who recently began a dermatology practice in Stuart. Aronowitz is retired and enjoying life as a grandfather. **1971: Jerald Kay** received the Frederick A. White Distinguished Professor of Professional Service at Wright State University in Dayton, Ohio, where he serves as chair and professor of psychiatry. The special rank recognizes exceptional service to the university and community. **1972: Deborah Brandchaft Matro** of Westfield, N.J., reports daughters Becky and Jennifer completed residencies in internal medicine



Jerald Kay, '71

and have begun fellowships—Becky in GI at Jefferson and Jennifer in oncology at Fox Chase. Son Dan recently completed a law clerkship with the Washington, D.C., appeals court. ♦ **Elizabeth R. Brown** of Silver Lake, N.H., has been retired from Boston University School of Medicine since July 2008. ♦ **Irvin M. Cohen** of Paradise Valley, Ariz., has four sons and seven grandchildren. He continues working full time.

1974: James G. Chaconas of Annapolis, Md., reports the birth of his first grandson, Demitrios, in St. Augustine, Fla. ♦ **Edward N. Sherman** and wife Gail of Reisterstown, Md., report that they are proud grandparents of three. **1975: George L. Drusano** of Latham, N.Y., was named recipient of the National Foundation for Infectious Diseases Maxwell Finland Award for Scientific Achievement. The award is presented to a scientist making outstanding contributions to the understanding of infectious diseases or public health. Drusano, a former professor of medicine at Maryland who is now on the faculty at the Albany Medical College, is recognized for his work in anti-infective pharmacology, antimicrobial resistance, and infectious disease chemotherapy. ♦ **Andrew B. Rudo** of Owings Mills, Md., continues in private practice of psychiatry and rocking with **Jon Book** in the band *Shrink the Deficit*. **1976: Michael E. Cox** of Ellicott City reports that after practicing with **David Posner, '70**, for 30 years at Mercy Medical Center he is going to miss Posner's wisdom and guidance upon the latter's retirement. Cox continues enjoying practice but loved those 30 years together. **1977: Martin Herman** has moved to Pensacola, Fla., with plans to retire. He is gifted with three grandchildren, and he wishes classmates a great, healthy, and prosperous 2012. ♦ **Edward B. Mishner** of Baltimore reports that daughter Jennifer was recently married, and he has a two-year-old grandson. ♦ **Paul A. Offit** of Bala Cynwyd, Pa., was elected to the Institute of Medicine of the National Academy of Sciences. ♦ **Michelle D. Uhl** and **Bennett E. Werner** of Wooster, Ohio, are delighted to report that daughter Jessie will begin medical school at Maryland in fall. **1978: Jonathan A. Edlow** of Newtonville,

Mass., is professor of medicine at Harvard Medical School. He practices emergency medicine at Beth Israel Deaconess Medical Center where he is vice chair and director of quality. ♦ **Morris Funk** of Coral Springs, Fla., reports that son Michael is a cardiologist specializing in transesophageal echocardiography, practicing privately in their hometown. ♦ **Harvey S. Mishner** of Lakewood Ranch, Fla., is pleased to announce the birth of his first grandchild, Jett Noah Parri. **1979: Burt I. Feldman** of Rockville, Md., reports son Jay has enrolled at the University of Chicago with plans to major in chemistry research.

1980s ♦ **1980: Dale K. Dedrick** of Ann Arbor, Mich., was named Reserve National Para-Equestrian Champion for 2011 during the national championships in New York during mid-September. He rode his horse to first place finishes in two classes and tied for a third in his grade. As a result, he was invited to ride for Team U.S.A., at an international event in Mexico City in November. ♦ **James C. King Jr.**, of Columbia, Md., is working at the Biomedical Advanced Research and Development Authority at HHS/ASPR, since retiring from Maryland. Wife **Rita, '85**, continues at Montgomery General Hospital. **1981: Howard T. Jacobs** and wife Eileen of Baltimore report that son **Mitch** will graduate from Maryland in May. ♦ **Elizabeth Wack Fiastro** and husband **Fred Fiastro, '80**, of Tucson report daughter **Amelia** graduated from Maryland last May. **1983: Charles E. Hendricks** of Bar Harbor, Maine, is making his 20th annual medical mission to the highlands of Ecuador accompanied by wife Laura and youngest daughter Julia. ♦ **David P. Johnson** of Sherwood, Oreg., spent January 2011 working in a Niger hospital and reports it was an incredible experience. His two children were married last year and his first grandchild is on the way. ♦ **Garry L. Mueller** of Mountville, Pa., was remarried to Dori on February 2, 2008. Daughters Sara, Rachel, and Rebekah are all finished with college. **1984: Gail** and **Sam Arthur** of Harrisonburg, Va., report their youngest child is a freshman at Ithaca College, while daughter Elisabeth recently gradu-

ated and is working at the feeding clinic at Kennedy Krieger. Their other son is working on a master's degree in engineering. Sam continues working in Harrisonburg while Gail stays active with organized medicine.

♦ **Donald M. Beckstead** of Hollidaysburg, Pa., is in his sixth year as program director of the Altoona family physicians residency. Son David is a senior at Penn State University majoring in bio-engineering, while daughter Amanda is a freshman at the University of Pittsburgh studying nursing-anesthesiology. ♦ **Carole B. Miller** of Baltimore is cancer institute director at St. Agnes Hospital where she enjoys working with several classmates. She is now living at the inner harbor. ♦ **Dale Meyer** and wife **Joy, '89**, of Voorheesville, N.Y., wish everyone a blessed holiday season! **1985: David O'Keeffe** of Orchard Park, N.Y., was inducted into the inaugural class of the Western New York Running Hall of Fame in September 2011. He represented the USA at two internal competitions—the 1988 World Cross Country Championships and 1993 World Cup Marathon. O'Keeffe was named USA Cross Country Runner of the Year in 2005 and 2006. He finds running a wonderful balance to the demands of a full-time primary care practice. **1987: Robert Baker** and wife Melissa of West Harrison, N.Y., announce the birth of Aaron Kyle, their first, on April 12, 2011. **1988: Tracy Nimmermacher-Burgess** lives on Fidalgo Island, just north of Seattle, and has a private practice of internal medicine. **1989: Babak J. Jamasbi** of San Rafael, Calif., is president of the California Society of Industrial Medicine and Surgery. ♦ **Glenn L. Sandler** of Potomac, Md., practiced surgery in the Rockville/Bethesda area with **Craig Colliver, '93**. Sandler and wife Stella welcomed daughter Alexia into the world on June 3, 2011.

1990s ♦ **1991: Yared Aklilu** of Weston, Fla., has a private practice in Ft. Lauderdale. He is married with three children ages 15, 10, and nine. **1995: Susan Boyd** of Baltimore is expecting her second child in February. ♦ **Mitesh Kothari** and wife Erin live in Hagerstown, Md., with sons Kendall,

age 11, Jack, age nine, and Ryan, age four. They recently introduced a puppy into their home. **1996: Sara Levin** of Annandale, Va., married Eric Eisenberg in June 2010. She practices pediatrics. **1997: Jane Wang** of Grasonville, Md., enjoys living on Maryland's eastern shore with husband Tom and two sons. She is medical director for the free-standing Queen Anne Emergency Center as a member of the Maryland Emergency Medicine Network. The center recently celebrated its first anniversary. **1998: Maryam Jaber** of Havre de Grace, Md., married Lt. Col. Dan Jansing on October 22, 2011. **1999: Mallory Williams** of Toledo, Ohio, serves on the Agency for HealthCare Research and Quality Health Information Technology Research Study Section.

2000s **2000: Mark H. Flasar** and **Kelly L. Miller** of Baltimore announce the arrival of Larson Milo Flasar on May 26, 2011. Flasar will become program director for Maryland's gastroenterology fellowship in July. **Milad L. Pooran** of Jefferson, Md., is seeking the democratic nomination for U.S. Congress in the 6th Congressional District. **Matthew D. Sedgley** of Stillwater, Minn., will be returning to Maryland later this year for a primary care sports medicine fellowship. **2002: Scott Katzen** enjoys his work as an interventional cardiologist with Cardiology Associates in Annapolis, Md. He, wife Jody, son Andrew and twins Dylan and Avery like living in Arnold. **Amy Kimball**

of Baltimore works with lymphoma patients at Maryland's Greenebaum Cancer Center, where she hopes their clinical trials and basic research will continue improving the treatment and care of patients. **2003: Todd Hobelmann** and wife **Allison, '04**, of Baltimore recently welcomed daughter Scarlet Isabelle into their family. She joins sister Cassidy. **2004: Robert G. Davidson** and wife **Ashley, '06**, announce the birth of son Cooper Andrew on April 11, 2011. **Mark H. Davino** of Baltimore married Lauren Mallon on October 1, 2011. **Christopher Hydorn**, wife Jennifer, and children Thomas and Elizabeth of Columbia, S.C., welcomed Patrick Christopher on May 4, 2011. Hydorn is a pediatric orthopaedic surgeon at Moore Orthopaedic Clinic. **2005: Jennifer Roth** of Jacksonville Beach, Fla., married attorney and U.S. Army Blackhawk pilot Keith Maynard in June 2011. He is currently deployed with the Maryland National Guard in Iraq. Roth practices family and sports medicine at the Mayo Clinic. **2006: James Bresee**, wife Nicole, and two children live in Lake Oswego, Oreg., a suburb of Portland, where Bresee practices urology in a multi-specialty group. **Tara Cook** is loving life in Anchorage, Alaska. **Jennifer M. Coughlin** of Lutherville, Md., is completing a two-year clinical research fellowship in the departments of psychiatry and radiology at Johns Hopkins Hospital. The focus is in the novel use of PET-based neuro-imaging to visualize neuro-inflammation in the early stages of psychiatric and other disease states.

2009: Zachary J. Roberts and wife Tawney of Charlestown, Mass., announce the birth of Owen Henry Bains Roberts, their second, on January 17, 2011. Roberts will become a fellow in hematology/oncology at the Dana Farber Cancer Institute in June. **Noam VanderWalde**, wife Sara, and children Ethan and Navais live in Durham, N.C., as VanderWalde receives residency training in radiation oncology at UNC Chapel Hill.

2010s **2010: Sumair Akhtar** of New Haven, Conn., was married in July 2011. He continues training at Yale in internal medicine. **Ijeoma E. Akunyili** of Bellaire, Tex., is in her second year of emergency medicine residency at the University of Texas Houston and enjoying the heat! **Lauren Minor** of Atlanta is engaged to Kaseem Fitzpatrick.

Faculty & Former Faculty:

Dan Morhaim, MD, a Maryland state delegate, was recipient of the AMA Nathan Davis Public Service Award, the AMA's highest citation for public service. He is author of *The Better End*, a book about empowerment for end-of-life care, expected to be released in February. **Dennis Wentz, MD**, of Bozeman, Mont., edited *Continuing Medical Education: Looking Back, Planning Ahead*, published by Dartmouth College Press. In June 2011, Wentz received the distinguished Service Award from the University of Chicago Medical & Biological Sciences Alumni Association. 🏛️

Our Medical Alumni Association

Mission: The Medical Alumni Association of the University of Maryland, Inc., in continuous operation since 1875, is an independent charitable organization dedicated to supporting the University of Maryland School of Medicine and Davidge Hall.

Board Structure: The MAA is governed by a board consisting of five officers and nine board members. Each year more than 100 alumni participate on its seven standing committees and special anniversary class reunion committees.

Membership: Annual dues are \$85. Dues are complimentary the first four years after graduation and can be extended until the graduate has completed training. Dues are waived for members reaching their 50th graduation anniversary or have turned 70 years of age. Revenues support salaries for two full-time and five part-time employees, as well as general office expenses to maintain the alumni data base, produce the quarterly *Bulletin* magazine, stage social events for alumni and students, administer a revolving student loan fund, and oversee conservation of Davidge Hall and maintain its museum.

Annual Fund: The association administers the annual fund on behalf of the medical school. Gift revenues support student loans and scholarships, lectureships, professorships, capital projects—including Davidge Hall conservation—plus direct support to departments for special projects and unrestricted support to the dean.

The Morton M. Krieger, MD, Medical Alumni Center is located on the second floor of Davidge Hall, 522 W. Lombard Street, Baltimore, MD, 21201-1636, telephone 410.706.7454, fax 410.706.3658, website www.medicalalumni.org, and email maa@medalumni.umaryland.edu

H. Leonard Warres, '38

Radiology

Baltimore

October 5, 2011

Upon graduation, Dr. Warres interned at Sydenham Hospital in Baltimore and Lincoln Hospital in Bronx, New York, before enlisting in the U.S. Army in 1941 during the outbreak of World War II. He served as a front-line battalion surgeon in Algeria where he was credited with saving the life of General Lesley James McNair. While later serving in Sicily, Warres was seriously wounded in the right leg which would alter his career path. Discharged with the rank of captain, he decided against a career in surgery and began training at the Army Radiology School. He completed residency training in Baltimore at Sinai Hospital, and from 1945 to 1947 received additional training at Johns Hopkins University. From 1947 to 1986, Warres operated a private practice. He headed outpatient radiology at Maryland from 1953 to 1965 and later became the first radiology chief at Northwest Hospital. After retiring from practice, he served as a health advocacy specialist for the Maryland attorney general's office, chairing committees on aging and narcotics. Governor Hughes also appointed him to a board position with the Maryland Higher Education Loan Corporation. In the 1970s, Warres established a lectureship in Maryland's department of radiology and in 1978 became a founding member of the John Beale Davidge Alliance, the medical school's society for major donors. He enjoyed reading biographies and is survived by wife Margie, two physician-sons including Neil, '78, five grandchildren, and two great-grandchildren.

Michael L. DeVincentis, '41

Surgery & Emergency Medicine

Baltimore

November 11, 2011

Mercy Medical Center in Baltimore was the site of Dr. DeVincentis's internship and residency training, although it was interrupted in 1942 when he enlisted in the U.S. Army Medical Corps. DeVincentis served as a combat surgeon in the Pacific where

he remained until discharge as a captain in 1946 and recipient of the Bronze Star. Upon completion of training he practiced general surgery for 20 years privately and as surgeon for the Baltimore Police Department. In the 1960s, DeVincentis changed his focus to emergency medicine by forming Osler Drive Emergency Physicians Associates. The enterprise was an attempt by him and five other doctors to improve emergency care at St. Joseph Medical Center with each partner agreeing to work six-hour shifts. He retired in 1983. In 2000, DeVincentis received the alumni laureate award from Loyola College of Maryland. He enjoyed studying foreign languages, travel, and politics. Survivors include wife Rosemary, two daughters, one son, and five grandchildren.

Augustus H. Frye Jr., '43D

Orthopaedic Surgery

Lookout Mountain, Tenn

October 20, 2011

Dr. Frye interned at St. Agnes Hospital in Baltimore and served surgical residencies at Grace New Haven community Hospital in Connecticut and Parkview Hospital in Rocky Mount, North Carolina. After practicing general surgery in Georgia for 10 years, he returned to residency training in orthopaedics at Erlanger Medical Center, followed by another in hand surgery at the California and Los Angeles Orthopaedic hospitals. In 1960, Frye returned to Chattanooga where he set up practice. In the 1980s, he returned to California for training in knee arthroscopy and became the first Chattanooga to be approved for membership in the International Arthroscopy Association. He devoted himself to knee and shoulder repair and in 1983 developed the "Tennessee Slider," a surgical knot based on the cowboy buntline knot, used while sewing tissue together. He retired in 2008 at age 91. Frye was a pilot and sailor who served as president of the Chattanooga Yacht Club. Survivors include wife Eleanor, two sons, and two grandchildren. He was preceded in death by two daughters.

Gayle A. Arnold, '45

Pediatrics

Richmond, Va.

August 17, 2011

After an internship at Union Memorial Hospital in Baltimore, Dr. Arnold served in the U.S. Army from 1946 to 1948 and was discharged with the rank of captain. He returned to Baltimore for residency training at Maryland and completed training at Duke University. He moved to Montreal for a chief residency at Children's Memorial Hospital and later a teaching fellowship at McGill. In 1953, Arnold relocated to Richmond where he practiced privately until retirement in 2004. Appointments included medical director of the Richmond Cerebral Palsy Center from 1953 to 1997, president of the American Academy for Cerebral Palsy and Developmental Medicine from 1989 to 1990, and clinical professor of pediatrics at the Medical College of Virginia. In recognition of his years of volunteer service, Arnold was named The 114th Point of Light in 1990 by President George H. W. Bush. He enjoyed reading and listening to classical music. Survivors include wife Judith, three children, and five grandchildren.

Louise P. Buckner, '46

Pathology

Altamont, N.Y.

April 30, 2011

Dr. Buckner interned at Garfield Memorial Hospital in Washington, D.C., and received residency training at the Albany VA Hospital. From 1949 to 1951, she was a physician at Smith College in Northampton, Mass., and for the next 38 years was engaged in anatomic pathology. From 1964 until retirement in 1989, Buckner was pathologist at Albany Memorial Hospital. She and husband John were owner/operators of French's Hollow Fairways, a golf course in Guilderland Center. She enjoyed horseback riding, gardening, and photography which fostered trips to the country's west and southwest. Buckner was preceded in death by her husband and is survived by two daughters.

Erwin R. Jennings, '46

Surgery
 Brunswick, Ga.
 November 29, 2011

After internship and residency training in surgery at Maryland, Dr. Jennings was in the U.S. Army from 1948 to 1950, serving in Okinawa and rising to the rank of captain. He returned to Maryland afterward to complete training and then relocated to Brunswick, Ga., where he began a private practice of general and thoracic surgery. Appointments included chief of surgery at Glynn-Brunswick Hospital, clinical professor of surgery at Mercer University School of Medicine, and president of both the Georgia Trauma Society and the Georgia Surgical Society. Jennings authored numerous articles on innovative surgical techniques and case studies and was co-inventor of a semi-automatic microprocessor-based suturing device. He enjoyed golf and travel. Jennings was preceded in death by wife June and two daughters, and he is survived by one daughter, three grandchildren, and one great-grandchild.

H.G. Robert Knapp, '46

Orthopaedics
 Boulder, Colo.
 December 28, 2010

Following graduation Dr. Knapp was a captain in the U.S. Army, serving as chief medical officer on USS Comfort and USS Hope, hospital ships treating military patients returning from Germany and Japan after World War II. Upon discharge, he received residency training in family medicine at the University of Colorado in Denver and from 1951 to 1957 practiced in Rifle, Colorado. He received additional residency training in orthopaedic surgery in Memphis, Tenn., and Little Rock, Ark., and in 1960 became associate professor of orthopaedics at the University of Arkansas. Knapp moved to Boulder in 1963 to establish an orthopaedic practice which he maintained for 20 years. He enjoyed classical music, travel, hunting, fishing, and skiing. Survivors include wife Joan, one daughter, three sons, and five grandchildren.

Raymond H. Kaufman, '48

Gynecology
 Houston
 November 25, 2011

Upon graduation, Dr. Kaufman interned and received residency training in OB/GYN at Beth Israel Medical Center. After two years in the U.S. Air Force stationed in Bryan, Texas, where he contracted polio, he received fellowship training in pathology at Baylor College of Medicine. Shortly thereafter he joined its faculty. For 23 years Kaufman served as chairman of the department of OB-GYN, holding the title of professors of obstetrics & gynecology and pathology for a total of 48 years. At the time of his death he was professor emeritus at Baylor and the Weil Medical College of Cornell University. Recognized as one of the world's leading gynecologic pathologists, he pioneered treatments for vulvar diseases, and one of his major research initiatives was the effects of DES on women whose mothers were give this drug during their pregnancies. Kaufman was widely published, had an active clinical practice, and trained hundreds of students, residents, and fellows. He was recipient of the 2010 John McGovern Compleat Physician Award. Kaufman was a member of Maryland's John Beale Davidge Alliance, a society for major donors of the medical school. He enjoyed travel and is survived by wife Pat, four daughters, six grandchildren, and one great-grandson.

Robert R. Stahl, '48

Internal Medicine
 Parma, Ohio
 September 15, 2011

Dr. Stahl trained in internal medicine and received fellowship training in cardiology at City Hospital in Cleveland. He entered the U.S. Air Force after training, serving as the lead physician on a research team assigned to the battlefield casualty hospital in South Korea. Upon discharge, Stahl set up a private practice in Parma and served on the staffs at Evangelical Deaconess Hospital, Berea Community Hospital, and Parma Community General Hospital where he was chief of medicine, vice chief of staff, chief of staff, and mentor and

educator to the hospital's coronary care unit. Appointments also included clinical professor of medicine at Case Western Reserve University. In 1979, Stahl left private practice to become full time staff physician at the Cleveland Clinic Foundation where he remained until retirement in 1992. He enjoyed travel and spent winters in Florida. Survivors include wife Linda, one son, and one grandson.

Albert E. Blundell, '49

Anesthesiology
 Redding, Conn.
 May 3, 2011

Kings County Medical Center in Brooklyn, N.Y., was the site of Dr. Blundell's internship, and he received residency training in anesthesiology at St. Catherine's Hospital. From 1957 until retirement in 1986, Blundell was director of anesthesiology at St. Francis Hospital. He is survived by wife Dorothy and three children.

Edmund B. Middleton, '49

Obstetrics & Gynecology
 Baltimore
 November 11, 2011

Following graduation, Dr. Middleton remained at Maryland for internship and residency training in OB/GYN, however in between the two he served two years with the U.S. Air Force. Attending the school of aviation medicine at Randolph Air Force Base in San Antonio, he became certified as an aviation medical examiner and flight surgeon. Middleton remained at Maryland after training, serving as associate professor in the department of OB/GYN. Appointments included acting chair for six months in 1980, pending the arrival of M. Carlyle Crenshaw Jr., MD; chair of the medical/legal committee for the University of Maryland Medical Center; and participant on a committee that revised the state's sex offense laws. He enjoyed drawing, target shooting, fishing, reading, and playing bridge. Survivors include wife Mary.

Harry L. Knipp, '51

Family Medicine
 Hedgesville, W.Va.
 November 18, 2011

in memoriam

Dr. Knipp followed a family line of Maryland graduates dating back to his grandfather in 1887. Upon graduation, he interned and received residency training at St. Agnes Hospital before practicing in west Baltimore and Catonsville where his father and grandfather had worked. Appointments included instructor in family medicine at Maryland, senior attending at St. Agnes, and staff member at Bon Secours, Suburban, and Maryland General hospitals. He maintained a family practice until retirement in 1993. Knipp was class captain for 1951, organizing reunions and attending the annual alumni phonothon in Davidge Hall. He enjoyed fishing, playing music on keyboard, and billiards. Survivors include wife Barbara, three sons including Harry, '76, eight grandchildren including David, '14, one great-grandchild, one step-grandchild and one great step-grandchild.

Jack O. Carson, '52

Family Medicine
Grifton, N.C.
February 3, 2011

Dr. Carson spent two years in the U.S. Navy before receiving a two-year medical degree from the University of North Carolina at Chapel Hill. He attended Maryland to complete his medical degree before returning to North Carolina to practice family medicine in Grifton for 43 years. In Pitt County he served as president of the medical society and for several years sat on its school board. An avid reader, Carson enjoyed playing bridge and travel. He was a sports enthusiast and a devout Tar Heel supporter. Survivors include wife Connie, three daughters, and six grandchildren.

Richard M. Baldwin, '53

Obstetrics & Gynecology
Floyds Knobs, Ind.
August 17, 2011

Edwin H.T. Besson, '54

Pediatrics
Ellicott City, Md.
December 4, 2011

Prior to medical school, Dr. Besson served as a medic during World War II with the 196th hospital corp, the 41st hospital am-

balance train, and at the conclusion of the war with a POW hospital. Upon completion of medical school and training at St. Agnes, Johns Hopkins, and Maryland, Besson opened a private practice that he maintained until retirement in 2000. Appointments included instructor at Maryland and chairman of the pediatric department and president of the medical staff at St. Agnes Hospital. In retirement he volunteered at a methadone clinic. Besson loved Maryland's eastern shore, having been raised in Stockton, and he enjoyed poetry. Survivors include wife Polly, two sons, two daughters, and five grandchildren.

John A. Engers Jr., '55

Obstetrics & Gynecology
Phoenix, Md.
October 19, 2011

Dr. Engers interned at Bon Secours Hospital where he received an additional three years of residency training in OB-GYN. He went on to serve as chief of obstetrics and gynecology and direct the hospital's medical education. Engers was also on the staff at St. Joseph Medical Center, and from 1986 to 1995 was president of the Maryland Foundation for Health Care, a peer-review organization. He retired in 1993. Engers enjoyed golf and volunteering at a local crisis center. Survivors include wife Eleanor, three daughters, one son, seven grandchildren and two great-grandchildren.

James T. Estes, '56

Vascular Surgery
Winter Haven, Fla.
February 20, 2011

After training which included a fellowship in vascular surgery, Dr. Estes started the first vascular surgery practice in Maryland, and he later became chief medical director for Prince George's County Hospital. He served on the governor's task force of quality assurance for the health planning and resources commission. Estes was an avid golfer. He is survived by wife Eve, two children, one stepdaughter, and four step-grandchildren.

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Charles E. Parker, '58

Pediatrics & Family Medicine
Glendale, Calif.
September 23, 2011

Prior to medical school Dr. Parker traveled the world as a radio operator on merchant ships, and he was in Okinawa when the atomic bomb was dropped on Nagasaki. Entering the U.S. Army while in medical school, he later interned in Tacoma, Washington, and then attended a nuclear physics and chemistry program for post-graduates at Reed College in Oregon. Parker then traveled to Washington, D.C., for pediatric residency training at Walter Reed General Hospital. He was discharged with the rank of major. Upon completion of residency training, Parker received fellowship training at Children's Hospital in Los Angeles. He became board certified in both pediatrics and family medicine and practiced at hospitals in southern California. Appointments included associate professor and family medicine research director at UCLA where he was credited with 42 publications. In addition to his love of travel, Parker served as a flight instructor, spoke four languages, and enjoyed operas and symphonies. He was a member of the John Beale Davidge Alliance, the medical school's society for major donors. Survivors include wife Ida and four children.

Burton D. Goldstein, '62

Anesthesiology
San Francisco
July 1, 2010

McRae W. Williams, '63

Internal Medicine
Owings Mills, Md.
October 18, 2011

Upon graduation, Dr. Williams served as a captain in the U.S. Army and was stationed in Europe. The majority of his professional life was devoted to Union Memorial

in memoriam

Hospital where he began shortly after his return to Baltimore. He later served in an administrative capacity as coordinator of its outpatient services, and in 1979 became a guiding force behind the creation of the hospital's sports medicine division. In the early 1990s, Williams added an MBA to his CV, earned at Loyola University. He retired in 2009. He was enthusiastic about running and enjoyed reading and mentoring medical students. Williams also had an appreciation for French food and wine. He was preceded in death by wife Ruth and is survived by one son and one daughter.

Edward S. Hoffman, '65

Obstetrics & Gynecology
Broken Arrow, Okla.
September 10, 2011

Joan W. Gibble, '76

Anatomical & Clinical Pathology
York, Pa.
July 16, 2011

After training in pathology, Dr. Gibble received fellowship training in blood banking at Johns Hopkins Hospital. For 22 years she served as medical director for the American Red Cross of Central Maryland. In recognition of her service, the donor center was named in her honor when Gibble retired in 2011. Survivors include husband **Leon W. Gibble, '79**.

Steven G. Steinberg, '77

Cardiology
Pikesville, Md.
December 5, 2011

Dr. Steinberg trained at Maryland and was board certified in both cardiology and internal medicine. He practiced with Baltimore Heart Associates. Survivors include wife Eve, two children, and three grandchildren.

Vance E. Watson, '86

Radiology
Arlington, Va.
September 11, 2011

Dr. Watson completed residency training at Duke University and followed with a fellowship in interventional radiology at UCLA

Medical Center. For 16 years he served as chief of neurointerventional radiology and assistant professor at Georgetown University Hospital in Washington, D.C. Watson enjoyed sailing and lived on his 45-foot sailboat in Marina del Rey during his fellowship at UCLA. He also loved to swim, scuba dive, take beach strolls, and cook with his two sons who survive him. His marriage to Rowena Purcell ended in divorce.

Faculty

Richard B. Hornick, MD

Infectious Disease
Winter Park, Fla.
August 9, 2011

A renowned infectious disease scientist and clinician, Dr. Hornick served as head of Maryland's division from the early 1960s until 1979. Born in Johnstown, Pa., Hornick received both undergraduate and medical degrees from Johns Hopkins University, graduating in 1955. His training at the institution was interrupted by military service with U.S. Army Walter Reed Medical Unit at Fort Detrick. Upon completion of training, Hornick was invited to join the medical faculty at Maryland by Chairman **Theodore E. Woodward, '38**, and was elevated to head the division of infectious disease. In 1979, he departed Maryland to become chairman of the department of medicine at the University of Rochester School of Medicine. His final appointment came in 1987 when he was named vice president for medical education at the Orlando Regional Medical Center. Hornick stepped down in 1999 and continued rounding and teaching residents and students in semi-retirement, formally retiring in July 2011. Research focused on the effectiveness of vaccines for tularemia and typhoid fever as well as the pathophysiology of numerous infectious diseases. His work led to the development of preventive medical procedures for the control of typhoid, cholera, dysentery disorders, tularemia, and Q fever. Hornick was co-author for more than 150 papers and book chapters. Survivors include wife Susan, two sons including **Douglas, '82**, two daughters, and seven grandchildren including **John Hornick, '13**.

Duane A. Sewell, MD

Otorhinolaryngology
Baltimore
November 26, 2011

Dr. Sewell was an associate professor in the department of otorhinolaryngology-head & neck surgery since 2007. Born in Milwaukee, he moved to Abington, Pa., at age seven and later earned a bachelor's degree in biology from Harvard University. He received an MD degree from the University of Pennsylvania School of Medicine in 1994, interned at Union Memorial Hospital, and was a post-doctoral fellow in the department of otolaryngology at Johns Hopkins Hospital until 1997. Sewell completed residency training in 2000 and spent the following year as a research fellow in the department of microbiology at the University of Pennsylvania where he later served as an assistant professor and staff surgeon at the Philadelphia VA Medical Center. He joined the department of otorhinolaryngology-head & neck surgery at Maryland in 2007. An author of several journal articles and abstracts, Sewell was section editor for *Comprehensive Overview of Otolaryngology*, published in 2003. He enjoyed camping, reading, and was an avid Philadelphia Eagles and Phillies fan. Survivors include wife Catherine and twin sons.

Jean D. (Goral) Thompson

Jensen Beach, Fla.
November 6, 2011

Jean Thompson served as executive director of the Medical Alumni Association from 1974 to 1991. Born in Missouri, she attended Towson University and the University of Maryland. Prior to joining the MAA, she enjoyed a career in sales and public relations. Among Thompson's accomplishments were the implementation of the annual alumni phonathon in Davidge Hall during the late 1970s and restoration of Davidge Hall in the early 1980s. Duties included staging the annual reunion and producing the quarterly alumni magazine. Shortly after retirement she relocated to Florida. Thompson is survived by husband Paul.

