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Human Studies: Ensuring Safety 8

With more than 1,500 research projects conducted at Maryland each year, volunteers can rest assured knowing that the institution is doing everything to ensure patient safety. In fact, Maryland was among the first 20 research institutions accredited in 2005 by the Association for the Accreditation of Human Research Protections Programs.

Ancient Faces of Davidge Hall 14

Generations of students recall gazing up at the busts resting on the hearth in Chemical Hall. While serving as inspiration to some, others often wondered: “Who are these seven figures and what do they represent?” Historian and writer Wayne Millan takes a crack at providing an explanation.

The Historical CPC: Nearly Two decades of History Through Medicine 20

Philip A. Mackowiak, ‘70, thought he might be on to something in 1995 when he staged a clinicopathological conference on a mystery subject who turned out to be Edgar Allan Poe. Combining medicine and history, the feedback was so positive that he scheduled a second and then a third. Now, with number 18 right around the corner, Maryland’s Historical CPC is recognized as one of the nation’s most popular medical conferences.

Faculty Profile: Miriam Blitzer, PhD 22

It’s in the Genes

Science has advanced quite a bit since Miriam Blitzer, PhD, earned a chemistry degree in 1974. Encouraged to continue her education in a field called genetic counseling, her journey has included roles as teacher, researcher and, most recently, heading a metabolic diseases diagnostic laboratory at Maryland. And what does she enjoy most? Teaching.

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Several new clinical initiatives are underway at the school and University Physicians, Inc. (UPI) that highlight our emphasis on becoming a more efficient, more patient-focused physician organization. The provisions of the recently passed health care reform legislation will make this emphasis even more important in the future. I expect to see greater emphasis on quality, access, and satisfaction measures for patients, and we will care for patients based on these standards.

To that end, and in response to patient survey data, we have launched a major service excellence initiative which we hope will strengthen our patients’ satisfaction with their experiences here. We are developing new infrastructure and processes to improve the patient experience, such as minimizing wait times at appointments and reducing the length of wait for new and follow-up appointments. In addition, we will institute a common patient registration process, with information collected at any ambulatory site and shared across the practices.

Complementary to common patient registration is our move toward electronic medical records (EMR), which allows for storage, retrieval and modification of patient medical records across the practice plans, indeed throughout the health care industry. Our EMR program is up and running in family medicine. General internal medicine and medical subspecialties will be next, and the other ambulatory practices will be rolled out within a year. The benefit to this technology is that it gets us closer to a more contemporary practice style, and it is simply a better way to capture and share clinical information with physicians and patients. There are federal incentives for adopting EMRs, and we are on the correct path to optimize receipt of those incentives, while providing better service to our patients.

We are poised to launch an exciting new service next, and the other ambulatory practices will be rolled out within a year. The benefit to this technology is that it gets us closer to a more contemporary practice style, and it is simply a better way to capture and share clinical information with physicians and patients. There are federal incentives for adopting EMRs, and we are on the correct path to optimize receipt of those incentives, while providing better service to our patients.

We are developing new infrastructure and processes to improve the patient experience, such as minimizing wait times at appointments and reducing the length of wait for new and follow-up appointments.

The patient’s experience will start with a pre-appointment phone consultation with a program clinician to identify each individual’s healthcare needs and goals. Their one-day customized visit will be based on individual concerns and priorities, with same-day test results and a wrap-up consultation with an internist. The focus on prevention will start with paying special attention to cardio-metabolic risk and a consultation with a senior cardiologist, followed by cancer, bone health, and skin health screening. In addition, there will be a consultation with an advanced care pharmacist with expertise in nutraceutical medicines. The program will be launched by UPI and directed on an interim basis by Mandeep R. Mehra, MBBS.

One of the major clinical goals outlined in our new strategic plan Taking a Quantum Leap Forward is to build new and/or expand our centers of clinical excellence. Our newest and most ambitious is the Maryland Proton Treatment Center (MPTC). In October we announced that the school, through the radiation oncology practice group, is playing a key role in plans for an estimated $200 million project to bring to Maryland for the first time the advanced radiation technology in cancer treatment-proton therapy. The center will be the first in the Baltimore-Washington region to offer proton therapy, the state-of-the-art technology in radiation treatment for cancer. Radiation oncology faculty at the center could begin seeing patients as early as January 2014. Proton therapy is a non-invasive treatment performed on an outpatient basis. Patients typically receive approximately 30 treatments during a 4–5 week period. Each treatment requires a 25-minute appointment after which the patients are free to carry on their daily affairs. MPTC will treat approximately 2,000 patients annually.

Providing excellent care to our patients is of utmost importance, as it providing excellent care to the Maryland family. To that end, last May we opened an immediate care center providing a more convenient way to access non-emergency health care services. UMaryland Immediate Care Center is run by faculty of the department of family & community medicine. Open five days a week, faculty, staff and students of the university, medical system, and UPI, can be seen for non-emergency and non-chronic issues. If a problem requires specialty care, patients will be referred to specialists at the school.
Jay A. Perman, MD, was installed as the sixth president of the University of Maryland Baltimore (UMB) on November 9. The event was staged at the Hippodrome Theater in downtown Baltimore—just a two-minute walk from campus. Perman officially took office on July 1. Dignitaries on hand for the installation included Baltimore mayor Stephanie Rawlings-Blake. Perman returned to Baltimore from the University of Kentucky where he was dean and vice president for clinical affairs at the College of Medicine from 2004 to 2010. From 1999 to 2004, he served as chairman of Maryland’s department of pediatrics. For those wondering how Perman can be just the sixth president of a university now more than 200 years old, the answer is simple: Prior to 1981 one president was appointed to preside over both campuses in Baltimore and College Park, which together were considered one university. Since then the two campuses have had their own presidents.

Faculty member Dan Morhaim, MD, FACEP, the only physician in the 188-member Maryland General Assembly, was re-elected in November to his fifth four-year term in the House of Delegates. In this capacity he serves as deputy majority leader and house chair of the joint committee on health care delivery and finance. Morhaim is board-certified in internal medicine and emergency medicine and works clinically primarily at Health Care for the Homeless in downtown Baltimore.

LinkMD, a network designed to help students prepare for professional life through social interactions with faculty and alumni, has built a solid base of support since inception three years ago. Faculty and alumni register to stage events in their homes or other locations depending on the number of student guests. After learning about the host’s background and the information shared during the event, students are invited to register on a first-come, first-served basis. Gatherings can range in size from a dinner party of four to 50 or more in Davidge Hall. To learn more about hosting your event, visit http://web.me.com/link-maryland.
Psychiatry Department Celebrates 60th Anniversary

It was back in 1949 when the Maryland legislature approved a $25 million appropriation to improve the state’s mental hospitals. The earmark included $3 million to establish a department of psychiatry at Maryland. One year later Jacob E. Finesinger, MD, was named chairman, and the rest is history. The department celebrated its 60th anniversary on September 16, 2010, with a daytime scientific program and evening gala. The academic program included general sessions on public policy and neuroscience—the latter featuring a presentation by William Carpenter, MD, professor of psychiatry, entitled “Deconstructing Schizophrenia on the Road to DSM V.” More than 500 attended the evening celebration at the Marriott Inner Harbor, and each attendee received a copy of Changing Times Changing Minds: 100 Years of Psychiatry at the University of Maryland School of Medicine. The 500-page book was commissioned by department chairman Anthony F. Lehman, MD, and was written by Pat McNees.

Fine, Susel & Pass, to be Honored by MAA

Three members of the class of 1966 were named recipients of the Medical Alumni Association’s annual awards for 2011. The MAA Honor Award & Gold Key, presented since 1948 for outstanding contributions to medicine and distinguished service to mankind, is being awarded to Stuart L. Fine, ’66. For 18 years Fine served as professor and chairman of the department of ophthalmology and director of the Scheie Eye Institute at the University of Pennsylvania School of Medicine. His research focused on diabetic retinopathy and macular degeneration, and in his position he also headed the F.M. Kirby Center for Molecular Ophthalmology, the first molecular biology center focused on the development of gene therapy for hereditary causes of vision loss. Under Fine’s leadership, Penn became one of the country’s leading clinical and research institutions. Richard M. Susel, ’66 and Carolyn J. Pass, ’66, are co-recipients of the MAA Distinguished Service Award, presented since 1986 for service to the MAA and medical school. Married after their first year of medical school, Susel served as class president while Pass was secretary. Since graduation they have taken the lead in organizing class reunions, and from 1987 to 1990, Pass served on the MAA Board of Directors. Both are members of Maryland’s faculty, Susel in the department of ophthalmology and Pass in dermatology. Several years ago they endowed an award in the department of medicine in memory of Pass’s father I. Earl, ’37. And in 2008, they established the academy of educational excellence to promote and reward superlative teaching at Maryland. A portion of this gift provides financial support for curriculum enhancements, and in recognition of this gift the classroom suites in Howard Hall now bear their names. The awards will be presented during the MAA Recognition Luncheon during reunion on May 6.

Stuart L. Fine, ’66

With its official opening ceremony Sept. 21, the Maryland Forensic Medical Center became the latest addition to the 10-acre University of Maryland BioPark, located on Baltimore Street just west of Martin Luther King Boulevard. The $44 million forensic-science facility, under the Maryland Office of the Chief Medical Examiner, is one of the nation’s largest stand-alone medical examiner services. It replaces the existing center located on Penn and Pratt streets. David Fowler, MD, the state’s chief medical examiner, is a member of the medical school faculty.

World’s First Robotic-Assisted Aortic Valve Bypass

Cardiac surgeons at the medical center became the first in the world to use a surgical robot to help perform minimally invasive aortic valve bypass surgery on October 4. The patient was 83-year-old John Warner of Bel Air, Md., who suffered from aortic stenosis that caused difficulty breathing. He had undergone previous heart surgery and faced several other medical problems that would have made conventional, open-heart aortic valve replacement very risky. Within hours of having the minimally invasive, robotically assisted procedure, Warner was awake and talking to his family. He left the hospital one week later, with his breathing much improved.

James S. Gammie, MD, associate professor of surgery at the medical school and director of the University of Maryland Center for Heart Valve Disease, led the team that performed the aortic valve bypass. The robot extends the surgeon’s reach deep into the chest to access the aorta through a three-inch opening, smaller than would have been possible without the robot. And surgeons did not need to stop the heart during the procedure; so a heart-lung machine was not necessary.

“Using the robot enables us to attach the bypass tube to the aorta with greater precision than by hand. This procedure is an excellent alternative for higher-risk patients with aortic stenosis,” says Gammie.

More than 70,000 people in the United States undergo aortic valve procedures each year. One approach is to replace the defective valve. Another is to bypass it entirely. Some patients who have had aortic valve bypass continue to do well more than 25 years after their surgery. Gammie has performed more than 60 valve bypasses since 2003. Using the surgical robot for part of the operation is a further innovation.

Another key advantage of a bypass over valve replacement is the reduced risk of stroke since the defective valve is not touched or manipulated.

“As we are able to adapt the use of the surgical robot to more cardiac operations, we will be able to provide more patients with a minimally invasive procedure that requires a shorter recovery time,” says Johannes Bonatti, MD, director of coronary surgery and advanced coronary interventions at the center and a professor of surgery at the medical school. Bonatti is one of the world leaders in using the surgical robot to perform heart surgery. He was a pioneer in performing double and triple vessel coronary bypass operations with the robot, which means that the operations are performed in a minimally invasive way without a large incision.

“The addition of robotic assistance to aortic valve bypass builds on our philosophy of providing a more patient-friendly approach to heart surgery at the University of Maryland that results in better patient outcomes and comfort,” says Bartley P. Griffith, MD, chief of cardiac surgery at the University of Maryland Medical Center and professor of surgery at the University of Maryland School of Medicine.

In addition to Bonatti, Eric J. Lehr, MD, PhD, Murtaza Dawood, MD, and anesthesiologist Ileana Gheorghiu, MD, were part of the team with Gammie during this first robot-assisted aortic valve procedure.
Proton Therapy Coming to Maryland

The medical school, through its affiliated clinical faculty practice group, is playing a key role in plans for an estimated $200 million project to bring to Maryland for the first time the most advanced radiation technology in cancer treatment—proton therapy.

The radiation oncology practice plan has signed a letter of intent with Advanced Particle Therapy LLC of Minden, Nev., entering into a final exploratory phase for the development of the Maryland Proton Treatment Center. It will be the first in the Baltimore-Washington region to offer state-of-the-art technology in radiation treatment for cancer. The medical school’s radiation oncology faculty experts, who are members of the University of Maryland Marlene and Stewart Greenebaum Cancer Center team, could begin providing treatments at the center as early as 2014.

“This is the next-generation improvement in radiation oncology,” says William F. Regine, MD, professor and Isadore & Fannie Schneider Foxman Endowed Chair in Radiation Oncology and interim chair of the department of diagnostic radiology and nuclear medicine. “It allows us the unprecedented ability to deliver a targeted dose of lifesaving radiation therapy directly to the tumor while minimizing radiation to the healthy tissue. It can result in more effective treatment for patients and fewer side effects. This technology is a powerful new addition to our tool box for fighting cancer.”

According to the agreement, Maryland faculty will provide clinical management and therapeutic services to the Maryland Proton Therapy Center. Maryland Proton Treatment Center LLC will design, build, equip, own and operate the center.

Advanced Particle Therapy has taken on the same role in the development of a similar center in San Diego, teaming with Scripps Health and Scripps Clinic Medical Group. It is anticipated that the Maryland center will use technology developed by Varian Medical Systems of Palo Alto, Calif., a world leader in radiation oncology equipment.

There are currently nine proton therapy treatment centers in the United States, with several more in development, and the technology is used in more than 30 cancer centers worldwide. The closest proton therapy center to the Baltimore-Washington area opened in 2009 in Philadelphia.

Proton therapy is an advanced technology approved by the U.S. Food and Drug Administration and reimbursed by both Medicare and private insurance. The therapy has been used to treat nearly 70,000 patients worldwide since its inception in the 1950s, according to Advanced Particle Therapy. The technology for this therapy continues to evolve and will allow for its expanded use in treating cancer patients worldwide. The non-invasive outpatient therapy requires patients to receive about 30 treatments over a four to five week period. Treatments last about 25 minutes each day for five to six days a week. After each appointment, patients are free to leave the center and resume normal activities.

Proton beam therapy provides treatment for many common and some rare cancers. This treatment option dramatically reduces the radiation exposure to the areas of the body in the path of the radiation beam. Children are a prime example of this issue, as they are particularly at-risk for the traditional side effects commonly expected from conventional radiation.

The center will be located in Maryland’s BioPark west of Martin Luther King Boulevard.
Reducing Traffic Deaths in Egypt

The spiraling rate of traffic fatalities in Egypt—more than 7,000 per year—prompted Jon Mark Hirshon, MD, MPH, associate professor of emergency medicine and epidemiology and public health, to pursue an injury prevention and research training program in that country and the surrounding region. The Middle East ranks second worldwide in the number of road fatalities.

Funded by the National Institutes of Health’s Fogarty International Center for Advanced Study in the Health Sciences, and in collaboration with the Egyptian Ministry of Health, the initiative provides training in the assessment and management of trauma patients, injury prevention skills, and mentored educational opportunities for Egyptian health professionals. In addition, epidemiology studies related to injury are conducted.

“Originally, our mission was to develop a research infrastructure related to injuries,” Hirshon explains. “But we soon learned that research wasn’t our only priority, and so we combined that with a broad program of training in both preventing and responding to injuries.”

As a result, the team has trained approximately 400 people in effectively responding to trauma situations, and has assisted Ain Sams University in Cairo in becoming a collaborator with the World Health Organization (WHO) in providing training. While the Middle East remains a volatile region vulnerable to disasters of many origins, Hirshon says the most dangerous activity in which a person can engage in Egypt is crossing the street! Vehicular accidents account for 45 percent of injury deaths in the country. Hirshon’s team analyzes all factors related to such injuries, including data collection for study of moderate to severe traumatic brain injury at Alexandria University Hospital.

“Our broad-based studies among hospital patients have focused on human risk factors for violence and have explored attitudes about traffic accidents, as well as behavior on the street and behind the wheel,” Hirshon reports.

One study involved interviews with Egyptian adolescents and questioned both their understanding and attitudes about injuries. Fatalism is a risk factor in Middle Eastern countries, as is a specific belief that accidents cannot be prevented. Nevertheless, research conducted by Hirshon’s team has uncovered positive results, especially among young, educated Egyptians who appear to be supportive of injury prevention programs.

Hirshon’s team addresses education in cross-cultural settings, challenges of language barriers, and substance abuse. In other words, both research and its related educational efforts confront every factor contributing to vehicular accidents.

The program, which originated in Cairo, has expanded to Alexandria, and is exploring a presence in other countries as well. Hirshon’s hope is that by the end of 2011, the team’s WHO collaborator will have completed the two-year process leading to recognition, thereby expanding relationships with other countries and an impact on injury reduction in the entire region. Already, trainees from Iraq, Sudan, Palestine, and Afghanistan have participated in training conducted through the program.

Fatalism is a risk factor in Middle Eastern countries, as is a specific belief that accidents cannot be prevented.

Attending the SAFETY 2010 Conference in London, Mohamed El Shinawi, lead trainer in Egypt, and Jon Mark Hirshon, MD, MPH, with trainees Amira Moshen and Waleed Saleh El Din

In addition to long term education (some of it leading to doctoral degrees) the program has addressed a need for shorter courses, emphasizing flexible trauma response for the emergency care of injured people in low and middle-income countries such as Egypt. This program is preparing trainees in injury prevention, disaster preparedness, trauma airway management and more, readying them for response to emergencies of all kinds.

This effective prevention effort has led to the creation of a workshop in international emergency preparedness and response, offered by Maryland and the Egyptian Ministry of Health, aimed at strengthening the capacity of Egypt to manage all types of emergencies and disasters. ☑
Human Studies:

Ensuring Safety
The University of Maryland Baltimore (UMB) is world-renowned for its research. Medical science cannot advance without it. Over the decades, protocols have become more sharply defined on vital issues like scientific validity, risk-benefit ratio, informed consent, use of placebos, and conflict of interest. In recent years, though, tragic incidents in human studies at institutions around the country attracted the research community’s attention. Federal regulators began looking closely into how human studies were being conducted.

Robert Edelman, MD, professor of medicine and pediatrics, associate director for clinical research at Maryland’s center for vaccine development, and chairman of the institutional review board (IRB), remembers that time well, from the late 1990s to the early 2000s. “We were caught up in the whole issue of oversight in research,” he says.

An incident at UMB reinforced that message.

The experiment was in human physiology. In May 2000, a healthy 24-year-old male volunteer was given an IV to determine how a drug metabolized. What happened next was unexpected. He developed sepsis and spent three weeks in the hospital before fully recovering.

The school’s investigators subsequently discovered that the volunteer had been infused with an outdated lipid. Instead of being given within four hours of being formulated—the acceptable practice—it had sat on a shelf at room temperature for 10 days.

A year earlier, in 1999, University of Pennsylvania researchers had a similar incident, albeit with a more tragic outcome, when an 18-year-old male volunteer died during a gene therapy trial. Then in 2001 at Johns Hopkins University, a healthy female volunteer died during an

Dr. Edelman can be contacted at redelman@medicine.umaryland.edu
asthma study. Federal regulators temporarily shut down federally-funded research at both institutions and initiated tighter regulations for all research with humans.

But UMB had already taken the initiative. As a result of the 1999 Pennsylvania incident, it had increased scrutiny of its own research practices. The lipid incident speeded up the process.

“It was a wake-up call to the university and we, as an institution, listened,” says Edelman. “We decided we needed a major new framework for oversight of research.” Edelman credits former medical school dean Donald E. Wilson, MD, MACP, with taking the lead.

Stricter monitoring and auditing protocols were instituted, among them an increase in the number of research review boards and of human research protections staff. Not everyone was pleased with the revamped process. Some considered it too bureaucratic, although UMB’s procedure is now fairly standard for research institutions across the country.

Edward Sausville, MD, PhD, professor of medicine and associate director for clinical research at the University of Maryland Marlene and Stewart Greenebaum Cancer Center, applauds the protocol-specific regimen. As far as he is concerned, it brings into “sharp focus” the elements of good clinical practice.

Research is inherently risky, particularly with humans. The outcome is unknown, and that is contrary to traditional medical practice where the good of the patient is paramount. “There are always going to be technical implementation problems in human studies. It’s unavoidable,” says Sausville. “But you don’t want to make conceptual mistakes where you put people at risk.”

The model for today’s human studies dates to the revelation of the infamous Tuskegee, Ala., syphilis study. In 1979, a national commission issued the Belmont Report, setting up a structure for future research. UMB’s human research protections program (HRPP) is based on that model, as are other such programs around the country.

HRPP is a web of campus-wide interconnections. With the mission of protecting the rights, safety, and welfare of research participants, the human research protections office (HRPO) coordinates and administers the HRPP as well as the institutional review board.

Susan Buskirk, MS, is assistant dean for human research integrity and compliance in the medical school. Buskirk, who has been involved in human subject research since 1997 and joined the HRPO in 2001, is responsible for the daily functioning of that office.

“We are the coordinating hub for the program,” says Buskirk, who saw HRPO’s full-time staff increase from five to 25 in order to support the IRB and to implement the compliance program that went into effect after the 2000 incident.
Proof of success came quickly. In 2005, the then-newly formed Association for the Accreditation of Human Research Protections Programs accredited the UMB program. UMB was among the first 20 research institutions to be so honored.

“We were in the forefront,” says Buskirk, noting that the HPRR was re-accredited in 2008 and is due for another inspection in 2011.

The HRPO is largely funded by and operates out of the medical school even though it serves all of the UMB schools. Every year it receives 300 to 350 research applications, more than 80 percent of which come from the medical school, and any research involving humans. At any given time, the office may be overseeing 1,500 research projects.

The applications are passed on to the HRPO after being approved at the school or departmental level. HRPO staffers go over the applications in detail. “We ensure that research with humans is done ethically, is scientifically sound, and is conducted in compliance with federal, state and local regulations, policies and laws,” Buskirk says as she relates the three guiding principles of human studies.

Federal regulations define two categories of research. Those with minimal risk can be reviewed by a single member of the IRB, appointed by the IRB chair. Those with greater than minimal risk are reviewed by an IRB panel.

The line between the two categories can be challenging. If there’s any question, the application is put in the higher risk category. The same regulations and ethical standards apply to both levels of risk.

Although the IRB makes the final decision on applications, the HRPO is actively involved and can make suggestions. Applicants may be asked to provide more information or to make revisions.

Edelman has been chair of the IRB for the past nine years. At that level, he says, “we used to have more deferrals and rejections. But the HRPO staff has gotten better at knowing what’s acceptable. They can smell a proposal that will have trouble at the IRB.”

The IRB is an independent body comprised of six panels of scientists in different specialties and community members. According to Edelman, the IRB’s role is twofold: assuring research safety and determining the benefit-risk ratio to individuals and societal knowledge.

“The benefits should offset the risks,” he says. “That’s at the center, the key part, of how an IRB should work.”

Edelman provides a ballpark estimate for the IRB’s four options: outright approval, 20 percent; approval with contingencies, 70 percent; deferral until questions are answered, eight to nine percent; and rejection, one to two percent.

As chair of the IRB, Edelman has the regulatory authority to suspend or stop a study, even if already approved. Rare as it is, he and Buskirk then discuss the particular problem, and the issue is brought before an IRB panel. It almost always accepts Edelman’s recommendation as to whether the research can continue.

As an institutional official responsible for human research protection, Bruce Jarrell, MD, SOM executive vice dean, represents UMB before the federal government to assure that its research is safe, that it minimizes risk to subjects, and that it meets all compliance laws. The IRB approves research applications, but Jarrell makes sure they meet federal and state regulations. Only research that meets federal standards can be submitted to the U.S. Food and Drug Administration for use for trial in the United States.

In 2009, the medical school’s total budget was $881.4 million. Of that figure, $479 million was in research grants and contracts, of which 40 to 45 percent was federal funding, with the rest from foundations and organizations like the American Cancer Society. Most of the medical school’s funding went for basic investigations with a small portion, perhaps 10 percent, for human research, according to Jarrell.

An integral part of revamping the HRPP was developing what both Edelman and Buskirk call “a culture of conscience.”

“Instead of looking at what we could do to avoid being shut down, we wanted to establish a culture of conscience,” says Buskirk. “It was an effort to change the mindset.”

Edelman is emphatic on this point. “What turns me off is when you start regarding patients as data points. This is so easy to do in an academic environment where the emphasis is on the science,” he says.

A minimum two hours of training in clinical research practices sensitizes investigators to study requirements. Most universities now require such training, but UMB initiated it shortly after the lipid incident. Regular seminars and monthly lunch-sessions provide further education. Last year, 2,000 to 3,000 people participated.

Says Edelman of the culture of conscience, “If you have a patient who has an adverse effect, you better report it and you better do something about it. If you have to change drugs, for example, which means taking the patient off the study, you have an obligation to do so.”
The medical school is rightfully proud of its research. Jarrell says the institution is “well known for genetic” and “very high quality diabetes” research, among many other areas. Sausville, a cancer researcher, calls the medical school’s research in his field “extraordinarily cutting-edge.”

But investigators walk a fine line and ethical dilemmas do arise. Jarrell points to research with children, the cognitively impaired, pregnant women, prisoners, and the terminally ill as particularly difficult situations, either because of the risk to the subject or the issue of informed consent.

“It requires constant attention to make sure the rights of the human subjects are upheld. It’s a big responsibility,” says Jarrell.

Sausville couldn’t agree more. He recalls the 1980s and 1990s as “a less formal time” in human studies and a “school of thought that the IRB protocols were suggestions, a general overall plan and not a set of marching orders.”

He much prefers the current system’s stricter guidelines, and he cites two examples.

The IRB recently approved an application for a face transplant, a first at Maryland. The application came before the IRB twice. The subject was considered so sensitive that the IRB even convened a special panel.

Sausville says that the IRB has a distinct set of criteria for such research, including the information patients and their families receive; so they can make informed decisions.

“The IRB considered the positive aspects, but we also considered the risks,” Sausville says of this life-changing procedure. “The key point is that the review process brought up the ethical problems for doctors, patients, and the institution.”

For another example, the school has reinvigorated its childhood cancer treatment approach. In the past few years, eight to 10 multi-modality trials have been conducted with children with different forms of cancer.

Sausville says that the IRB has a distinct set of criteria for such research, including the information patients and their families receive; so they can make informed decisions.

“The protocols that are now in place give a lot more clarity and a lot more oversight,” says Sausville.

Photos by Richard Lippenholz

Susan Buskirk, MS can be contacted at sbuskirk@som.umaryland.edu
She thinks she’ll be anxious throughout her pregnancy.

What she doesn’t know is that in her 11th week, she’ll visit the Center for Advanced Fetal Care for a comprehensive first trimester assessment. She doesn’t know that a screening in the first trimester offers the highest and earliest reassurance of a healthy pregnancy with over 90% accuracy. And she doesn’t yet realize that having the most accurate screening available will give her peace of mind to plan confidently during her pregnancy.
ow many generations of medical students have faced the gaze of the plaster busts high above the hearth in Davidge Hall? Since they lack any makers’ marks and carry almost no documentation, the busts—recently cleaned and restored through the efforts of the Medical Alumni Association—may only be able to say to us, “We’ve been here longer than you.”

Whoever first placed them in Davidge must have had some purpose in mind, but one clear result has been to remind students and faculty that modern medicine had its roots in the ancient world.

At the center of the seven busts sits father Zeus, king over the ancient Greek pantheon, ever serious with heavy beard and wavy hair. Zeus ruled the heavens and was protector of fate and justice. Why does he command the supreme place in a modern medical theater? He reminds us that medicine is but one of the learned professions—we are part of a larger whole.

To the right of Zeus is Apollo, whose purview includes medicine and the life-giving power of the sun. His head
is cast in a familiar form, one that was often copied in the ancient world and has been imitated down to our current century. Apollo is handsome, ever youthful, and looks slightly down and to the side—perhaps to assert a share of independence from Zeus.

At Apollo’s left is the turbaned figure of Avicenna, scholar and intellectual from 11th century Persia whose studies covered a broader range even than those of Plato or da Vinci. Avicenna’s presence in Davidge Hall may be a bow to the important connection that medieval Middle Eastern culture provides between the achievements of ancient Greece and scientific disciplines that post-date the Italian Renaissance. Among other contributions, Avicenna is credited with being the first writer known to advocate proving efficacy in the use of materia medica (pharmaceuticals).

At the far right from the audience’s perspective sits Plato, founding author of Western philosophy, a broad thinker without whom later science and philosophy is difficult to imagine. We do not today associate Plato specifically with medicine, yet his presence is essential if, as the early founders of the medical school desired, we are to regard the medical faculty as an essential part of a larger intellectual and professional academy.

Moving to the far left of the seven busts we find Asclepius (or Aesculapius), the Greek god most closely associated with the profession of medicine. Patients in ancient times who were suffering from disease or injury were encouraged to spend a night sleeping close by his temple or altar to gain this god’s favor.

To the right of Asclepius is Homer, original poet and singer of heroic songs. Like his fellow mortal Plato, he is not a writer associated with medicine; yet his accounts of the battles at Troy contain fascinating hints about the human body and how it was understood and treated during the Bronze Age. Learning the language of Homeric Greek was, until the past century, seen as fundamental to advanced education in much of the developed world.

To the right of Homer, and just to the left of Zeus, we see a bust that may represent Hippocrates, the (probably real) physician who is credited with founding Greek medicine in the 5th and 4th centuries B.C.E. Medical school graduates continue to recite a much-modified version of his oath that they will put their patients’ interests above all other considerations.

One hint as to the origin of the plaster busts can be found in a set of “Historical Notes” prepared by William G. Bartlett, ’58 and Robert E. Cranley, Jr., ’58 for the freshman orientation committee at Maryland in fall 1956. In these notes, Bartlett and Cranley assert that, for some unknown period of time, the busts were buried along with other debris near a garden close by the front of Davidge Hall. They refer to the busts as “Greek gods” and write that those “had once occupied the recesses still to be seen along the walls in Chemical Hall. Only a few were unbroken [from being buried], the head of Zeus which now looks down into the [Chemical] hall and the head of Apollo in Mr. Clark’s [chief of the Art Department] office.”

Further investigation and interviews with alumni may bring to light additional information about these human and divine figures that decorate Chemical Hall. Whatever else comes to light, the busts are now cleaned and ready to sit for another half a century—at least—reminding students of the ancient and philosophical roots of their chosen profession.

The busts placed atop the hearth in Chemical Hall have been a source of inspiration to generations of medical students. Often they appear in articles and poems, including this one penned by Sidney Sacks, ’46, in May 1945:

**Our Medical School**

There is a great school, lofty and serene
That stands on the corner of Lombard and Greene
Towering and majestic tis proud of its age
Through many a year it has set the stage
For the passing parade of the medical profession
The time-honored past is its proudest possession
Not that its future is destined to be dim
To express such a thought is an unpardonable sin
For Maryland’s history shows it has the basis to be
The best in the nation, both for you and for me
Those circular halls shall never be blighted
Of students’ voices and their laughter delighted
The tall graceful columns that guard its halls
Are the symbols that to our mind recalls
The winding stairs leading to the circular rooms
Where the head of Hippocrates solemnly looms
And wisely stares at the collection of men
Gently approves, then relapses to immobility again

Homer, author of the Iliad and Odyssey
Presented by the recipient of the 2010 pathology, is the department of medicine, has been appointed to serve as a member of the clinical and integrative diabetes and obesity study section, Center for Scientific Review, through June 30, 2014. Members are selected on the basis of demonstrated competence and achievement in their scientific discipline as evidenced by the quality of research accomplishments, publications in scientific journals and other significant scientific activities, achievements and honors.

Rudy J. Castellani Jr., MD, professor, department of pathology, is the recipient of the 2010 Alzheimer Award presented by the Journal of Alzheimer’s Disease in recognition of his outstanding work, “Reexamining Alzheimer’s Disease: Evidence for a Protective Role for Amyloid-β Protein Precursor and Amyloid-β.” (18, 447-452, 2009). Castellani’s work is a synthesis of pathogenic hypotheses based on his work and other recent studies, and their relationship with presumed causative pathological lesions and molecules. Each year the 310 associate editors of the journal vote to select an outstanding article from the previous year’s volume to receive this prestigious award. Castellani was presented with the bronze Alzheimer medal and a cash award at the Alzheimer Association International Conference in Honolulu.

Richard Y. Zhao, PhD, associate professor, institute of human virology and departments of pathology and microbiology, was invited to serve on the editorial board of Frontiers in Virology.

Awards & Honors

Rudy J. Castellani Jr., MD, professor, department of pathology, is the recipient of the 2010 Alzheimer Award presented by the Journal of Alzheimer’s Disease in recognition of his outstanding work, “Reexamining Alzheimer’s Disease: Evidence for a Protective Role for Amyloid-β Protein Precursor and Amyloid-β.” (18, 447-452, 2009). Castellani’s work is a synthesis of pathogenic hypotheses based on his work and other recent studies, and their relationship with presumed causative pathological lesions and molecules. Each year the 310 associate editors of the journal vote to select an outstanding article from the previous year’s volume to receive this prestigious award. Castellani was presented with the bronze Alzheimer medal and a cash award at the Alzheimer Association International Conference in Honolulu.

Linda Lund, PhD, research associate, department of physiology, received an award for best poster at the June 2010 Gordon Research Conference on “Intermediate Filaments,” held at the Tilton School in Tilton, New Hampshire, in June 2010. The title of her poster was “Synemin, an Intermediate Filament Protein, is Required for Desmin Association with Z-disks.” Lund co-authored the study with Robert Bloch, PhD, professor, Jackie Kerr, BS, graduate student working in Bloch’s lab, and Meredith Bond, PhD, professor and chair, all from the department of physiology.

Andrew N. Pollak, MD, professor, department of orthopaedics, accepted, on behalf of the American Academy of Orthopaedic Surgeons (AAOS), one of six Summit Awards from the American Society of Association Executives (ASAE) at an ASAE award ceremony in Washington, DC, in September 2010. As part of the presentation, in lieu of speeches, ASAE produces a video that includes snippets of its members in action and a piece from an ASAE or AAOS representative. Pollak was featured in the ASAE video in a piece that highlighted the work of University of Maryland physicians, nurses and staff in Haiti after the earthquake. The Summit Awards recognize the achievements of the ASAE community and honor the industry’s outstanding volunteer efforts.

E. Albert Reece, MD, PhD, MBA, vice president for medical affairs, University of Maryland, John Z. and Akiko K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine, was recognized as the 2010 honoree of the health services leadership award, presented by the Baltimore area council of the Boy Scouts of America, at the 17th annual health services leadership award luncheon in Baltimore in October 2010. The luncheon honors an individual who exemplifies the ideals of the Boy Scouts of America, who has a wide influence with peers and who has committed outstanding community service as evidenced by the interest and leadership given to many worthwhile organizations. The 2010 event chair was Brian Browne.
Thomas Scalea, MD, FACS, FCCM, Francis X. Kelly Professor of Trauma Surgery, director, program in trauma, and physician-in-chief R Adams Cowley Shock Trauma Center, received the special achievement award in science and medicine from the National Italian-American Foundation (NIAF) in October 2010, during the NIAF’s annual convention and gala in Washington, DC. The NIAF’s annual convention and gala is one of the premier events in the nation’s capital and is attended by more than 3,000 guests each year. Past honorees and special guests include: Lee Iacocca, Sophia Loren, Martin Scorsese, Al Pacino, Andrea Bocelli, Alan Alda, Dr. Anthony Fauci, Robert Gallo, MD. Speaker of the U.S. House of Representatives Nancy Pelosi, and other notables in business, sports, entertainment and politics. The NIAF is a non-profit, nonpartisan educational foundation that promotes Italian-American culture and heritage. It serves as a resource for the Italian-American community and has educational and youth programs including scholarships, grants, heritage travel and mentoring.

Robert Edelman, MD, professor, department of medicine, and associate director for clinical research, center for vaccine development, was a visiting professor delivering an invited lecture entitled “Experimental Challenge of Healthy Volunteers with Virulent Plasmodium Falciparum: Safety and Efficacy Trials of an Attenuated Malaria Vaccine” at the second annual symposium at the Canadian center for vaccinology at Dalhousie University in Halifax, Nova Scotia, Canada, in April 2010.

Mark Eppinger, PhD, research associate, department of microbiology & immunology and institute for genome sciences, presented a lecture entitled "Genomic Plasticity in the Genetically Highly Homogenous Pathogen Yersinia pestis," at the 8th Annual American Society for Microbiology Biodefense and Emerging Infectious Diseases Research Meeting in Baltimore in February 2010.

Nelson H. Goldberg, ’73, professor of plastic surgery, delivered the Baltimore City Medical Society 2010 Dr. Maurice B. Furlong, Jr., Memorial Lecture on September 28. His presentation was entitled “Skin Cancer Screening: What Should Get Biopsied.” At the October annual meeting of the American College of Surgeons, he presented “A Multi-surgical Approach to Reconstruction of Abdominal Wall Defects: Prosthetics, Biomaterials, and Beyond.”

James B. Kaper, PhD, professor and chair, department of microbiology & immunology, presented “Vibrio Cholerae and Cholera: Vaccine Development, TLR5 Activation and in Vivo Gene Expression” at the Wellcome Trust Sanger Institute in Cambridge, United Kingdom, as part of the Wellcome Trust advanced course on the molecular basis of bacterial infection in May 2010.

Robert Koos, PhD, professor, department of physiology, presented “HIF1’s Role in Estrogen-induced VEGF Expression: Implications for Both Normal and Pathological Cell Proliferation” at the Society for the Study of Reproduction in Milwaukee at the 43rd An-

Stephen B. Liggett, MD, professor, departments of medicine and physiology, and associate dean for interdisciplinary research, presented “Evolution and Structure of Human Rhinoviruses as Determined from Full Genome Sequences” at the International Congress of Pediatric Pulmonology in Vienna in June 2010.

Kamal D. Moudgil, MD, PhD, professor, department of microbiology & immunology, chaired a section entitled “Heat-shock Proteins and Infection in Autoimmunity” and presented “Defining the Immunological Basis of Differential Susceptibility to Autoimmune Arthritis” at the 7th International Congress on Autoimmunity in Ljubljana, Slovenia, in May 2010.

Andrew N. Pollak, MD, professor, department of orthopaedics, was invited to speak at the American Academy of Orthopaedic Surgeons-Turkish Society of Orthopaedics and Traumatology Education Program in Antalya, Turkey in April 2010. He presented talks on “Treatment of Tibial Plateau Fractures” and “Management of Subtrochanteric Femoral Fractures.” Additionally, in June 2010, Pollak spoke at the 2nd International Symposium of Traumatology in Yangzi, China, on “Principles of Management of Musculoskeletal Injuries in Polytrauma Patients—the Shock Trauma Approach” and in July 2010, participated in the AO international board of trustees annual meeting in Lisbon, where he presented “Humanitarian Relief to Capacity Building in Haiti—A Proposal for Developing World Fracture Care Education.”


Jeffrey C. Fink, MD, MS, associate professor, department of medicine, received a five-year $2.4 million R01 award from the National Institute of Diabetes and Digestive and Kidney

Kenneth P. Johnson, MD, professor emeritus, department of neurology, authored The Remarkable Story of Copaxone®: An Approach to the Treatment of Multiple Sclerosis. The book discusses the discovery and development of Copaxone®, representing what may be one of the most successful transfers of technology from academia to industry. Further, it highlights how Copaxone® has become the most frequently prescribed RRMS therapy in the world. The book is available for purchase at www.amazon.com.

Advice to the Young Physician
Written by Richard Colgan, MD, Advice to the Young Physician reveals how to make the transition from technician to healer as taught by some of medicine’s greatest teachers. Colgan is an associate professor at the University of Maryland School of Medicine and director of undergraduate education in the department of family and community medicine.

$34.95
Order your copy through www.amazon.com, or www.barnesandnoble.com
James B. Kaper, PhD, professor and chair, department of microbiology & immunology, was awarded a five-year $7.5 million U19 grant from the National Institutes of Allergy and Infectious Diseases for “Severe Enteric Disease: Pathogenesis and Response.” This multi-project grant will investigate important clinical, pathogenesis and host response issues of severe enteric disease caused by diarrheagenic Escherichia coli and Shigella species. Additional project leaders include Michael Donnenberg, MD, professor, department of medicine, and Alessio Fasano, MD, professor, department of pediatrics, and director, mucosal biology research center. Other aspects of this program include microbiome and bacterial genomics studies conducted by David Rasko, PhD, assistant professor, department of microbiology & immunology and institute for genome sciences. The research also will utilize clinical specimens and isolates from the Gates Foundation-funded global enterics multi-center study, or GEMS, directed by Myron M. Levine, MD, DPTH, professor, departments of medicine and pediatrics, and director, center for vaccine development. The NIH has funded this University of Maryland group along with three other U.S. academic institutions to form the Enteric Research Investigational Network (ERIN) to investigate various aspects of enteric disease.

Miriam K. Laufer, MD MPH, assistant professor, department of pediatrics and center for vaccine development, received a four-year $5.5 million grant for "Clinical Trial of Chloroquine Weekly or as IPT to Prevent Malaria in Pregnancy in Malawi" as part of the National Institute of Allergy and Infectious Diseases clinical trial implementation cooperative agreement. The overall goal of this study is to establish the optimal strategy for administering antimalarial medication to prevent pregnancy-associated malaria and avoid its detrimental effects on mothers and newborns. Health to support her research proposal “Prostaglandins and Cerebellum Development.”

Gordon S. Smith, MB, ChB, MPH, professor, department of epidemiology & public health, received a five-year $1,558,246 grant for his project “Alcohol Involvement in a Cohort of Trauma Patients: Trends and Future Mortality.”

Vladimir Y. Toshchakov, PhD, assistant professor, department of microbiology & immunology, received a five-year $1,875,000 National Institutes of Health grant for his proposal entitled “Deciphering the Architecture of TLR Signaling Complexes.”

*Grants & Contracts of $1 million and above
Nearly Two Decades of History through MEDICINE

It all started with a dying poet. He was disheveled and incoherent when he was picked up from a Baltimore street nearly 150 years ago. The patient was then 40 years old, and his demise after a few days in hospital was still not fully explained, even into the 1990s. Would it be possible to ask a modern physician to examine historical documentation on that dead poet—Edgar Allan Poe, whose mortal remains still lie under Westminster Hall at the corner of Greene and Fayette Streets—and then offer a formal diagnosis as to why the great writer had died as he did? Even better, could specialists from various disciplines, such as history and pathology, come together in ways that would provide new insights, not only about Poe, but about the many other famous figures of the past whose medical histories still generate controversy?

That initial conference, held in the John M. Dennis Auditorium of the VA Maryland Health Care System in January 1995, featured clinical commentary by cardiologist R. Michael Benitez, '86. He reviewed what was available in the way of eyewitness accounts and medical records and came to the remarkable conclusion that Poe’s death was consistent with a case of rabies. His finding generated headlines around the world. Benitez’s argument would later be modified to take into account additional evidence and interpretation—alcohol toxicity remains a possible explanation—yet the work of that conference got an unstoppable ball rolling for its two institutional sponsors, the medical school’s department of medicine and the VA. Since 1995, what became known as the annual Historical Clinicopathological Conference (CPC) has become a fixture of international debate on how modern medical science can analyze diseases and death from long ago. For 16 years, alumni and students at the medical school, together with staff, administrators, and guests—including the press—have been treated to the academic and cultural event that is the Historical CPC. And since the second annual conference, Davidge Hall has appropriately served as its locale.

Subjects have ranged from ancient political leaders including Alexander the Great, Roman emperor Claudius, and pharaoh Akhenaten, to explorers and archaeologists Christopher Columbus and Heinrich Schliemann, to modern men and women such as Simon Bolivar, John Paul Jones, and Florence Nightingale. Findings from the conference series have been not merely surprising but often have had a major impact on our understanding of history.

This was dramatically illustrated in 2002, when Dr. Jan Hirschmann of the University of Washington/VA Puget Sound was able to show how the account we have of the
death of King Herod the Great (the Biblical figure) was medically plausible. The one ancient writer who gave us that account, Josephus, had long been criticized for creating a kind of horror story about Herod’s death in order to please his Roman overlords (Josephus was a native of Judaea). Yet the details Josephus provides, as analyzed by Hirschmann, turn out to be in accord with known consequences of untreated renal failure in elderly men. In this way, a long debate over Josephus’s reliability as an historian has been, if not settled, then at least inclined more strongly in the ancient author’s favor.

In 2006 the subject was Booker T. Washington, the most influential African-American leader of the post-Civil War era. With the co-operation of Washington descendants—some of whom attended the meeting itself—the Historical CPC was able to obtain medical records from the final year of his life. It was clear from those records that Washington died, at age 59, from the rapid onset of malignant hypertension. In that era, shortly before World War I, little was available in the way of effective treatment for hypertension, even at the finest medical institutions, and Washington had been treated at Rockefeller University in New York. Rumors about other possible causes of death, including sexually transmitted disease, were put to rest once and for all, and it was the Historical CPC that made possible such a definitive conclusion.

The impact of the conference has been felt in musical circles as well, with case studies done on Mozart and Beethoven and memorable performances, such as a night at Meyerhoff Hall with maestro Marin Alsop and the Baltimore Symphony Orchestra. In 2008 the conference featured a rare presentation of segments from Philip Glass’s opera “Akhenaten,” which were conducted by Baltimore’s own T. Herbert Dimmock.

In the clinical presentation on Meant, Faith Fitzgerald, MD, of the University of California Davis School of Medicine argued that rheumatic fever was the likely cause of his death at age 35. Hirschmann, the same physician who would later analyze King Herod’s condition, weighed in separately in favor of trichinosis as the culprit. The active debate that has followed illustrates the impact and value of the Historical CPC worldwide.

The conference was originally scheduled during the winter, but in order to encourage wider participation was moved to reunion of the Medical Alumni Association in 2002. During that year, a special, second conference was added—an assessment of the mental state of Joan of Arc—which saw not only a mock trial of St. Joan but also a performance of excerpts from Richard Einhorn’s Voices of Light with the composer, whose father Samuel Einhorn, ’35, was in attendance.

Besides Florence Nightingale, other subjects for mental health assessment have included George Armstrong Custer and Roman emperor Nero. The latter was judged to have been a highly narcissistic personality but not clinically delusional, another important finding for historians.

Before the formal presentations were given about Nightingale in 2003, the Historical CPC’s cultural production included a segment from a play about her written in 1920 by Baltimore native Edith Gittings Reid (mother of Francis Fielding Reid, ’30). The production constituted the professional premiere of Reid’s play and featured actress Meredith A. Brisco, ’04, in the role of Nightingale’s sister. Set within the classical plasterwork of Chemical Hall and reverberating off the 200-year-old bricks that sustain Davidge, deep feelings of achievement for the medical school, and for Maryland history, could not have been sensed more powerfully than they were that day.

It has been the custom to include commentary by a prominent historian or biographer at each meeting. For this coming year’s Historical CPC, an appearance by the celebrated English poet Ruth Padel is scheduled. Padel is a direct descendant of our next subject. She plans to read from her own recently published work, which attempts to understand her famous ancestor through her own poetry and through the ancestor’s most personal writings.

In spite of the conference’s growing popularity and overflow crowds, Chemical Hall—the first floor lecture hall in Davidge Hall—continues to serve as venue. Philip A. Mackowiak, ’70, founder of the conference, was asked what most struck him about the significant impact of the conference series that he continues to direct.

“I was, and still am, shocked—not too strong a word—by the level of public interest in our series and the persistence of that interest. Yet I’m also pleased to see the ways in which specialists from different disciplines continue to work together towards our common scientific goals.”

Common scientific goals: the sharing of data, analysis and theories, the unusual cross-disciplinary efforts that have characterized the Historical CPC from that very first analysis of a dying poet. Davidge Hall will go on as the focal point for this unique sort of intellectual activity—for at least another 15 years, we shall all hope.
IN THIS ENLIGHTENED WORLD of 2011, young people considering a career in science are almost sure to give at least some thought to genetic medicine. Even before the sequencing of the genome, it showed promise. After that event, knowledge of genes and the mutations that cause inherited diseases like Tay-Sachs and cystic fibrosis accelerated, as did hope for infants born with one of these debilitating and often fatal conditions.

However, when Miriam Blitzer PhD, professor of pediatrics, graduated with a degree in chemistry in 1974, the field of genetics was far less populated. Blitzer, who holds secondary appointments in the department of obstetrics, gynecology and reproductive medicine, and the department of biochemistry and molecular biology, remembers that she approached her undergraduate commencement realizing that she didn’t want to spend her entire life in a chemistry laboratory.

“My faculty advisor told me about a brand new field called genetic counseling, and suggested I look into it,” Blitzer recalls. “So I headed from California to the University of Pittsburgh where I figured I’d get a masters degree in genetics and do counseling.”

That eastbound trip was the beginning of a lifelong commitment that catapulted the young woman into a multi-faceted career. She followed the masters with a PhD in human genetics, leading to fellowships in medical genetics and clinical biochemical genetics.

Since then, she has gone well beyond her original plan of genetic counseling to teaching, research and, most recently, heading a diagnostic laboratory for metabolic diseases. Today, she considers her work primarily administrative, but adds that she continues to do research and to teach—the part that makes her want to come to work each morning.

For the last six years, Blitzer has been coordinating an international quality control program for laboratories throughout the world that do testing for Tay-Sachs carriers. Conducted by her lab, the program is under the umbrella of the National Tay-Sachs Disease Association.

“It’s an exciting program,” she says. “Our goal is to encourage laboratories to participate for the purpose of assuring that testing of people being screened as carriers is done appropriately. Whenever possible, we want to test couples prior to pregnancy.”

She adds that, while Tay-Sachs primarily affects Jewish couples, the disease, along with others considered to be specific to ethnicity, cannot be attributed to any one group of people. Blitzer spent several years at Tulane University in New Orleans, researching the disease as it affects the Cajun population.

Today, Blitzer’s lab, which she co-directs with Erin Stroval, PhD, assistant professor of pediatrics, provides diagnostic testing for inherited metabolic diseases. When an inborn error of metabolism, or mutation in an enzyme, is found during newborn screening in hospitals throughout the state, a diagnostic test may be performed in Blitzer’s lab.

“The clinical picture may point to a group of disorders, but may not pinpoint specificity,” Blitzer says. “So we have to provide a diagnostic test, using complex biotechnology equipment. This is highly specialized diagnostic work demanding considerable expertise to be able to interpret what we see.”
Happily, many of the disorders found in the laboratory today are treatable. “Most of the diseases that could not be treated when I first started out can now be treated with good outcomes,” she says. “In fact, much of the genetic information we have today was not known 10 to 15 years ago.”

As if helping to guide her chosen profession from its beginnings to its present stature in the medical community wasn’t consuming enough for the energetic Blitzer, her career has been punctuated by participation in numerous educational and governing organizations, as member and chair of university and community service activities, and leadership that have earned her a national reputation in her field.

Among her honors is the 2008 award and membership in the Carolyn J. Pass MD ’66 and Richard J. Susel MD ’66 Academy of Education Excellence, presented for excellence in medical school education. She has won Nestle’s Nutrition Fellowship Award, the Charles E. Culpeper Fellowship in the Medical Sciences, and was the invited speaker representing pre-clinical faculty, at the medical school’s third annual white coat ceremony. In addition, she was selected as a fellow in the Program for Executive Leadership in Academic Medicine designed to increase women in leadership positions.

Looking both back and to the future, Blitzer says that many of the advances in her field have resulted from the human genome project and understanding the impact of one’s individual genome on health. As for the future, much depends on the translation of basic research into clinical practice. “The possibilities are exciting,” she says. “Physicians will need to understand much more about the genome and how that understanding will help them manage their patients,” she reports. “It’s important that education is not restricted to medical school students, but is extended to practicing physicians as well.”

Blitzer was selected to serve as part-time executive director of the American Board of Medical Genetics and, in that capacity, is working with the American Board of Medical Specialties to set standards for medical genetics.

As for educating other health care professionals as well as the public—a critical component for the field of genetics—she is involved in Maryland Science Center grants, and serves as president of the Association of Professionals in Human and Medical Genetics. She reports the National Board of Nursing now has a requirement for genetic education as part of nursing education, as do the governing boards of dental schools and nutritional training programs.

Of all the professional hats Blitzer has worn in her career, she says teaching has been the most rewarding. “Keeping in touch with those I helped train is an amazing experience,” she says. “Seeing them running their own labs, or working in their own practices—nothing surpasses the satisfaction of seeing them succeed. When they call to ask a question, or tell me what they are doing, when we talk about something we worked on together—that’s a very special high. I love running into them at conferences. Interacting with a former student as a colleague tops it all.”
In 1811, Dr. John Crawford began teaching courses on natural history. His introductory lecture The Cause, Seat, and Cure of Diseases predicted a relationship between insects and human illness. Unfortunately, this radical germ carrier theory was rejected by both colleagues and patients, and Crawford died destitute and isolated in 1813.

In 1896 a football team was formed consisting of medical, law and dental students, paving the way for the formation of a University of Maryland Athletic Association. Within a few years the University had teams competing in baseball, ice hockey, track & field, tennis, and basketball against the Maryland State College of Agriculture, St. John’s College, Navy, Georgetown, Johns Hopkins, and occasionally Rutgers and North Carolina.

In 1931, Joseph I. France, class of 1903, announced he was seeking the Republican nomination for president. He lost in the primary to President Herbert Hoover, who one year later would be defeated by Democrat Franklin Roosevelt. France served in the Maryland senate from Cecil County and from 1917 to 1923 was a U.S. senator.
For 160 first-year medical students, the white coat on November 4 will be remembered as a pivotal event in their medical school education. It symbolizes the beginning of a journey into medicine—a lifelong journey of learning and healing. In addition to being coated by medical school faculty, they signed the medical school honor registry and recited an oath accepting the obligations of the profession. For the families present, it was much more than that, as the medical school provided a full morning of programming designed to help them understand the life of a medical student, and what they should expect over the next four years. In addition to the medical school dean E. Albert Reece, MD, PhD, MBA, presenters included H. Richard Alexander, MD, professor and associate chair for clinical research in the department of surgery; David Mallott, MD, associate dean of medical education; Donna Parker, ’80, associate dean of student affairs; Neda Frayha, ’06, assistant professor in the department of medicine; and Milford M. Foxwell Jr., ’80, associate dean of admissions. The white coat ceremony has been staged at Maryland since 1997.

Phonothon Appreciation Night

The Medical Alumni Association expressed its appreciation to the student volunteers of this year’s annual phonothon by treating them to a night on the town. Just a short walk from campus, the Pratt Street Ale House served as the venue for the 125 participants who raised over $100,000 in seven nights of calling.

Medical Family Day Featuring White Coat Ceremony

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The medical school has achieved breakthrough advances in recent years in each of its mission areas of research, patient care, and education. Reports of these accomplishments have appeared in the pages of the Medicine Bulletin magazine and added immeasurably to Maryland's reputation and stature. Fund-raising priorities focus on bolstering those areas of excellence with private gifts and grants. Philanthropy creates the distinction between great institutions and extraordinary ones, providing the means for the energetic growth of programs and the advance of scientific discovery. This dynamic shapes Maryland today.

For example, this fall the department of neurology acquired a gift of $2.7 million by a grateful patient for an endowment in the Maryland Parkinson's Disease and Movement Disorders Center. Another friend donated $25,000 to support diabetes research. In the fiscal year that ended June 30, 2010, more than 4,600 donors contributed to the school, a number that has held steady even during the past two years of national declines in giving. Total private giving last year reached a record level exceeding $61 million. With the goal of achieving quantum strides in each mission area, the theme of the medical school's development effort is Transforming Medicine Beyond Imagination.

Research is often of interest to grateful patients intensely interested in cures and better treatments. Key research initiatives that attract philanthropy reside in clinical departments such as surgery, neurology, radiation oncology and medicine, departments that have realized numerous gifts in recent years. The center for celiac research (CCR) and the center for integrative medicine (CIM) have gained considerable private giving. The CCR has developed a nationwide network of thousands of contributors. The CIM has garnered a loyal constituency and significant benefactors, and next year will mark the 20th anniversary of its founding.

The program in oncology, housed in the University of Maryland Marlene and Stewart Greenebaum Cancer Center and the program in trauma at the Shock Trauma Center represent high profile, high impact enterprises with well defined lists of giving opportunities. Last fall, a benefactor pledged $1 million toward an endowed distinguished professorship in the cancer center. Shock Trauma is accumulating two new professorships that compliment its campaign for construction of a new hospital building. Newer centers of excellence that have emerged as fund-raising priorities are the institute for genome sciences and the center for stem cell biology & regenerative medicine. Both require research funds and endowed positions for their leaders.

Among the eminent enterprises at Maryland is the institute for human virology (IHV). It is the first center to combine the disciplines of basic research, epidemiology and clinical research in a concerted effort to discover the diagnostics and therapeutics for chronic and deadly viral and immune disorders, most notably the HIV virus that causes AIDS. The institute cares for thousands of patients in Baltimore and overseas. A key priority is to complete an endowed distinguished professorship in the IHV.

The medical center educates and trains more than half of the practicing physicians in Maryland, yet many students graduate with debt approaching $200,000. Even though Maryland is a public university, scholarship packages offered by private universities often make it less costly for a recipient to choose the latter. The school needs contributions to its scholarship funds and is making progress. In November, a friend made a commitment of $100,000, adding to other gifts recently made by several friends.

As a complex organization, the opportunities for philanthropy at Maryland are numerous. Details about the medical school's campaign are available by calling the Office of Development at 410-706-8503 or by consulting the web site, medschool.umd.edu/development.

MAA Phonothon Nets $100K in Pledges

Alumni and students were able to speak with more than 1,000 graduates during the annual MAA Phonothon in fall. The annual event, held in Davidge Hall since 1978, is one component of the annual fund which is expected to exceed $700,000 during fiscal year 2011. Nearly 600 alumni made pledges of $100,000 during seven nights of calling. This year more than 125 students joined alumni in making calls. If we were unable to reach you, annual fund gifts for FY2011 will be accepted through June 30, 2011.

Ariel Schonfeld, '13 was one of 125 student volunteers at this year’s phonothon.
Wealth Planning Through Charitable Giving

Charitable giving can provide great personal satisfaction and potential income, gift and estate tax benefits. Simply stated, a person can do well by doing good.

Assets that are often gifted include highly appreciated real property, cash, tangible personal property and interests in property. Gifts can be made during one’s lifetime or at death, outright or through the use of a special arrangement such as a gift annuity, and a charity can be named as a beneficiary in one’s Will, retirement plan or life insurance policy. Two popular strategies for charitable giving that offer wealth planning advantages feature the use of either a charitable lead trust or a charitable remainder trust.

A charitable lead trust pays income to the designated charity for a specified period of time, which can be for a term of years, the lifetime of the donor, or the joint lifetime of the donor and the donor’s spouse. Once that period has expired, any income and principal remaining in the trust is distributed to the named non-charitable beneficiary. A charitable lead trust can be a valuable wealth planning tool for individuals who own assets which are expected to appreciate substantially. This device, when properly created and managed, may provide income, gift and estate tax benefits while permitting the eventual return of the assets to the family.

A charitable remainder trust is a reciprocal image of the charitable lead trust. Trust income is provided to a non-charitable beneficiary for his or her lifetime or for a period of time (up to 20 years) and after that period has expired, any income and principal remaining in the trust is distributed to the designated charity. In addition to the potential income, gift and estate tax benefits, a charitable remainder trust can be an attractive wealth planning tool because this device, when properly established and managed, may provide a stream of current income to the trust’s non-charitable beneficiary—a desirable feature in the event that there may not be enough income from other sources.

As is the case with a charitable lead trust, the creation of a charitable remainder trust requires an irrevocable commitment, and the annual payment is required to be made each year regardless of whether there is sufficient trust income available. However, in contrast to a charitable lead trust, the assets donated to the charitable remainder trust are forever removed from the inheritable estate.

Gifting assets to charity has the potential to provide rewards in both personal satisfaction and in the form of income, gift and estate tax savings. Tax reform, whether relative to tax rates or to the overall structure of the system, will continue to be a subject of significant legislative focus for the foreseeable future. The potential for tax law changes, while increasing the need for careful planning, should not be an excuse to postpone taking action.

There are stringent technical rules, limitations and requirements that must be met to reap the potential tax benefits associated with charitable giving. If you are inclined to give back to your alma mater or to your favorite personal cause, your first step should be to seek advice from appropriately qualified financial, legal and tax professionals.

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1940s

1943D: Augustus H. Frye Jr., of Lookout Mountain, Tenn., is grateful to Maryland for getting him off to a good start with his education. He loved practicing knee and shoulder arthroscopy but is now retired. Ninety-three years old isn’t bad, he reports, but retirement is the pits! 1947: E. Anne D. Mattern of Rockville, Md., turned 88 and reports that she had lunch recently with classmates Robert Duvall and Parker Dorman. She continues mowing three acres of grass on her tractor, and every Christmas and Thanksgiving entertains her six children, their spouses, 12 grandchildren, and one great-grandchild.

1950s

1954: Robert H. Ellis of Fort Collins, Colo., continues to interpret ECGs at the local hospital. He also does some woodworking, a lot of yard work, and a little traveling. 1956: Virginia T. Sherr of Holland, Pa., reports that son Gregory has joined a private practice in St. Cloud, Minn., after completing residency training in neurosurgery. 1957: Charles Sanislow of Midland, Mich., continues to direct the vascular lab at his local hospital while enjoying tree farming, fishing, and grandchildren with wife Sally. 1957: Leonard M. Zullo of Baltimore traveled to Uruguay last July on a duck-hunting expedition. 1958: William T. Ward of Saratoga, Wyo., completed a second volume on Wyoming’s Foremost artist E. W. “Bill” Gollings (1878–1932) and funded an oversize bronze sculpture of the artist for the state capitol. 1959: Joseph L. Darr of Indian Wells, Calif., is retired as chairman of the board for Kennedy Memorial Hospital and as counselor to the Riverside County Medical Association.

1960s

1960: James A. Yates of Lemoine, Pa., continues practicing plastic surgery and is medical director for the Grandview Surgery Center and Vista Surgery Center, and he is chief of plastic surgery at Holy Spirit Hospital in Camp Hill. 1961: Michael B. A. Oldstone of La Jolla, Calif., was elected to the Academy of Science as well as the Institute of Medicine of the National Academy and the Association of American Physicians. He recently accepted a visiting professorship at the University of Alabama, Tuscaloosa. The second edition of Oldstone’s book Viruses, Plaques and History has been translated into six languages. 1962: David L. Rosen of San Rafael, Calif., is volunteering at Rotacare, a free clinic operated by his Rotary club. 1962: George E. Urban Jr., of Clinton, Md., remains active in practice but is no longer doing head and neck surgery. He and wife Alicia enjoy their 12 grandchildren living from Alaska to Florida and in between. Urban enjoys kayaking and skiing, and they take annual river cruises in Europe. They are opera, theater, symphony and art-show ticket holders who do not plan to leave the Washington, D.C./Maryland area. 1962: Irvin F. Hawkins of Gainesville, Fla., received the 2010 gold medal from the Society of Interventional Radiology and 2010 lifetime achievement award from the University of Florida Faculty Council for his pioneering work in interventional radiology. 1963: D. Robert Hess Jr., of Greencastle,Pa., is fully retired but keeps busy with family, gardening, volunteer work, writing, reading, and travel. 1964: Richard G. Shugarman of West Palm Beach, Fla., is recipient of an achievement award presented by the American Academy of Ophthalmology. He is editor for EyeWiki, an on-line resource created by the academy. 1965: David R. Harris of Saratoga, Calif., continues working part time covering practices in his area as well as teaching in the dermatology department at Stanford University. 1966: Louis E. Grenzer of Cockeyesville, Md., has returned to a solo practice of cardiology and medicine after a stint with MidAtlantic Cardiovascular Associates. He and wife Jeanne recently celebrated the birth of their 13th grandchild. 1966: James W. Spence and wife Juanita of Lakeland, Fla., are well since Spence’s retirement from neurosurgery. He continues to maintain his asset management company. 1967: Elizabeth A. Abel of Los Altos, Calif., continues practicing dermatology part time and was recently appointed president of the Pacific Dermatologic Association. She and husband Barton enjoy travel to visit children and grandchildren, including son Barton Lane, ’01, a radiologist at Maryland. 1968: Stuart H. Lessans is enjoying retirement in a new Bethesda, Md., home. Twins Faye and Matthew are in fourth grade at the Charles E. Smith Jewish Day School, and wife Ellen is happy in her clinical psychology practice.

1970s

1970: Julian Gordon of Cleveland is a facilitator for IQ teams, helping first-, second-, and third-year medical students at Case Western Reserve University School of Medicine after semi-retiring from urology. 1971: Elliot Krames of San Francisco recently retired as editor-in-chief of Neuromodulation, the journal of the International Neuromodulation Society, and president of the society. In addition, Krames recently published his book Neuromodulation. 1972: Joseph S. Shapiro of Huntington Beach, Calif., reports that daughter Sharon is graduating this spring from the University of Illinois School of Medicine. 1975: Thomas F. Krajewski and wife Eleanor of Towson, Md., are delighted to announce the birth of grandson Andrew McHugh. 1975: Gary B. Ruppert of Baltimore has been retired since suffering a major stroke in 2009. 1976: Edward F. Driscoll of Holdem, Mass., reports that he is healthy, has health insurance, and continues receiving a paycheck. In addition, none of his three daughters is wanted by the authorities, and he and second wife Dianne have a gaggle of terrific grandchildren. 1976: Pamela A. Wilson of Madison, Wis., has been working with the Wisconsin Safety Council, Wisconsin Lung Association, and other wellness organizations on the implementation of the new Wisconsin workplace and public area smoke-free law. She has given a dozen talks to employer groups and public meetings on the benefits of tobacco cessation programs and treatment, and recently served as a U.S. delegate to the Tobacco Dependence Treatment World-Wide Leadership Forum in Lisbon, Portugal. 1977: Richard J. Feldman has formed a large internal medicine practice in Lanham, Md.
1980s: Bradley Aiken of Maryland reports that his medically-oriented short stories have appeared in the science fiction magazine *Analog Science Fiction and Fact*. The medical director for rehabilitation at Baptist Hospital is a member of the Science Fiction Writers of America. Paul E. Driscoll of Indianapolis is medical director of the St. Francis Medical Group, a multi-specialty group consisting of 128 physicians. He continues practicing family medicine half time.

1990s: William P. Cook of Bel Air, Md., is chief of orthopaedic surgery at Upper Chesapeake Medical System and looks forward to the system’s integration with Maryland. Virginia Powel of Roanoke, Va., is medical director of the pediatric intensive care unit at Roanoke Memorial Hospital. Daughters Lilly, age 10, and Laurel, age six, are doing well. 1994: Ronald P. Silverman of Baltimore is chief medical officer for KCI Corporation while maintaining a part-time surgical practice. 1995: Suman Mishra Golla of Pittsburgh is an associate professor in the department of otolaryngology at the University of Pittsburgh Medical Center where husband Dinakar also works. They have three children: Arjun, age five; Milan, age three; and Laila, age one. 1997: Lee A. Maddox of York, Pa., report that life is going well for them and their three children, ages 10, eight, and three. 2000s: 2001: Darren Feldman of New York City was married to Jennifer Leong, MD, in Florham Park, N.J., on September 5, 2010. Siavash Moayedi and wife Mercedes of Elkridge, Md., are expecting their second in March. They work in the emergency department at Mercy Medical Center and teach at Maryland. 2002: Scott M. Katzen and wife Jodi are living in Arnold, Md., as Katzen is practicing consultative and interventional cardiology for Cardiology Associates, based in Annapolis and Washington, D.C. The position follows the completion of a cardiology fellowship at Maryland. Matthew A. Smith of Richmond, Va., is associate medical director for the hospitalist program at St. Mary’s Hospital as well as its chairman of the department of internal medicine. 2003: Jennifer Kitchen and husband Paul Lee of Yardley, Pa., welcomed daughter Olivia on September 2, 2008. Kitchen is an internist with Hamilton Physicians Group in Hamilton, N.J. 2004: Antonette Brigid Frasch of Devon, Pa., has joined the faculty at the University of Pennsylvania School of Medicine in the division of general internal medicine. 2007: Jared Reaves of Norfolk, Va., is chief resident in the department of physical medicine & rehabilitation at Eastern Virginia Medical School. 2010: Ije Akunyili of Bellaire, Tex., is enjoying her first year of emergency medicine residency training in Houston. She loves the warm weather and spending time with her five- and three-year old children.

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.

Structure: The board consists of five officers and nine board members. Each year more than 100 alumni participate on its seven standing committees and 13 reunion committees.

Membership: Annual dues are $85. Dues are waived for emeritus members (graduated more than 50 years or have reached 70 years of age) and newly graduated alumni, and reduced to $25 for alumni in training. 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 (including the annual Reunion); administer the revolving student loan funds; and oversee conservation work on 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, lecture ships, professorships, capital projects—including Davidge Hall conservation—plus direct support to the various departments and unrestricted support to the dean.
Harold W. Eliason, '27
Pediatrics
Durham, N.C.
August 12, 2010
After a year of training, Dr. Eliason moved to Cumberland, Md., where he opened a pediatrics practice to become the city’s first full-time pediatrician. When Memorial Hospital opened in 1929, Eliason was named chairman of its pediatrics department and during his early years of practice also served as assistant to Cumberland’s health officer. In this capacity he made frequent home visits to vaccinate patients in order to contain spreading diseases. When he retired in 1981, Eliason was honored by the Cumberland mayor and city council as Cumberland’s father of pediatrics. In retirement he relocated to Durham, N.C., and lived to be Maryland’s oldest living alumnus at age 106. Eliason was preceded in death by wife Miriam.

Maurice H. Schneiman, '33
Psychiatry
Jenkintown, Pa.
February 12, 2005
Dr. Schneiman received training at Thomas Jefferson University Hospital and practiced psychiatry in the Philadelphia area. Affiliations included Friends Hospital and Albert Einstein Medical Center. He was preceded in death by wife Esther and is survived by three children and companion Magda.

Oscar Hartman, '39
Obstetrics & Gynecology
Sarasota, Fla.
October 28, 2010
Franklin Square Hospital was the location of Dr. Hartman’s internship and residency training. Afterwards he opened a private practice with offices in Pikesville, Essex, and Lansdowne. For two years he served as chief of OB/GYN at Franklin Square, and he retired to Florida in 1981. Hobbies included wood carving, crafting stained glass, playing violin, and golf, as he was a founding member of Chestnut Ridge Country Club. Hartman is survived by wife Lee, three children, four grandchildren, and a great-granddaughter.

John J. Meli, '42
General Surgery
Naples, Fla.
May 22, 2009
Dr. Meli practiced general surgery in Naples after surgery training and served on the staff at Naples Community Hospital until retirement in 1985. He was preceded in death by wife Edith.

Elizabeth Acton Karns, '43D
Obstetrics & Gynecology
Salem, N.J.
October 15, 2010
Baltimore City Hospitals was the site of Dr. Karns’ internship, followed by OB-GYN training at the Hospital for Women of Maryland. She practiced in Baltimore until the late 1960s. Acton Karns was a founding fellow and life member of the American College of OB-GYN. In 1982, she and husband James Karns, '45, returned to Salem where they purchased and restored her family’s 18th century home which had been a stop on the underground railroad. Karns enjoyed gardening and horticulture and for seven years was a student at the Potter’s Guild of Baltimore. She was an avid reader and twice traveled around the world. Acton Karns was preceded in death by her husband and one daughter, and she is survived by one son.

Robert J. Audet, '46
Obstetrics & Gynecology, Surgery
Hilton Head, S.C.
August 26, 2010
After an internship in Baltimore, Dr. Audet served as a physician in the Naval Reserve, stationed in the Pacific Theater aboard the USS Passumpsic. After the war Audet received residency training at Saint Mary’s Hospital in Waterbury, Connecticut, where he later opened a private practice. For a time, the office was shared by father Charles H. Sr., '17, wife Jeanne, '46, and brother Charles H. Jr., '46. Audet practiced for 40 years, retiring in 1990. One year later they relocated to Hilton Head and helped found Volunteers in Medicine, a well-known national health clinic. Audet spoke French, was an avid golfer, and enjoyed fishing and travel. He is survived by his wife and four children.

Elwin E. Stanfield, '49
General Practice
Fayetteville, NC
November 20, 2009
White Memorial Hospital in Los Angeles was the site of Dr. Stanfield’s training. For 30 years he worked with the Veterans Administration in Fayetteville and was also a clinical instructor at the University of North Carolina School of Medicine. After retiring from the VA in 1979, Stanfield worked as director of the Clinical Nutrition Center, also in Fayetteville; he retired in 1991. Stanfield enjoyed boating, and he was preceded in death by wife Anna.

Gene D. Trettin, '49
ENT, Head & Neck Surgery
Arnold, Md.
December 2, 2010
Upon completion of training at Mercy Hospital in Baltimore, Dr. Trettin opened a general practice in Severna Park. He was recalled by the U.S. Army during the Korean War and received additional training in ear, nose, and throat at Walter Reed Hospital. Trettin later became head of the ENT department at Fort Meade. After discharge from the Army, he received additional training at Maryland, becoming its first full-time resident in otolaryngology and head & neck surgery. Trettin opened a private practice in Annapolis and served as chief of ENT and head & neck surgery at Anne Arundel General Hospital. He retired in 1982. Trettin was an accomplished pianist who enjoyed outdoor activities. He was preceded in death by wife Katherine and is survived by two daughters, two sons, 11 grandchildren, and four great-grandchildren.

Robert T. Thibadeau, '50
Family Medicine
Silver Spring, Md.
September 26, 2010
Dr. Thibadeau received training at Providence Hospital in Washington, D.C., and devoted his career to family medicine in
the Rockville, Maryland, area. Related activities included Montgomery Hospice and the Montgomery Literary Council. He retired in 1992 and a short time later moved into a retirement community in Silver Spring. Thibadeau remained busy through work with his church, and he also enjoyed music. He is survived by seven children, 14 grandchildren, and seven great-grandchildren. Thibadeau was preceded in death by his wife Janette and one daughter.

Charles H. Lightbody, ’52
Family Medicine
Guilford, Maine
July 21, 2010
Prior to medical school, Dr. Lightbody served in the Army Air Force during World War II. Worcester City Hospital in Massachusetts was the site of his two-year rotating internship after graduation. He operated a private practice and for 10 years served as chief of staff at Mayo Regional Hospital in Dover-Foxcroft. Lightbody was one of the driving forces behind the construction of the medical building in Guilford which was named in his memory. He was active in the Maine Medical Association, chairing three committees and serving on the executive committee for three years. He enjoyed fishing, hunting, gardening, golf, and participating in church activities. Lightbody is survived by wife Margaret. Together they had two children.

James H. Teeter, ’54
General Surgery
Waynesboro, Pa.
March 1, 2010
Dr. Teeter interned at Baltimore’s Mercy Hospital and received residency training in surgery at Church Home and Franklin Square hospitals. He entered private practice in Waynesboro in 1959, and in 1970 joined the faculty at Penn State University’s Milton S. Hershey Medical Center where he was later elevated to clinical professor of surgery. Teeter served as president of staff and chief of surgery at Waynesboro Hospital, as well as president of the central Pennsylvania chapter of the American College of Surgeons and Franklin County Medical Society. Beginning in 1963, he and wife Mae, RN, began working overseas medical missions for two months each year. He was honored for this work by the World Medical Mission in 1992 and the World Gospel Mission in 1996. Teeter also ran a summer camp on his property engaging more than 1,000 children. He enjoyed gardening. In addition to his wife, survivors include three sons and three grandchildren. Teeter was preceded in death by one son.

Frederick W. Plugge IV, ’57
General Surgery
Chevy Chase, Md.
October 27, 2010
After medical school Dr. Plugge traveled to Montreal for a rotating internship at the Royal Victoria Hospital before returning to Maryland for his residency training in surgery. During this time he was a reserve officer with the U.S. Air Force, and after training in 1962 he entered active duty as a general surgeon assigned to the 7505 USAF Hospital at the Royal Air Force station in Burderop, England. Two years later he was back in America and entered private practice, but within six months Plugge returned to the military to complete a course in aerospace medicine at Brooks Air Force Base in Texas and remained in the military for the balance of his career. Appointments included chief of general surgery at Malcolm Grow Medical Center as well as Andrews Air Force Base where he was later named chairman of the department of surgery. During this time he was personally involved in providing medical support to U.S. dignitaries traveling abroad including President Gerald Ford, First Lady Rosalynn Carter, Secretary of Defense James Schlesinger, and Secretary of the Air Force John Mclucas. In 1978, Plugge was tapped as chief of hospital services for the U.S. hospital in Wiesbaden, Germany, where in January 1981, he welcomed the 52 American hostages released by Iranian militants after 444 days in captivity. He retired as a brigadier general later that year. Plugge was a member of the 1807 Circle of the John Beale Davidge Alliance, the medical school’s society for major donors.

His generous support funded a visiting professorship in neurosurgery in memory of classmate Charles Henderson, plus an endowed fellowship, professorship, and chair in honor of Robert Buxton, MD. Maryland’s former chairman of surgery who supervised Plugge’s training. Survivors include several cousins.

Elmer S. McKay, ’59
Family Medicine
Phoenix, Ariz.
September 15, 2010
During World War II, Dr. McKay was a platoon sergeant with Company E of the 199th Infantry Regiment 30th Division. He was wounded three times and received two bronze stars as well as several service medals. Upon medical school graduation, McKay trained at St. Luke’s Hospital in Denver. He practiced family medicine in Lander, Wyoming, from 1960 to 1968 followed by 10 years at IBM Corporation in Kinston and Endicott, New York. He returned to Wyoming and practiced family and occupational medicine in Green River until 1990. A short time later McKay relocated to Phoenix where he practiced part time. He was preceded in death by wife Doris and two daughters, and he is survived by one daughter and four grandchildren.

Robert R. Holthaus, ’65
Pediatrics
Baltimore
November 19, 2010
Dr. Holthaus trained at Mercy Medical Center, and until retirement in 1997 practiced privately with offices on Northern Parkway and in White Marsh. He was a collector of autographs, and his collection includes Maryland figures Charles Carroll and Francis Scott Key; presidents Abraham Lincoln, Franklin Roosevelt, and John Kennedy; and actors Humphrey Bogart and...
Ernest Hemingway. He was also a collector of decoys, toy soldiers, and history books. Holthaus was the 1992 state champion skeet shooter and an avid gardener. He is survived by wife Joan, four daughters, and four grandchildren.

Sheldon I. Brotman, ’69
Surgery, Trauma
Pontiac, Mich.
July 18, 2010
Dr. Brotman interned at Kings County Hospital in Brooklyn, N.Y., and received residency training in surgery at the U.S. Naval Hospital in Great Lakes, Ill. He returned to Maryland for fellowship training in trauma at the Maryland Institute for Emergency Medical Service System. Academic appointments followed at Maryland, Georgetown University, Milton S. Hershey Medical Center, the Thomas Jefferson School of Medicine, and the University of Massachusetts. Most recently, Brotman had been serving as medical director of trauma services for St. Joseph Mercy Oakland in Pontiac. He wrote extensively on trauma and critical care, authoring more than 70 publications and 100 abstracts and posters as well as serving as editor of the Journal of Trauma. Most of his free time was spent on his 49-foot racing sloop Whisper. Brotman enjoyed reading, was a Boston Red Sox baseball fan, and attended the Boston Pops and Boston Symphony. He is survived by wife Marilyn, one daughter, three sons, two step-daughters, and three grandchildren.

Edward M. Eisenbrey, ’73
Obstetrics & Gynecology
Fort Washington, Md.
July 8, 2010
After training in OB/GYN, Dr. Eisenbrey moved to southern Maryland in 1976 to practice in Clinton and Waldorf. In 2000, he was elected treasurer of the Gynecologic Surgery Society. He enjoyed outdoor activities including fishing and hunting waterfowl. Eisenbrey was a member and range officer of the St. Charles Sportsman’s Club. Survivors include wife Jean, ’73, three sons, and one granddaughter.

Patricia J. Hebbard, ’78
Pathology
Kensington, Md.
April 2010

R. L. Rudolph II, ’80
Vascular Surgery
Parkersburg, WVa.
June 25, 2010
Dr. Rudolph completed residency training in general surgery at Baylor College of Medicine in 1985 and a vascular surgery residency at Baylor’s Methodist Hospital the following year. He practiced general/vascular surgery in the Parkersburg/Marietta area and made several missionary trips to Guatemala, Russia, Nicaragua, and Honduras. He was an active member of the First Baptist Church of Williamstown where he volunteered at the Friendship Kitchen. He enjoyed snow and water skiing, kayaking, motocross racing, barrel racing, and scuba diving. Rudolph is survived by wife Nannette, eight children, and seven grandchildren.

Suresh Philip, ’88
Cardiology
Richmond, Tex.
June 14, 2010
At age 17, Dr. Philip immigrated to the U.S. from India and lived with an uncle until attending college. He became a board-certified cardiologist after completing training in 1995. Philip was a partner in and served on the board of directors for South Texas Medical Clinics, and he was also active with the St. Thomas CSI Church. He is survived by wife Sherly and two sons.