Hope, Courage, and Medical Triumph
Future of Facial Transplants Defined: Hope, Courage, and Medical Triumph 6

In March a 37-year-old man whose face was horribly deformed from an accidental shotgun blast was recipient of the world’s most extensive full facial transplant. The 36-hour procedure was the result of a 10-year research initiative engaging a team of more than 100 physicians and support staff. It happened here at Maryland in the R Adams Cowley Shock Trauma Center.

On the cover: Patient Richard Lee Norris in high school, plus pre- and post-operative photographs.

The 137th Medical Alumni Reunion 17

Alumni, faculty, and students enjoyed two days of activities in early May, as the MAA staged its annual reunion. Events included an awards luncheon, historical CPC, trip to Fort McHenry, and parties for 12 classes celebrating milestone reunions.

Alumna Profile: Dale K. Dedrick, ’80 24

In Pursuit of Perfection

Lupus forced her into an early retirement as a surgeon in 1992. But after nearly 100 hospitalizations and watching her weight inflate to more than 200 pounds, Dale K. Dedrick, ’80, realized her physical impediments weren’t affecting her ability to ride horses. This summer she’s hoping to take her show to the Olympic Games in London.

Alumna Profile: Stacy Garrett-Ray, ’00 26

From Mentors to Mission

She credits a number of Maryland faculty for her development as a physician. In fact, Stacy Garrett-Ray, ’00, is quick to share her successes at the Department of Veterans’ Affairs with someone at virtually every stop along the way. But make no mistake about it: her rise to national prominence with the VA is due to her commitment to improving the nation’s health.
major focus of many of the outstanding faculty of the University of Maryland School of Medicine is translating the basic science research findings that are made here and elsewhere into better clinical care for patients. This past spring, we witnessed an incredibly powerful example of how some of these “bench to bedside” discoveries and innovations are improving the lives of patients with horrible, traumatic injuries.

In March, Maryland faculty successfully performed at the medical center one of the most extensive tissue transplants to date. In addition to transplanting a new face onto a 37 year-old man disfigured in a hunting accident, they also replaced everything from his hairline to his collar bone, including upper and lower jaw bones, teeth, and a portion of his tongue. The operation took place over 36 hours and involved more than 100 medical professionals in all.

The historic operation was the culmination of more than 10 years of intensive, pain-staking basic research performed by our faculty who have worked tirelessly to improve transplant methods, including improving the way tissue, muscle, skin, and bone are woven onto a recipient and conducting research on methods and medicines to increase the odds of transplant acceptance.

The leader of this research effort is Dr. Stephen T. Bartlett, the Peter Angelos Distinguished Professor and Chair of the Department of Surgery. Dr. Bartlett, who also is the surgeon-in-chief at the University of Maryland Medical System, has been the principal investigator on research grants totaling more than $13 million from the Department of Defense Office of Naval Research. That office supports research to aid returning service members badly injured by explosives and other types of trauma. With this funding support, Dr. Bartlett has been instrumental in developing better transplant procedures as well as improved drug regimens for preventing tissue rejection by transplant recipients.

You will truly enjoy reading about this landmark transplant operation. Also included in the issue are highlights of our alumni reunion in May, featuring the 19th Historical Clinicopathological Conference. This novel event attempts to determine through medical records and other historical documents the true cause of death for important historical figures whose deaths have never been satisfactorily explained. This year’s subject was Vladimir Ilyich Ulyanov (Lenin), founder of the Russian Communist Party and leader of the Bolshevik revolution, who died at the age of 53 of an unusual vascular disease. During our two-day celebration we honored four alumni for their service to the medical profession and University of Maryland: Raymond D. Bahr, ’62, and Pascal D. Spino, ’47, received the University of Maryland School of Medicine Alumni Leadership Award; Elizabeth A. Abel, ’67, was recipient of the 2012 MAA Honor Award & Gold Key; and Louis A. Shpritz, ’70, received the 2012 MAA Distinguished Service Award.

We are truly blessed to have so many dedicated alumni returning to campus every year to help us celebrate the rich history of our great medical school.

*Academic Medicine*, the Journal of the Association of American Medical Colleges, has published an article jointly written by Dean E. Albert Reece, MD, PhD, MBA, and Johns Hopkins dean and CEO Ed Miller, MD. The article, “Fully Aligned Academic Health Centers: A Model for 21st-Century Job Creation and Sustainable Economic Growth,” demonstrates the tremendous benefits to academic health centers and the state when the medical school, hospital, practice plan, and leadership are fully aligned in their governance, strategies, management and economics. It can be viewed at [http://journals.lww.com/academic-medicine/Abstract/publishahead/Fully_Aligned_Academic_Health_Centers___A_Model.99618.aspx](http://journals.lww.com/academic-medicine/Abstract/publishahead/Fully_Aligned_Academic_Health_Centers___A_Model.99618.aspx)
news & advances

EVENTS  Groundbreaking for Proton Treatment Center

In partnership with Advanced Particle Therapy LLC of San Diego, Calif., the medical school broke ground on a $200 million proton treatment center April 17, bringing to the State of Maryland for the first time the most advanced radiation technology in cancer treatment. It will be just the 12th proton treatment center in the United States, and the only one in the Baltimore-Washington region. The facility will be housed in an 110,000-square-foot building in the University of Maryland BioPark and will include space for retail.

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

The radiation oncology practice plan has signed an agreement with the Maryland Proton Treatment Center to provide clinical management and therapeutic services, including physician services and medical direction. Maryland Proton Treatment Center LLC will design, build, equip and own the center. The facility is expected to open in 2014.

EVENTS  Lonser is 15th Henderson Lecturer

Russell R. Lonser, MD, chief of the neurology branch at the National Institute of Neurological Disorders and Stroke, was the 15th annual Henderson Lecturer in the department of neurological surgery in the spring. Lonser’s presentation was entitled “Neurologic Manifestations of Von Hippel-Lindau Disease.” Some 60 faculty and residents attended the May 9 event held in the auditorium of the University of Maryland School of Social Work. The annual event is held in memory of Charles Henderson, ‘57, a Baltimore neurosurgeon and member of the medical faculty.

Charles Sansur, ’01, Russell R. Lonser, MD, and department chair Howard Eisenberg, MD
Surgery Elective Benefits Guatemalans

More than 50 residents of Puerto Barrios, Guatemala, were beneficiaries of free surgical procedures provided by Maryland faculty between April 20 and April 28. The initiative was part of a medical school elective, and three students participated. Faculty included Nelson H. Goldberg, ’73, professor of plastic surgery, Cynthia L. Drogula, MD, assistant professor in surgical oncology, and plastic surgery resident Jonathan Zelken. Procedures centered on clefts, hand deformities, hernias, breast excisions and reduction.

Elias R. Melhem, MD, a physician-scientist with extensive experience in the research and clinical practice of neuroradiology, was named the John Dennis Chairman of the Department of Diagnostic Radiology and Nuclear Medicine. Melhem joins Maryland from the University of Pennsylvania where he served as the Wallace Miller Sr. Vice Chair for Academic Affairs, professor of radiology and neurosurgery and director of the division of neuroradiology. Melhem has been awarded nearly $10 million in external research funding from the NIH to support his research program. His research focuses in part on brain function in children with sickle cell disease.

The appointment also marks a return to Maryland for his wife, Lina Y. Melhem, MD, who joins the division of endocrinology in the department of medicine. She completed residency and a fellowship in endocrinology at our medical center.

Richard N. “Robin” Pierson III, MD, was appointed senior associate dean for academic affairs and interim director of research affairs, replacing Bruce Jarrell, MD. In this role Pierson will oversee the academic and research enterprise of the medical school. A professor in the department of surgery, Pierson is expected to continue directing his National Institutes of Health-funded research laboratory as well as performing heart and lung transplants, but he is vacating his position as chief of surgery at the Baltimore VA Medical Center. A 1983 graduate of Columbia University College of Physicians and Surgeons, Pierson received post-graduate training at the University of Michigan, Massachusetts General Hospital/Harvard, and Cambridge University. He joined the faculty at Maryland in 2002 as associate professor of surgery and clinical director of the heart and lung transplant programs and the LVAD program; he became chief of surgery at the VA in 2006.

Jordan E. Warnick, PhD, retired in May after 38 years of service. Warnick joined the faculty in 1974, and since the 1980s has led the office of student research, creating a model program through which medical and other health profession students as well as high school, undergraduate, and graduate students can undertake research initiatives. Warnick is credited with developing the dual MD/masters programs in bioengineering, business administration, clinical research, epidemiology, health services administration, public health, and public policy. He maintained teaching and mentoring responsibilities for nearly three decades, including that of course director for medical pharmacology, pathophysiology & therapeutics I and II and unit leader for various parts of these courses. He was co-course director for the new foundations of disease course. Warnick was recipient of numerous awards and honors, and was inducted as an inaugural member of the University of Maryland School of Medicine Pass and Susel Academy of Educational Excellence in 2008.
Researchers in a national study, including neurologists at Maryland, found that a gel form of Parkinson’s medications, administered directly into a patient’s small intestine, works better than standard oral medications in reducing off times in patients with advanced Parkinson’s disease (PD). Off times occur when standard oral medicines wear off, causing the return of symptoms such as tremor, slowness, stiffness and walking difficulty. Investigators presented results of the Phase-three trial at the American Academy of Neurology’s 64th Annual Meeting in New Orleans in April.

“With this levodopa-carbidopa intestinal gel (LCIG), a pump infuses the drugs through a tube implanted in the small intestine, similar to a feeding tube,” says William Weiner, MD, professor and chair of the department of neurology. “This is a new way to administer the most beneficial PD drug, levodopa, and it appears to be effective in this phase-three trial. This gel may prove to be an alternative for more advanced patients considering deep brain stimulation surgery,” he adds.

In the three-month double-blind study, researchers randomized 71 participants to receive either continuous infusion of LCIG and placebo pills or a placebo intestinal gel and pills that contained levodopa and carbidopa. The study found that the continuous LCIG reduced off time by an average of nearly two hours a day, without an increase in troublesome dyskinesia, a common side effect of Parkinson’s medicines, causing involuntary and uncontrolled dance-like movements. The gel also improved on time, providing patients good control with fewer side effects than the oral medication.

Abbott Laboratories, the company developing the new intestinal gel, supported the study, the results of which will be submitted to the U.S. Food and Drug Administration for approval. The most common side effects for the gel involved complications due to inserting the device, including pain during the procedure, abdominal pain and nausea. Parkinson’s disease affects about one million people in the United States and Canada.
Richard Lee Norris, a 37-year-old man whose face was shattered by an accidental shotgun blast, spent 15 years behind a mask, living a segregated existence without any form of social integration beyond family. His impaired speech made it difficult for him to be understood. If he walked, it was at night when it was unlikely he would encounter other people.

Then on March 19–20 of this year, University of Maryland School of Medicine faculty, backed by a 10-year research initiative that involved a perioperative team of more than 100 and five top plastic and reconstructive surgeons performed a 36-hour procedure on Norris. It became the world’s most extensive full facial transplant. Today, Norris can walk in the sunlight, chat with neighbors and dream the dreams retained from his youth.

“This is as complicated an achievement as exists in the world today,” reports Thomas M. Scalea, MD, Francis X. Kelly Professor in Trauma, and chief physician at the R Adams Cowley Shock Trauma Center where the transplant was performed. “It was more like creating something, rather than taking something that is broken and fixing it.”
2002: Underpinnings of a Plan

The event that changed a man’s life began with response to a request from the Office of Naval Research (ONR) of the Department of Defense (DOD). The ONR sought grant applications to support novel programs for the treatment of medical casualties. Stephen T. Bartlett, MD, Peter Angelos Distinguished Professor in Surgery, and chair, department of surgery, brainstormed ideas with the then chief of transplantation for the US Navy-National Institutes of Health (NIH). Discussions soon centered on the massive head and facial injuries sustained by the military from improvised explosive devices (IED’s).

Bartlett talks of the catastrophic facial trauma imposed by the kind of warfare aimed at the head and face of soldiers riding in humvees.

“The devastation to a soldier’s appearance is so severe that traditional facial reconstruction, even after multiple operative procedures, can’t correct it,” he says. “It was clear that direct transplantation was the only solution if these men were going to be able to go on to live normal lives.”

Bartlett set about putting together a grant application to pursue research aimed at total facial transplantation. It would be 10 years before the actual surgery would take place. But even a decade ago, Maryland had a premier organ transplant center, now one of the busiest in the world. So it is perhaps no surprise that the faculty’s application led to an initial $1.2 million grant from the ONR-DOD, and a total of eight subsequent grants supporting Maryland’s research on facial transplantation.

2005–2006: A Team Bent on Achievement

As a foremost organ transplant surgeon, known for pioneering work in kidney transplantation, Bartlett understood the enormity of the pre-clinical work inherent in approaching a successful full facial transplant. He knew as well that it would take special talents to undertake the challenge. A scientific dream team came together with appointment of surgical leader, Eduardo D. Rodriguez, MD, DDS, professor of surgery and chief of plastic, reconstructive and maxillofacial surgery at the Shock Trauma Center. Rodriguez’

“This is as complicated an achievement as exists in the world today. It was more like creating something, rather than taking something that is broken and fixing it.”

- Thomas M. Scalea, MD
unique background made him expressly qualified for the task. He holds both medical and dental degrees, giving him skill in facial reconstruction few can claim. Additionally, he trained in plastic and reconstructive surgery, and finally completed microsurgery training in Taiwan. His expertise in facial reconstruction had already earned international acclaim.

The physician-patient relationship between Rodriguez and Norris began in 2005. Norris had already undergone several operative procedures, and Rodriguez would perform others to make partial corrections during the years. These procedures were not in preparation for the ultimate transplant but to make incremental improvements.

When Rodriguez talks of his patient, it is with evident emotion. “Richard is a survivor,” he says. “For the last 15 years, he has done what he had to in order to survive. He had difficulty breathing. His speech was barely intelligible. He didn’t have a nose or teeth. His upper jaw was missing as well as part of his tongue. And yet, I don’t think he ever lost hope that his life could be better.”

According to Rodriguez, Norris is the real hero in the story. “The rest of us are just part of the team that made it happen,” he says.

The basic science trio was completed with the 2006 recruitment of Rolf N. Barth, MD, assistant professor of surgery, whose background included clinical fellowships in organ transplantation plus a three-year research fellowship at Harvard in transplant research and immunology. His experience working with the same kind of large animal pre-clinical models needed for this endeavor was critical.

Looking back to the early days of research, Barth notes, “For me, it was a fascinating undertaking that demanded a complete understanding of the differences between facial and organ transplantation.”

He explains that, in facial transplants, there is skin, bone and marrow with different patterns of rejection, different requirements of the immuno-suppressive drugs, and a clinical course that had yet to be defined. While improved immunu-suppressive drugs had led to recent facial transplants elsewhere, those procedures had involved soft tissue only. Norris’ transplant was the first to replace the upper jaw, teeth, and mandible.

“Our first priority was to develop a pre-clinical model that supported our premise that the transplant could be done effectively, without serious complications, and with successful long-term outcomes for the patient,” he says.

2006: Research—Finding Answers

Probably every adventure in science occasionally is thrown off course by false starts, the ultimate failure of a concept that began with promise. The three co-investigators experienced their share of inevitable setbacks, but they were encouraged as well by successes, one the result of years of determined basic science on large animals during which they discovered that a quantity of vascular bone in the mandible benefited longtime graft survival.

They wound up translating a research project into the clinical arena with the same protocol, using bone from the lower jaw of the donor to the recipient, in effect transferring a factory of donor cells to the recipient body. The discovery came after...
years of basic science work with the large animal models. Rodriguez emphasizes that their efforts were specifically pursued because potential candidates for transplant would need the transplant of bone and teeth. Additionally, the research team was encouraged by the potential for minimizing rejection, which now appears very promising.

At the same time, the search for the best drugs to use in combination with the transfer of bone became essential to a team seeking a solution that would not require patients to be on steroids for life. They turned to a reliable source—Maryland’s organ transplant program, one of only a limited number of centers where a relatively new drug, Alemtuzumab (Campath®), was being used. Barth reports the drug had reliable data for more than five years for its effectiveness for kidney and pancreas patients.

“It minimized rejection, and had excellent results for safety and effectiveness when used in organ transplants,” he says. “Perhaps best of all, it was an induction drug, given at the time of transplant only.”

He explains that, while patients would still have to take post-operative drugs, they would not be on lifelong steroids which can lead to serious medical complications.

2009–2010: Success in Sight

The dual discovery relative to the impact of both bone and drugs moved the team a giant step closer to the medical milestone that took place in March of 2012. At the same time, trials or “rehearsals” with animal models assured accuracy for the eventual transplantation. In addition to animal trials, approximately 15 trials with donor and recipient cadavers were performed. Each procedure was timed, and everything in the laboratory was done exactly as it would be done in the operating room.

Between 2009 and 2012, the research team published five articles in major journals with Barth as lead author. Barth also was honored with the 2012 Vanguard Prize from the American Society of Transplant Surgeons for one of the top transplant papers of the year.

In the meantime, in 2009, the team made a presentation to the Living Legacy Foundation, the official organ procurement agency for the State of Maryland, in order to receive approval to move forward with clinical facial transplantation.

Before the team could begin to seek both patients and donors, however, the internal review board (IRB) approval was necessary, a process that had been underway for several years, and was approved in 2010. In addition to the IRB sanction, the authorization for facial transplantation was listed on the clinicaltrials.gov website. By 2010, Maryland’s facial transplantation program was a legitimate organization that had the support of clinical and basic science, and the search for suitable patients was underway.

2011: Setting the Stage

By 2011, Norris had completed a rigorous consent and screening process and was placed on the waiting list. That consent is no simple signature on a form. Patients need to be thoroughly informed. They must participate in a dialogue, question what they learn, and completely understand the risks as well as the unknowns and potential for complications.

“Many patients are desperate for a transplant and may be inclined to sign without proper consideration,” Barth says. “We have to be sure the patient understands everything that may or may not be ahead. Throughout this process, Mr. Norris showed a great deal of courage. He was prepared and optimistic, but realistically so.”

The selection itself of a recipient candidate is a meticulous evaluation to determine the emotional and psychological balance of an individual. Each potential candidate is assessed by a selection committee that includes surgeons, medical ethicists, social workers, psychologists and others who make the weighty decision regarding a candidate’s viability.

2012: The Wait and Happy Ending

At this point, the researchers must have been buoyed by a tremendous sense of confi-

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Eduardo D. Rodriguez, MD, DDS, can be contacted at erodriguez@umm.edu

“Richard is a survivor. For the last 15 years, he has done what he had to in order to survive. He had difficulty breathing. His speech was barely intelligible. He didn’t have a nose or teeth. His upper jaw was missing as well as part of his tongue. And yet, I don’t think he ever lost hope that his life could be better.”

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— Rolf N. Barth, MD

Dence. “Hopeful” is the word Bartlett says he would use, rather than confident. The pieces certainly were beginning to fall into place. The investigators surely had reason for confidence related to their experience with the combination of vascularized bone and their considerable data with Campath®. Their laboratory trials were evidence they were ready to go. But science can be a fickle colleague, and there still was a bridge to cross, specifically the search for a donor. Rodriguez wanted a donor with brain death rather than cardiac death.

“I felt it was important to the complete success of the surgery that the heart would still be beating and providing vascular regularity to all tissues and organs,” he says.

The search had its false hopes. In order for the transplant to be successful, there must be a donor-patient match. When a potential donor became available, Norris had to be called to the medical center from his home in Virginia. Once, Angel Flight rushed the expectant patient to Baltimore, and flew a disappointed man back because the match could not be made. Throughout the waiting process, pilots from Angel Flight stood ready with a promise to get him to the medical center on a few minutes notice.

When the time came, the transplant would take place at the R Adams Cowley Shock Trauma Center, the nation’s first coordinated trauma center with a multiplicity of specialists and support personnel ready for action at all times. Commenting on the 36-hour procedure that would have to be put together rapidly once a donor was found, Scalea says simply, “That’s the signature of the Shock Trauma Center.”

While Norris was on alert, so too was the full team of professionals who would be involved in his care. In addition to Rodriguez, the five-member surgical team included Michael Christy, MD, assistant professor of surgery; Amir Dorafshar, MB, ChB, assistant professor of surgery; Branko Bojovic, MD, assistant professor of surgery, and Daniel Borsuk, MD, craniofacial fellow. The surgical team had been training for more than a year and, by the beginning of summer 2011, was ready to proceed. This training demanded enormous personal commitment from those involved. Everyone had to be rehearsed mentally and physically. Support staff including nurses and operative personnel had to be prepared to guarantee the steady coordination of an operation that would last 36 hours. Waiting for the appropriate donor match imposed restrictions on families as well. The core surgical team had to be prepared to act instantly. Therefore, family vacations were out, except for short trips from which a quick return could be guaranteed. Excursions even to nearby places in bad weather posed risk of not being able to get back in an emergency. Backyard vacations became the norm for the five-member surgical team committed to the historic medical milestone for which they had trained.

Finally, a donor was found through the Living Legacy Foundation of Maryland. A perfect match was made. Norris was on his way to a new life. The donor’s family understandably wishes to remain anonymous. Rodriguez, who doesn’t know who they are, calls them, as well as the donor, unsung heroes, along with Norris. Through their generosity, within 72-hours, additional transplants of organs from the same donor saved the lives of four other patients at the medical center.

March 19: The Curtain Rises

The day had dawned. All was in readiness. A highly trained and dedicated team prepared to deliver history. In 36-hours, there were no rest breaks, no time for naps by members of the core surgical team. The only time any one of them left the OR was for bathroom and quick nutritional breaks.

Finally, when surgery lights dimmed and latex gloves were discarded, all team members had cause for the kind of satisfaction that comes with saving a life—except that this time, a life had been restored. As for Norris, two months after surgery, he is receiving outpatient care at the medical center. He takes physical and speech therapy, and Rodriguez reports his speech improves daily. In a word, Norris is a man with his life ahead of him, and it’s a life to which he can look forward.

Postscript to the future

The response to the transplant from the worldwide medical community has been enormous. The Maryland team has been lauded as the group that took facial transplantation to its highest level. One need only look at the before and after photos of Norris to agree.

One of the most important outcomes came from a recent announcement by Bartlett. “As a direct result of the breakthrough made by this surgery, the university is establishing the University of Maryland Center for Facial Reconstruction and Transplantation,” he reports.

He explains that the new center hopes to perform three to five facial transplants annually on patients from around the world; those with facial injuries and anomalies that cannot be treated with traditional reconstruction. He believes that will include military personnel who remain a concern of the medical team.

Bartlett’s announcement is a reminder that the highest acclamation on behalf of scientific achievement is the assurance that the product of that achievement will multiply and spread itself to the far corners of the world.
Benefit now with an immediate charitable gift annuity.

Benefit now with an immediate charitable gift annuity. A gift of cash or appreciated securities to support the School of Medicine can pay you a fixed income for life, make you eligible for a current income tax deduction, maximize use of the $5 million gift tax exemption in 2012, and secure other favorable tax benefits. Additionally, a gift annuity gives you the opportunity to make your legacy commitment to support the Frank M. Calia, MD Professorship, or almost any other area of interest at the School.

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(Rates effective January 1, 2012)

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1. Deduction will vary slightly with changes in the IRS Discount Rate. Assumed rate 1.6%.
2. Rate of return for donor in 35% bracket adjusted for value of tax deduction.
3. This rate incorporates value of tax free income and the tax deduction at the 35% bracket.

PLEASE NOTE: Charitable gift annuities are provided through the University of Maryland Baltimore Foundation, Inc. The above examples are for educational purposes only and do not constitute an offer to issue annuities where precluded by state law. Donors should always consult with their tax advisors to determine whether a planned gift is appropriate for them.

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Oliver Wendell Holmes will be a name in living memory for the most senior alumni of the medical school. The name’s best-known bearer served for three decades during the first half of the 20th century as a justice on the United States Supreme Court and wrote some of the most famous dissenting opinions in U.S. legal history. Yet before the 20th century, the name belonged as well to that jurist’s father, Oliver Wendell Holmes, Sr. (1809–1894). This elder Holmes was both a successful author and one of the best-trained physicians in 19th century America. He also very nearly became professor of surgery at Maryland during an era when medical study in Baltimore was at its lowest ebb.

The medical school, or College of Medicine of Maryland as it was originally known, faced a legal battle over governance with the state legislature in Annapolis shortly after re-chartering itself as the University of Maryland in 1812. Prolonged litigation depleted the institution’s energy from the mid-1820s until as late as 1839. In April of that latter year, a decision by the Maryland Court of Appeals finally returned control to its original board of regents, headed by Dr. Nathaniel Potter (1770–1843). Potter had been professor of theory and practice since the college’s inaugural year of 1807 and could fairly be called the figure most essential—more so even than Dr. John Davidge—to the establishment and maintenance of scientific medical education in Maryland.

The appellate court’s decision in their favor was only the start of a reconstruction process that Potter and the other college regents were faced with in the late 1830s. Student enrollment had dropped from over 300 per annum in the 1820s to fewer than twenty during the 1838–39 term. Potter could have aimed for a low denominator to save his school, yet instead he shot high; and his primary target in 1839 was Oliver Wendell Holmes—not yet “senior” since his son would only be born two years later.

The first O. W. Holmes had, before age 30, established himself in Boston as one of America’s most promising and forward-thinking young doctors. While a young man with a fresh Harvard bachelor of arts degree, Holmes spent two-and-a-half crucial years in Paris at the Ecole de Medecine. By the time Holmes arrived there in 1833, Paris was replacing Scotland as the world’s most advanced center for medical science, and Holmes’s professors would include such leading men as Dr. Pierre C. A. Louis (1787–1872). Author of the first rigorous and statistically-based attack on bloodletting, Louis promoted a cautious, even minimalist approach to patient care, the same approach for which Holmes would become a leading advocate in America. Later generations of medical historians also recognize Holmes for a revolutionary 1843 essay, The Contagiousness of Puerperal Fever. In that paper, which attacked unsanitary practices common to obstetrical clinics of his era, Holmes came close to the findings of Semmelweis, even of Pasteur, in suggesting that clean clothing and physicians’ avoidance of autopsies could limit the spread of post-partum infection.

Potter made his offer to Holmes in as agreeable terms as he could. Writing to the latter in May of 1839, Potter referred to the now-settled issue of college
governance yet put on a brave face for an institution with so few pupils:

“I am the only remaining member of the [Maryland] faculty established thirty-one years ago, and think I can offer an impartial estimate. We have been interrupted in a career of accomplished prosperity by an illegal interference of the state legislature … but our chartered rights … are now restored. We consider ourselves well fortified in the chairs of Chemistry, Anatomy, Materia Medica and Obstetrics. At no period of our existence were we intellectually stronger… Our Anatomical Museum is the best collection in America.”

In a second letter, written a few weeks later, Potter appeals more directly to financial interest, detailing growing revenues from the hospital:

“… we do not solely rely on the income from our [student] tickets (20 dollars each) … our weekly income is constantly increasing & is now one hundred and eighty dollars a week.” [The emphatic italics are Potter’s.]

Maryland’s schedule—a term that began at the end of October and continued through February—meant that Holmes could continue to teach at Dartmouth Medical College, where he had recently taken up a position. The term at Dartmouth ran only from late summer through mid-autumn. What would effectively bar Holmes from becoming a part-time southerner was not timing but rather the objection of senior members of the New England medical establishment. His Dartmouth colleague, Dr. Dixi Crosby (1800-1873), wrote to him as follows on June 17:

“It [Potter’s offer] strikes me very unpleasantly and I cannot hear a word of it … New England is the place for you to acquire a reputation … New England candour is worth a fortune to a young man … All the medical Institutions in the south and west are in agitation, organized today and reorganized tomorrow.”

Crosby does not fail to mention as well that “My business in the months of April and May amounted to $550.”

Holmes had also received negative comments from the leading mentor of Boston physicians, Dr. James Jackson (1777–1867). In 1840, Holmes would marry Jackson’s niece, Amelia. In a letter dated May 28, 1839, Jackson made this telling—and almost patronizing—remark:

“Now you are unwilling to desert your country, and I should be sorry to see you desert what I regard as your calling.”

Holmes’s fellow physicians in New England were thus willing to malign the very idea of practicing below the Mason-Dixon Line. Holmes’s own responses to Potter’s proposal are unknown or lost; but what the surviving letters indicate is that the very sectional strife that would grow over the next generation and reach the cataclysm of Civil War in 1861, was already evident in this seemingly parochial debate over whether O. W. Holmes should spend four months of each year in Maryland.

The chair of surgery was eventually put back in the hands of Dr. Nathan Ryno Smith (1797–1877)—another native of New England—who in 1841 returned to Maryland from Transylvania University in Kentucky. He would remain the professor of surgery in Baltimore until after the Civil War. Holmes went on to teach medicine at Harvard for many years and to gain literary fame through his series The Autocrat of the Breakfast Table. His son and namesake distinguished himself as a young officer in the Union Army before becoming the celebrated jurist and champion of legal realism. Baltimoreans of today are left to wonder whether the sectional strife that the younger Holmes still had to deal with in his role as a supreme court justice during the 20th century could have been ameliorated if the elder Holmes had, like geese from Canada, agreed to journey south during winter months in the 19th.


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

- **Michael Grasso, MD, PhD**, assistant professor, departments of medicine and emergency medicine, has been elected to fellowship in the American College of Physicians.

- **Jon Mark Hirshon, MD, MPH, PhD**, associate professor, department of emergency medicine, has been appointed chair of the report card task force of the American College of Emergency Physicians (ACEP). Produced every three to four years, the report card assesses governmental support of emergency care throughout the United States on a state-by-state basis. The document is used to identify gaps in support of emergency medicine and as a data-based tool for political and public health initiatives. Hirshon has also been appointed to the communications and outreach advisory group of Maryland’s health care reform coordinating council, advising the Governor’s Office of Health Care Reform regarding its outreach campaign in Maryland.

- **Terrence M. Mulligan, DO, MPH**, assistant professor, department of emergency medicine, has been appointed vice chairman of the international medicine committee of the American Academy of Emergency Medicine (AAEM). In this position, Mulligan coordinates international emergency medicine activities within AAEM and between AAEM and other organizations.

- **Steven D. Munger, PhD**, professor, department of anatomy & neurobiology, was elected program chair for the 36th Association of Chemoreception Sciences annual meeting, which will be held in April 2014.

- **Vincent Pellegrini Jr., MD**, the James Lawrence Kernan Professor and chair, Department of Orthopaedics, has been appointed first vice president of the board of directors of The Hip Society for the 2012 to 2013 year. He will start his term as the president of The Hip Society in February 2013. The society’s annual members’ meeting is being held at the University of Maryland in October 2013.

- **Brian M. Polster, PhD**, assistant professor, department of anesthesiology, was appointed to the editorial board of the journal Neurochemistry International for a two-year term.

- **Patricia D. Shearer, MD, MS, FAAP**, professor, department of pediatrics, and division chief, pediatric hematology/oncology, was appointed by the American Academy of Pediatrics Hematology/Oncology Executive Committee to the Best Pharmaceuticals for Children Working Group sponsored by the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). This working group and others will provide recommendations to the U.S. Food and Drug Administration and NICHD on current therapeutic needs in pediatric patients.

- **Brian Berman, MD**, professor, department of family & community medicine, and Robert Gallo, MD, director, institute of human virology, and professor, departments of medicine and microbiology & immunology, received the 2012 Sir Alister McIntyre Distinguished Lecture Award from the University of the West Indies and University of Technology, Jamaica.

- **William Blattner, MD**, associate director, institute of human virology (IHV), and professor, department of medicine, received the distinguished alumnus award from his alma mater, The Kinkaid School, a Pre-K to 12th grade independent school in Houston. Blattner, a 1962 graduate of the school, joins honorees including President & Mrs. George H. W. Bush. Blattner was honored for his notable and lengthy career in research at the National Cancer Institute and for his work at IHV, including his leadership on the President’s Emergency Plan for AIDS Relief (PEPFAR) implementation.

- **Howard Dubowitz, MB, ChB, MS, FAAP**, professor, department of pediatrics and director, center for families, was the 2011 recipient of the American Academy of Pediatrics Section on Child Abuse and Neglect Award for outstanding service to maltreated children.

Awards & Honors

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Mino Damato Award at a ceremony in Rome, Italy, in December 2011. In addition, Gallo returned to his home state of Connecticut to receive his 30th honorary doctorate degree and to deliver the keynote address for the University of Connecticut’s Graduate School commencement ceremony in May. Gallo was awarded the doctor of science, honoris causa.

- P. Rick Grimm, PhD, postdoctoral fellow, department of physiology, won the Amgen postdoctoral excellence in renal research award from the American Physiological Society at the experimental biology meeting in San Diego in April for his work “SPAK, OSR1 and MO25a Form an Apical Signaling System in the DCT which Regulates NCC-salt Transport, DCT Mass and Blood Pressure.”

- William Olmsted, MD, clinical professor, department of diagnostic radiology & nuclear medicine, who retired as editor of Radiographics in 2011, was honored by the Radiological Society of North America in November 2011, with a gala reception at the Palmer House Hilton in Chicago to celebrate his two decades of editorial leadership.

- Stephen M. Schenkel, MD, MPP, associate professor, department of emergency medicine, has been elected to the Alpha Omega Alpha Medical Honor Society by its Beta Chapter at Maryland. This honor is awarded to faculty members who exemplify the leadership qualities, academic excellence and professionalism that are the standards for membership in this prestigious organization.

- Eric Sundberg, PhD, head, laboratory of structural immunology & oncology, institute of human virology, and associate professor, department of medicine, was awarded an Alexander von Humboldt Fellowship for Experienced Researchers. "The fellowship funds travel, living and research costs for Sundberg to conduct research in the laboratory of his German host, Dr. Wolfgang Fischer of the Max von Pettenkofer Institute for Hygiene and Medical Microbiology at the University of Munich in Germany.

- Richard Zhao, PhD, professor, department of pathology and the institute of human virology, has been invited to join the editorial boards of PLoS ONE and the Journal of Clinical and Experimental Pathology.

- Carol Greene, MD, professor, department of pediatrics, division of human genetics, presented a talk entitled “Minimizing the Impact of False Positive Newborn Screen Results” at the annual American College of Medical Genetics meeting in Charlotte in March. For the same meeting, Greene also developed and moderated a session on "Cardinal Signs and Symptoms of Common and Rare Important Inborn Errors of Metabolism."

- Howard Dubowitz, MB, ChB, MS, FAAP, professor, department of pediatrics and director, center for families, presented expert testimony in November 2011 before the Attorney General National Task Force on Children Exposed to Violence at the University of Maryland School of Law.

- Douglas Frost, PhD, professor, department of pharmacology & experimental therapeutics, chaired the symposium “Early Life Pharmacotherapy for Psychiatric Disease: A Two-Edged Sword” at the 2011 meeting of the Society for Biological Psychiatry, held in San Francisco. As part of the symposium, he presented a talk entitled “Long-Term Behavioral and Neurobiological Sequelae of Adolescent Atypical Antipsychotic Treatment.”

- Richard Zhao, PhD, FAAP, professor, department of pathology and the institute of human virology, has been invited to join the editorial boards of PLoS ONE and the Journal of Clinical and Experimental Pathology.

- Howard Dubowitz, MB, ChB, MS, FAAP

- Stephen M. Schenkel, MD, MPP

- Eric Sundberg, PhD

- Rolf Barth, MD, associate professor, department of surgery, gave the keynote lecture at the British Transplantation Society during an April 2012 conference titled “Transplantation Through the Keyhole.” Barth presented his data on outcomes and patient satisfaction from the single incision laparoscopic donor nephrectomy, which has been accepted for publication by The Annals of Surgery.

- James F. Borin, MD, assistant professor, department of surgery, and director of robotics at the medical center, attended the Fundamentals of Robotic Surgery (FRS) Conference at the Florida Hospital Nicholson Center in Celebration, Florida, in April. The FRS is a joint industry- (Intuitive Surgical, Inc.) and Department of Defense (DoD) funded project designed to develop a basic curriculum for surgical skills for robotic surgery, created jointly by multiple surgical specialties that use robotic systems for surgery.

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- Sunjay Kaushal, MD, PhD, associate professor, department of surgery, and director, pediatric cardiac surgery at...
the medical center, presented at the International Society for Heart and Lung Transplantation in Prague in April. His presentation was entitled "End-Stage Human Failing Hearts Increase Cardiac Progenitor Cells by Switching to a Developmental Program."

❖ **Judy LaKind, PhD**, associate professor, department of epidemiology & public health, has been invited to be the chair and discussion leader for the session entitled “Swimming Pools: Chemistry and Respiratory Effects” at the Gordon Research Conference on Drinking Water Disinfection By-Products, to be held at Mount Holyoke College in South Hadley, Massachusetts, in August.

❖ **Charlene C. Quinn, PhD**, assistant professor, department of epidemiology & public health, was an invited speaker at the American Diabetes Association 59th Annual Advanced Postgraduate Course, held in San Francisco in February 2012. The course presented the latest information in clinical diabetes and provided an educational forum for physicians, nurses and diabetes educators interested in diabetes. Quinn’s topic was “Diabetes Medical Management—Leveraging Commercial Websites, Patient Portals, and Mobile Devices.”

❖ **Erika Feller, MD**, assistant professor, department of medicine and medical director for the heart transplant program, **Jennifer Brown, MD**, cardiology fellow, and **Elaine Pelc, MS, RD, CNSC, LDN**, clinical dietician, recently published Katfy’s Cookbook, a collection of heart-healthy recipes and cooking tips for patients awaiting or receiving a heart transplant. The publication of this book is the culmination of a year’s worth of thorough research and perseverance in memory of a medical center heart transplant patient.


❖ **Alan I. Faden, MD**, David S. Brown Professor in Trauma, professor, departments of anesthesiology, anatomy & neurobiology, and neurology, and director, center for shock, trauma & anesthesiology research (STAR ORC), received, along with **Susan G. Dorsey, PhD, RN, FAAN**, associate professor, department of anesthesiology and program in oncology, and associate dean for research, University of Maryland School of Nursing, a five-year, $3,247,093 multi-PI R01 grant from the National Institute of Nursing Research for “Spinal Mechanisms Underlying SCI-Induced Pain: Implications for Targeted Therapy.”

❖ **Jeffrey Fink, MD, MS**, professor, department of medicine, received a National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)-funded R01 four-year, $1.2 million grant for “Do Patient Safety Events Account for Adverse Outcomes in CKD?” This will be an epidemiological analysis of the ongoing NIDDK Chronic Renal Insufficiency Cohort study dataset to measure the frequency of kidney-disease specific safety events and to determine to what extent these account for adverse outcomes in CKD.

❖ **Bruce Krueger, PhD**, professor, department of physiology and **Elizabeth Powell, PhD**, associate professor, department of anatomy & neurobiology, received a five-year, $1,592,565 Dual-PI grant from the National Institutes of Health’s Eunice Kennedy Shriver National Institute of Child Health and Human Development for their work entitled “Mechanisms of Valproic Acid-Induced Neurodevelopmental and Behavioral Defects.”

❖ **Alan Schmaljohn, PhD**, professor, department of microbiology & immunology, received a two-year, $2 million subcontract (total award) from Paragon Bioservices as part of a larger contract from the Department of Defense entitled “VEE Replicon Particle Trivalent Filovirus Vaccine.”

❖ **James A. Waltz, PhD**, assistant professor, department of psychiatry, received a five-year $1,300,000 R01 grant from the National Institute of Mental Health to conduct “Neurocomputational and fMRI Studies of Motivational Deficits in Schizophrenia.”

*Grants & Contracts of $1 million and above*
Message from the MAA President

In spring we formally welcomed 155 members of the class of 2012 into our Medical Alumni Association. They headed into training with that unbridled enthusiasm we all remember. While I’m gearing up for my 40th reunion next spring, I can remember the feeling like it was yesterday.

Unlike most of us more senior alumni, however, recent graduates are burdened with that dirty little four-letter word—debt. According to our financial aid office, members of last year’s class of 2011 crossed the stage with $155,000 in obligations from medical school alone, and I can promise it won’t be any less this go around. Medical school debt has far-reaching ramifications. While a considerable portion of this class is headed for primary care with every intention to be practicing in three years, many will decide (or won’t have a choice) to pursue subspecialties in order to adequately service their debt.

Student debt also impacts the work of our association. Every fall during phonothon we hear from recent graduates who tell us how pleased they are with the education received here, yet a growing number add that they aren’t yet in a financial position to support us.

So, what can be done? Is it possible to create a tuition-free medical school? Three billion dollars in endowment would solve the problem. Yet, despite a growing number of endowed scholarships from generous alumni and friends, we’re more than a stone’s throw from covering obligations for all 600 MD students. Perhaps there are other options. During my year as president, we’re going to look into it.

In my nearly 40 years since graduation, it’s been a joy to witness the elevating stature of our medical school. We all have reason to be proud. I invite you to join us in supporting our great medical school, the University of Maryland School of Medicine.

Nelson H. Goldberg, ’73 received training at Yale University School of Medicine and Yale New Haven Hospital. He returned to Maryland in 1981 as assistant professor of surgery of plastic and reconstructive surgery, becoming head of the division of plastic and reconstructive surgery in 1985. Four years later he helped create the John Hopkins-University of Maryland Combined Training Program in Plastic and Reconstructive Surgery. He served as co-chair of that program until 2006, but continues to serve as professor of surgery. Goldberg’s passion is riding motorcycles, and he frequently participates in medical missions to central America, South America, Thailand, China, and Vietnam.
Alumni Award Recipients

Four alumni and the class of 1962 were recognized during the Harry & Vivian Kramer Recognition Luncheon & Annual Business Meeting at the Southern Management Campus Center on May 4. Recipients of the University of Maryland Alumni Leadership Award included Raymond D. Bahr, ’62, and Pascal D. Spino, ’47. The 2012 MAA Honor Award & Gold Key was presented to Elizabeth A. Abel, ’67, and the 2012 MAA Distinguished Service Award went to Louis A. Shpritz, ’70. The Class of 1962, celebrating its 50th medical school anniversary, was also honored during the luncheon.
Lenin's Stroke: DOCTOR HAS A THEORY (AND A SUSPECT)

By Gina Kolata

Baltimore—The patient found-ed a totalitarian state known for its "merciless terror," Dr. Victoria Giffi told a rapt audience of doctors and medical students on Friday afternoon. He died suddenly at 6:50 p.m. on Jan. 21, 1924, a few months before his 54th birthday. The cause of death: a massive stroke.

The man's cerebral arteries, Dr. Giffi added, were "so calcified that when tapped with tweezers they sounded like stone."

The occasion was a so-called clinicopathological conference, a mainstay of medical schools in which a mysterious medical case is presented to an audience of doctors and medical students. In the end, a pathologist solves the mystery with a diagnosis.

But this was a conference with a twist. The patient was long dead—he was, in fact, Vladimir Ilyich Lenin. The questions posed to the conference speakers: Why did he have a fatal stroke at such a young age? Was there something more to his death than history has acknowledged?

At the University of Maryland, a clinicopathological conference focused on historical figures has been an annual event for the past 19 years; attending doctors have reviewed the case records of Florence Nightingale, Alexander the Great, Mozart, Beethoven and Edgar Allan Poe. The pathologists' conclusion that Poe died of rabies even became a final question on the "Jeopardy!" game show.

Dr. Philip A. Mackowiak, vice chairman of the university's school of medicine and organizer of these conferences, said he later did a much more comprehensive review of Poe's medical records and concluded that Poe's doctor had embellished Poe's medical history.

"Poe was a hopeless alcoholic," Dr. Mackowiak said in a telephone interview. "He almost certainly died of delirium tremens."

On Friday, two experts were called upon to solve the mystery of Lenin's death: Dr. Harry Vinters, professor of neurology and neuropathology at the University of California, Los Angeles, and Lev Lurie, a Russian historian in St. Petersburg.

Dr. Vinters began by telling the audience some details of Lenin's medical and family history.

As a baby, Lenin had a head so large that he often fell over. He used to bang his head on the floor, making his mother worry that he might be mentally disabled.

As an adult, Lenin suffered diseases that were common at the time: typhoid, toothaches, influenza and a painful skin infection called erysipelas. He was under intense stress, of course, which led to insomnia, migraines and abdominal pain.

At 48, he was shot twice in an assassination attempt. One bullet lodged in his collarbone after puncturing his lung. Another got caught in the base of his neck. Both bullets remained in place for the rest of his life.

Lenin's father died early, too, at 54. The cause of death was said to be cerebral hemorrhage, but Lenin's father had an illness at the time of his death that may have been typhoid fever.

Most of Lenin's seven brothers and sisters died young, two in infancy. A brother was executed at age 21 for plotting to assassinate Emperor Alexander III, and another brother died of typhoid at 19. Of the three who survived past young adulthood, a sister died of a stroke at age 71, another sister died of a heart attack at 59, and a brother died at age 69 of "stenocardia," an archaic medical term whose meaning is no longer clear.

In the two years before he died, Lenin had three debilitating strokes. Prominent European doctors were consulted and proposed a variety of diagnoses: nervous exhaustion, chronic lead intoxication from the two bullets lodged in his body, cerebral arteriosclerosis and "endarteritis luetica."
Dr. Vinters speculates that the last term referred to meningovascular syphilis, inflammation of the walls of blood vessels mainly around the brain, resulting in a thickening of the interior of the vessel. But there was no evidence of this on autopsy, and Lenin's syphilis test was said to have been negative. He had been treated anyway with injections of a solution containing arsenic, the prevailing syphilis remedy.

Then, in his last hours and days of his life, Lenin experienced severe seizures.

An autopsy revealed a near total obstruction of the arteries leading to the brain, some of which were narrowed to tiny slits. But Lenin did not have some of the traditional risk factors for strokes. He did not have untreated high blood pressure—had that been his problem, the left side of his heart would have been enlarged. He did not smoke and would not tolerate smoking in his presence. He drank only occasionally and exercised regularly. He did not have symptoms of a brain infection, nor did he have a brain tumor.

So what brought on the stroke that killed Lenin?

The clues lie in Lenin's family history, Dr. Vinters said. The three siblings who survived beyond their 20s had evidence of cardiovascular disease, and Lenin's father died of a disease that was described as being very much like Lenin's. Dr. Vinters said Lenin might have inherited a tendency to develop extremely high cholesterol, causing the severe blockage of his blood vessels that led to his stroke.

Compounding that was the stress Lenin experienced, which can precipitate a stroke in someone whose blood vessels are already blocked.

But Lenin's seizures in the hours and days before he died are a puzzle and perhaps historically significant. Severe seizures, Dr. Vinters said in an interview before the conference, are "quite unusual in a stroke patient."

But, he added, "almost any poison can cause seizures."

Dr. Lurie concurred on Friday, telling the conference that poison was in his opinion the most likely immediate cause of Lenin's death. The most likely perpetrator? Stalin, who saw Lenin as his main obstacle to taking over the Soviet Union and wanted to get rid of him.

"He complained that he couldn't sleep and that he had terrible headaches. He could not write, he did not want to work,” Dr. Lurie said. He wrote to Alexei Maximovich Gorky, "I am so tired, I do not want to do anything at all."

But he nonetheless was planning a political attack on Stalin, Dr. Lurie said. And Stalin, well aware of Lenin's intentions, sent a top-secret note to the Politburo in 1923 claiming that Lenin himself asked to be put out of his misery.

The note said: "On Saturday, March 17th in the strictest secrecy Comrade Krupskaya told me of 'Vladimir Ilyich's request to Stalin,' namely that I, Stalin, should take the responsibility for finding and administering to Lenin a dose of potassium cyanide. I felt it impossible to refuse him, and declared: 'I would like Vladimir Ilyich to be reassured and to believe that when it is necessary I will fulfill his demand without hesitation.'"

Stalin added that he just could not do it: "I do not have the strength to carry out Ilyich's request and I have to decline this mission, however humane and necessary it might be, and I therefore report this to the members of the Politburo."

Dr. Lurie said Stalin might have poisoned Lenin despite this assurance, as Stalin was "absolutely ruthless."

Dr. Vinters believes that sky-high cholesterol leading to a stroke was the main cause of Lenin's death. But he said there is one other puzzling aspect of the story. Although toxicology studies were done on others in Russia, there was an order that no toxicology be done on Lenin's tissues.

So the mystery remains.

But if Lenin had lived today, or if today's cholesterol-lowering drugs had been available 100 years ago, might he have been spared those strokes?

"Yes," Dr. Vinters said. "Lenin could have gone on for another 20 or 25 years, assuming he wasn't assassinated. History would have been totally different."

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Alumni, faculty, and friends are invited to send in their nominations for two MAA-sponsored awards by November 1, 2012. The Honor Award & Gold Key is presented to a living graduate for outstanding contributions to medicine and distinguished service to mankind. Factors considered in the selection process include impact of accomplishments, local, national, and international recognition, supporting letters, and publications. The Distinguished Service Award is presented for outstanding service to the Medical Alumni Association and University of Maryland School of Medicine. The awards are to be presented during the annual Reunion Recognition Luncheon on Friday, May 10, 2013. Letters of nomination for both awards must include a curriculum vitae and should be addressed to:

Gary D. Plotnick, ’66
Chair, MAA Awards Committee
522 W. Lombard Street, Baltimore, MD 21201-1636

or emailed to: maa@medalumni.umaryland.edu

## Calls For

### 2013 Awards Nominations!

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### A Night at the Sports Legends Museum

Baltimore’s Sports Legends Museum, located in the old Camden Station, was the site for an all-comers gathering of students and alumni on Friday, May 4.
Reunion Class Parties

Class of 1952 and Guests at Christopher Daniel Restaurant

Class of 1962 at the Maryland Club

Class of 1967 at the Center Club

Class of 1972 at the Maryland Club

Class of 1977 at the Center Club

Did we take your picture?

Photographs from the 137th Medical Alumni Reunion are available on the MAA website: www.medicalalumni.org. Please visit our website to copy your favorites.
Class of 1982 at the Maryland Club

Class of 1987 at the Four Seasons Hotel Baltimore

Class of 1992 at the Center Club

Class of 1997 at Bond Street Social

Class of 2002 at Oregon Ridge Park

Class of 2007 at Bond Street Social
AFTER A RIGOROUS TRAINING session, Dale K. Dedrick, ’80, steers her horse, Bonifatius, into a field and tears off at a gallop.

It is a moment that sets free the rider and horse from the rigors of an intense daily training regimen aimed at a single goal—making the team representing the United States in the 2012 Summer Paralympic Games in London.

On her gray horse Dedrick rambles for miles at breakneck speed. “I can gallop up hills and go across streams,” she says. “There is a freedom and a connection with the animal who recognizes my footstep, who knows my car when I come into the driveway. There is an enormous bond.”

Dedrick suffers from lupus, which has destroyed a heart valve, deformed her hands and spine, and eaten away the Achilles tendon on her left foot; so she can barely walk a mile in a day. Her chances of making the Paralympic Games this coming August in the para-equestrian dressage competition are strong, but over the months she has worked five days a week coaxing her horse, who she has nicknamed Erik, to near perfection.

Dressage is horse ballet where rider and animal work as one making moves so precise it appears the horse is dancing. The rider might command the horse to change the cadence of its steps to 1, 2, 1, 2 and then alter them again as the beat of the music picks up or slows down, or command the horse to turn 180 degrees while taking tiny steps with its hind legs and large steps with its front.

“It is not unlike dance partners,” says Dedrick, who is 56 and lives in Ann Arbor, Mich. “You have to work together with very minute signals. When that happens it is magical.”

Dedrick will compete against para-equestrians who have missing or deformed arms and legs, cerebral palsy and muscle atrophy. While lupus has seriously impacted her health, she has little pain other than a wrist that really isn’t a wrist anymore. “I am missing most of the wrist bone,” Dedrick says. “It is just bone on bone. I just put up with it.”

Despite her ailments, Dedrick spends many hours each week in the dressage ring coaxing Erik to do things he really doesn’t want to do: trot, trot with a bounce in his step, cantor, halt, and turn. The routine takes patience, focus, and strength and is taxing work on the horse and rider.

“Can I bring out the very best that the horse has to offer? Can I make him a better athlete?”
Dedrick loved horses since she was a young girl. She grew up in Bethesda, Md., the oldest of three girls, and showed an aptitude for riding at an early age. As a teenager she showed horses in the area pony club and participated in hunter/jumper competitions. But she also struggled with unusual health problems, such as pneumonia and Raynaud's phenomenon. “Nobody could put it together,” she recalls.

She attended the University of Maryland, but was bored because college was “too easy.” Dedrick realized she only needed 90 college credits to apply to medical school, and by her junior year she was accepted.

After graduating in 1980, Dedrick (she also received a bachelor of science degree) did her internship and residency in general surgery and orthopedic surgery at the University of Michigan. But her health problems persisted, and she was hospitalized three times with “one strange problem after another.” Finally, the doctors made the diagnosis: lupus. “It was obvious to everyone,” she says. “There was just no way to deny it any longer.”

She took two years off to recover and returned to the hospital working in the emergency room and on the Survival Flight helicopter as a flight doctor. She also competed as a member of the Olympic Festival Team in Houston as an able-bodied rider in 1986. She completed her residency and joined the faculty in surgery.

But by 1992, Dedrick’s lupus raged back causing her to suffer small strokes. It was so severe she was forced to retire from medicine and competition. She was bedridden for a year, hospitalized more than 100 times and her five-foot, two-inch frame ballooned to 200 pounds.

“I cried almost daily for a number of years when I had to retire,” she says. “I wasn’t really angry; I was just so disappointed. I had worked so hard when for no good reason I could see medicine being taken away.”

But Dedrick made a discovery. In spite of her health problems she could still ride, and a year ago she began to compete. Last summer she competed in a 90-horse show in Grass Lake, Mich., and in the National Paralympics competition in Saugerties, N.Y., which had 900 horses.

“My horse was terrified. I thought we would demonstrate that we belonged. I almost won the whole thing,” says Dedrick, who was 3/10ths of a point from winning the national championship and was named National Para Reserve Champion. “I didn’t know what we were competing for; I just wanted to do my best and not look like a fool.”

Competing in London would fulfill a dream that Dedrick has had since she was a little girl at which time she wrote down on a piece of paper that she wanted to compete in the Olympics.
GRADUATES TRADITIONALLY point to mentors who helped guide their progress through medical school and beyond. Stacy Garrett-Ray, ’00, may top the list of those crediting multiple professors with direction and support in her career choices.

“I was fortunate to be surrounded by people who were able to see in me possibilities I might never have seen in myself,” Garrett-Ray says.

Among those she cites are Elijah Saunders, ’60, and Sharon Saunders, MD, both clinical professors of medicine; Kevin Ferentz, MD, associate professor of family medicine; Mathew Weir, MD, professor of medicine; Neil Siegel, MD, assistant professor of family medicine, and Kevin Cullen, MD, professor of medicine and director of the Marlene and Stewart Greenebaum Cancer Center.

The career choices she ultimately made with their help have led her to national prominence in the Department of Veterans Affairs (VA), where she serves as lead for the new models of care, office of healthcare transformation. It is a post she recently assumed after little more than two years with the VA. She oversees development and execution of a portfolio of transformational initiatives including prevention, tele-health and virtual medicine, specialty and long term care, patient centered care, women’s health and more. It is this last responsibility to which she has become especially committed.

The daughter and granddaughter of veterans, Garrett-Ray believes the health needs of women veterans have been overlooked, not only by the VA but by physicians in private practice as well. She is determined to change that.

“I want to see that women’s health is integrated throughout all VA initiatives,” she says. “We do have an excellent component of care for women, but we need to assure that every program within the entire VA—not only those earmarked for women—specifically addresses the needs of female veterans.”

Her mission on behalf of women veterans extends to educating providers of care in the private sector as well. She notes that, while there are approximately two million women veterans in the U.S., too few providers think to ask a female patient if she has served in the military, and if so, are there healthcare benefits to which she may need referral.

“These are women who have served their country and defended our freedom,” she says. “They deserve more from us.”

She adds that women have special health needs that are physical, emotional, and psycho-social, beginning with musculo-skeletal inju-
ries sustained from the heavy gear they wear, weighty back packs and boots that are not designed to be worn by women. Add that to the pressure of deployment—working and living in an all-male environment that may involve sexual trauma, harassment, post traumatic stress disorder, and even rape. Often among the most difficult for deployed women is the loneliness of being without female friends with whom to share confidences. Even the transition to returning home can be challenging for women whose children are older and whose families have, in some ways, moved on without them.

Garrett-Ray’s concern for women veterans extends to their lifelong health. As they age, these women have caregiver issues, such as osteoporosis and cardiovascular disease that need care.

“From OB/GYN to end of life issues, the VA has services designed for our women vets,” she says. “Too often, though, women themselves, or their caregivers, are not aware of those services. I want to urge physicians in clinics and private practices to ask patients if they have served at any time in their lives, and to determine if there are programs for which they are eligible.”

She talks of a recent call she received from a nurse manager at Maryland’s University Care at Edmondson Village who had a patient needing assisted living. The nurse thought the woman was a veteran and wondered if there were services the patient might engage.

“We need more of this kind of questioning from providers,” Garrett-Ray says. “Unfortunately, health care professionals haven’t been trained to ask such questions.”

Garrett-Ray first entered medical school with plans to become a family physician. Since high school, she had worked in the office of her family doctor, Richard F. Tyson, MD, and had aspirations to follow in his footsteps. As a medical student, she soon learned that she loved it all—pediatrics, surgery, obstetrics—all of which confirmed her interest in family practice.

Then Elijah and Sharon Saunders urged her to specialize within her chosen field, and she took that advice seriously. Ferentz, Weir, Saunders, and other family medicine faculty introduced her to the importance of working to eliminate disparities in healthcare. During her residency, Weir helped her to understand the impact of clinical research. Siegel, a mentor since her student days, familiarized her with the capabilities of clinical informatics. She found she loved teaching and ultimately, as chief resident, she determined that she enjoyed administration as well.

“The more I thought about it, I realized I wanted it all,” she says. “I was interested in the integration of medicine with business. I still had a passion for clinical research. I loved teaching and wanted to enhance patient care. I just had to find a place where it would all fit together.”

It first began to come together for her through a joint University of Maryland Department of Family Practice, and Johns Hopkins Department of Pediatrics fellowship in primary care research and faculty development. She followed that with a master’s of public health/business administration from Hopkins, and a master’s certification in project management from George Washington University.

After completing one year of her fellowship, the Maryland-Hopkins fellowship, she became an attending physician at Maryland’s University Care at Edmondson Village, and from there she offered a position as medical director of the Baltimore City Cancer Program CPEST. It was there she met Cullen, another significant mentor in her career.

“He gave me a tremendous opportunity and taught me so much,” she recalls. “I loved that job. We really were able to enhance care for the uninsured and under-insured. That experience and what I learned from Kevin Cullen and my other mentors throughout my years at Maryland is the reason I was asked to come to the VA.”

She says that with the conviction of someone who has found her professional home. As she puts it, “A place where I can serve and give back.”
JBDA
Alliance Welcomes 55 Members

Now boasting more than 1,100 donors since its founding in 1978, the John Beale Davidge Alliance welcomed 55 new and elevated members at its spring luncheon. The event was held at the Southern Management Corporation Campus Center on May 3.

Originally established to recognize major gifts to the Davidge Hall restoration project, the organization was expanded a few years later to honor all medical school donors of $10,000 and above. A full listing of the Alliance appears each year in the fall Medicine Bulletin.

FY2012 New Members

Elm Society
($10,000–$24,999)

John D. Wilson, '48
William T. Ward, '58
Stanley N. Snyder, '59
Paul A. Kohlhepp, '62
Elizabeth A. Abel, '67
David M. Hadden, '67
Elizabeth R. Brown, '72
Michael R. Petriella, '72
Edwin A. Deitch, '73
Dorothy S. Hsiao, '75
John S. Minkowski, '77
Elizabeth L. Tso, '79
Judith Falloon, '80
Lee J. Helman, '80
Samuel A. Yousem, '81
Thomas W. Conway, '82
Mary Jo Johnson, '83
Scott W. Fosko, '86
Richard W. Freeman, '87
Jeffrey S. Masin, '91
Lee Anne Matthews, '91
Annette Fineberg, '92
Geoffrey Rosenthal, '92
Dr. Harry W. Johnson Jr.
Dr. Stephen W. Long
Ms. Penny Bank
Mr. Scott Bergeson
Mrs. Dawn M. Burger
Mr. M. Gregg Diamond
Ms. Elizabeth Drigotas
Mrs. James C. Egan Jr.
Rosenthal-Statter Foundation
Mr. Robert F. Wilson

Above: MAA president Tamara L. Burgunder, '00, with G. Edward Reahl (tr.) '56, who was elevated from the Elm Society to the 1807 Circle.

Below: New Elm Society members Paul Kohlhepp, '62, and wife Peggy
### Silver Circle
($25,000–$49,999)
- Albert V. Kanner, ’56
- Martha E. Stauffer, ’60
- Raymond D. Bahr, ’62
- Mark J. LeVine, ’72
- Andrew P. Fridberg, ’78
- Marianne N. Fridberg, ’78
- Donald T. (’78) & Carolyn F. Weglein
- Roger J. Robertson, ’80
- Stephen L. Houff, ’87
- G. Michael Maresca, ’87
- Camille Hammond, ’01
- Drs. Gail M. & Robert A. Liss
- Mr. Craig A. & Mrs. Susan Coda Grube
- Mr. Michael & Mrs. Pamela Noble
- Mr. Jerry W. Williams

### 1807 Circle
($50,000 & Above)
- G. Edward Reahl Jr., ’56
- Jon B. Closson, ’62
- Mr. Myron D. Gerber

### 1807 Circle
($50,000 & Above)
- Ms. Megan E. Hills
- Mr. Roderick M. Hills
- Robert & Caroline Schwartz Foundation

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**Did we take your picture?**

Photographs taken at this event can be downloaded from the MAA website:
www.medicalalumni.org

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Above left: Elizabeth Tso, ’79, was welcomed into the Elm Society by SOM dean E. Albert Reece, MD, PhD, MBA.

Above right: New Silver Circle members Drs. Robert & Gail Liss

Left: Brian Winter, ’72, visits with new Elm Society members Michael Petriella, ’72, wife Nancy, and Elizabeth Brown, ’72.
Non-Reciprocal Inter-Vivos Bypass Trusts

Under current law, the estate, gift and generation-skipping transfer tax exclusions will return to $1 million and the marginal rate for the taxes will increase to 55% in 2013. Each day that goes by shortens the amount of time remaining in 2012 to take advantage of several key planning opportunities.

One strategy that may seem attractive is the use of funded inter-vivos (while living) reciprocal bypass trust (also referred to as applicable exclusion or credit shelter) trusts with an amount equal to (or less than) the federal estate tax applicable exclusion amount ($5.1 million in 2012). After a transfer is made, assuming that the property will not be included in the transferor’s gross estate for federal estate tax purposes, the value of the property, the income derived from the property and the appreciation in the value of the property may escape later estate, gift or generation-skipping transfer (GST) taxes. The concept is simple in nature; in an effort to reduce their potential taxable estate, but maintain some degree of financial enjoyment in the property, grantors create reciprocal bypass trusts and each grantor transfers property to the respective trust, giving the other grantor the lifetime right to the property held in that trust as a beneficiary. Assume for example, that a married couple, John and Jane, decide that Jane will contribute $2 million to an inter-vivos bypass trust that provides John with a life income interest, and that John will contribute $2 million to an inter-vivos bypass trust that names Jane as the life income beneficiary. In executing this strategy, John and Jane intend for the transferred property and the associated appreciation to not be includable in their taxable estate. However, it is quite possible that the Internal Revenue Service (IRS) would challenge such an arrangement, under the reciprocal trust doctrine, and “un-cross” the reciprocal bypass trusts causing inclusion in each spouse’s respective taxable estate.

The applicability of the reciprocal trust doctrine is based on the degree to which the funded inter-vivos bypass trusts are interrelated and leave the grantors in approximately the same economic position as they would have been had they created trusts naming themselves as life beneficiaries. It may not be necessary to show that one trust was established in consideration for the other and there may not need to be a demonstrated motive for tax avoidance for the reciprocal trust doctrine to apply. When pursuing the alternative “non-reciprocal” bypass trust strategy, significant differences should be incorporated into each trust to lessen the risk of an IRS challenge. For example, the trusts need to be drafted pursuant to different plans and have substantially different provisions related to powers of appointment, remainder beneficiaries, trustees, time periods, and distribution standards and vesting options. Finally, the trusts should be executed on substantially different dates and should hold different assets.

A taxpayer’s reluctance to implement an irrevocable tactic that results in the permanent loss of control and financial interests in property is understandable. However, for those that can afford to do so, a strong case can be made that the current $5.1 million gift and the $5.1 million generation-skipping transfer tax exemptions should be used before the sunset provisions of the Tax Relief, Unemployment Insurance Reauthorization and Job Creation Act of 2010 take effect. Caution must be used to mitigate the risks associated with the use of a non-reciprocal inter-vivos bypass trust strategy and qualified wealth, estate and tax planning professionals should be consulted before this strategy is implemented.

The following disclosure is made in accordance with the rules of Treasury Department Circular 230 governing standards of practice before the Internal Revenue Service: Any description pertaining to federal taxation contained herein is not intended or written to be used, and cannot be used by you or any other person, for the purpose of (i) avoiding any penalties that may be imposed by the Internal Revenue Code, and (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

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185 Years Ago

In 1827, Maryland’s first rival medical school in Baltimore—The Washington Medical College—opened on Holliday Street opposite City Hall. Later known as the Washington University School of Medicine, it merged with the Baltimore College of Physicians and Surgeons in 1877 and was absorbed into Maryland with another merger in 1915.

135 Years Ago

In 1877, Thomas A. Ashby, class of 1873, established the Maryland Medical Journal and served as its editor. Five years later, he helped establish the Women’s Medical College of Baltimore and served as its chair of obstetrics and gynecology. He served in this capacity until 1897 when he became professor of diseases of women at Maryland, a position he held until his death in 1916. Ashby also served one term in the Maryland House of Delegates beginning in 1912.

40 Years Ago

In 1972, Y.C. Lee, MD, professor of medicine at Maryland, treated a 72-year-old man in heart failure with a beta-blocker. Lee was ridiculed for this radical treatment but treated an additional seven patients with low doses of propranolol and reported his findings at an international symposium. Lee was vindicated in 1998 when a landmark study co-directed at Maryland determined that adding beta-blocker therapy to standard treatment for congestive heart failure saved lives.

A look back at America’s fifth oldest medical school and its illustrious alumni.
The University of Maryland School of Medicine conducted its 203rd convocation and graduation exercises on Friday, May 18. One hundred fifty-two students were hooded during morning convocation at the Hilton Baltimore with after graduation staged at Baltimore’s 1st Mariner Arena. Darrell G. Kirch, MD, president and CEO of the Association of American Medical Colleges, delivered the keynote address during convocation. The 2012 faculty gold medal, awarded for outstanding qualifications for the study of medicine, was presented to Alexander G. Theofiles. Congratulations and best wishes to the class of 2012!

Left: Darrell G. Kirch, MD, delivering the keynote address.
Above: Graduate Jordan Ambrose Margo is hooded by Thomas M. Scalea, MD.
Below: The class of 2012 before the match day celebration in March.

Photos by Richard Lippenholz & Mark Teske
1950s | 1954: Robert E. Yim of Timonium, Md., has published Sleeping with Mae West and Other Stories. It’s available on Amazon.com.

1960s | 1960: Jerome Ross of Baltimore continues working two days a week with four partners in his ophthalmology practice. He and wife Ruth have seven grandchildren. 1961: Robert A. Fink of El Sobrante, Calif., retired from his clinical practice of neurological surgery, but will continue his consultative practice, serving as forensic consultant in medical legal cases, and teaching at UCSF. A retirement party was given on April 28 by family, colleagues, friends, and patients which included Fink conducting a local Baroque symphony orchestra in a performance of Mozart’s The Marriage of Figaro. 1962: Ralph E. Updike of Ellicott City, Md., retired from his gastroenterology practice in 2011, having stepped down as chief of GI at St. Agnes in 2006. He and wife Amelia have 16 grandchildren and two great-grandchildren. 1965: Allen A. Frey of Manakin Sabot, Va., recently published Getting the Message Out: A Collector’s View of Presidential Campaigns. As a hobbyist and collector of American presidential memorabilia, Frey has assembled a chronological, visual summary of every presidential election. 1966: Richard Reed of Huron, S.D., sold his farm and will be relocating to the Texas Gulf Coast. He continues practicing general surgery. He reports that daughter Mary Jane is also a general surgeon and critical care specialist who does teaching and volunteer work throughout the world. 1967: Allan S. Pristooop of Owings Mills, Md., reports that son Ral received a doctor of the year award from the department of medicine at Kings County Hospital in Brooklyn, N.Y., and recently relocated to the University of Michigan Hospital in Ann Arbor. Son Ell, who works with the Bill and Melinda Gates Foundation, was married June 10 to Rebecca Finkel of Queens, N.Y.

1970s | 1971: Ronald P. Byank and wife Lynn of Phoenix, Md., have three grandchildren: Kali, age six; Jeevan III, age four; and Kiran, age one. The proud parents are daughter Karen and son-in-law Jeevan R. Mathura Jr., ’93. Byank is an orthopaedic surgeon who has been a member of the Johns Hopkins faculty for 34 years. Lynn is director of technology at the Bryn Mawr School. Mathura is an ophthalmologist and chief of the retinal service at George Washington University Medical Center, and Karen is an attorney and risk manager. The Byanks have another daughter, Lisa, a speech pathologist at the National Children’s Medical Center (Scottish Rite), in Washington, D.C. 1974: Jeffrey P. Block of Westlake, Calif., is happily retired after 33 years in practice, having delivered nearly 8,000 babies. He and Liz split their time between Westlake and New York City. Dawn Obrecht of Steamboat Springs, Colo., published From the Edge of the Cliff: Understanding the Two Phases of Recovery and Becoming the Person You’re Meant to Be in April. This is her second published work, focusing on recovery from drug and/or alcohol abuse. 1975: John F. Biedlingmaier of Severna Park, Md., was recently inducted into the AOA for his clinical work and teaching. George L. Drusano, professor of medicine and director of the Institute for Therapeutic Innovation at the University of Florida, received the National Foundation for Infectious Diseases 2012 Maxwell Finland Award for Scientific Achievement. The award is presented for outstanding contributions to the understanding of infectious diseases or public health. 1977: Edward B. Mishner of Baltimore reports that daughter Erin Bass gave birth to a girl on February 24. Katherine C. White of Rockville, Md., retired from the practice of neonatology in November 2011. 1979: Bernard F. Kozlovsky of Baltimore is a fellow in the American College of Preventive Medicine. Timothy J. Low of Silver Spring, Md., reports that daughter Sara is serving a one-year residency in Alaska after graduating from Maryland’s pharmacy school in the spring. William O. Richards of Mobile, Ala., in addition to serving as chairman of surgery at the University of South Alabama, is program director for the general surgery residency program.
1980s

1980: James C. King Jr., and wife Rita E., ’85, of Columbia, Md., announce the engagement of daughter Christina. 1985: Charles S. Hames of Spring Valley, Calif., is retiring as a captain in the U.S. Navy after 26 years, and looking forward to practicing gastroenterology in San Diego. 1986: Judith L. Rowen of Dickinson, Tex., was named associate dean for educational affairs at the University of Texas Medical Branch. Husband Hans Von Marenodorf, ’85, is joining Baylor College of Medicine as one of the first hospitalists at the VA hospital in Houston. 1987: Ralph Gregg and wife Ana of Fort Myers, Fla., report that oldest son Michael is attending the University of South Florida School of Medicine, and another son James is a sophomore at the University of Florida. 1988: Stanley J. Shin of Statesboro, Ga., feels blessed to maintain a successful private cardiology practice near Savannah which continues to grow.

1990s

1990: William P. Cook of Bel Air, Md., is chief of orthopaedic surgery at Upper Chesapeake Medical System. His oldest daughter is applying to medical school. 1996: Joy Collins and partner Julie of Philadelphia adopted Vivien Sofiya on December 2, 2011. She was born on November 28. 1997: Jennifer Beall and husband Andy welcomed twins on October 30, 2011. 1998: Ryokei K. Imai of La Palma, Calif., is chief of internal medicine at Kaiser South Bay Medical Center. He reports that wife Cathy and children Brandon, Ryan, and Taryn are all well. 1999: James Medina of Lancaster, Pa., reports that AppAdvice.com named Coaching Wizard—Medina’s soccer coaching application—the top iPhone application used by soccer coaches.

2000s

2001: Julia Anixt and husband Scott of Cincinnati announce the birth of Sara Madeline Anixt Hassell on December 27, 2011. Emma, age three, is enjoying her role as big sister. 2004: Robin Veidt Manson and husband Ted of Bel Air, Md., welcomed son John Thomas into the world on January 24. He joins sister Audrey, age three. 2006: Tina Sabzevari of Cincinnati is an emergency medicine attending at the Atrium Medical Center where she also serves as assistant medical director. Shortly after completion of residency training in 2010 at George Washington University, she married Kevin Kummerle. Pamela Winterberg is an assistant professor in pediatric nephrology at Emory University. 2008: Alexandra Milloff and Khayree Butler of Gainesville, Fla., were married in October 2010, and in December 2011 they welcomed into the world Sacha James Butler. 2010: Panagis Galiatsatos and Fernanda Porto Carreiro, both of Baltimore, are serving as co-chief residents in internal medicine at the Johns Hopkins Bayview Medical Center.

Our Medical Alumni Association

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

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

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

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

**The Morton M. Krieger, MD, Medical Alumni Center** is located on the second floor of Davidge Hall, 522 W. Lombard Street, Baltimore, MD, 21201-1636, telephone 410.706.7454, fax 410.706.3658, website www.medicalalumni.org, and email maa@medalumni. umaryland.edu
Lawrence Perlman, ‘37
Internal Medicine & Cardiology
Chicago
October 19, 2010
Illinois Masonic Hospital in Chicago was the site of Dr. Perlman’s internship, followed by residency training at Cook County Hospital. He practiced internal medicine and cardiology in Chicago, holding an appointment of clinical associate professor of medicine at Abraham Lincoln School of Medicine at the University of Illinois, and he was senior attending physician at Michael Reese Hospital. He retired at age 90. Perlman was a member of the 1807 Circle of the John Beale Davidge Alliance, Maryland’s society for major donors. He enjoyed golf in summers and skiing in winters. He was preceded in death by wife Helen and is survived by two daughters, one son, three grandchildren, and two great-grandchildren.

Edmund Scavone, ‘44
Surgery
San Antonio
December 28, 2010
Dr. Scavone interned at St. Joseph’s Hospital in Baltimore and received residency training at Brooke and Tripler U.S. Army hospitals. Later, in 1967, he received fellowship training in aviation medicine at Fort Rucker, Alabama. Military appointments included chief of surgery at the U.S. Army Hospital at Ft. Monmouth from 1961 to 1963, hospital commander at Beach Army Hospital in Texas from 1966 to 1968, and chief of the professional service with the U.S. Army Hospital in Heidelberg, Germany from 1969 to 1971. Scavone received the Legion of Merit Award in 1976 and retired as a colonel that same year. He worked in Civil Service until 1983 and fully retired in 1991. He enjoyed playing piano, woodworking, and cooking. Survivors include three sons and one daughter. Scavone was preceded in death by wife Jane and one son.

Stephen R. Keister, ‘45
Rheumatology
East Amherst, N.Y.
April 6, 2012
Mercy Hospital in Pittsburgh was the site of Dr. Keister’s internship, followed by residency training at Hemot Hospital in Erie, Pennsylvania. He became the first physician to practice rheumatology in the area when he set up practice in 1950 and remained there until retirement in 1991. Keister was on the staff at Hamot and founder of its division of rheumatology. He was a founding member of the Pennsylvania Society of Internal Medicine, Northwestern Pennsylvania Lupus Society, and Pennsylvania Arthritis Foundation. Upon retirement Keister became a devoted member of Physicians for a National Health Care Program, and he was a health care writer for The Rag Blog, a progressive on-line journal based in Austin, Texas. In 1992, Keister was honored as physician of the year by his local Arthritis Foundation, and in 1998 was named physician of the year by Hamot Hospital. He also volunteered at St. Paul’s Free Clinic. Keister enjoyed travel, reading, and golf. He was preceded in death by wife Sema and is survived by two children, two grandchildren, two great-grandchildren.

John A. Mitchell, ‘46
Surgery & Emergency Medicine
University Park, Fla.
December 28, 2011
Dr. Mitchell served in the U.S. Army Medical Corps as a surgeon during the Berlin Airlift. He was discharged with the rank of captain. He interned and received residency training at Maryland General Hospital, and afterwards entered private practice in Baltimore that spanned nearly 40 years. Upon retirement he relocated to Florida. He enjoyed sailing and playing bridge. Survivors include wife Frances, two children, four stepchildren and four grandchildren. He was preceded in death by first wife Mary.

Frank A. Faraino, ’47
Surgery
Timonium, Md.
May 26, 2012
Mercy Medical Center was the site of Dr. Faraino’s internship, followed by residency training at Mercy, Maryland, Baltimore City Hospital and a fellowship at Maryland. From 1954 to 1956, Faraino served in the U.S. Air Force as chief of thoracic surgery at Lackland Air Base in San Antonio. He returned to Baltimore after discharge as captain and entered private practice. In 1961, Faraino performed the first surgical implantation of a pacemaker in Maryland at Mercy. Career appointments included chief of thoracic and vascular surgery at seven area hospitals as well as president of the staff at Mercy from 1969 to 1971. After retirement in 1993, he founded Italian-American Physicians, an organization promoting medical accomplishments of Italian-Americans in research and practice. He was also an active member of the National Italian American Foundation and Sons of Italy. Faraino studied Italian and frequently traveled to Italy. He also enjoyed gardening. Survivors include three daughters, two sons, and 10 grandchildren. His marriage to Nadine Banachowski ended in divorce.

James B. Brooks, ’52
Orthopaedic Surgery
Baltimore
March 18, 2012
Dr. Brooks enlisted in the military during World War II before entering medical school. Upon graduation he received training at Johns Hopkins Hospital and then joined a private group practice in Baltimore. He saw patients at Union Memorial, Children’s, Church Home, GBMC, and Keswick hospitals as well as in clinics in St. Mary’s County. Brooks was an animal lover who enjoyed travel. Survivors include wife Laetitia, two daughters, and three grandchildren.

Daniel Clyman, ’52
Internal Medicine
Kisco, N.Y.
April 28, 2012
Prior to medical school Dr. Clyman served in the U.S. Navy during WWII. Upon completion of training he began private practice and was founder of the Mt Pleasant Medi-
eral Group. He served as chief of staff at St. Agnes Hospital and was a staff member at White Plains Hospital. Clyman enjoyed art, travel, and wine. Survivors include wife Myrna, one daughter, one son, one granddaughter, and brother Sidney, '46.

Karl H. Weaver, '53
Pediatrics
Towson, Md.
March 17, 2012

Upon graduation, Dr. Weaver interned and received residency training in pediatrics at Maryland. This was followed by a cardio-pulmonary fellowship at the University of California San Francisco. He returned to Maryland where he spent his entire professional career, rising to the rank of professor of pediatrics and for a number of years serving as associate dean of admissions. He was very active on the Medical Alumni Association, joining the board in 1984 and winning election as president in 1988. Appointments included seats on the boards of the Trustees of the Endowment of the University of Maryland, a private foundation responsible for overseeing investments of endowed gifts established at the school, and the State of Maryland Commission on Medical Discipline.

Weaver enjoyed photography. Survivors include wife LaVerne and two daughters. He was preceded in death by his son.

Paul G. Mueller, '55
Emergency Medicine
Pasadena, Md.
May 8, 2012

Prior to medical school, Dr. Mueller enlisted in the U.S. Navy at age 17 and was transferred to the Marine Corps where he served as a medic in the south Pacific during World War II. After the war he maintained his affiliation with the U.S. Naval Reserve. Maryland was the site of Mueller’s internship after medical school graduation, followed by residency training at Mercy Medical Center. He remained at Mercy his entire career, rising to the rank of chairman of the department of emergency medicine from 1983 until retirement in 1990, while also serving as an associate in medicine at Maryland. For a short time after retirement he lived in York, Pa. Mueller enjoyed golf, fishing, hunting, travel, history, and photography. He was preceded in death by wife Madlyn and one daughter, and survivors include one son, one granddaughter, and five grandchildren.

James P. Jarboe, '59
Family Practice
St. Mary’s City, Md.
March 11, 2012

Mercy Hospital was the site of Dr. Jarboe’s training. He practiced privately in Great Mills, Md., from 1960 to 1969, and in Leonardtown from 1970 to 1990. Until retirement in 2011, Jarboe worked with Shah Associates and was medical director for St. Mary’s Nursing Center. He participated in medical missions to Central America and helped found Health Share of St. Mary’s, providing short-term health insurance for the uninsured and underinsured. Jarboe received the state’s family doctor of the year award in 1997 and rural physician of the year honors in 2011. He served as chairman of the county’s economic development commission in 1970 and from 1974 to 1978 was county commissioner. Maryland governor Harry R. Hughes appointed him to the presidency of the board of county commissioners in 1986. In addition to travels to Honduras and Guatemala, Jarboe enjoyed reading, writing, and gardening. Survivors include wife Margaret, five children, and 17 grandchildren. He was preceded in death by son Christopher.

Joseph C. Battaile, '61
Psychiatry
Memphis
April 21, 2011

Kenneth P. Malan, '62
Obstetrics & Gynecology
Kirkland, Wash.
April 5, 2010

After training in Ogden and Salt Lake City, Utah, and San Francisco, Dr. Malan became board certified in OB/GYN and practiced from 1967 until retirement in 1990 at Group Health Cooperative Puget Sound. From 1989 until 1992, he served as a clinical professor at the University of Washington and a contract doctor in the Marshall Islands and American Samoa. Survivors include four daughters and one step-daughter. He was preceded in death by wife Donna Pigott, and his first marriage to Loree Petree ended in divorce.

Ivanhoe B. Higgins, '71
Orthopaedic Surgery
Portland, Oreg.
May 3, 2012

Upon graduation, Dr. Higgins received residency training at University of California San Francisco. After a one-year break to travel the world, he settled in Portland and began practice at Kaiser Permanente. Higgins joined a small practice in 1982 that became Multnomah Orthopaedic Clinic, where he worked for the next 34 years. He was on the staffs at Providence Hospital and Mount Hood Medical Center. Travels included exploring Africa, the Amazon, and kayaking to the desert islands in the Sea of Cortez. He also enjoyed hiking and skiing. Higgins is survived by wife Jill. A scholarship is being established in his name at Maryland.

Faculty
Stuart L. Keill, MD
Psychiatry
Upper Brookville, N.Y.
March 25, 2012
Medical Alumni Association of the University of Maryland Inc.
522 West Lombard Street
Baltimore, MD 21201-1636

Friday, May 10, 2013
8:30–10:30 am Open House, Check-in & Continental Breakfast
9:00–9:45 am Tour Maryland’s Hospital
10:00–11:00 am School of Medicine Update, Dr. E. Albert Reece, Dean
11:15 am–1:15 pm Harry & Vivian Kramer Awards Luncheon & Business Meeting
1:30–3:00 pm 20th Historical Clinicopathological Conference
3:30–5:00 pm School of Medicine Tour
6:00–9:00 pm Davidge Hall Crab Feast, Davidge Hall

Saturday, May 11, 2013
8:30 am–1:30 pm Open House & Check-In
8:30–10:00 am Continental Breakfast, Davidge Hall
9:30–10:30 am Campus Walking Tour
10:45–11:45 am Restoring Davidge Hall: An Update
11:30 am–2:00 pm Complimentary Picnic, Davidge Hall
12:15–1:15 pm Lecture: History of Green Mount Cemetery
1:30–4:00 pm Excursion to Fort McHenry
6:30–12:00 midnight School of Medicine Gala, Baltimore Convention Center

Mark your calendars!