Medicine Bulletin
University of Maryland Medical Alumni Association & School of Medicine

features

Residency Training: The Hours They Keep

In 2003, the Accreditation Council of Graduate Medical Education imposed an 80-hour workweek for residents. It capped a work unit at 30 hours and required 10 hours off between shifts. On July 1 of this year the “continuous” rule was cut again, and the jury is still out on how these latest changes will affect the training of physicians.

Real World Help for Schizophrenia

It was a family illness that altered the career path of Lisa Dixon, MD. After earning a degree in economics from Harvard, she turned to medical education to better understand mental illness and the socio-economic health care environment. As head of Maryland’s division of services research in the department of psychiatry, she has pioneered studies measuring the importance of outreach to families of schizophrenic patients.

Medicina Memoriae

The Misery of Corpulence

It was a research paper published in the Journal of the American Medical Association that set cardiologist Robert Atkins, MD, on his path to develop a low-carbohydrate diet in the 1970s. But as writer and historian Wayne Millan looks a bit closer, he finds that Atkins’ methods may have been developed 100 years earlier as evidenced in a diet chronicled by a London-based mortician.

The 136th Medical Alumni Reunion

Charles Darwin was the subject of this year’s historical Clinico-pathological Conference, centerpiece of the annual reunion sponsored by the Medical Alumni Association. The two-day event featured campus tours, lectures, an excursion to Ft. McHenry, crab feast at the Baltimore Museum of Industry, and private parties for classes ending in “1” and “6.”

Alumna Profile: Teri Manolio, ’80

Growing Up at the NIH

In 2010, the NIH began conducting its first study on victims of the Gulf oil spill, with primary focus on 20,000 cleanup workers. One of the lead figures is Teri Manolio, ’80, a practicing physician with specialties in both human genetics and genetic epidemiology.
ow that we have completed another academic school year, we can
look back and reflect on the achievements of our students and grad-
uates, for they are the personification of our educational mission.

An important measure of our success as a medical school is
student achievement, and our class of 2011 excelled in every way.
Thanks to outstanding scores in all steps of the United States
Medical Licensing Examination and the extraordinary clinical
experience provided through our partnership with the Univer-
sity of Maryland Medical System, our graduates are highly sought
after by nationally acclaimed residency programs throughout the
country, including Yale, Stanford, Duke, and the University of
Maryland Medical Center (UMMC). This year’s class produced the
3rd female student ever to match to UMMC’s residency program
in neurosurgery. In dermatology—a specialty where residency
positions are scarce—all six of our dermatology students were im-
mediately accepted into training programs nationwide. Residency
program surveys have consistently demonstrated that our graduates
are among the top performers in their specialties and rank their
education here to be critical to their success and accomplishments.

Now also is a good time reflect on the environment in which we are sending our medical graduates.
This issue of the Medicine Bulletin contains a feature article on the hotly-debated topic of the residency
work week. In 2003, the residency work week was capped by the Accreditation Council for Graduate
Medical Education (ACGME) at 80 hours with four days off per month. Additionally, no one was allowed
to work more than 30 continuous hours, with 10 hours between shifts. Last year the ACGME announced
it would continue the 80-hour work week with four days off per month, but stipulated that upper level
residents could work no more than 28 continuous
hours, and interns would be limited to 16. The goal of
these changes is to reduce medical errors, ensure patient
safety, and improve quality of care. However, opponents
argue that these changes leave very little opportunity
for continuous patient care—that is, watching a pa-
tient’s admission through treatment and management of
a disease—and that, if these standards remain in effect,
they will force institutions to extend the number of years of training for residents.

We at the medical school are supportive of any changes that improve the lives and quality of training
for our medical graduates during residency, and it is our sincere hope that these changes do not unnec-
essarily burden or shortchange them in the long run. Only time will tell, but I am optimistic that they
will eventually prove beneficial to both residents and patients, as hospitals and other residency training
programs learn how to resourcefully adapt their training programs and techniques to meet these new
guidelines.

Also, in this issue of the magazine is a timely article focusing on the work of Lisa Dixon, MD, professor
of psychiatry and director of the division of services research for the department. Dr. Dixon has pioneered
studies measuring the importance of outreach to families of schizophrenic patients—a pro-active approach
to treatment designed to help avoid tragic incidents such as the recent shooting of Arizona Congresswom-
an Gabrielle Giffords. The final feature in this issue focuses on the 136th Medical Alumni Association
Reunion held in spring—always a rewarding and exciting time for the entire medical school family.
Integrative Medicine Celebrates 20 Years at Maryland

The University of Maryland Center for Integrative Medicine (CIM) celebrated its 20th anniversary at the school with a ribbon cutting ceremony to open its news office beside Davidge Hall and an announcement of a major gift to support its operations.

Founded as a program in 1991, the center was the first in the country based at a medical school to conduct research into complementary and alternative medicine therapies. It quickly became an international leader for research, patient care, education, and training, and it is a National Institutes of Health Center for Excellence for research in complementary therapies with key research interests in acupuncture for pain management and mind/body therapies. The CIM offers acupuncture, massage, Qi Gong, Tai Chi and other treatments at its clinic at Kernan Hospital. Its offices were recently relocated to East Hall on Lombard Street.

U.S. Senator Barbara Mikulski was one of the dignitaries on hand to honor the work of the center’s founder and director, Brian M. Berman, MD, professor of family & community medicine. The center has produced more than 400 peer reviewed publications which have expanded the body of knowledge about integrative medicine and the way in which it can be used to treat diseases and conditions such as arthritis, chronic back pain, inflammatory bowel disease, and cancer pain.

Also on hand was Ryan Major, a soldier wounded in Iraq who benefitted from integrated therapies received at Shock Trauma. The school also announced a gift from an anonymous donor who will match donations to the center—dollar for dollar—up to $7.5 million.

Goldberg Leads Missions to Guatemala, Vietnam

Nelson H. Goldberg, ’73, professor of plastic and reconstructive surgery at Maryland and president-elect of the Medical Alumni Association, led a team of 24 healthcare professionals to rural Guatemala April 29 where they operated on 45 children and women with various deformities and ailments. Maryland participants during the seven-day, pro-bono medical mission included medical students Adam Setren, ’11, and Robin Yang, ’11, plastic surgery chief resident Rachel Bluebondlanger, MD, and assistant professor of OB-GYN Mishka Terplan, MD, MPH. The group traveled under the auspices of the Medical Mission Group. In March, Goldberg participated in another mission to Nha Trang, Vietnam, on behalf of Changing Children’s Lives.

The team which included Devinder Singh, MD, assistant professor of surgery, operated on 75 children over a 10-day period, repairing cleft lips, palates, and other congenital birth defects.
Dunglison Portrait Added to Davidge Hall Collection

A portrait of Robley Dunglison, MD, Maryland dean from 1834 to 1836, has been added to the collection of medical artifacts on display in Davidge Hall.

Dunglison studied medicine at the universities of Edinburgh and Paris and was a licentiate of the Royal College of Surgeons and Apothecaries in London. In 1824, he received a medical degree from the University of Erlangen in Germany and shortly afterwards traveled to America. One year later, with encouragement from Thomas Jefferson, Dunglison founded the University of Virginia School of Medicine where he was faculty chair and professor of anatomy, physiology, materia medica, and pharmacy. Dunglison was widely published, and Elements of Hygiene, completed in 1833, was the first work on preventive medicine in the world. In addition, his Medical Dictionary enjoyed more than 20 editions. Maryland commemorates Dunglison’s medical contributions each spring, conferring upon one senior the Robley Dunglison Award for Excellence in Preventive Medicine.

The portrait was commissioned by the Medical Alumni Association with financial backing from the Bowers Collection of Medical Artifacts Endowment Fund. Dunglison becomes the fifth dean whose portrait has been painted by artist Laura Era of the Troika Gallery, located on Maryland’s eastern shore. There are now renderings of 15 former Maryland deans on display in Davidge Hall, and the Association plans to have all 30 completed in several years.

Transitions

- Meredith Bond, PhD, professor and chair of the department of physiology, was named dean of the college of sciences and health professions at Cleveland State University. During her tenure as chair, the department’s extramural funding rose 63 percent. She came to Maryland in 2003 from the Cleveland Clinic and Case Western Reserve University.

- Ramzi K. Hemady, MD, associate professor and acting chair, department of ophthalmology and visual sciences, stepped down on April 1 in order to devote full time to his clinical and academic activities. He had been acting chair since 2006. Robert A. Liss, MD, associate professor and vice chair in the department, has been appointed interim chair. Liss has been a member of the department since 1996 and vice chair since 2008. A search committee is expected to be appointed and undertake a national search for a new chair in the near future.

- Amal Mattu, ’93, professor of emergency medicine and director of the residency program, has been named vice chair of the department. In his new role, Mattu will focus on faculty development, expansion of the department’s educational programs on all levels, and help extend its international program. He will relinquish his role as director of the residency program. Mattu has served on Maryland’s faculty since 1996.
Stem Cell Technology Consortium Established

Maryland’s center for stem cell biology and regenerative medicine and Paragon Bioservices, Inc., a contract research and GMP manufacturing organization—with headquarters located at the University of Maryland BioPark—have announced the formation of a public-private partnership for developing and manufacturing stem cell therapies.

Curt I. Civin, MD, director of the center and an internationally renowned physician-scientist who has made significant contributions in the field of blood-forming stem cell transplantation, stated that “the main objective of the consortium is to accelerate the development of novel strategies for regenerative medicine, including new treatments and preventative therapies derived from stem cell research.”

The center will work with Paragon Bioservices to establish a core facility that will offer stem cell services on a fee-for-service basis. The services offered include cell banking and production of a variety of stem cell types. Stem cells will be available for research purposes and, eventually, for clinical use.

The consortium is being funded in part by a translational research award from the Maryland Biotechnology Center and includes Life Technologies, Inc., a global biotechnology company and provider of scientific products and reagents.

Alumni Center Named in Honor of Morton M. Krieger, ’52

In an effort to recognize one of the most active and supportive graduates of this generation, the Medical Alumni Association Board of Directors renamed the alumni office in Davidge Hall The Morton M. Krieger, MD, Medical Alumni Center.

Since graduation in 1952, Krieger—a retired internist living in Baltimore—has brought his class together every five years for a reunion and has attended virtually every phonothon since it was organized in 1978. He joined the MAA Board of Directors in 1996 and was elected president in 2001. A year later Krieger was appointed medical editor for the Bulletin editorial board, a committee he has served on since the 1990s. The MAA recognized his volunteer efforts in 2004 by bestowing upon him its highest honor—the distinguished service award.

“It is appropriate to permanently attach to our alumni office a name so highly regarded and intricately involved in our activities for nearly 60 years,” says MAA president Tamara L. Burgunder, ’00. “This accolade is truly fitting.”

Krieger is also a member of the 1807 Circle of the John Beale Davidge Alliance, the school’s highest level of major donors. Much of his financial support is earmarked for the Pasen Family MAA Endowment Fund supporting the Association’s continuing operations.

The Krieger Center recently received an antique tall case clock. Crafted at the turn of the 19th century by John Fessler of Frederick-town, the piece was included in an estate gift from Daniel Lemen, ’45, who passed away last February. Classmate and former Maryland dean John M. Dennis, ’45, encouraged Lemen to donate the clock to the MAA in 1995 while celebrating their 50th medical school anniversary. The eight-day clock with walnut case stands over eight-feet tall. 📖
Virology Institute Receives $23.4 Million to Test AIDS Vaccine

Maryland’s Institute of Human Virology (IHv) is receiving $23.4 million from a consortium of funding sources to support the next phase of research into a promising HIV/AIDS preventive vaccine candidate.

The funding is to support further preclinical development and Phase I/II clinical trials of a novel HIV vaccine candidate developed by the research team at IHv. The candidate immunogen, denoted as FLSC (Full-Length Single Chain), is designed to elicit strongly protective antibody responses across the spectrum of HIV-1 strains. Research will be conducted by IHv, led by director Robert C. Gallo, MD, and joined by investigators from Sanofi Pasteur and the Military HIV Research Program (MHRP).

The grants will allow for clinical testing of FLSC evaluating immune response and safety in humans, and optimization of the prime-boost vaccination strategy. The research is specifically designed to determine if the immune responses elicited by the vaccine candidate are sufficiently powerful and long-lasting in humans. The research will also assess prime-boost combinations of the HIV vaccine developed by Sanofi Pasteur (ALVAC), which recently demonstrated modest protection in an efficacy trial conducted by the MHRP in Thailand, coupled with the FLSC developed by the institute. Both vaccine candidates involve use of a modified form of the outer protein envelope, allowing each to potentially complement the use of the other.

The novel prime-boost strategy using FLSC is distinguished by its potential ability to induce broad antibody responses to HIV-1. The antibodies induced by the experimental vaccine bind to common HIV regions that are exposed when the virus attaches to target cells, rather than to specific characteristics of the HIV envelope protein that may not be present in all virus strains. That strategy could potentially overcome limitations of previous vaccine candidates that responded to single strains or narrow ranges of HIV viruses.

Vaccine program grants include $16.8 million from the Bill & Melinda Gates Foundation, $2.2 million from the U.S. Army’s Military HIV Research Program, and other research funding from a variety of sources including the U.S. National Institutes of Health (NIH).

“This is an exceptional combination of research partners—IHv, Sanofi Pasteur, Profectus Biosciences, and the Military HIV Research Program—and we are grateful for the extraordinary support from all of our funding partners, including the Gates Foundation, the U.S. Army, and NIH,” said Gallo. “This team is truly dedicated to eradicating HIV and AIDS, and we are excited by the potential for accomplishing that goal with the use of our novel prime-boost immunization strategy.”

Since its founding in 1996, IHV has been a world leader in HIV/AIDS research and treatment, with a proven track record of bringing medical benefits to people living with HIV/AIDS in the United States and around the world.

Maryland governor Martin O’Malley and Robert C. Gallo, MD, at a May 5 news conference
If You Are A Cancer Cell, You Will Not Enjoy This.

This is the Cancer Appointment to End All Cancer Appointments.

In this room, specialists from every oncology discipline work as one. It’s a way of working you won’t find in other hospitals...even in the small number who, like we, are National Cancer Institute designated centers. Aggressive collaboration can breed aggressive treatment. Aromatase inhibitors are an excellent example. These breakthrough breast cancer drugs, invented here, now save thousands of lives all over the world. And the insights that led to their development are now aimed at cancer of the prostate.

Patients at our Greenebaum Cancer Center feel amazing levels of support and energy and experience, focused on them completely. If cancer could feel anything, it would most logically feel things are about to get ugly.

University of Maryland Medical Center

Medicine on a Mission

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There is an old stereotype of the sleep-deprived resident. These newly-minted doctors traditionally are recognizable by their fatigue, understandably the result of countless hours on duty. With their intern and resident days behind them, many physicians today talk of roaming the parking lot in the early morning hours because they forgot where they parked their car two days earlier. On a slow night, when there wasn’t a patient needing immediate care, a resident might grab a quick nap in the lounge, but never more than an earshot away from the predictable sound of a beeper or phone. One Maryland faculty member remembers that the first time she had a day off as a new resident was in October, and then only because it was a Jewish holiday. “I had to plead religion to get a good night’s rest,” she says.
All that began to change as the consequence of a night in 1984 when an 18-year-old woman by the name of Libby Zion, with a history of depression, presented in the emergency department of a New York hospital with fever, agitation, and strange jerking movements. Unable to diagnose her symptoms, the ER doctors admitted her. She was evaluated by two residents who thought her condition was due to a viral syndrome. They prescribed a painkiller and a sedative. By 6:30 the following morning, the patient had a dangerously high fever. She died shortly after that.

The young woman’s father, Sidney Zion, wrote a New York Times Op-Ed column, charging the hospital that inadequate staffing and overworked residents led to his daughter’s death. Resulting publicity was widespread. Zion wrote, “A resident working a 36-hour shift is in no condition to make any kind of judgment call—forget about life and death.” His crusade eventually led to formation of a blue-ribbon panel, chaired by Bertrand Bell, MD. The Bell Commission recommended that residents in the State of New York could not work more than 80 hours a week or more than 24 consecutive hours. In 2003, similar regulations were adopted by the Accreditation Council of Graduate Medical Education (ACGME) and were imposed nationwide. Those rules established that residents could not work more than 30 continuous hours during a maximum 80-hour work week, and had to have 10 hours off between duty shifts, as well as four days off every month. On July 1 of this year, the ACGME rules changed again. The 80-hour week and monthly four days off still hold. However, the 30-hour continuous rule has dropped to 28 hours for upper level residents, and to 16 hours for interns in their first year of training.

Susan D. Wolfsthal, MD, the Celeste Lauve Woodward, MD, Professor of Medicine, associate chair of education, and residency program director, reports that the change for interns is the one that represents the most critical change from time-honored practice.

“One of the basic concepts of medical education points to the importance of a young doctor watching the course of care evolve from a patient’s admission through treatment and management of a disease,” she says. “The hours immediately following a patient’s admission are the most critical. Now, an intern who arrives in the morning will leave by 9 p.m., and will have 10 hours off before the next duty shift. That leaves very little opportunity for continuous patient care.”

Drawing a comparison between the then and now of resident hours, Frank M. Calia MD, professor emeritus of medicine, former chair of the department of medicine, and past director of the residency program in medicine, recalls his own residency, caring for a patient with diabetic ketoacidosis, a form of diabetes in which the metabolism is wildly out of control.

“It’s a complicated process,” he says. “You have to put the pieces back metabolically, getting the acid-base shift and the flow of electrolytes corrected. I was there all night, without sleep, watching it all evolve. By the next morning, we had the patient back in shape. If I had gone home at midnight, I would have missed it all unfolding before me, and it was a valuable lesson.”

It is the kind of lesson cited by several faculty members, as well as some residents, who fear a negative impact on medical education if new doctors no longer have the experience of attending a patient through the transition of care. Nevertheless, Wolfsthal counters, “no one has ever proved that is the best way to do it.”

As director of residency programs in medicine for 19 years, Wolfsthal says she has not seen any evidence that
residents are learning less since the 2003 rules were enacted. “They still get top fellowships and go on to successful careers,” she says. “But there are other implications.”

Those implications go beyond education. Residents represent a significant workforce in every academic medical institution. What happens when that workforce is severely diminished? Who fills the vacancies created by reduced hours, and what kind of cost does this represent to an institution? Is there an improvement in patient care when residents work fewer hours? More significant, is any so-called improvement based on actual data, or is it merely perceived? Unfortunately, the answers to such questions are not always clear-cut.

With residents and interns working fewer hours, institutions have to look for other providers to pick up the slack. They have turned to hospitalists, physicians who spend all their time caring for patients in the hospital setting. Maryland has engaged additional physician assistants and nurse practitioners as well.

“It’s one solution,” Wolfsthal says, “but an expensive one. At Maryland alone, it adds several million dollars annually to the budget.” She adds that hiring more residents is another possible solution, but one that involves a need to maintain current high standards.

While acknowledging the difficulties attendant to the new rules, Wolfsthal has a generally positive assessment of their impact on education. She talks of a 45-minute case-based morning report she and her chief residents conduct each day for residents. Prior to 2003, she recalls having a cluster of young doctors sitting around the table. Most were too exhausted to attend. Since hours were reduced, she has had to move the meeting to a larger room, and reports frequent standing room only.

“My own feeling is that a resident may be losing time with patients, but it is time when he or she is least able to benefit from the experience,” she says. “Since these changes have taken place, residents have more breathing space—time to attend a conference or undertake a research project. My residents are no less skilled than they ever were because their brains are capable of learning more.”

Not all faculty agree. Patricia Turner, MD, assistant professor of surgery and program director of the surgery residency, charges that, in her opinion, the rules came about as a result of inadequate supervision and not because the residents involved were sleep-deprived.

While acknowledging that some inefficiencies have been corrected as a result of the 2003 regulations, Turner says, “There are no data that patient safety has improved, or that patient mortality has been affected. In fact, I believe there is precious little evidence that there has been any positive impact on patient safety or education.”

Turner says the program she heads adheres rigidly to the rules, but that they have created a conflict in which the procedures surgeons should be following become violations of policy.

“For instance, if a senior level resident performs a surgery, and there are complications, that resident needs to be in the OR for any follow-up surgery that addresses the complications,” she says. “Under this rule, that would be a punishable offense because the resident would be operating beyond the enforced hours. It creates a very awkward situation.”

One factor on which most faculty seem to agree is that all medical specialties cannot be lumped under one umbrella when it comes to duty hours. However, that is the parameter under which ACGME has established the rules. Wolfsthal concedes that medicine is a cerebral process, not one, such as surgery, in which technical skill demands painstaking hours practicing a procedure.

Howard M. Eisenberg, MD, professor and the Raymond K. Thompson Chair in Neurosurgery, believes residents in certain high intensity specialties understand and can handle the energy demands of their calling. He says the new regulations aren’t all that prohibitive, but he has concerns about a continuing ratcheting of hours that could well impair the education of a surgical resident.

“There has to be a ceiling,” he says. “I have to ask myself who is looking at the entire picture. It depends on where the pendulum swings at this point. If duty hours continue to be cut, surgical residents either won’t get to study enough cases, or they will have to train for longer periods of time.”

Asked if she thinks a reduction of duty hours might lead to increasing the now five-year surgical residency, Turner says, “I can’t see how it can possibly continue like this. We simply cannot turn out the same highly trained surgeons we do while ratcheting down their hours.”

Calia is among those who see an increase in the years required for residency and fellowship training on the
horizon. “It’s simple math,” he says. “If work hours are markedly reduced, it will take residents longer to get the experience they need.”

The questions raised by this possibility center on whether or not medical students will be drawn to specialties requiring expanded years of training. And if they are, what are the implications for the already extraordinary costs of education, both for the resident and the institution.

Regardless of the implications for further reductions, Calia does not favor a return to unregulated hours. “Some may talk of the good old days, but they were the bad old days,” he says. “I certainly remember being sleep deprived, and have to question how that affects a resident’s competence.”

Jonathan E. Gottlieb, MD, clinical professor of medicine, and senior vice president and chief medical officer of UMMC, insists, “There is no question in my mind that fatigue is completely detrimental to education and to patient care.” He adds, “Doctors are no different from others in their need for adequate sleep and rest.”

Gottlieb believes the new rules are well founded, but agrees they raise an issue of balance. “I believe restricted duty hours treated as shift work risk a loss of resident accountability for the patient,” he says. “There is a trade-off in terms of the experience residents gain from involvement in the entire trajectory of an illness. As important as that is, however, the bottom line is that such patient interaction isn’t beneficial if the resident can’t keep his or her eyes open.”

A primary issue, both in terms of education and patient safety, centers on the “hand-offs” from a doctor ending a shift to the oncoming resident. Gottlieb says communication is essential, both the electronic transfer of information concerning the patient, and one-on-one verbal interaction which often becomes key to comprehension by a resident who arrives on duty after those first critical hours. He says Maryland is acutely aware of the need for effective communication and has safeguards in place to avoid any breakdown in transferring information.

ACGME chief executive director Thomas J. Nasca, MD, reports the task force recommending the 2011 changes received testimony from nearly 100 individuals representing medicine and medical education, and heard presentations by experts in fatigue mitigation, patient safety improvement, hand-overs of care, professionalism, and the legal dimension. He says they took seriously the concerns that one size does not fit all. However, the rules themselves make no distinction among specialties.

According to Turner, ACGME may not have sought all relevant opinions. “Even medical students tell me they are unhappy about the lowering of resident duty-hours because they feel residents are less engaged in the training of students,” she says.

Wolfsthal reasons that being prepared for change is an important part of the challenge. “We were ahead of the curve,” she says. “Knowing this was coming, we cut back to 24 hours last year. I requested four more interns, and we are recruiting for hospitalists to cover intensive care and cardiology at night. But there is no denying these are costly changes.”

The issues involved are weighty ones, at times seeming to pitch the interests of medical education against those of patient safety. Wolfsthal argues that the inevitable contradictions behind lowering duty-hours is that there is little science behind it to justify or criticize it. “We all know that a person does not function well after 24 hours on duty,” she argues, “but is that person dangerous? Are there studies to prove lowering duty hours improves function? Or that patient survival is better?”

Years from now, residents may look back to the old days when their counterparts wrestled with such questions. By then perhaps, the answers will be evident. Until then, they provide much cause for examination by those charged with the training of tomorrow’s doctors.

One factor on which most faculty seem to agree is that all medical specialties cannot be lumped under one umbrella when it comes to duty hours.

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IT WAS A VERY PERSONAL REASON that drew Lisa Dixon, MD, to psychiatry and to a commitment to patients and families suffering the impact of schizophrenia. Dixon’s brother is severely disabled as a result of the disease. For a long time, the family didn’t understand what was going on. In college, he excelled academically but behaved oddly. When he couldn’t continue his studies in medical school, his parents were given no explanation. He just came home.

Today, as director of the division of services research, department of psychiatry, Dixon has pioneered studies measuring the importance of outreach to families of schizophrenic patients. Her personalized approach extends to her students as well.

“I always present an old family picture at the start of my lectures on schizophrenia,” she says. “I believe it makes students listen more closely. I tell them I know there are likely several people in the room with similar circumstances. I know what it is to experience the pain of seeing someone close to you who is disabled. I know what it is to want to turn that experience into something positive.”

Dixon started out with a degree in economics from Harvard, but was turned on to medicine by a professor, Paul Starr, now considered a leader in understanding the role of health care in society. She says his course helped her to understand the history of American medicine, and why certain behaviors are labeled illnesses, and others not.

“I began to see medicine from a societal, political and economic viewpoint,” she says. “It was my own intellectual interest in the socio-economic health care environment, added to my personal experience with mental illness, that led me to medicine. My brother’s long, unfortunate journey through the mental health system made psychiatry inevitable.”

Schizophrenia, she explains, is a complex disease. Its exact cause isn’t known, though it’s believed there probably is more than one disease involved. To some extent, it’s defined by its symptoms. It does have genetic components, evidenced by family studies that show an elevated rate of schizophrenia among biological family members who have the disease. Yet it is known that the illness has non-genetic factors since identical twins don’t have 100 percent concordance. If one twin has schizophrenia, the
other twin has only about a 50 percent chance of having the disease. There also appears to be some relationship to population density, and it is suspected there may be an infectious process that takes place among people who live closely together.

Although schizophrenia affects only one percent of the population, it is for many of those who suffer from it, a very disabling disease. While new treatment approaches have considerable promise, only a minority of patients with schizophrenia are able to work in full-time competitive jobs. Dixon hopes that will change in the near future as part of the disease now can be managed. Nevertheless, its course is both highly variable and unpredictable. Manifestations may include social withdrawal, odd behavior, cognitive difficulty, lack of concentration, or a display of strange and unusual ideas.

When Gerald Loughlin opened fire on U.S. Representative Gabrielle Giffords in January, wounding the congresswoman and killing six others, people questioned how such a deranged individual could have gone unnoticed by family and peers. Dixon points out that it wasn’t that his behavior went unnoticed, but that people had trouble understanding their options and knowing what kind of action to take. She suggests that, while it is impossible to speculate, and we do not know the medical circumstances of Loughlin’s actions, the challenge for society is to become proactive, educated in being able to recognize symptoms without over-reaching. One can’t assume that specific behaviors indicate psychotic illness. It’s a delicate balance to maintain, she admits.

Over a 15-year period, Dixon has conducted a study of a National Alliance of Mental Illness (NAMI), a 12-session program to help families learn about mental illness, assist their loved ones, and also take care of themselves while caring for a family member with schizophrenia. Her group received a grant from the National Institute of Mental Health involving a partnership with NAMI in several Maryland counties to conduct a randomized trial to assess the effectiveness of the program. The goal is to determine whether the program benefitted families, and increased their knowledge, family functioning, and coping skills.

“We found families were helped by knowledge surrounding schizophrenia, stress levels were reduced, and those benefits remained six months later,” she says.

As for treatment of schizophrenia, there are two schools of thought relative to how best to approach the disease. One prescribes identifying people at high risk early, when they display pre-psychotic but not full-fledged symptoms. Dixon questions the risk involved in placing someone on medications prior to evidence of the disease. She argues that there is an unavoidable stigma attached to treatment. In addition, these symptoms generally occur in late adolescence or early adulthood, a time when developmental changes and possible drug use can confuse the issue of what is normal and what’s not. She believes a promising approach to intervention is to identify young people with actual psychosis as early as possible and provide multidisciplinary treatment with minimal medication and strengths-based recovery oriented support.

“We have an intervention team actively recruiting people from community resources, and sending them to schools, hospitals, and counseling centers where they identify those who may need assistance, and offer the latter an opportunity to participate in our program,” she says. “These are people who are struggling to understand what is happening in their lives.”

The research is currently being offered at the Garrett-Herschers Clinic, a part of the University of Maryland Medical System. A team psychiatrist provides an individual approach to care. While anti-psychotic drugs help, they are administered at the lowest dose, and individualized as much as possible. The team includes an education specialist who focuses on individual functioning, education, and work experiences. A team leader works with families, and a skills trainer assists patients with substance abuse problems, management, and social skills.

The division of services research, which Dixon directs, works closely with the division of psychology group headed by Alan Bellack, PhD, professor in the department of psychiatry. Their studies are directed to studying and testing interventions that address the problems of living experienced by people with schizophrenia and finding strategies that work in the real world. Dixon and Bellack also work closely with the Maryland Psychiatric Research Center (MPRC), led by William Carpenter, MD, professor of psychiatry. Clinical scientists at the MPRC are studying various medications for schizophrenia.

“My colleagues and I believe strongly that early treatment with medication, added to behavioral and cognitive strategies, along with family support, provide the best current hope for improving outcomes in schizophrenia,” Dixon says.

Their aim is to uncover all that happens when an effective treatment is tested in the workplace, or another real world situation. Patients with the disease have other problems and beliefs that influence their behavior. The challenge is to separate that from schizophrenia, to take what is known about the disease and translate it to a patient’s ability to function as normally as possible.
The Misery of Corpulence

he patient, an overweight man in his middle 60s, reported that his quality of life was suffering badly. He was having difficulty fitting into a theater seat; his sight and hearing were failing, and he had experienced “a slight umbilical rupture.” He later noted that:

“I could not stoop to tie my shoe, so to speak, nor attend to the little offices humanity requires without considerable pain and difficulty [and] which only the corpulent can understand; I have been compelled to go down stairs slowly backwards, to save the jar of increased weight upon the ankle [sic] and knee joints …”

He called his condition “the crying evil of obesity—that dreadful tormenting parasite on health.” Although only 5’5” in height, he would eventually weigh in excess of 200 lbs.

The patient was a careful note taker, and he eventually published his notes in a 22-page pamphlet called Letter on Corpulence. He tells readers that “none of my family on the side of either parent had any tendency to corpulence,” and that he has taken many cures, including Turkish baths, vigorous exercise, and various forms of “ physic,” but never managed to lose more than six pounds.

And yet he did not believe that he had been eating or drinking to excess, but rather that his increase in weight came on very gradually. He uses a striking simile “like the parasite of barnacles on a ship” was the weight that so diminished his quality of life. As his condition became more and more humiliating, he grew to know what in the 21st century has been called the social disability of obesity. He was ashamed—and he was determined to do something about it.

Other than publishing a pamphlet, what did the patient—whose name was William Banting—choose to do? Banting’s business was that of a mortician, and he had grown prosperous in mid-Victorian London selling his services and making elaborate coffins for the likes of the Duke of Wellington. He had the financial means to seek the best available advice, and with the help of a French-trained physician named William Harvey (not to be confused with the 17th-century scientist), Banting, at age 64, opted for a novel diet. He cut out sweets and starches wherever possible, and yet allowed himself regular portions of meat and other basic foods.

Foods he avoided included “bread, butter, milk, sugar, beer, and potatoes, which had been the main (and, I thought, innocent) elements of my subsistence, or at all events they had for many years been adopted freely.”

As a successful man of the 19th century, Banting was using to eating often—five times per day. He continued to do so, but now

Banting lived into his 81st year. During the last 15 years of his life, he used his own money to distribute his pamphlet to anyone who would read it.
his dietary regimen consisted primarily of meats, unsugared tea, select vegetables, and red wine.

By following this diet for a full year, Banting tells us that his desired result was obtained. Daily needs were met, and quality of life improved. In his own layman’s terms, Banting called the approach a “simple common-sense means” to better health:

“[I was] reduced nearly 13 inches in bulk, and [nearly] 50 lbs. in weight; able to perform every necessary office for myself; the umbilical rupture is cured; and my sight and hearing are surprising at my age.”

His pamphlet details these results and includes weekly weight totals. As a modern researcher would expect, the initial weight loss was most dramatic; but a drop of at least 2–3 pounds per month continues throughout. From August of 1862, when he topped out at 202 lbs, Banting went down to 156 pounds by September of 1863. Six year later, for the third edition of his pamphlet, he reports an additional four pounds’ loss, making for a long-term drop of half a hundred-weight.

Banting does suggest that he subsequently allowed himself the occasional indulgence—perhaps a bit of pie or pudding:

“[I am now] in that happy comfortable state that I do not hesitate to indulge in any fancy in regard to diet, but watch the consequences, and do not continue any course which adds to weight or bulk and consequent discomfort.”

The results he obtained are consistent with what later medical researchers have documented. Following a consistent low-carb diet results in a significant drop in weight during the first several weeks; then typically a more gradual decline over a period of months with liver function restored and a healthier metabolism regained.

Banting was able to combine good medical care with self-discipline. He showed a willingness, not only to listen to medical advice, but also to express himself on the emotional and social aspects of obesity. Nearly 150 years after publication of his pamphlet, what calls out loudest from Banting’s writings is the pain that his rich lifestyle had caused him. The pain was such that he decided to defy polite conventions of mid-Victorian society and “out” himself as an obese man. In so doing he acknowledged the downside of prosperity.

In the modern world, everybody can aspire to economic success—and everybody can get fat.

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

❖ Meredith Bond, PhD, professor and chair of the department of physiology, was elected to a three-year term as association chairman of the American Association of Anatomists at its annual meeting of chairs of departments of anatomy. Bond has served as past president of the ACDP.

❖ Angela H. Brodie, PhD, professor of pharmacology & experimental therapeutics and program in oncology, has been appointed to the scientific advisory board of the Susan G. Komen Foundation.

❖ Andrew N. Pollak, MD, professor of orthopaedics and head, division of orthopaedic traumatology, became president of the Orthopaedic Trauma Association (OTA) on February 20. The OTA is the world’s leading organization of orthopaedic trauma specialists representing more than 1200 surgeons and scientists committed to improving the care of musculoskeletal injury. In addition, Pollak was elected to the board of directors of the American Academy of Orthopaedic Surgeons (AAOS). Pollak will serve as treasurer-elect and will assume that position in 2012.

❖ Edward A. Sausville, MD, PhD, professor of medicine and program in oncology, has been named an editor-in-chief of the journal Cancer Chemotherapy and Pharmacology. Sausville is also associate director for clinical research at the University of Maryland Marlene and Stewart Greenebaum Cancer Center.

❖ Michael T. Shipley, PhD, the Donald E. Wilson Distinguished Professor and chair, department of anatomy & neurobiology, and director, program in neuroscience, was re-elected for a second three-year term as councilor to the council of academic societies. One of the three leadership councils of the Association for American Medical Colleges and external affairs representative for the Association of Anatomists, Cell Biology and Neurobiology Chairpersons (AACBNC), Shipley was president of AACBNC in 2007. Additionally, he transitioned from chair-elect to chair and presided at the section on neuroscience at the 2011 meeting of the American Association for the Advancement of Science in Washington, DC, in February.

❖ John A. Talbott, MD, professor of psychiatry, has been appointed editor-in-chief of the Journal of Nervous and Mental Disease, America’s oldest, independent, monthly scientific publication devoted to psychiatry and neurology.

❖ Stefanie N. Vogel, PhD, professor, department of medicine, has been named an editor-in-chief of the American Journal of Pathology. Vogel is also associate editor of the American Journal of Pathology. Vogel has been elected as editors of the American Journal of Pathology.

❖ Abdu Azad, PhD, professor, department of pharmacology & experimental therapeutics, was honored during Breast Cancer Awareness Month in October 2010, receiving the Jill Rose Award from the Breast Cancer Research Foundation in recognition of her outstanding research accomplishments in the development of aromatase inhibitors. This $25,000 award was presented to Brodie at the foundation’s medical symposium held in New York City. The symposium included a panel discussion, “The Many Faces of Hormones and Breast Cancer: Expert Views of Causation, Treatment and Prevention,” in which Brodie participated and included remarks by former United States President Bill Clinton.

❖ William Keller, MD, resident of psychiatry, is recipient of the 2011 clinical trials psychiatric research fellowship award from the American Psychiatric Association (APA). Keller received the award during a formal presentation at the APA’s annual meeting in Honolulu, Hawaii, in May. Only one resident is chosen for this fellowship which provides protected time for research and $45,000. Keller also works in the Maryland Psychiatric Research Center.

❖ Wendy Sanders, MA, assistant dean for research career development in the office for research and graduate studies, competed in the AAAS annual meeting in Washington, DC, in May 2010.

Awards & Honors

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a major adult figure skating championship as a fundraiser for the Juvenile Diabetes Research Foundation (IDRF). Sanders competed in one of the country’s three sectional divisions, the Easterns, which drew skaters ages 25 and up from across the Eastern seaboard. The competition was held on February 26 in Pittsburgh, where Sanders won the silver medal in her group and raised $4,000 for JDRF.

Events, Lectures & Workshops

❖ Amber Beitzelshees, PharmD, MPH. assistant professor, department of medicine, moderated the session “Genomics and Pharmacogenomics: Platelet Reactivity, Antiplatelet Drugs and Warfarin” at the American Heart Association Scientific Sessions in Chicago in November 2010.

❖ France Carrier, PhD. associate professor, department of radiation oncology and program in oncology, co-chaired a session entitled “Chromatin Regulation and Cancer” and presented a talk entitled “Inherent Epigenetic Characteristics Predispose Cancer Cells to Histone Deacetylase Inhibitors (HDACIs) Sensitization to Anticancer Drug Treatments” at the BIT Life Sciences 3rd World Cancer Congress in Singapore in June 2010.

❖ Mark Eppinger, PhD. research associate, department of microbiology & immunology and institute for genome sciences, was an invited speaker at the 5th International Genome Conference organized by the Beijing Genome Institute in Shenzhen, China, in November 2010. His lecture was entitled “Genomic Anatomy of Escherichia coli O157:H7 Outbreaks.”

❖ Alessio Fasano, MD. professor, departments of pediatrics, medicine and physiology and director, center for celiac research, and Pam Cureton, RD, LDN. dietician at the center for celiac research, presented topics on celiac disease at the Food & Nutrition Conference and Expo, hosted by the American Dietetic Association in Chicago in October 2010. In November, Fasano presented “Celiac Disease 2010: New Advances for an Old Disease” at the Arnold Silverman, M.D. Visiting Professor Lectureship in Pediatric Gastroenterology, Hepatology and Nutrition at the Children’s Hospital and the University of Colorado Denver Anschutz Medical Center in Denver. He presented “Role of the Microbiome in Onset of Celiac Disease and Possible Therapeutic Implications” at Columbia University Medical Center in New York. Fasano presented two papers, “How Many Pieces are Missing to Complete the Puzzle?” and “The History and Geography of Celiac Disease,” at “Beyond Celiac Disease,” an international meeting held in Naples, Italy, in December 2010 as part of the annual meeting of the Campanian chapter of the Italian Celiac Association. Additionally, Fasano presented “Biological Approaches to Epithelial Barrier Repair” at the Gut Integrity Meeting, sponsored by the Bill & Melinda Gates Foundation and held in Seattle in December 2010. At this same meeting, Myron “Mike” Levine, MD, DTPH, Simon and Bessie Grollman Distinguished Professor, and director of the center for vaccine research and head of the division of geographic medicine, presented “The Burden of Disease.”

❖ Tibor Kristian, PhD. assistant professor, department of anesthesiology, presented a lecture entitled “Mitochondrial Dysfunction and NAD+ Catabolism as Mechanisms of Cell Death and Promising Targets for Neuroprotection” at the 9th International Conference on Brain Energy Metabolism in Budapest in July 2010.

❖ Benjamin J. Lawner, DO, EMT-P, clinical assistant professor, department of emergency medicine, was an invited speaker at the annual conference of the National Collegiate EMS Foundation, held in Philadelphia in March. His lectures were entitled “Asthma and Anaphylaxis: Beyond Bronchodilation” and “EMS Mythology.” In addition, Lawner was a member of an expert panel that discussed controversies in pre-hospital care. He participated in the planning and presentation of an EMS skills competition, including a mock multiple casualty incident.

❖ E. Albert Reece, MD, PhD, MBA, vice president for Medical Affairs, University of Maryland, John Z. and Akiko K. Bowers Distinguished Professor and Dean, University of Maryland School of Medicine, was one among several distinguished scientists and journalists who were invited panelists to the Maryland-based Research Partners Forum, at the National Press Club in Washington DC on May 11, 2011. The theme of discussion was: “Let Me Be Clear: Science Journalism in the Age of the Genome and Twitter.” Sponsored by Research!America, Pfizer, Inc. and the University of Maryland, the forum aimed to generate an interactive dialogue about the ways journalists and scientists can work together in the evolving environments of both fields.
Jason Sahl, PhD, postdoctoral fellow
Julia Redman, research specialist, Adam Phillippy, general assistant, and David Rasko, PhD, assistant professor, all from the institute for genome sciences, presented a poster entitled "From Commensal to Lethal Infection: Genomic Analysis of E. coli and Shigella" at the Infectious Disease Genomics and Global Health meeting in Hinxton, Cambridge, United Kingdom, in September 2010. Additionally in September, Rasko, who also is with the department of microbiology & immunology, presented a lecture entitled, "Genomic and Transcriptional Characterization of Enterotoxigenic E. coli: Insights into an Established Pathogen," at the Novartis Vaccines conference in Siena, Italy.

David Rasko, PhD

Jordan E. Warnick, PhD, Dean Emeritus Donald E. Wilson, MD, MACP, Livingstone Dore, ’13, Andrew Tkaczuk, ’13, Sarah Ullah, ’13, Reney Henderson, ’13, and Dean E. Albert Reece, MD, PhD, MBA, Dean Emeritus Donald E. Wilson, MD, and Frank M. Calia, MD, MACP, vice dean for clinical affairs.

Five faculty members from the department of emergency medicine contributed chapters to EMS: A Practical Global Guidebook, published by the International Federation for Emergency Medicine in August 2010. Kenneth H. Butler, DO, associate professor, Daniel L. Lemkin, MD, MS, assistant professor, and Benjamin J. Lawner, DO, EMT-P, clinical assistant professor, wrote the chapter on airway management. Jon Mark Hirshon, MD, MPH, associate professor, is a co-author of the chapter titled "EMS Health, Safety, and Wellness Issues."

Jon Mark Hirshon, MD, MPH

Terrence M. Mulligan, DO, MPH, assistant professor, is the lead author of the chapters titled "Patient Data Records and Patient Handover" and "Parenteral Access: IV, IO, IM, Rectal, Nasal." The book is the first of its kind, designed as a resource to enhance coordination and communication among emergency medical services groups throughout the world. The 175 contributors represent 15 countries.

Edson X. Albuquerque, MD, PhD

Edson X. Albuquerque, MD, PhD, professor, department of epidemiology & public health, received a four-year, $2.4 million, multi-PI R01 grant from the National Institute of Environmental Health Sciences for his work entitled "Neurotoxicity of Organophosphorus Pesticides in Developing Guinea Pigs." Additionally, Albuquerque received a two-year, $1.5 million grant from the Defense Threat Reduction Agency for "Galantamine and Anticonvulsants in the Treatment of Nerve Agent Toxicity."

Anthony Harris, MD, MPH

Anthony Harris, MD, MPH, professor, department of epidemiology & public health, received a two-year, $5,661,987 grant from the Agency for Healthcare Research and Quality for his work entitled "Effect of the Use of Universal Glove and Gowning."

W. Jonathan Lederer, MD, PhD, professor, department of physiology, and acting director of the center for biomedical engineering and technology, received a five-year, $5,509,888 grant from the National Institute for Heart, Lung and Blood for "Calcium Entrained Arrhythmias."

Igor S. Lukashevich, MD, PhD, associate professor, institute of human
Arenaviral Vaccines. Development of New Bivalent Cross-Protective...
Did we take your picture?
Photographs from the 136th Medical Alumni Reunion are available on the MAA website: www.medicalalumni.org. Please visit our website to copy your favorites.

Message from the MAA President

These next few pages summarize events from the 136th Medical Alumni Association Reunion staged May 6–7. This year more than 750 alumni, faculty, students, and friends attended the event, featuring medical school classes ending in “1” and “6.”

Reunion is just one of the many programs and services orchestrated by our independent, volunteer-driven organization. This page includes a list of officers and directors who constitute our board, and information pertaining to our mission statement and structure can be found on page 34.

Our goal is to keep alumni engaged in the life of the school. To that end we maintain an alumni data base, produce this quarterly magazine, and organize social activities. Last September we added another benefit to members—the ability to view online classroom lectures—to enrich our understanding of medical science as it is presented today to students entering the profession.

At our annual business meeting during reunion, we approved a significant change to our bylaws. To help ease the financial burden of our graduates-in-training, members ratified a motion to waive membership fees for the first four years after graduation. This action was unanimously endorsed after members learned that last year’s graduates crossed the stage with $145,000 in average medical school debt. With tuition and fees reaching $25,000 for in-state students (and twice the amount for those attending from outside Maryland), the rising cost of a medical education is profoundly impacting career choices, driving would-be primary care doctors into sub-specialties.

Over the past two years several alumni and friends have stepped forward to establish endowed scholarships, and these are making an immediate impact on some of our students. If you are in a position to make such a generous contribution I encourage you to contact the alumni office. If not, I hope you understand how critical your annual support is to the Medical Alumni Association and school. Annual gifts are the heart and soul of any fundraising organization, supporting a wide range of school initiatives. And your annual dues are also critical in maintaining the programs and services provided by the Association.

As president, I look forward to working with you over the next 12 months.

Tamara L. Burgunder, ’00, is a pediatrician at Mt. Washington Pediatric Hospital. She completed residency training in pediatrics at Johns Hopkins. She and husband Tripp live in Owings Mills with their three children: Ben, age 11; Sam, age eight; and Maisie, age six.
Five alumni and the class of 1961 were honored during the Harry & Vivian Kramer Recognition Luncheon at the Southern Management Campus Center on May 6. Recipients of the School of Medicine Alumni Leadership Award included Jay S. Goodman, ’66, and Melvin Sharoky, ’76. The 2011 MAA Honor Award & Gold Key went to Stuart L. Fine, ’66, and the 2011 MAA Distinguished Service Award was given to Carolyn J. Pass, ’66, and husband Richard M. Susel, ’66. More than 30 surviving members of the class of 1966, celebrating their golden anniversary, were in attendance during the weekend and were also honored during the luncheon.
His theories on evolution rocked the world, but Charles Darwin never quite understood what made him so sick. The British naturalist was the subject for Maryland’s 18th Historical Clinicopathological Conference on May 6, and now it appears he may have suffered from three different ailments.

Darwin was born in England on February 12, 1809. He suffered from chronic vomiting, abdominal pain and gastrointestinal distress for much of his life, all while maintaining his career as an incredibly influential scientist and fathering 10 children. He traveled the world cataloging and observing wildlife and fossils, becoming fascinated by the way species seemed to adapt and change. It was in 1859 that he published his seminal work, *On the Origin of Species*, detailing his theory of evolution and natural selection. He went on to describe the evolution of humans and sexual selection in later books, and he also published on plants and geology. His work changed the way the world regarded science and serves as the foundation for the field of biology. Darwin died of heart failure in 1882 at the age of 73.

Sidney Cohen, MD, professor of medicine and director of research at the Jefferson Medical College of Thomas Jefferson University in Philadelphia, theorized that Darwin suffered from cyclic vomiting syndrome—which starts in childhood; Chagas’ disease—from a bug bite Darwin described during his trip through South America; and Helicobacter pylori—the bacteria known to cause peptic ulcers. Cohen believes the heart ailment that killed Darwin may have been a pathogen from the bug bite. It causes an acute illness and can then lie dormant for years before reappearing as heart arrhythmias and congestive failure.

Each year a historian is invited to shed light on the life and times of the mystery subject. This year more than 350 guests in attendance received a special treat with the appearance of Ruth Padel, PhD, an award-winning poet and writer who is Darwin’s great-great-granddaughter. The program also included an appearance of Darwin’s father, a physician, played by CPC consultant Wayne Millan. The conference is organized by Philip A. Mackowiak, ’70, professor and vice chair of the department of medicine and director of the Medical Care Clinical Center of the VA Maryland Health Care system.
The Baltimore Museum of Industry, located at Baltimore’s Inner Harbor, was the site of this year’s crab feast.

Happening at the Harbor

Alumni, faculty, and friends are invited to send in their nominations for two MAA-sponsored awards by November 1, 2011. 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 4, 2012. Letters of nomination for both awards must include a curriculum vitae and should be addressed to: Michael McEvoy, ’83 Chair, MAA Awards Committee 522 W. Lombard Street, Baltimore, MD 21201-1636 or emailed to: maa@medalumni.umaryland.edu

Calls for 2012 Awards Nominations!
Reunion Class Parties

The Class of 1956 at the Maryland Club

The Class of 1961 at the Marriott Hotel

The Class of 1966 at the Capital Grille

The Class of 1971 at Germano's Trattoria

The Class of 1976 at Bluestone Restaurant

The Class of 1981 at the Black Olive Inn

[Reunion photographs can be downloaded on our website: www.medicalalumni.org by clicking “Photo Gallery.”]
The Class of 1986 at the Maryland Club

The Class of 1991 at the Maryland Club

The Class of 1996 at Oregon Ridge Park

The Class of 2001 at Oregon Ridge Park

The Class of 2006 at Capital Larry’s

Did we take your picture?
Photographs from the 136th Medical Alumni Reunion are available on the MAA website: www.medicalalumni.org
Please visit our website to copy your favorites.
WHEN SHE WAS A TEENAGER, Teri Manolio, ’80, headed to the library at the National Institutes of Health (NIH) on Friday nights to do her homework. As a high school senior, she worked for one of the investigators for a dollar an hour. Most days she ran errands, but her reward came on Fridays when the researcher would give a talk about studies performed in his laboratory. That experience cemented two positions for her—a long-held decision to follow a medical career, and a realization that bench research was not for her.

A native of Bethesda, where her parents still live in the house in which she was raised, where she was surrounded by physicians, and where the columned exterior of the NIH was a familiar neighborhood landmark, it is no wonder Manolio decided early to become a doctor.

She and her brother, two years apart in age, both applied to the medical school at Maryland the same year. “Apparently, there had been a recent unfortunate experience with twins, and so we were told Maryland couldn’t accept both of us in the same class,” she says. “Rick wound up going to Georgetown, and we graduated two days apart.”

Commenting on fond memories of her years at Maryland, Manolio says that Frank Calia MD, then residency program director, department of medicine, had a profound influence on her future. It was at his suggestion that she served an internship and residency at Boston City Hospital, and that she chose academic medicine.

She followed her residency in Boston with a year as chief medical resident at the District of Columbia General Hospital, then a fellowship at Hopkins division of internal medicine. “While I wanted to retain my clinical practice, I was focused on teaching and in going beyond what I thought of as routine medicine,” Manolio says. “Epidemiology was part of my training, and I found I liked asking questions, playing with data, developing knowledge, and becoming more creative than I thought I could be in internal medicine.”

While she continues to see patients as professor of medicine at the Uniformed Services University of the Health Sciences, Manolio, leaning more toward discovery, went on to earn a master of health sciences in epidemiology, and later a PhD in human genetics/genetic epidemiology.
toward discovery, went on to earn a master of health sciences in epidemiology, and later a PhD in human genetics/genetic epidemiology.

In what must have seemed a natural sequence of events, she returned to the NIH, specifically the National Heart, Lung and Blood Institute (NHLBI) where she undertook a cardiovascular health study among older adults, the largest ever performed at that time. She explains that, until then, heart disease was considered an inherent consequence of aging. The study, conducted among 5,200 people, sought risk factors and ways to reduce them among those 65 and older.

From 1995 to 2005, she headed all epidemiologic studies at NHLBI, including the Framingham Study, Honolulu Heart Program and others. "Around this time, it became clear that our future lay in genetics, and yet there were very few people trained in both genetics and epidemiology," Manolio says.

This dynamic became the impetus for her PhD in human genetics/genetic epidemiology and her status as one of the few practicing physicians with specializations in both fields. One of the initial studies she tackled was in collaboration with the National Human Genome Research Institute (NHGRI), which was headed at that time by Francis S. Collins, MD, PhD, currently director of the NIH. It included 100,000 people in an investigation of hemochromatosis, the iron storage disease in which patients absorb too much iron from the intestines. One of the questions under study was whether screening should be done by phenotype or genotype. It determined that both kinds of screening were effective, but that, since many people with the genotype did not get the disease, phenotype screening was the preferred method.

That study brought Manolio into contact with Collins and the serious merger of genomics and epidemiology pursuits at the NIH. Collins was interested in pursuing large population studies of 500,000 people or more to which genomic principles could be applied. A team of more than 100 scientists worked for a year in designing a proposal on genes and environment invol-
ing diseases that clearly run in families, and in which a common gene or perhaps more than one have some influence but are not determinative as in cystic fibrosis or sickle cell disease. They sought to examine both the genetic influences, as well as environmental components that might modify them. That study is currently on hold awaiting better budgetary prospects. However, the process has led to a recognition of the importance

of an epidemiological approach to genomics, and the need to get more genomic information into population studies. It also led to Manolio’s going from the NHLBI to the NHGRI to organize a population science group there.

“It was a wonderful opportunity for us to take the genomic technology developed by NEHGRI, such as their ability to test many genotypes at once, and putting them into well characterized populations, such as the Framingham study,” she says.

Manolio believes the fusion of genetic and epidemiological pursuits is the wave of the future. “It basically amounts to bringing our genomics investment to the point of being able to determine how it relates to real people with real diseases.

“There is a perception that genes alone determine a disease, but we are learning that isn’t always true. We need to take a step back and talk about other risk factors, particularly in drug selection. We know there are genetic influences in the way people metabolize drugs. So if we can identify those with a specific variant, we may be able to determine their reaction to a drug.”

In July, 2010, Manolio was asked to participate in the NIH's effort to study the recent oil spill as it relates to all those exposed, but especially the clean-up workers. Her job was to move the project forward, collaborating with numerous agencies, getting past the inevitable hurdles, recognizing that there was a whole command structure and a national response that imposed constraints about how research could be conducted at various levels. The project, which was recently launched, measures clean-up exposures among 20,000 workers of the more than 100,000 involved. Although there have been 35 major oil disasters, this will be the first study to follow workers for several years to determine long-term impact on their health.

When asked to take on this responsibility, Manolio told Collins, “It’s a great honor, but I don’t know anything about oil spills.” His reply was, “That makes you the perfect person for the job. You don’t have an agenda.”

That has been true throughout Manolio’s career. She appears guided by only one agenda—the creativity of taking on increasingly diverse projects pairing genomics and epidemiology. Toward that goal, she has earned numerous honors including the Presidential Rank Award for Meritorious Service (twice), three NIH director’s awards, an NHLBI director’s award, an NHGRI director’s award, and several senior executive service awards.
JBDA
Alliance Inducts 61 Members

These might be difficult economic times, but you’d never know it by attending the 33rd Annual John Beale Davidge Alliance Luncheon on May 5. Each year the Medical Alumni Association and school co-host this annual luncheon to recognize contributions of $10,000 and above. The school’s society for major donors, in existence since 1978, now boasts over 1,000 members.

Irvin (’56) and Marlene Pollack with Jerome Ross, ’60

Left: Former SOM dean John M. Dennis, ’45, and John Wm. Garreis, ’67; Right: Sangwoon Han, ’86 and husband N. Eric Carnell, ’86

FY2011 New Members

Elm Society
($10,000–$24,999)

Alumni
William H. Yeager, ’50
Julio E. Figueres, ’60
Jerome Ross, ’60
Carlos E. Girod, ’61
Arthur W. Traum, ’62
David R. Harris, ’65
Stuart H. Yuspa, ’66
Steven H. Resnick, ’77
Terence D. Campbell, ’80
Dale K. Dedrick, ’80
Michael F. Pratt, ’80
E. Allan Atwell, ’83
N. Eric Carnell, ’86
Sangwoon Han, ’86
Lee A. Kleiman, ’86

Faculty
Dr. Vincent M. Conroy

Friends
Mr. & Mrs. Larry Akman
BD Diagnostics
Community Foundation, National Capital Region
Dadada Media Group Ltd.
Mr. & Mrs. Burton J. Fields
Greater Cedar Rapids Community Foundation
Mr. & Mrs. William Lockwood
The Lois & Richard England Family Foundation Inc.
Mr. Timothy J. Regan
Sanofi Pasteur
Sanyo Commercial Solutions
Dr. Roger E. Schneider
Ms. Elizabeth K. Shufflebotham
Siemens Medical Solution
Mr. Creston G. Tate
Telegent Engineering Inc.
Thermasolutions Inc.
Silver Circle
($25,000–$49,999)
Alumni
Stuart H. Brager, ’58
Mark C. Lakshmanan, ’81
Faculty
Dr. J. Marc Simard
Friends
American Association for Cancer Research Inc.
Dell Computer Corporation
Mr. Myron D. Gerber
Mr. Stanley J. Marcuss
Network Building and Consulting Inc.
Ms. Shannon Parks
PNC Bank Corp.

1807 Circle
($50,000 & Above)
Alumni
William R. Bosley, ’66
John Wm. Gareis, ’67
Harry Clarke Knipp, ’76
G. S. Malouf Jr., ’79
Alan R. Malouf, ’85
Faculty
Dr. Angela H. Brodie
Friends
Academy of Applied Sciences
Baltimore Community Foundation
Blackbaud
Boston Scientific Foundation
Complementary Care Foundation
Mr. & Mrs. Leo G. Dominique
The Emmert Hobbs Foundation Inc.
Komen Maryland
Dr. George S. Malouf Sr.
Mas Family Foundation Trust
P&G Pharmaceuticals Inc.
The Pearlstein Foundation
Tri-County Celiac Support Group
United Way of Central & Northeastern Connecticut
Vitrolife Inc.

Above: Carlos E. Girod, ’61;
Below: Mark Lakshmanan, ’81

Harry C. Knipp, ’76, with son David, ’14

Steve H. Resnick, ’77 (center), receives his Elm pen from SOM dean E. Albert Reece, MD, PhD, MBA, and Otha Myles, ’98

Grace Malouf with husband G. S. Malouf Jr., ’79, George S. Malouf Sr., MD, wife Eva Malouf, Mary Malouf and husband Alan R. Malouf, ’85
In 1886, the last known case of “burking,” or murdering victims to sell their corpses to medical school for dissection, was recorded in Baltimore. John T. Ross was convicted and hanged one year later at the city jail for murdering Emily Brown inside her Pig Alley home. His accomplices, Maryland janitor Anderson Perry and Albert Hawkins, fled to avoid the same fate. Later, upon his death, Perry’s body was returned to the medical school for dissection.

In 1906, Samuel T. Darling, class of 1903, an instructor in histology and pathology, wrote the first clinical and pathological description of a disease associated with tubercle-like lesions in the lungs, liver, spleen, and lymph nodes. The disease, known for many years as Darling’s Disease, was disseminated histoplasmosis. Darling became a world authority as an epidemiologist and tropical disease expert and was nominated for the Nobel Prize.

In 1991, Allen R. Myers, class of 1960, was named dean of the Temple University School of Medicine, a post he held until 1995. An international authority in the management of scleroderma and other connective-tissue diseases, Myers joined Temple in 1978. From 2000 until 2002, he served as president of the Philadelphia College of Physicians.
A Salute to the Class of 2011

The Baltimore Hilton was the site for the 2011 pre-commencement celebration for 151 members of the class of 2011 on May 20. This year’s keynote address was delivered by Rita Lavizzo-Mourey, MD, MBA, president and CEO of the Robert Wood Johnson Foundation.

The gold medal was awarded to Elizabeth Le, ’11, and the Balder Scholarship Award for outstanding academic achievement went to Linda Xu, ’11.

Graduates matched at 85 different hospitals in 28 different states, up from 72 hospitals in 24 states last year. This year a mere 28 percent of the class will be staying in Maryland to train.

Pre-commencement celebrations were also held on May 19 for students pursuing a degree other than an MD. These included the department of medical and research technology, the graduate program in life sciences, the masters in genetic counseling program, the masters in public health program, and the department of physical therapy and rehabilitation science.

Clockwise from left: Frank M. Calia, MD, MACP, served as mace bearer; Class president Christopher J. Lemon receives his hood from Beth Jelinek, MD, instructor in obstetrics, gynecology and reproductive sciences, one of six hooders selected by the class. Elizabeth Le was the Class of 2011 Gold Medal Winner.

Photos by Richard Lippenholz
Managing wealth

Sustainable Retirement Portfolio Withdrawal Rates

One of the challenges that many retirees face involves the conversion of the investment assets previously accumulated during working years into an ongoing income stream that will support their financial needs throughout their remaining lifetime. The maximum percentage that can be withdrawn from an investment portfolio each year to provide lifetime income, with a reasonable certainty, is referred to as the sustainable withdrawal rate. Properly determining this rate is especially important during the initial retirement years since the degree of early stage depletion can have a significant impact on how long the underlying invested assets will last. Increases in life expectancy, the impact of inflation, and the effect of taxes further complicate this challenge.

Several academic studies have explored the notion of sustainable withdrawal rates. In a study published in October 1994, William P. Bergen evaluated the annual performance of hypothetical portfolios that are rebalanced to achieve a 50-50 mix of large-cap common stocks and intermediate-term Treasury notes. The study considered the potential impact of major financial events such as the Depression years, the stock market decline of 1937-1941, and the 1973-1974 recession, and concluded that a withdrawal rate of slightly more than 4% would have provided an inflation-adjusted income stream for at least 30 years (“Determining Withdrawal Rates Using Historical Data,” Journal of Financial Planning). In an October 2004 study (“Decision Rules and Portfolio Management for Retirees: Is the ‘Safe’ Initial Withdrawal Rate Too Safe!,” Journal of Financial Planning), Jonathan T. Guyton determined that it was possible to have “safe” initial withdrawal rates above 5% by applying decision rules that considered investment portfolio performance from year to year. And in an August 2007 study (“Using Decision Rules to Create Retirement Withdrawal Profiles,” Journal of Financial Planning), William J. Klinger, using Guyton’s methods but basing the initial rate on one of three retirement profiles, suggested that a withdrawal rate could be fine-tuned from year to year to support a uniform inflation-adjusted amount, a decreasing withdrawal amount or a withdrawal amount that increases as a person ages.

A desire to transfer wealth to beneficiaries, especially when it involves highly appreciated assets, will require the coordination of the retirement plan with the estate (wealth transfer) plan. The general strategy of withdrawing money from taxable accounts first, then tax-deferred accounts, to keep more dollars invested in tax-deferred vehicles, may not be appropriate as these same tax-deferred assets may not receive the step-up in basis at death as is possible with other assets. In practice, however, the choice of which assets to draw on first may be directed by tax rules. The law requires that Required Minimum Distributions (RMDs) be taken from traditional IRAs by April 1 of the year following the year that the traditional IRA owner reaches age 70 1/2; for employer provided plans, RMDs must begin by April 1 of the year following the year that the plan participant turns 70 1/2 or, if later, the year of retirement.

In retirement planning, what is important is not just the withdrawal rate, but the sustainable withdrawal rate. Every individual has unique aspirations and circumstances that impact their specific situation. “Rules of thumb” are just that. If you are planning for retirement or are presently considering that life stage transition, you would be best served by seeking advice from a qualified wealth planner.

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This column is prepared by Ken Pittman, a senior vice president and wealth planner at PNC Wealth Management. Ken provides fee-based wealth planning services, and he can be reached at 410-237-5324 or kenneth.pittman@pnc.com
Gary M. Lattin of Rochester, N.Y., was appointed professor of pediatrics and critical care medicine at the University of Rochester School of Medicine & Dentistry and Golisano Children’s Hospital. He and wife Janet report that their seven children are well and living between Rochester and California.

1975: Judith Gadol of Chevy Chase, Md., will be playing in the World Doctors’ Orchestra at Strathmore Hall in September.

1976: Martin J. Sheridan of Baltimore reports that he recently became grandfather to the two children of daughter Nikki Alworth, ‘10, a resident in emergency medicine at Maryland. Sheridan is semi-retired after a career in internal and emergency medicine. He and wife Maddy have been married 40 years and spend summers in Kalispell, Mont. - Marlene T. Hayman of Rockville, Md., plans to retire soon from Kaiser Permanente after 31 years of service.

1940s

1945: Henry Maguire of El Cajon, Calif., recently celebrated his 90th birthday with family.

1950s

1954: William A. Andersen of Lutherville, Md., is a volunteer with the Baltimore County Public Library and its collection of photographs now available online www.kpl.info. Many of the online photographs of sites around the area were taken by Andersen; the collection dates back to around 1900. Andersen plays volleyball four days a week and for 42 years sang with the Baltimore Choral Arts Society. He was a private pediatrician for 27 years and served as chief of the maternal, child health division of the Baltimore County Department of Health for 13 years. He has three children and four grandchildren.

1960s

1960: Morton E. Smith of St. Louis received the Second Century Award from the Washington University School of Medicine. 1966: Richard H. Reed of Huron, S.D., reports that daughter Mary J. Reed, MD, was guest editor for the October 10 issue of Critical Care Clinics. It discusses critical care considerations for the morbidly obese. She also presented a lecture entitled “Post Op complications of Bariatric Surgery” during the 2010 meeting of the American College of Surgeons. 1967: Gary M. Lattin of Wyomissing, Pa., practices cardiology part time and is interim medical director at St. Joseph Medical Center in Reading. He founded Berks Cardiologists in 1972 which has grown to 16 members. Lattin enjoys spending time with his seven grandchildren.

1970s

1970: Louis A. Shpritz and wife Deborah of Owings Mills, Md., announce that daughter Lisa, a vice president at Bank of America in Charlotte, N.C., gave birth to their second grandchild on March 18. Shpritz retired from his urology practice on March 1. 1972: Ronald T. Staubly of Mount Pocono, Pa., recently returned from a six-month assignment in New Zealand and six-week vacation in Australia which included diving at the Great Barrier Reef. - Brian J. Winter and wife Pam of Ellicott City, Md., are pleased to report that son Ben is working in Hollywood, combining his electrical engineering degree earned at the University of Maryland College Park in 2010 with his creative pursuits in film. 1973: Charles Gregory Elliott of Salt Lake City is the 2011 medical honoree of the Gold Caduceus Award, presented for medical excellence by Intermountain Healthcare’s Deseret Foundation. Elliott is chairman of the department of medicine at Intermountain Medical Center and professor of medicine at the University of Utah School of Medicine and specializes in pulmonary hypertension. 1974: Else W. van der Jagt of Pittsford, N.Y., was appointed chief of pediatric hospital medicine in addition to serving as professor of pediatrics and critical care medicine at the University of Rochester School of Medicine & Dentistry and Golisano Children’s Hospital. He and wife Janet report that their seven children are well and living between Rochester and California. 1975: Judith Gadol of Chevy Chase, Md., will be playing in the World Doctors’ Orchestra at Strathmore Hall in September. - Robert A. Vegors of Jackson, Tenn., was a laureate award recipient of the American College of Physicians, recognized for exceptional service to his medical community and college. He is a recent president of his regional medical society, board member for the state medical association, and sits on the State ACP council. Son Josh has his first album on iTunes, and his daughter is a National Park Service ranger. Vegors plans to practice geriatrics for another decade. 1976: Martin J. Sheridan of Baltimore reports that he recently became grandfather to the two children of daughter Nikki Alworth, ’10, a resident in emergency medicine at Maryland. 1977: Harry S. Etter of Austin, Tex., is semi-retired after a career in internal and emergency medicine. He and wife Maddy have been married 40 years and spend summers in Kalispell, Mont. - Marlene T. Hayman of Rockville, Md., plans to retire soon from Kaiser Permanente after 31 years of service.
years of practice in internal medicine. She looks forward to additional time for travel and family.

1980s

1980: Paul E. Whittaker of Gig Harbor, Wash., is medical director of the unit at Madigan Army Medical Center that evaluates injured soldiers returning from Iraq and Afghanistan. 1983: Beverly A. Collins of Baltimore is lead medical director PCMH for CareFirst Blue Cross Blue Shield.  Michael J. Hallowell of Columbia, Md., is a psychiatrist at Aspen Day Hospital in Halethorpe and maintains a private practice in Columbia. 1985: Michael J. Hallowell of Sewell, N.J., recently biked 600 miles along the Danube River. He is chairman of the department of radiology at Drexel College of Medicine. 1989: Brian J. Eastridge of San Antonio, Tex., recently completed his fifth combat deployment as joint theater trauma system director and was appointed trauma consultant to the U.S. Army Surgeon General.

1990s

1992: Anthony Guarino of St. Louis has published Get Your Lower Back Pain under Control—and Get on with Life. Guarino is an anesthesiologist who specializes in pain management at Washington University. 1993: Michael W. Stasko and Debra B. Hurtt of Cum-berland, Md., announce the birth of their second daughter Charlotte Grace, on April 25. 1996: Robert Corder and wife Jennifer, ’90, are working at Tawam Hospital—a government hospital—in Al Ain, Abu Dhabi, in the United Arab Emirates where they remain until February 2013. They see unique pathology, teach residents from throughout the Middle East in new residency programs, and they also are able to travel. Robert is chairman of the department of emergency medicine, affiliated with the UAE University Faculty of Medicine and Health Sciences. From 2009 to 2010, the two helped create new departments of pediatrics and EM and opened a new hospital in Gaborone, Botswana. Son Gabe will soon begin his junior year at College Park and daughter Becca will join him after completing high school in Botswana. A second son, Adam, is a high school sophomore. 1998: Ryokei K. Imai of La Palma, Calif., is chief of internal medicine at Kaiser South Bay Medical Center. He, wife Cathy, and children Brandon, Ryan, and Taryn are all doing well.

2000s

2005: Jerome Graber of New York City is director of adult neuro-oncology and assistant professor of neurology and medical oncology at Montefiore Medical Center of the Albert Einstein School of Medicine. This follows completion of training in neurology and neuro-oncology. Graber was recipient of an American Society of Clinical Oncology Conquer Cancer Foundation merit award for his research on the use of perfusion imaging in malignant gliomas.  Christopher Grybauskas of Santa Monica, Calif., married Lily Denton of Columbus, Ohio. Several classmates were in attendance, but none were invited to Hawaii where the newlyweds later honeymooned.  Marissa J. Perman and husband Ben Laskin have relocated to Philadelphia, as Perman is serving a one-year fellowship in pediatric dermatology and Laskin is an attending in pediatric nephrology, both at Children’s Hospital of Philadelphia. 2006: Aliya Heyligter of Dallas has completed her second year of fellowship in endocrinology at the University of Texas Southwestern. She is serving as chief fellow until 2012. Jordan White and husband Jeff Manning, MD, of Providence, R.I., are expecting their first child soon. White recently completed a fellowship in preventive medicine and will join the faculty at Brown when she returns to work. 2007: Joshua Holyoak and wife Melissa of Columbia, Mo., are expecting their third child in August. Nina V. Isakovich of Brighton, Mass., is serving a fellowship in women’s mental health at Brigham and Women’s Hospital. 

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 database, produce the quarterly Bulletin magazine, stage social events for alumni and students, administer a revolving student loan fund, and oversee conservation of Davidge Hall and maintain its museum.

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

The Morton M. Krieger, MD, Medical Alumni Center is located on the second floor of Davidge Hall, 522 W. Lombard Street, Baltimore, MD, 21201-1636, telephone 410.706.7454, fax 410.706.3658, website www.medicalalumni.org, and email maa@medicalalumni.umdmaryland.edu
W. Lehman Guyton, ‘38
General Surgery
Cockeysville, Md.
May 23, 2011

After internship and residency training in surgery at Church Home and Hospital in Baltimore, Dr. Guyton served in the U.S. Army for three years during World War II under the command of Gen. George S. Patton Jr. Assignments included North Africa, the Italian campaign, and Battle of the Bulge, and when Guyton was discharged in 1945 with the rank of captain he had earned a Bronze Star Award and five combat stars. He practiced general surgery in Waynesboro, Pa, serving as chief of surgery and secretary of the medical staff at Waynesboro Hospital until retirement in 1984. Guyton and wife Mary were collectors of antiques, and they accumulated one of the most significant collections of American silhouettes in the world. In 1990, Guyton co-authored a monograph entitled A Basic Guide to Identifying and Evaluating American Silhouettes. In the late 1980s the couple donated to the Medical Alumni Association a set of china (circa 1800) once belonging to medical school founder and first dean John Davidge, MD. Guyton was preceded in death by his wife.

Stanley R. Steinbach, ‘45
Internal Medicine
Baltimore
May 22, 2011

Upon graduation Dr. Steinbach was a captain in the U.S. Army Medical Corps. He interned at Sinai Hospital before receiving residency training in internal medicine at Ft. Howard VA Hospital and Lutheran Hospital of Baltimore where he was chief resident. He practiced privately in Baltimore for nearly 50 years until retirement in 2000. Steinbach was a member of the Explorers Club and enjoyed classical music, photography, tennis, and bridge. He is survived by wife Florine, three children, seven grandchildren, and two great-grandchildren.

Richard A. Young, ‘46
Pediatrics
Hagerstown, Md.
September 8, 2010

St. Joseph’s Hospital in Baltimore was the site of Dr. Young’s internship, and he split residency training between Sternberger Hospital in Greensboro, N.C., and Maryland where Young later received fellowship training. He was a captain in the medical corps of the U.S. Army until 1949, before returning to Maryland and Washington County where he worked in private practice for more than 40 years. Young was past president of the Washington County Medical Society and served two years as chief of staff of Washington County Hospital. Appointments include consultant with the Maryland State Board of Education for 23 years and director on the board of the Brook Lane Psychiatric Center. Young enjoyed boating, swimming, gardening, philately, and travel. Wife Martha passed away six months after Young’s death, and he is survived by one daughter and one grandson.

Benjamin K. Silverman, ‘48
Pediatrics
Bay Head, N.J.
May 17, 2011

Upon graduation Dr. Silverman interned at Sinai Hospital in Baltimore. He received residency training at Baltimore City Hospital and Children’s Hospital in Boston where he would later undertake a pediatric cardiology fellowship. In 1954, Silverman moved to Princeton and operated a private pediatrics practice for 30 years. He left private practice to become clinical professor of pediatrics at the University of Pennsylvania School of Medicine and later worked at Children’s Hospital of Orange County (California) where he helped train students and residents. Silverman co-edited The Textbook of Pediatric Emergency Medicine. He was recipient of numerous awards including the Jim Seidel Award for distinguished service in the field of pediatric emergency medicine by the American Academy of Pediatrics. A fan of Princeton University sports, Silverman often served as the attending

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physician for its athletic events, and he enjoyed playing tennis. He is survived by wife Beverly, three sons, and seven grandchildren. A fourth son preceded him in death.

**Kenneth B. Snider, ’49**  
Dermatology  
*Pensacola, Fla.*  
April 1, 2011

Dr. Snider’s internship at Garfield Hospital in Washington, D.C., was followed by residency training in dermatology at Charity Hospital in New Orleans, but spent the majority of his career in Florida. Prior to retirement, Snider enrolled in classes at Pensacola State College and the University of West Florida where he earned an art degree. In his younger years he fished and rode motorcycles, and Snider was an avid reader and enjoyed the opera. He is survived by wife Laura, one daughter, one granddaughter, and three great-granddaughters.

**Leonard G. Hamberry, ’50**  
General Surgery  
*Baltimore*  
April 4, 2011

Dr. Hamberry interned and received residency training at Mercy Medical Center, and during his career served on the staffs at Mercy and Good Samaritan hospitals. Upon retirement he consulted with the Social Security Administration in Woodlawn. Hamberry was a volunteer caller during Medical Alumni Association phonothons and was a member of the John Beale Davidge Alliance, the school’s society for major donors. He enjoyed gardening and reading poetry. Hamberry and wife, the late Margaret Sherrard, ’49, had three children and one grandchild.

**Frederick J. Hatem, ’51**  
Obstetrics & Gynecology  
*Havre de Grace, Md.*  
June 6, 2011

During World War II, Dr. Hatem served in the U.S. Army and became a member of the American Legion Post 47 and VFW Post 8126 in Havre de Grace. Upon graduation from Maryland he interned with the U.S. Public Health Service in Staten Island, N.Y., and later served a two-year clinical preceptorship in OB/GYN. In 1952, Hatem established a medical practice in Aberdeen but after a few years limited his practice to OB/GYN and relocated to Havre de Grace where he would deliver more than 10,000 babies, among them Hall of Fame baseball legend Cal Ripken Jr. Appointments included president and chief of the medical staff at Harford Memorial Hospital, president of the Harford County Medical Society, and chair of the policy and planning committee of Med-Chi. Hatem also served on the Harford County Council, with several non-profit boards, and worked with children through the Boy Scouts and little league baseball. He was a member of the John Beale Davidge Alliance, the medical school’s society for major donors. Hatem enjoyed golf and travel and is survived by wife Arianna, three sons including Stephen F., ’89, two daughters, and five grandchildren. He was preceded in death by a third daughter, Joanne M., ’81.

**Benton B. Perry, ’52**  
Family Medicine  
*Miami*  
March 27, 2011

Jackson Memorial Hospital in Florida was the site of Dr. Perry’s training after graduation, and afterwards he set up a family practice in Miami. He served as a state officer in the Florida Medical Association, and in addition to serving more than 25 years on the board of the Dade County Academy of Family Practice was elected its president. Perry enjoyed bridge, golf, and football. In addition, he was an avid reader and upon retirement enrolled in classes at the Institute for Retired Professionals at the University of Miami. Perry’s marriage to wife Roxanne ended in divorce, and he is survived by two sons and two grandchildren.

**Advice to the Young Physician**

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

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Joseph J. Noya, ’54
General Surgery
Harahan, La.
February 21, 2011

Dr. Noya interned at Baltimore’s Church Home and Hospital before beginning a career in the U.S. Public Health Service spanning 26 years. After a brief appointment as chief medical officer at the Federal Reformatory for Women in Alderson, West Virginia, Noya completed surgical training at the USPHS Hospital in Baltimore before receiving an appointment as deputy chief of surgery at the hospital in New Orleans where he also served as clinical chief surgeon at LSU Medical School. Later appointments included chief surgeon in Detroit and chief of the department of surgery and chairman of the cancer program in New Orleans. Noya was associate professor of surgery at Tulane Medical school and later served as medical director back at the New Orleans hospital as well as representative from the Public Health Service to the board of governors of the American College of Surgeons. He retired from the Public Health Service in 1981 when the hospital in New Orleans closed and until retirement 10 years later worked at a walk-in clinic at Charity Hospital. In retirement Noya tutored at St. Rita of Cascia Catholic School and the St. Rita Church food pantry. In addition to his volunteer church work, he enjoyed stamp collecting, golf, gardening, trips to area casinos, and travel. Survivors include wife Marie, five sons, and seven grandchildren.

Virgil R. Hooper, ’56
Anesthesiology
Henderson, N.C.
April 5, 2011

After training in anesthesiology, Dr. Hooper practiced at McLaren General Hospital in Flint, Michigan, until a 1988 bicycling accident left him permanently disabled. He moved to North Carolina and spent a few years in South Carolina, before settling in Henderson.

Mathew H. M. Lee, ’56
Rehabilitation Medicine
New York City
March 11, 2011

Upon graduation Dr. Lee remained at Maryland for his internship, and from 1957 to 1959 served in the U.S. Navy as medical director for four destroyers. Following military service, he entered the U.S. Public Health Service and earned the rank of commander before discharge six years later. During this time Lee received two years of residency training at the Rusk Institute of New York University where he formally began in 1965. In 1968, he was named director of the department of rehabilitation medicine at Goldwater Hospital and in 1990—one year after serving as the acting—became the Howard A. Rusk Professor of Rehabilitation Medicine and medical director for the Rusk Institute of Rehabilitation Medicine. In addition to his primary appointment, Lee was a clinical professor of oral and maxillofacial surgery and an adjunct professor of music and music education at NYU. He retired in 2008 and was immediately granted emeritus status. Lee was a pioneer in rehabilitation medicine and world-renowned in using the power of music to enhance quality of life. He was consultant to the World Bank and authored or co-authored several books on music and dentistry. In 1973, Lee became one of the first Americans to visit the People’s Republic of China where he studied the practice of acupuncture. The Medical Alumni Association honored Lee with its 2006 Honor Award & Gold Key, given for outstanding medical accomplishments and distinguished service to mankind. He was an Elm Society member of the John Beale Davidge Alliance, Maryland’s society for major donors. An accomplished violinist, Lee enjoyed travel and reading. He is survived by wife Mary Lou, three children, and two grandchildren.

Kenneth F. Spence Jr., ’57
Orthopaedic Surgery
Havre de Grace, Md.
May 30, 2011

The U.S. Naval Hospital in Bethesda, Maryland, was the site of Dr. Spence’s internship and residency training in orthopaedic surgery. The following year he returned to Baltimore for additional training in pediatric orthopaedics at James Lawrence Kernan Hospital. He remained with the Navy until 1969, stationed in Danang, Vietnam, where he treated injured and wounded servicemen as well as civilian patients as part of a “People to People” program. Before his discharge, Spence was awarded the Navy commendation medal with combat “V” a presidential unit citation, and Navy unit citation X 3. He returned to Baltimore in 1970 and with two partners established Orthopaedic Associates of Central Maryland. Spence also renewed his ties with Keman, serving as associate director of the scoliosis clinic and later as director of the sports medicine clinic, surgeon-in-chief, assistant medical director, and from 1990 to 1996 sat on its board of trustees. During his career he also served on the orthopaedic staffs at St. Agnes Hospital, Howard County General Hospital, and at Maryland as an assistant clinical professor. He was team physician for the NBA Baltimore Bullets from 1969 to 1973 and for the Baltimore Blast of the Major Indoor Soccer League from 1983 to 1991. Spence retired from surgery in 1996 and stepped down at Keman in 1999. As a tribute to his career at Keman, the hospital’s progressive care unit was named in Spence’s honor in 2010. He enjoyed skiing, snorkeling, golf, and squash. Spence was an avid reader and collector of modern art and wine. He is survived by wife Sheila, three sons, two stepsons, and seven grandchildren. His first marriage to Phyllis Smith ended in divorce.
Irvin F. “Dick” Hawkins, ’62  
Radiology  
Gainesville, Fla.  
June 8, 2011

Dr. Hawkins interned at Mercy Hospital in San Diego while serving as a captain in the U.S. Air Force from 1963 to 1965. Ohio State University was the site of his residency from 1965 to 1968. Upon completion of training, Hawkins was named the NIH fellow and special trainee in cardiovascular radiology at the University of Florida College of Medicine. One year later he was promoted to chief of interventional radiology, a position Hawkins held for 30 years. He became professor of radiology in 1976 and professor of surgery in 1981. Recognized as one of the founders of interventional radiology, Hawkins pioneered several techniques and innovations in the field, and he was honored by the society for his accomplishments in receiving its 2010 gold medal. He was also honored by the University of Florida faculty council in 2010 with a lifetime achievement award. Hawkins was a nationally-ranked water skier and also enjoyed scuba diving, racquetball, playing piano, singing, and travel. Survivors include wife Kitty, three children, two stepchildren, and nine grandchildren. His first marriage to Jean ended in divorce.

Miles E. St. John, ’63  
Obstetrics & Gynecology  
Waverly, N.Y.  
February 19, 2011

Prior to medical school, Dr. St. John served in the U.S. Navy during the Korean War and graduated from Maryland’s school of pharmacy. Upon completion of his medical education, he received training at Baltimore City Hospitals before relocating to Waverly where he opened a private practice. He served on the staff at Tioga General Hospital and was chief of OB/GYN at St. Joseph’s Hospital in Elmira. St. John is survived by wife Carol.

Jo Ann Sutherland, ’64  
Harrisonburg, Va.  
August 3, 2008

Kurt P. Sligar, ’66  
Neurology  
Carmel-by-the-Sea, Calif.  
March 3, 2011

Cornell University was the site of Dr. Sligar’s training which included a year as chief resident. He entered the U.S. Army, serving at Letterman Hospital in San Francisco and later receiving a discharge with the rank of major. Sligar pursued a fellowship in neurochemistry at the University of California San Francisco before joining a private neurology practice in Sacramento where he remained for 19 years. He held an appointment as associate clinical professor of neurology at the University of California at Davis, and later received a master’s degree in healthcare administration at the University of Southern California where he served as lecturer and chair of the advisory board for its graduate program in the health sciences. Sligar became a nationally-recognized healthcare consultant. Appointments included chief medical officer for Sutter Health System, executive vice president and chief operating officer at Catholic Healthcare West in San Francisco, and chief operating officer of Catholic Health Care Initiatives in Denver and Boston. Later in Boston he was appointed senior vice president and chief medical officer for Blue Cross/Blue Shield of Massachusetts. In 2001, Sligar returned to the west coast to continue consulting, serving as president and chief medical officer of Community Healthcare Corporation and chief executive officer of AdapCS, Inc. He is survived by wife Mary Jane, two daughters, and three grandchildren.

Gary C. Papuchis, ’84  
Internal Medicine & Cardiology  
Myersville, Md.  
December 17, 2010

Maryland was the site of residency training in internal medicine for Dr. Papuchis, and a cardiology fellowship was completed here in 1990. He began a cardiology practice in Hagerstown shortly thereafter, which he maintained until April 2010. Papuchis enjoyed wine, gardening, cycling, playing with his dogs, and spending time with family and friends. Survivors include wife Donna, two sons, and one daughter.

Faculty

Hugo Gonzalez-Serratos, MD, MSc, PhD  
Physiology  
Baltimore  
April 1, 2011

A professor in the department of physiology, Dr. Gonzalez-Serratos taught at Maryland beginning in 1979. Born in Guanajuato, Mexico, he earned his medical degree at the University of Mexico (Universidad Nacional Autonoma de Mexico) and his MSc at the Centro de Investigacion y de Estudios Avanzados del IPN, both in Mexico.
George W. Moore, MD
Pathology
Cedarcroft, Md.
April 4, 2011

A pioneer in the field of medical informatics, Dr. Moore served as an associate professor on Maryland’s faculty since 1989. Born and raised in Detroit, Moore received a bachelor’s degree in cellular biology at the University of Michigan in Ann Arbor, and he went on to earn a doctorate in biomathematics from North Carolina State University in Raleigh. He received one year of postdoctoral training in Germany at the University of Freiburg before returning to Detroit for medical school at Wayne State University. Upon graduation, he received training in pathology at Johns Hopkins and remained on the faculty until joining Maryland in 1989. In coming to Maryland, Moore also began practicing at the VA Medical Health Center. He was author of numerous articles on pathology and computational medicine, and he performed groundbreaking work in the fields of medical informatics and pathology informatics. Moore was named an honorary fellow by the Association for Pathology Informatics in 2007. He sang tenor on a number of choral societies, and he is survived by wife Barbara and one son. Moore was preceded in death by son Geoffrey.

Renee Royak-Schaler, PhD
Epidemiology & Public Health
Ellicott City, Md.
May 22, 2011

An associate professor of epidemiology & public health, Dr. Royak-Schaler was credited with developing Maryland’s master’s program as well as dual-degree offerings in medicine, dentistry, nursing, pharmacy, law, and social work. Born in Newark, New Jersey, she received a bachelor’s degree in anthropology at George Washington University and both a master’s degree in human development and doctoral degree in health education at the University of Maryland College Park. Royak-Schaler was a behavioral scientist whose multi-disciplinary program of research focused on disparities across the continuum of cancer care. She examined the psycho-social and behavioral factors associated with the early detection, prevention, and survivorship care practices of minority populations. This included investigating the relationships between communication in the healthcare setting and patient decisions to carry out recommended screening, treatment plans, and preventive health practices. She is survived by husband Jeffrey, one daughter, and two grandchildren.
Famous figures. Mysterious illnesses. Theories.

There was a lot more to Darwin than bug collecting. Experts and a relative shared their insights at this year’s historical CPC during reunion weekend. If you missed it or enjoyed it so much, or you’d like to experience it again, it’s now available on DVD.

Also available are DVDs from past conferences. Each DVD is $18. Please specify which CPC you’d like and mail a check to:
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