

UNIVERSITY of MARYLAND

MEDICINE *Bulletin*

Winter 2017–2018 • Volume 102 • Number 3

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the BATTLE Continues



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Amal Isaiyah, MD, examines a patient's ear canal.

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Cover story

MPRC Turns 40: Schizophrenia—The Battle Continues

It was in 1977 when the Maryland Legislature created a joint undertaking between its behavioral health administration and the medical school to better understand and treat mental illness. The Maryland Psychiatric Research Center, as it became known, was established at Spring Grove Hospital. In the 40 years since its inception, the center has become internationally recognized for both basic and clinical research, with primary focus on schizophrenia.

20 Alumnus Profile: Gerald Perman, '77

Living in a Good Space

*He dropped out of high school and it took him three tries to get accepted at Maryland, but **Gerald Perman, '77**, is realizing his dreams of helping people negotiate life through rough times. He practices in Washington, DC, and was recently elevated to president-elect of the American Academy of Psychodynamic Psychiatry and Psychoanalysis. When he needs to find his comfort zone, he sits down and plays his guitar.*



22 Alumna Profile: Monica Buescher, '83

Tuning Drones

*She's delivered more than 3,000 babies over a 35-year career in the Baltimore area. You'd expect an OB/GYN with this level of experience to be calm, cool, and collected—which she is when working with patients. But **Monica Buescher, '83**, admits she felt incredibly nervous while performing in the World Pipe Band Championships in Glasgow last summer. She developed her musical skills later in life, alongside her two sons.*



24 Alumnus Profile: Joseph R. Scalea, '07

Teamwork

*He crossed the stage a bit more than 10 years ago, and **Joseph R. Scalea, '07**, has already tasted enough success to satisfy some of the most ambitious operators. He is director of Maryland's pancreas transplant program, and under his leadership Maryland has performed the largest number of combined kidney-pancreas procedures since 1995. In fact it is now among the busiest programs in the country. What is the secret to all this success? He'll tell you it's a multi-disciplinary, team-based approach to diabetes care.*



Departments

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DEAN'S
message



For the last four decades, we have been home to the Maryland Psychiatric Research Center (MPRC), which has made significant advances in unraveling the basis for brain diseases and developing novel therapeutic approaches to help restore health to those who are suffering.

As members of the West Baltimore community, we see the devastating effects of mental illness every day. Such diseases play a key role in so many of the major problems the region faces, such as drug addiction, violence, homelessness, poverty, and unemployment. At the national level, mental illness is a cause for mass shootings and other acts of domestic terror. However, our school stands as a beacon of light amidst the darkness that these disorders can bring. For the last four decades, we have been home to the Maryland Psychiatric Research Center (MPRC), which has made significant advances in unraveling the basis for brain diseases and developing novel therapeutic approaches to help restore health to those who are suffering.

This issue of the *Bulletin* highlights the incredible accomplishments of the MPRC, thanks to the efforts of its faculty, staff, and trainees, and to the visionary leadership of its founding director, **William Carpenter, Jr., MD**, and its current director, **Robert Buchanan, MD**. The key to the center's success is a culture where basic scientists and clinicians worked closely and collaboratively, providing patient care rooted in rigorous biomedical research. As a major center for translational research on one of the most debilitating mental illnesses, schizophrenia, the MPRC boasts a portfolio of nearly \$12 million in research funding; a faculty, staff, student, and trainee roster of 80 highly dedicated individuals, and three exceptional patient care programs.

Today, the MPRC and the department of psychiatry are also major components of the Brain Science Research Consortium Unit (BSRCU), one of the pillars of our strategic vision plan, Vision 2020, and its ACCEL-Med (Accelerating Innovation and Discovery in Medicine) Initiative. The BSRCU brings together basic, translational, and clinical researchers to answer the "Big Science" questions about the brain and how it functions in health and disease. Led by **Bankole Johnson, DSc, MD, MB, ChB, MPhil**, the consortium has made great strides in working to unravel the complexities of the human brain, thereby bringing us that much closer to finding better treatments and cures for diseases such as schizophrenia.

Our school's steadfast dedication to understanding and treating mental illness is exemplified by the outstanding work of our alumni. Graduates such as **Gerald Perman, '77**, profiled in this issue, who have devoted their careers to improving the lives of countless patients. As the president-elect of the American Academy of Psychoanalysis and Dynamic Psychiatry, Dr. Perman will be heading up the nation's leading professional society dedicated to supporting work that treats mental illness as a "whole patient" disease, and not just a singular dysfunction of the nervous system.

The MPRC is not alone in celebrating a major milestone in its history; 2018 marks the 50th anniversary of the division of transplantation at our medical center, overseen by medical school faculty. Although we have made many discoveries in the field, within the last decade our faculty have quickly become international leaders in transplant science. For example, we conducted the groundbreaking research which led to the most comprehensive face transplant to date. In addition, we have developed one of the largest—if not the largest—pancreas transplant programs in the United States, thanks to the leadership of **Joseph Scalea, '07**, also profiled here.

Our school has transformed the trajectory of medicine due to the remarkable achievements of our faculty, staff, trainees, and alumni. I am extraordinarily pleased and proud to be part of such an exceptional history and have every confidence that we will continue to make great strides for many years to come.

E. Albert Reece, MD, PhD, MBA

Vice President for Medical Affairs, University of Maryland
John Z. and Alako K. Bowers Distinguished Professor and Dean, School of Medicine

NEWS/INNOVATIONS

Alumni Gather for Receptions in Boston, New Orleans

The medical school and alumni association jointly sponsored a reception in Boston in conjunction with the Association of American Medical Colleges meeting on November 3. More than 30 alumni, faculty, and staff attended the event at the Sheraton Boston, hosted by medical school dean **E. Albert Reece, MD, PhD, MBA**. The following week the MAA traveled to New Orleans to co-sponsor a reception with the department of ophthalmology and visual sciences during the annual meeting of the American Academy of Ophthalmology. Some 60 attended this event at the Napoleon House in the French Quarter. Department chairman **Bennie Jeng, MD**, served as host during the two-hour gathering. 🏛️



Dale Meyer, '84, with ophthalmology chair Bennie Jeng, MD, and Paul Tarantino, '87



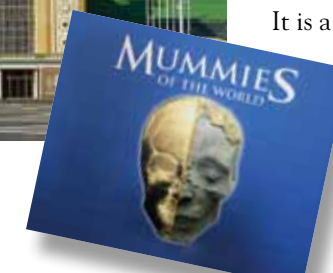
Parker, '86, Recognized for Student Advising

Donna L. Parker, '86, associate dean for student affairs at Maryland, received the 2017 Careers in Medicine Excellence in Medical Student Career Advising Advisor Award, presented by the Association of American Medical Colleges (AAMC). The award recognizes the accomplishments and commitment of advisors devoted to helping students fulfill their career and education goals through effective career advising. Parker has served as associate dean since 2005. The award was presented during the November annual meeting of the AAMC in Boston. 🏛️

Mummies Collection Heading to Europe

After stops in six American cities over a three-year period, *Mummies of the World: The Exhibition II*, is heading to Europe. The exhibition opens at the Prague Exhibition Grounds (Czech Republic) on February 1. Arts & Exhibitions International, which now oversees the exhibit, has arranged a second European stop in Budapest, Hungary.

The exhibition is a collection of human and animal subjects from Europe, South America, and Egypt. Included are 11 pieces of Maryland's Alan Burns Collection of



Anatomical Specimens—brought to the medical school from Scotland in 1820 by **Granville Pattison**, professor of anatomy and surgery who later served as dean. The pieces were used as teaching aids during the 19th and early 20th centuries. The Maryland Mummy is also part of the exhibition.

It is a cadaver mummified in 1994 by **Ronn Wade**, director of the Maryland State Anatomy Board, who used tools and techniques of the ancient Egyptians. 🏛️

Contributing writers to News/Innovations include: David Kohn • Rita M. Rooney • Bill Seiler • Karen Warmkessel • Julie Rosen Photos by: John Seebode • Mark Teske • Tom Jemski • Richard Lippenholz

O'Connor, '83, Beazley, '63, to be Honored in Spring



Christopher M. O'Connor, '83

The Medical Alumni Association proudly announces recipients of its two annual awards. **Christopher M. O'Connor, '83** will receive the 2018 Honor Award & Gold Key, presented since 1948 for outstanding contributions to medicine and distinguished service to mankind. O'Connor is a renowned cardiologist who is currently CEO and executive director of INOVA Heart and Vascular Institute, having served as

professor of medicine and chief of the division of cardiology at Duke University. While at Duke, he was recipient of one of the largest NIH RO1 grants ever awarded, resulting in significant contributions to the understanding of exercise physiology and heart failure. **Robert M. Beazley, '63**, is recipient of the 2018 Distinguished Service Award, presented since 1986 for outstanding contributions to the medical school and alumni

association. After training in surgery at Maryland, Beazley spent three years at NIH, followed by 13 years at LSU in New Orleans where he was head of surgical oncology. In 1988, he became professor of surgery and chief of surgical oncology and endocrine surgery at Boston University School of Medicine, a position he held until retirement in 2004. Throughout his career, Beazley returned to Maryland regularly for reunions and residency-related activities. A few years ago he initiated a fund raising effort to commission a painting of his mentor, **Robert Buxton, MD**, former Maryland chairman of surgery. And with a deep passion and appreciation for history, he established an endowed scholarship, awarded to a student demonstrating interest in the history of medicine. The alumni awards will be presented during Reunion on May 4. 🏛️



Robert M. Beazley, '63

Half of US Medical Care Delivered by ERs

In the first study to quantify the contribution of emergency department care to overall US health care, researchers at Maryland have found that nearly half of all US hospital-associated medical care is delivered by emergency departments. And in recent years the percentage of care delivered by ER's has grown significantly.

"I was stunned by the results. This really helps us better understand health care in this country. This research underscores the fact that emergency departments are critical to our nation's healthcare delivery system," said **David Marcozzi, MD, MHS-CL, FACEP**, associate professor in the department of emergency medicine and co-director of the school's program in health disparities and population health. "Patients seek care in emergency departments for many reasons. The data might suggest that emergency care provides the type of care that individuals actually want or need, 24 hours a day."

This is the first study to quantify the contribution of emergency department care to overall U.S. hospital-associated health care. The paper recently appeared in *International Journal for Health Services*.

Marcozzi and his colleagues examined publicly available data from several national health-care databases covering all 50 states and the District of Columbia. They studied the period between 1996 and 2010.

For 2010, the most recent year examined, the study found that there were nearly 130 million emergency department visits, compared with almost 101 million outpatient visits and nearly 39 million inpatient visits.

Over the 14-year period of the study, more than 3.5 billion health care contacts associated with hospitals—emergency department visits, outpatient visits, and hospital admissions took place. Over that time, emergency care visits increased by nearly 44 percent. Outpatient visits

For 2010, the most recent year examined, the study found that there were nearly 130 million emergency department visits, compared with almost 101 million outpatient visits and nearly 39 million inpatient visits.

accounted for nearly 38 percent of contacts. Inpatient care accounted for almost 15 percent of visits.

Certain groups were significantly more likely to use the emergency department as their method of healthcare. African-

American patients were significantly more likely to have emergency department visits than patients in other racial groups; patients in the "other" insurance category, which includes those without any type of insurance, were significantly more likely to have emergency department visits than any other group. And patients living in the South were significantly more likely to have emergency department visits than patients living in other areas of the country.

The paper was co-authored by researchers at other academic institutions, including **Brendan Carr, MD, MS, FACEP**, a professor of emergency medicine and associate dean at Thomas Jefferson University. 🏛️



David Marcozzi, MD, MHS-CL, FACEP



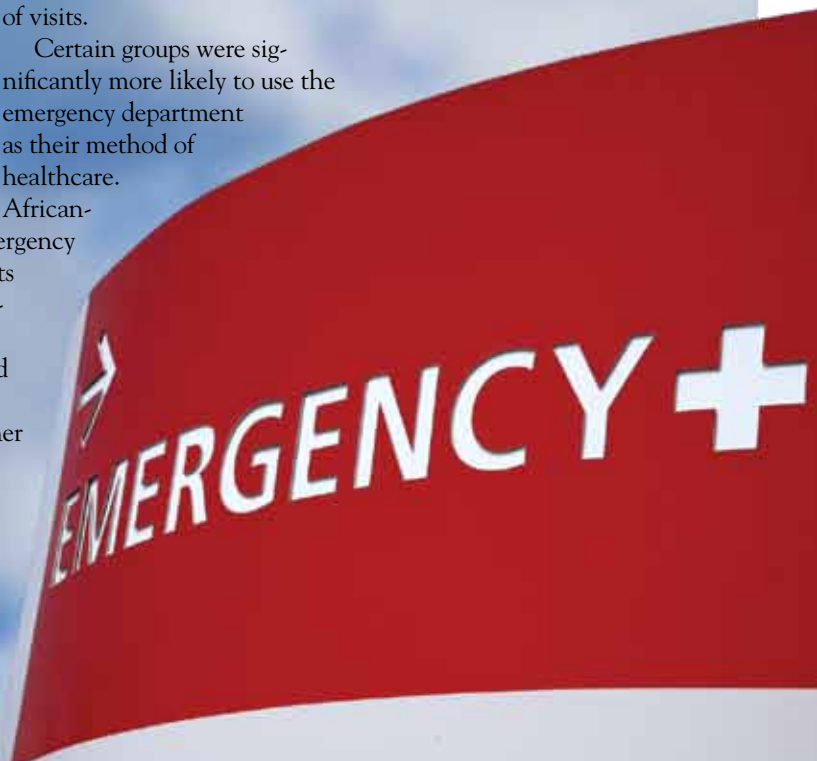
Cynthia Drogula, MD, assistant professor of surgery, Justin Broyles, MD, chief resident of the combined University of Maryland/Johns Hopkins plastic surgery residency program, Jennifer Munley, '18, Claire Rosen, '18, and Nelson Goldberg, '73

Surgery Missionary in Peru

Nelson Goldberg, '73, professor of plastic surgery at Maryland, led a medical missionary trip to Chulucanas, Peru, during the month of November where surgeons operated on more than 50 patients over an eight-day period. The sponsoring organization, Medical Mission Group, is now in its 10th year of existence, supporting trips each year to cities in Central and South America. The mission is open to students as an elective, and this year **Claire Rosen, '18**, and **Jennifer Munley, '18** were active participants. Five surgeons were among the 23-member team that included technicians, nurses, and administrators. Procedures ranged from hernia repair and removal of gall bladders to plastic surgeries for cleft palates, burns, and hand pathology. 🏛️

Add Dr. Winter, '72, to Honor Roll

The Medical Alumni Association apologizes to **Brian J. Winter, '72**, for omitting his name from the 2017 honor roll of donors published in the fall issue. He has been a loyal and generous supporter over the years and should have been included with his class. Very sorry Brian!





Bartlett Named CMO for Medical System

Stephen T. Bartlett, MD, chair of the department of surgery since 2004, has been named executive vice president and chief medical officer for the 14 hospitals of the University of Maryland Medical System. An internationally known transplant surgeon, research scientist, and leader in academic medicine, Bartlett has headed one of the country's most highly NIH-funded departments and during his tenure Maryland's transplant program has become one of the largest and most comprehensive organ transplant programs in the world. He has been a member of the faculty since 1991. **Rajabrata Sarkar, MD, PhD**, has been named interim chair of the department.

Frayha, '06, Joins Hippo Education

Neda Frayha, '06, joined Hippo Education on January 1. Based in Los Angeles, the physician-founded and physician-operated company is one of the largest producers of CME podcasts, board review materials, and conferences for physicians, nurse practitioners, and physician assistants.



Frayha had been at Maryland her entire medical career. After graduation in 2006, she trained in general internal medicine, served as chief resident, and became an assistant professor of medicine and assistant dean for student affairs. Administrative roles included co-creating and co-leading an internship preparation camp for graduating medical students, launching The OSA Insider—a podcast for medical students, serving as liaison and advisor for all dual degree students, and faculty advisor for the Gold Humanism Honor Society chapter, women in medicine interest group, and Creative HeArts student team. She has produced stories for The Pulse on WHYY Public Radio in Philadelphia. Frayha will continue seeing patients one day a week through St. Agnes Hospital and next year becomes president of the Medical Alumni Association. 🏛️



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“My wife and I were pleased to become donors to the University of Maryland School of Medicine. It represents a way of showing my appreciation to that institution for my medical degree. At the same time, I was able to recognize my father for showing me, by example, the meaning of being a physician.”

Jack C. Lewis, MD '59 and Mrs. Cynthia P. Lewis, BSN '58



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By David Kohn

Photos by Stephen Spartana

SCHIZO- PHRENIA

the **BATTLE** Continues

IN THE EARLY 1970S, the state of Maryland was responsible for caring for thousands of patients with schizophrenia. These patients were housed in state mental hospitals, and at the time, treatment was very inadequate.

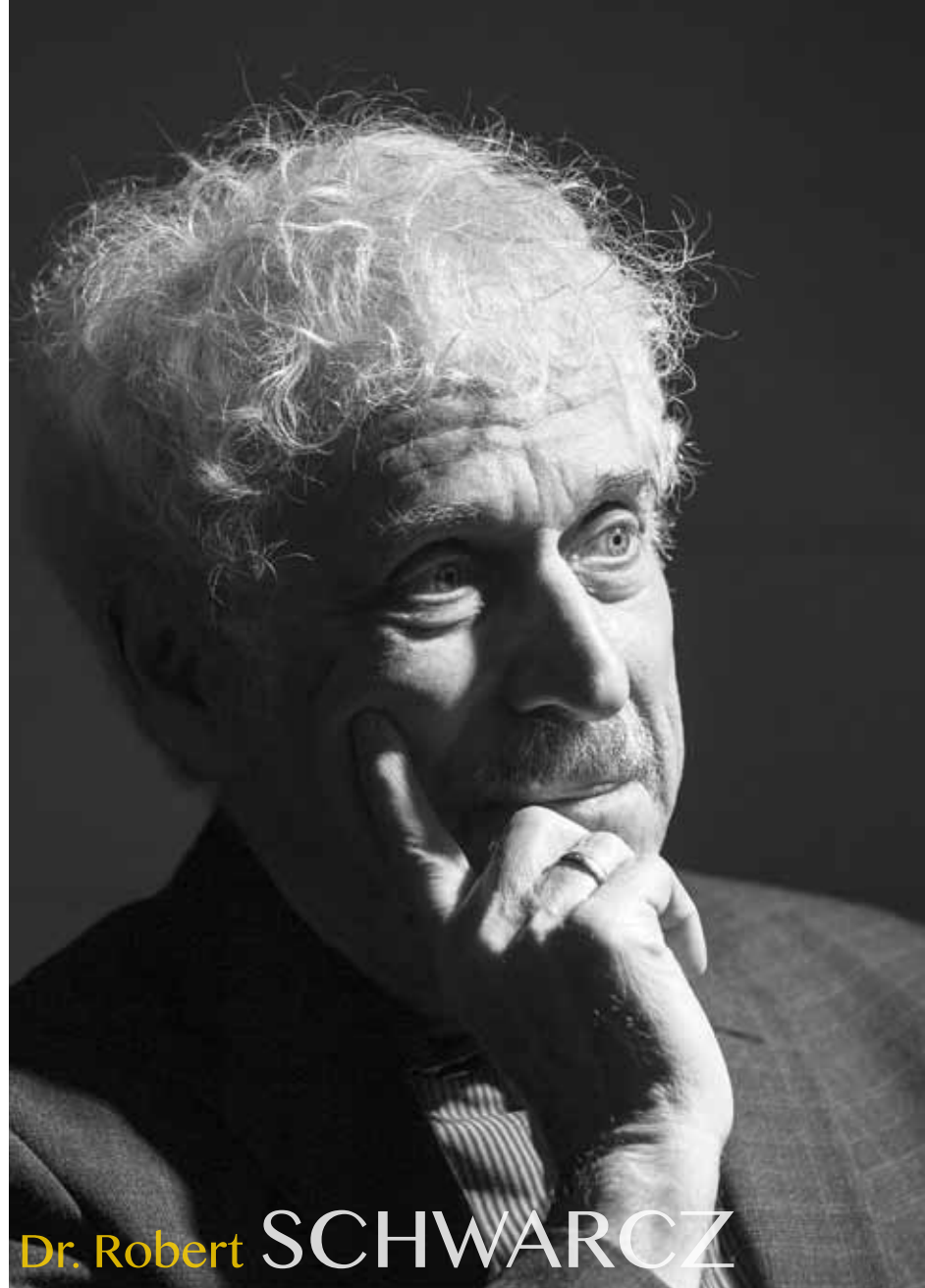
In 1974, to address this issue, the Maryland legislature enacted a law to set up a new research effort, the Maryland Psychiatric Research Center (MPRC). A joint undertaking of the department of psychiatry and the state health department's mental health division, the center, situated on the grounds of Spring Grove Hospital Center in Catonsville, launched three years later. The goal: to provide research that would lead to better treatment for people with schizophrenia and related disorders.



SCHIZO

PHRENIA

Dr. Robert **BUCHANAN**



Dr. Robert SCHWARCZ

perception of reality. Patients often hear voices, develop paranoid delusions, and have disorganized thoughts and behavior. The disorder is deeply difficult for patients, families, and practitioners. Patients often struggle throughout their lifetimes, and many deal with poverty, homelessness, and social isolation. The cost to society is enormous.

However, in recent years, scientists and clinicians have increasingly realized that schizophrenia, which affects more than 3.2 million Americans, encompasses a great deal more than an altered sense of reality. The disorder involves many aspects of behavior, emotion, and cognition, a raft of other symptoms such as lack of sociability, cognitive impairment, inability to experience pleasure, as well as lack of emotion and motivation. These symptoms may not be as dramatic and noticeable, but for many patients and their families, these manifestations can be just as disabling and disturbing, if not more so.

Robert W. Buchanan, MD, the director of the center, has spent his career studying these less well-known traits, known in the field as “negative” symptoms. Compared with “positive”

symptoms such as delusions and hallucinations, negative traits reflect the loss of cognitive or emotional function, hence the name.

When he first arrived at MPRC in 1986 as a research fellow, Buchanan saw a gap in the research. “No one was really looking at the negative aspects of the disorder,” he says. “It wasn’t being emphasized nearly as much as the positive symptoms. But schizophrenia is a very heterogeneous disorder. There are so many different ways in which it manifests itself.” He saw negative symptoms as the iceberg below the surface. Negative symptoms can be debilitating; without the ability to enjoy life, to be social, without the desire to leave the house or hold a job, these patients often end up deeply isolated.

What interested Buchanan in particular was connecting negative symptoms to what was happening in the brain itself. To

do this, he focused not on particular sites in the brain, but on circuits—interconnected parts of the brain that work together.

Over the ensuing three decades, he and other researchers at MPRC have put in thousands of hours of painstaking work to delineate and unravel these complex networks. “We have been the lead center in the world that has gotten recognition for negative symptoms as a critical component of this disorder,” says Carpenter.

Much of this work has involved brain imaging, which over 30 years has become increasingly sophisticated, allowing researchers to view brain networks with increasingly precise detail. Using these and other tools, Buchanan has found that in patients with schizophrenia, certain networks seem to be disrupted. In his early work, he identified two key areas: the prefrontal cortex and the parietal cortex. The prefrontal cortex is the part of the brain that is perhaps most identified with being human; it manages executive function—the complex planning and cognition that separates humans from all other animals. The parietal cortex has a different role: its main job is to integrate sensory information from various sources into a coherent whole. In people with schizophrenia, this integration somehow goes awry, giving them a skewed understanding of objective reality.

More recently, he has focused on two specific brain circuits. The first is the mirror neuron circuit, which controls key aspects of social interaction. Mirror neurons are brain cells that become active when an action is performed or when someone sees an action being performed—hence the name mirror neuron. In recent years, scientists have found that these neurons are crucial for learning and social interaction. They allow humans and other animals to replicate and mimic both

Dr. Buchanan has spent his career studying these less well-known traits, known in the field as “NEGATIVE” symptoms. Compared with “POSITIVE” symptoms such as delusions and hallucinations, negative traits reflect the loss of cognitive or emotional function, hence the name.

simple and complex behaviors. Many scientists argue that these neurons underlie much of our social relations. Some go further, arguing that mirror neurons are intrinsic in our ability to be fully human.

Buchanan has found that in people with schizophrenia who have negative symptoms, the mirror neuron network is less active than in people without the disorder. He suspects that this diminished activity reduces aspects of their ability to be social, and may also limit their ability to derive pleasure.

He has also focused on a circuit known as the default mode network. This system plays a significant role in higher-level social and cognitive processing, and has significant control over emotions such as empathy and the ability to understand the actions and motivations of others. Buchanan has found that in schizophrenia, this circuit is also dysfunctional.

Of course, even after decades of research, many, many questions remain. “The problem with the brain,” says Buchanan, “is that it is extremely complex. Each of these circuits is not closed. Every region talks to every other region.”

At the same time, he says that a better understanding of brain circuitry has the potential to improve life for people with schizophrenia. He and several colleagues at the center are now

Maryland’s
Psychiatric
Research Center

40 Years of
FIGHTING
MENTAL
ILLNESS



In 1993, Stuart Silver, MD, then director of Maryland’s Mental Hygiene Administration, John A. Talbott, MD, chairman of the department beginning in 1985, and William T. Carpenter, Jr., MD, head of the MPRC.



Instructor Anne T. Summerfelt’s event-related potentials (ERP) lab, with state-of-the-art technology in 1978.

beginning a study of transcranial magnetic stimulation (TMS), a technique in which magnetic fields generate low levels of electricity in certain parts of the brain. The goal of the treatment is to increase or decrease activity in certain brain circuits, ultimately changing how the brain works.

In recent years, TMS has been used to treat depression, migraine headaches, and nerve pain, among other illnesses. Buchanan thinks it may be possible to reduce the negative symptoms of schizophrenia by increasing activity in the mirror neuron circuit and the default mode network. “As we learn more about the brain, treatments can be increasingly based on the underlying neuroanatomy,” he says. “I think that with TMS it may be possible to improve how these circuits function.”

In the coming months he and his colleagues will begin a study testing TMS to modify brain circuits. The study will focus specifically on increasing social function in people with schizophrenia. “This is a completely different approach,” he says. “The potential advantage of TMS over drugs is that drugs don’t seem to have much effect on social functioning or negative symptoms.”

If the approach works, it could help many thousands of people. Only 30 to 40 percent of people with schizophrenia respond well to antipsychotic drugs, medicines that are most commonly used with the disorder. “That leaves a lot of people who are still having problems,” he says.

Throughout his career, Buchanan has also worked with patients in a variety of ways. One day a week, he treats patients at the center, and he is also involved in community health efforts related to the disorder. In 2013, he and several MPRC colleagues started the Maryland Early Intervention Program which is a joint undertaking with the University of Maryland Baltimore County and the Maryland State Department of Health. It focuses on identifying people who show early signs of schizophrenia, such as declines in school performance, increased social isolation, and hearing voices.

So far they have treated 400 people throughout the state. Catching the disorder early is crucial, he says: research shows clearly that patients who begin treatment earlier tend to show fewer and milder symptoms over time. “The earlier you intervene, the better,” he says. “It’s easier to treat something if it doesn’t occur.”

OTHER Schizophrenia-Related Research

Buchanan is just one of many researchers at MPRC. Over the years, the center has nurtured a broad array of scientists, who have focused on a range of questions related to schizophrenia.

In many people with schizophrenia,
the PREFRONTAL
and PARIETAL CORTICAL
BRAIN NETWORKS
do not work properly.
Dr. Buchanan has found
that these areas are often
UNDER-ACTIVATED
in schizophrenia,
especially in people
with NEGATIVE symptoms.



Robert Schwarcz, PhD, director of MPRC’s neuroscience program and department professor, has spent much of his career examining how certain chemicals may go awry in the disorder. His work has focused primarily on a neurotransmitter called kynurenic acid. He has found that it seems to be increased in the brains of people with schizophrenia, and may play a key role in the cognitive deficits often seen in these patients. He is now exploring the idea that reducing kynurenic acid levels in the brain may improve cognitive problems. Supported by a \$10.7 million grant from the National Institute of Mental Health, he and several scientists at MPRC and other institutions are testing this hypothesis in both animal and human studies.

Two other faculty researchers at the center, Professor James Gold, PhD, and Assistant Professor James A. Waltz, PhD, have focused on a lack of motivation, a key negative symptom. They have found that those with the illness appear to have a cognitive

problem making it difficult to comprehend the potential benefits that could come from their pursuit of goals. There is evidence that these motivational problems may result from dysfunction within various cortical networks, mostly involving the prefrontal cortex. Their research has shown that people with schizophrenia often appear to learn more from negative feedback than they do from positive feedback. This mindset, in which avoiding potential hazards is much more important than reaping potential gains, may encourage inertia, they say.

Associate Professor Laura M. Rowland, PhD, has also focused on cognitive impairments, specifically problems with learning and memory. She is now involved in several studies that use

Dr. Elmer has found that early life stress leads to a significantly higher risk of mental illness. Moreover, in some cases it appears that stress can contribute to the development of schizophrenia.

cutting-edge neuroimaging technology to examine how learning differs in people with schizophrenia. Rowland also uses imaging to track changes in brain chemistry as the disorder progresses over decades, and to study another lesser-known aspect of the disorder, the fact that patients often have sleep problems. She theorizes that poor sleep quality may exacerbate symptoms in those with the illness.

Ana Pocivavsek, PhD, an assistant professor, is investigating how sleep, or the lack thereof, may play a role in the disorder. In a study published earlier this year, she found intriguing links between sleep, cognition, and kynurenic acid, the chemical that is broken down into kynurenic acid. These links could illuminate the mechanism that causes cognitive problems among those with schizophrenia, and could point the way to new treatments to reduce some of the disorder’s symptoms. “No one has looked closely at the relationship between sleep and the kynurenic pathway before,” says Pocivavsek. “This research establishes a clear link between elevations in kynurenic acid and sleep problems.”

Another MPRC researcher, Deanna L. Kelly, PharmD, BCPP, a professor in the department, is looking into links between schizophrenia and diet. Kelly has been studying the possibility that an immune response to gliadin, one of the main proteins found in gluten, may trigger schizophrenia in some people. In collaboration with researchers at Johns Hopkins University, she has shown that about 30 percent of people with schizophrenia have an immune reaction to gliadin, and that this reaction may increase brain inflammation. She has also found that when these

patients remove gluten from their diet, their negative symptoms improve.

The MPRC is in the middle of a \$4.2 million NIH-funded study looking at the neural circuitry that underlies schizophre-

nia and other mental illnesses. The project is led by two MPRC faculty members, Peter Kochunov, PhD, MS, MSEE, DABMP, and L. Elliot Hong, MD, director of the center’s neuroimaging research program and a professor in the department, along with faculty from the department of medicine. The researchers are studying the Old Order Amish community in Lancaster County, Pennsylvania. By studying a genetically similar “founder”

population, the scientists hope to more easily identify the particular genetic differences that play a role in these disorders. The project is collecting a variety of genetic and behavioral information from participants, who are all members of large multi-generational families that have a history of mental disorders.

Despite the impressive progress the center has made, Buchanan realizes there is more work to be done. "There are so many potential factors involved in this disorder," he concludes. "None of us has all the answers. But because of that, it's a really exciting time to be involved in this work. We have so much to learn."

BEYOND Schizophrenia

Over the years, as MPRC has expanded its scope, researchers there are delving into mental disorders besides schizophrenia.

The center is part of a large NIH brain study that is developing new analytical tools to better understand brain disorders. The MPRC part of the project, co-led by Kochunov, is focusing on innovative ways to use diffusion tensor imaging, a relatively new imaging technique.

The MPRC is also collaborating with investigators at the school's departments of neuroanatomy and neurobiology, pharmacology, radiology, medicine, neurology, and ophthalmology, as well as the institutes for genome sciences and human virology. They are examining links between the gut microbiome and brain development and function, and how disrupting the microbiome may contribute to mental illnesses, including schizophrenia.

Greg Elmer, PhD, a professor in the department, is looking into how stress affects the microbiome. In experiments on mice, he exposed the animals to a live snake. The mouse is in a clear plastic tube, and so can't be attacked, but still experiences the extreme stress. He theorizes that the stress may alter the microbiome; at the same time he is looking at whether differences in the microbiome effect how the animals respond to the stress of a looming predator. Eventually, this work could lead to strategies that use prebiotics or probiotics to prevent or treat the physical and psychological



Dr. Ana POCIVAVSEK

consequences of trauma. Elmer is also examining the relationship between stress, trauma, posttraumatic stress disorder and substance abuse. He has found that early life stress leads to a significantly higher risk of mental illness. Moreover, in some cases it appears that stress can contribute to the development of schizophrenia.

In experiments on animals, Schwarcz has shown that reducing the neurotransmitter glutamate may protect against neurodegeneration. Eventually this work could lead to the development of new drugs to treat brain illnesses such as epilepsy and Alzheimer's disease.

Paul Shepard, PhD, a professor, has focused on a brain region known as the habenula, which plays a major role in how humans process expectations related to rewarding and unpleasant events. His research suggests that in humans, changes in the circuit connecting the habenula with dopamine neurons may contribute to depression. 🏛️

FACULTY news

Appointments



Roy Film, PT, DPT, OCS, FAAOMPT

❖ **Roy Film, PT, DPT, OCS, FAAOMPT**, assistant professor, department of physical therapy and rehabilitation science, added another two-year term to his membership with the specialization academy of content experts for the orthopaedic clinical specialist exam. The appointment was approved by the American Board of Physical Therapy Specialties.



Richard Zhao, PhD

❖ **Richard Zhao, PhD**, professor and division head of molecular pathology, department of pathology, is an expert advisory councilor for the economy, science and technology committee of the oversea Chinese affairs office of the China State Council. The committee consists of 96 domestic and overseas experts in natural and social sciences.

Awards & Honors

❖ **Stephen Schimpff, MD**, clinical professor, department of medicine, was recently advanced to mastership in the American College of Physicians. This is a distinct honor as only about 50 fellows in the ACP are elected as Master each year from around the country out of a membership of about 150,000.

❖ Five faculty from the institute of human virology (IHV) received special director awards during the IHV's 19th annual international meeting last October. They included **Alfredo Garzino-Demo, PhD**, associate professor of microbiology and immunology, head of the laboratory of virus

host interaction, division of basic science, for his dedication and persistence to HIV pathogenesis with therapeutic implications; **Marzena Pazgier, PhD**, associate professor of biochemistry and molecular biology, division of vaccine research, IHV, for her dedication, persistence, and outstanding productivity to the field of HIV vaccine basic science; **Fabio Romerio, PhD** assistant professor of medicine, division of basic science, IHV, for his dedication and persistence in unraveling functions of a new gene of HIV; **Nicholas Stamatou, MD**, assistant professor of medicine, division of clinical care and research, IHV, for his dedication and persistence to the science of human glycobiology as it relates to human infectious diseases and cancer; and, **Davide Zella, PhD**, assistant professor of biochemistry and molecular biology, division of basic science, IHV, for his dedication and persistence in finding new infectious agents associated with cancers of humans.

Grants & Contracts*



Alan Cross, MD

❖ **Alan Cross, MD**, professor, department of medicine, was awarded a \$1,178,647 grant from USA MED RESEARCH to study "Broad Spectrum Host-Oriented Therapy for Wound Infection."

❖ **Margaret Lauerman, MD**, assistant professor in the center for shock, trauma and anesthesiology research and National Study Center received a five-year, \$2.1 million grant for the Crash Injury Research and Engineering Network (CIREN) from the National Highway Traffic Safety Administration, U.S. Department of Transportation.

❖ **Kirsten Lyke, MD**, associate professor, department of medicine, was awarded a \$1,197,475 grant from the Geneva Foundation to evaluate the safety and reactogenicity of the Hantaan virus (HTNV), Puumala virus (PUUV), and combination HTNV/PUUV DNA vaccine candidates delivered to healthy adults either intramuscular electroporation or intradermal electroporation.

❖ **Kathleen Neuzil, MD, MPH**, professor, department of medicine and director of the center for vaccine development and **Wilbur Chen, MD, MS**, associate professor, department of medicine and chief of adult clinical studies, center for vaccine development, were awarded \$4.68 million VTEU grant from the National Institutes of Health to test an H7N9 influenza vaccine. Separately, Neuzil was awarded \$2,862,677 from the National Institute of Allergy and Infectious Diseases to conduct clinical trials and research on a pertussis vaccine.

❖ **Marzena Pazgier, PhD**, associate professor of biochemistry and molecular biology, division of vaccine research, institute of human virology, was awarded a five year \$2,437,990 R01 grant from the National Institute of Allergy and Infectious Diseases for a project titled "Unlocking Env: A New Strategy for a Functional Cure Through Antibody-Dependent Cell-Mediated Cytotoxicity."

❖ **Cindy Schaeffer, PhD**, associate professor, department of psychiatry, and **Sharon Hoover, PhD**, associate professor, department of psychiatry, received a four-year, \$2,977,876 award from the National Institute of Justice as part of their comprehensive school safety initiative.

The award, "Evaluating Promising School Staff and Resource-Officer Approaches for Reducing Harsh Discipline, Suspensions and Arrests," is a partnership between UMB and Cecil County Public Schools to study the impact of a comprehensive approach to improving school safety.

❖ **Junfang Wu, BM, PhD**, associate professor, department of anesthesiology and center for shock, trauma and anesthesiology research, along with **Alan Faden, MD**, the David S. Brown Professor in Trauma, professor, departments of anesthesiology, anatomy & neurobiology, and neurology, and director, center for shock, trauma & anesthesiology research and **Susan Dorsey, PhD**, associate professor, school of nursing, received a five-year, \$2,818,594 R01 grant from the National Institute of Nursing Research for "Spinal Mechanisms Underlying SCI-induced Pain: Implications for Targeted Therapy." 🏛️

*Grants & Contracts of \$1 million and above



Cindy Schaeffer, PhD



Casting Off the Shackles:

The Founding of Modern Psychiatric Medicine



Chains, shackles, and cells were the primary tools of psychiatric medicine in Europe and the United States until the French Revolution.

Until Dr. Philippe Pinnel, Jean-Baptiste Pussin, and Marguerite Jubline, families and physicians knew one way to treat those suffering from mental illness—locking patients away either in family homes or in state hospitals that housed hundreds and often thousands of inmates.

Cared for by nurse nuns and former patients, thousands of the mentally ill

in France before 1800 were confined with actual prisoners in village-like institutions. Sometimes believed to be the victims of evil spirits, curses, or bodily imbalance, the mentally ill were relegated to abusive conditions, more often than not physically chained whether they resided in hospitals or in the attics of their families.

The turning point from incarceration to treatment was due to the French Revolution.

Questioning whether we had souls, if it was nurture or nature that formed the personality, and whether it was our physiology that formed our perception of and reaction to the world, the people who came to power in France during the social revolution were anxious to try new ways of education and caregiving. Excited by new theories of personality and consciousness and eager to try an empirical approach to philosophical ideas, intellectuals of the revolution allowed a few formerly outcast physicians to try new techniques for dealing with some of the most problematic patients in society.

Pinnel had been born and educated in the French countryside, outside of Paris before the French Revolution, and was therefore not allowed to become a physician in the city.

For years Pinnel worked as an editor and contributor to journals to make a living, taking tests to enter the elite

Parisian medical establishment. He was rebuffed for decades, a physician but a rural outsider. During these years, he made revolutionary friends who eschewed the religious dogma of the era. A supporter of the revolution, Pinnel eventually began to take positions overseeing clinics of the mentally ill to make ends meet while he was excluded from medical practice and the medical community.

As the bloody cultural revolution settled in Paris, Pinnel's revolutionary friends appointed him as the head of l'Hopital Bicêtre, which housed 4,000 men. Here, Pinnel met Jean-Baptiste Pussin and his wife Marguerite Jubline.

Pussin had been treated for the scrofula at the Bicêtre hospital and shortly after he and his wife had been recruited to work at the hospital, as was customary at the time. Eventually Pussin was promoted to "governor" of the ward for the insane, which housed 200 men. Although medically

Excited by new theories of personality and consciousness and eager to try an empirical approach to philosophical ideas, intellectuals of the [French] revolution allowed a few formerly outcast physicians to try new techniques for dealing with some of the most problematic patients in society.

untrained, Pussin and Jubline began an alternative treatment of these patients, something that would become known as the "moral treatment" of the insane.

Moral treatment did not mean moral in an ethical sense. Instead, in the 1790s it meant psychological or personality-focused, and Pinnel became partners with Pussin and Jubline in the close observation and daily conversation with the mentally ill.

Eschewing all former notions of the care and treatment of the "insane," Pinnel, Pussin, and Jubline visited the 200 patients multiple times a day, talking to them about their lives, what ailed them, what they believed, and taking extensive notes on the "natural history" of each patient's disease.

Pinnel, Pussin, and Jubline believed that many of the problems with the mentally ill that necessitated prison-like

While some of the most famous images in the history of medicine are the paintings of Pinnel removing the shackles of the patients at the Salpêtrière, it was actually Pussin and Jubline who first removed the shackles of patients at the Bicêtre in 1793, three years before they joined Pinnel at his new post at the Salpêtrière.



shackling stemmed from a lifetime of previous abuse for merely being ill in a society that did not give them a chance. They further believed that many patients in the midst of breakdowns could heal themselves—that patients could "find themselves" in their terms—through a medical relationship of talking with a physician combined with the kindness and guidance of trained, compassionate caretakers.

The approach they pioneered at the Bicêtre in the 1790s and later at the famous women's hospital, the Salpêtrière, stemmed from new concepts of humanity that Pinnel encountered in the liberal salon culture of pre-revolutionary France and his daily experience with the ill.

Pinnel's belief in the cause of mental illness was premised upon the notion that humans had an active mental life that was legitimate to engage with as a physician. Delusions could and should be engaged with, according to Pinnel, and individuals who had a break with reality or a breakdown may be rehabilitated. Furthermore, Pinnel's autopsies of patients showed that there was hardly ever a correlation between depressive episodes, delusions, and gross brain lesions.

Instead, Pinnel traced problems back to the gut, but unlike many later physicians, he did not remain fixated on

the physiological problems of the intestines when examining mental illness. Instead, due to Pussin and Jubline, Pinnel focused on a treatment of the mentally ill that focused on conversation, interaction, and the encouragement of "personal liberty" of the patient in a firm but kind environment.

While some of the most famous images in the history of medicine are the paintings of Pinnel removing the shackles of the patients at the Salpêtrière, it was actually Pussin and Jubline who first removed the shackles of patients at the Bicêtre in 1793, three years before they joined Pinnel at his new post at the Salpêtrière.

Yet Pinnel did indeed remove the shackles from the 2,000 mentally ill women and prostitutes housed at the Salpêtrière before the turn of the 19th century. In partnership with Pussin and Jubline, Pinnel began the first classifications of mental illnesses, describing and demonstrating the new treatment of patients at the Salpêtrière

to a global coterie of physicians who came to learn in Paris between 1810 and 1840.

Pinnel, Pussin, and Jubline still used straight jackets and the threat of confinement to elicit compliance and non-violent behavior from their patients. Yet it was their close interaction with patients and their belief that the insane should be treated individually, instead of following one strategy based on symptoms of known categories that was revolutionary.

Known as The Father of Modern Psychiatry, Pinnel was an outsider who revolutionized medicine in his partnership with non-medically trained experts in patient care. In legitimizing the inner workings of the human mind and the value of individual physician-patient relationships, Pinnel, Pussin, and Jubline created not only the basis of modern psychiatry, but modern medicine as well. 🏠



Author Mary Ellen Leuver is a doctoral candidate in the History of Science & Medicine at Yale University specializing in bioethics and the history of infectious diseases. She consults on medical history at the University of Maryland School of Medicine.

The Only Influence

Americans who have read no history since their school days will still tend to remember something about the final years of President Woodrow Wilson. After successfully prosecuting US entry into and success during the “Great War,” Wilson suffered a major right-hemispheric stroke as he was campaigning for senate approval of the Versailles Treaty. Wilson’s stroke left him significantly disabled with signs of anosognosia although without major loss of higher intellectual functions. Historians have since documented how his health had already been compromised by vascular illness that was carefully shielded from public view as far back as his years at Princeton University. Wilson’s ability to continue in office after October of 1919 is attributed to a tighter control over information that was possible a century ago plus the ability of his (second) wife, Edith Bolling Galt, to manage affairs in the White House and assist senior members of government in the conduct of executive-branch business.



Woodrow Wilson

Wilson’s stroke left him significantly disabled with signs of anosognosia although without major loss of higher intellectual functions.

most familiar public orator and was also well published. Since the 1890s, Deschanel had even been a member of the celebrated *Académie Française*. His books included biographies of political figures from the 19th century such as Bismarck and Gladstone.

Deschanel served in the lower house of the French parliament, the chamber of deputies, during the pre-war years and was elected president, or speaker, of that house in 1912. Under the Third Republic’s constitution, France’s parliament was responsible for electing the president, so it was not a great surprise when he won, although defeat of Clemenceau, who did not even remain on the final ballot, appeared shocking to foreign observers. What was far more of a shock even in France, however, was the rapid deterioration of Deschanel’s personality in the months just after his election.

the Third Republic did not last long. Instead, the victor was another political veteran, Paul Deschanel, who was elected by a large majority on January 17, 1920.

Deschanel was more of a centrist politician than Clemenceau; he was also an academic with a reputation as an esthete who brought “a hundred suits of clothes” to the Elysée Palace according to reports in the left-wing press. Control over policy in the Third Republic was primarily in the hands of a premier, or prime minister; yet the choice of Deschanel was important for continuing efforts by the French to recover from the tremendous physical and moral destruction they had experienced since 1914. He was recognized as the country’s

The first incident to generate widespread concern was in May of 1920, when Deschanel—who may have been taking an early form of barbiturate as a sleep aid—fell or jumped from a train late one night and was found later by a railroad worker. He was bloodied and bruised but without major injury, and it’s possible that he fell onto a soft, grassy or sandy surface rather than onto tracks or ties. One press report assessed the train’s speed at 30 miles per hour, yet that seems unlikely unless he got off the train during a scheduled stop rather than having

fallen. The president was attired only in pajamas and was barefoot, which caused the railwayman’s wife to remark on the cleanliness of his feet. A physician called in the following morning recognized him as something other than a vagrant. More reports then circulated of erratic behavior, and these appeared under headlines in major American press outlets such as the *New York Times* and *Baltimore’s Sun*. The president was said to have received a new ambassador from London wearing nothing except his ceremonial sash and ribbons. The crowd at a war commemoration tossed him a bouquet that fell into the mud; he picked up the dirty flowers and one by one threw them back at the crowd. His staff and the cabinet insisted that he spend much of that summer at Rambouillet, the official retreat and hunting lodge, where Deschanel was seen to be naked as he paddled a small boat in an ornamental fountain. He was also reported to have become openly combative with his cabinet and even at public assemblies.

By September of 1920, Deschanel was convinced to resign, yet that may have been forced upon him. Even before that time official documents may have been put to his wife for signature, as was true with Edith Wilson, who handled most of her husband’s paperwork for the final year-and-a-half of his time in office. Deschanel was then 65 years old—comparatively young by the standards of modern French presidents—and died only a little over one year later. There is no known record of his having been seen by a trained neurologist or psychiatrist.

The neurologists, who were led by Florence Pasquier (now at the University Hospital of Lille), asserted that “the only influence on history Deschanel had was to prevent the election of Clemenceau ... [which] had nothing to do with his neurological illness.”

More recently, in 1996, a panel of neurologists met in France to discuss Deschanel’s condition.¹ After conducting a differential diagnosis, it was their conclusion that the most likely cause of his symptoms and early death was a form of frontotemporal dementia distinct from either Alzheimer’s Disease or other known sources of senile dementia such as tertiary syphilis.

Deschanel did not appear to have memory loss or significant linguistic impairment, yet he did show clear signs of self-monitoring dyscontrol and self-neglect. The neurologists, who were led by Florence Pasquier (now at the University Hospital of Lille), asserted that “the only influence on history Deschanel had was to prevent the election of Clemenceau ... [which] had nothing to do with his neurological illness.”

What the panel of neurologists did not seem to have known was that, in June of 1922 and shortly after Deschanel’s death, an inflammatory press report attributed to “a diplomat in Paris” was widely circulated on both sides of the Atlantic, including by the *Baltimore Sun*. That report describes a careful conspiracy in which Deschanel is said to have been promoted for the presidency by members of the chamber of deputies even though they knew that his mental state had already been deteriorating for some months prior to January of 1920. The “diplomat” claimed that the president was behaving in ways far different from what had been expected of the man they knew as le beau Deschanel, France’s most inspiring patriotic orator during the harshest of the war years. He who had once been a fine exemplar of the highest in Gallic culture now dined



Paul Deschanel

on only the simplest of foods and drank the plainest wines. He gesticulated wildly to his subordinates and showed a peculiarly high-stepping and foolish gait as he entered the parliament or came into view at other public functions. The deputies had given him an overwhelming majority knowing that he would not last long: they just wanted to make sure Clemenceau did not gain the ultimate political honor.

Deschanel’s successor was Alexandre Millerand, who had been Deschanel’s own prime minister and may have been among those who deliberately conspired to put a disabled man into the presidency. Millerand then stepped into the highest office, as Stalin did after Lenin’s death, although he was not there nearly as long (only four years) as Stalin was in Russia nor with anything like the world-shattering consequences. 🏠

¹ *European Journal of Neurology* 1999. 6:133-136



Author Wayne Millan is a lecturer in classics at The George Washington University. He has participated in Maryland’s annual Historical Clinicopathological Conference since 2001 and authored the *Medicina Memoriae* column since 2010. He’s currently at work on a full-length biography of the Classicist Edith Hamilton, who was well known to an older generation of Baltimoreans as founding headmistress of The Bryn Mawr School.

Living in a Good Space



GERALD PERMAN, '77, took the long, winding road to get where he wanted to be, to where he is now—a longtime, respected psychodynamic psychiatrist in Washington, D.C., who also happens to play guitar and sing.

It wasn't easy getting here. But all the twists and turns were necessary to achieve his true calling. And it proved how much he wanted to be the kind of doctor he is, capable of helping others and, perhaps, changing their lives, as his had been changed.

"I dropped out of high school in 11th grade," says Perman. "I had a troubled adolescence. But, by the grace of my parents, who found me a psychoanalyst who really helped me, I got into treatment."

He also went to an "alternative" high school in upstate New York and, while it was unaccredited and he didn't get his high school diploma, he did learn to play guitar, an instrument that has stayed part of his life for over 50 years.

He eventually got his GED and applied to the University of Maryland, College Park (UMCP). In his first year, he decided on pre-med because he learned that to be a psychiatrist he had to become a doctor.

After graduating from UMCP in 1971 with his B.S. in psychology, he applied to Maryland but wasn't accepted. He went back to UMCP, got a second B.S. in biochemistry in 1972, reapplied, and still didn't get in.

"At that time I heard about studying outside the United States," says Perman. "I realized there could still be a way to become a doctor and a psychiatrist. And, I thought I'd like to do it in French. Why? I had taken French in high school and I liked a challenge."

A nine-week French course in France set him up for entry into the Free University of Brussels Faculty of Medicine in Belgium. Three years there, doing preclinical work, put him on course for another application to Maryland.

"I was determined," he says. He took the exam for American medical students in Europe who wanted to transfer to a U.S. school and was accepted into the third year of study at Maryland, graduating in 1977.

"I'm deeply indebted to Maryland—I have three degrees from its schools, and it is the main pillar on which I was able to build my life."

Perman, who doesn't believe he is related to UMB president Jay Perman, has been in private practice for 36 years. Now, at 70, he is president-elect of the American Academy of Psychodynamic Psychiatry and Psychoanalysis.

"It consists of about 600 psychiatrists, all of whom have an interest in psychodynamic psychotherapy or psychoanalysis," he says.

It was a psychiatrist, using psychoanalysis as the main course of treatment, who had helped him find his way. "The effect on me was life-saving and life-changing," Perman says. "I was able, in late adolescence, to move on in a very positive direction. "Because of that, I know my work can help my patients negotiate life through hard stages and rough times and often bring about life-saving and life-changing moments. I am deeply committed to this work."

Perman's psychodynamic psychotherapy patients, who he sees one-to-three times a week, take up 35 hours of his workweek. He also supervises a resident at George Washington University once a week. And, he is an active member of the physicians' health committee of the Medical Society of Washington, D.C., working with doctors who have gotten into difficulty with substances and behaviors. He is also currently the editor of *Washington Psychiatrist*.

Then, of course, there is his personal life: his wife, Martha Bernard Perman, a rehabilitation counselor at NIH, and five grown children in their blended family. Perman and his wife like to travel, and in October and November toured China. It was both business and pleasure, with Perman speaking to a group of mental health professionals in Chengdu. His subject? French psychoanalyst Jacques Lacan, who has been called "the most controversial psychoanalyst since Freud."

Despite his busy schedule, Perman always makes time for his music. The guitar and the music that he drew out of it, gave him a place to go when he was young. Now it continues to provide a sanctuary. "When I play, I step into a different space," he says. "It's very comforting."

He has fronted a number of groups, but now he is a solo act. He performs at the after-parties at First Stage in Tyson's Corner, at an annual charity benefit at Woodley House, at reunions, at house parties... wherever he's invited to play.

He comes by his passion through his roots. His father, from Warrenton, N.C., brought Louis Armstrong's music into his life and country music, too. His mother, a Baltimore native, studied piano, and provided more strong musical influences. He learned to play trumpet and piano and then guitar.

Perman picks up the guitar every night for at least a few minutes. Even in his office he will sometimes pick up the instrument and play, like he did on this day, enjoying a journey through the music of Hank Williams, Elvis, and Chuck Berry.

"I got into the '50s rock 'n' roll and adapted it to the acoustic guitars—Chuck Berry," he says, playing a riff of Johnny B. Goode. "I like humorous songs, funny songs."

On his website jerrypermanmusic.com, you can hear some of those—Check Out Her Momma and Smoke, Smoke, Smoke. He'll tell you about Commander Cody and His Lost Planet Airmen, too, as he goes into Hot Rod Lincoln.

"Finally in my life, I feel happy," he says. "I feel happy singing...Martha is a fabulous woman, and we are so happy together. There was a time when I was more insecure. Now, I do what I do, and I'm much more content."

But while the music soothes him, it is his work that nourishes.

"What I'm involved in is 70 percent art and 30 percent science," Perman says, pointing out the different approach. "Those who do the research are 90 percent science and 10 percent art. But they still need to talk to their patients. They need to always remember the human being who is being treated—brain, mind, and soul." 🎸

It was a psychiatrist, using psychoanalysis as the main course of treatment, who had helped him find his way.



The effect on me was life-saving and life-changing.

"I'm deeply indebted to Maryland—I have three degrees from its schools and it is the main pillar on which I was able to build my life."

ALUMNA
profile

Monica Buescher, '83

Tuning Drones

Was it happenstance or destiny? **Monica Buescher '83**, knows only the musical interest she and her sons developed wasn't planned—not even in a pipe dream.



Buescher with her MacMillan-Birtles Pipe Band in Glasgow

This past summer, the journey culminated for Buescher, when the MacMillan-Birtles Pipe Band of Rockville, Md., a grade-4 band for which she has piped for 10 years, placed ninth in the World Pipe Band Championships in Glasgow.

Buescher, who has been an obstetrician for 35 years, wasn't the usual parent who transported her kids to music lessons. When her older son, Ben, became enchanted by the bagpipe in third grade after hearing his best friend's dad play it, the odyssey began, not just for Ben, but for his younger brother, Jack, and Buescher, too.

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Little did she know, when she began taking Ben to lessons in White Hall, and then to an instructor in Frederick, that Jack would start playing the Scottish snare drum, or that after a year and a half of listening to Ben's lessons, she would be smitten by the instrument.

"I wasn't one to wait in the car or sit in the living room reading," she remembers. "I spent my time attending Ben's lessons, listening to the music. Eventually I thought, 'I think I want to learn how to play.' I thought I could teach myself, but you cannot teach yourself this instrument!"

The bagpipe is a very simple, but complicated thing. Sort of like delivering a baby, which Buescher has done some 3,000 times during her medical career. The mother has to breathe, and so does the bagpiper.

The Great Highland Pipe is a wind instrument arm-powered by a mouth-blown bag, from which air vibrates one chanter/melody reed and three drone reeds, and it has only nine notes.

"Initially, I had no ambitions for myself, but as the boys grew—Jack began taking snare drum lessons, primarily because I needed him to be involved in the same place I was taking Ben—a parent's dream," Buescher says. "When we started going to Rockville so they could play in a higher level band, I eventually joined the entry-level adult band there."

Now, years later, the side benefit has been Buescher has this special interest to share with her sons. Her husband is **Howard McClamrock, MD**, head of reproductive endocrinology at Maryland. He co-founded the in vitro fertilization program with Eugene Katz, MD, and was the first reproductive endocrinologist in Maryland to perform a frozen embryo transfer that resulted in a live birth. "He has been completely supportive," says Buescher, who met McClamrock during their Maryland residencies. "He likes the piping and the drums, but has



Tuning her Drones

no interest in doing it. He's a wine person."

As it has turned out, the bagpipe and snare drum were not just childhood whims. Ben, now 27, is internationally recognized for his solo bagpipe playing while Jack, 25, is a professional Scottish snare drummer, whose grade-2 band also traveled to the World Pipe Band Championships last summer.

It was not the first time there for either Jack or Buescher. In 2003, Ben and Jack competed in the same championships as members of the Guilford and Glencoe Juvenile Pipe Band, which Buescher and other parents helped found. "I was there as a proud parent in support," Buescher says.

Last summer, Jack returned the favor after his band was ousted, supporting his mother's MacMillan-Birtles Pipe Band—the only American band in its grade to be among the 12 finalists.

"We surprised a lot of people," Buescher says. "I was so nervous and people would say, 'How can you be nervous? You cut people open in your job.' But this was brand new."

Though she has been playing the pipes for 15 years, the instrument is not easily harnessed.

"I have come to love piping, but it's a beast of an instrument," she says. "There are four different reeds to tune, three drones, and the chanter, and once you have it in tune, it lasts about five minutes. There must be something about the tweaking I like. I'm an OB-GYN. I fix things. You feel the music in the vibration under your arm from the bag. There is something downright visceral about it."

It is a loud instrument, too. So Buescher usually practices at home. She has tried to practice in the parking lot at St. Joseph Medical Center where her hospital practice is located, but "someone invariably complains."

Yes, the pipes can be an instrument targeted for ridicule. Irish poet W.B. Yeats once said, "I firmly believe that distance adds enchantment to the bagpipes."

Buescher can tell her own funny story about the pipes.

"Our old Chesapeake Bay retriever grew up with Ben," she says. "Whenever he'd play, she would howl. But when he got good enough and was able to keep the drones in tune, she stopped."

"When you hear a band playing, you should only hear one pipe. When people say they don't like the pipes, it's probably because the pipes they're hearing aren't in tune. When my son got good, people would say, 'I didn't know it could sound like that.'"

They are music to Buescher's ears. After placing in the international competition, she sent word to the Medicine Bulletin for alumni news—her first submission ever.

Buescher says she will attend her 35th class reunion this spring. That, too, will be a first.

"I don't usually go to alumni events, but it has been 35 years and I know how students are learning now is very different," she says. "There were no computers when I was there. I'm very curious about all the virtual teaching they can do now."

She calls herself "an old-fashioned fuddy-duddy," who loves what has been the hands-on approach to medicine as an OB-GYN. So, it is with mixed feelings that she is planning to give up obstetrics in July. She, however, will continue as a gynecologist.

"I am ambivalent," Buescher says of "winding down" her practice. "It appeals to me, to be able to alter an outcome for the better. There's an art to it. It will be bittersweet to stop doing obstetrics, as it has been my charge and vocation to keep mothers and their babes safe through the walk of pregnancy, labor, and delivery."

Is her musical retirement also in the offing? Buescher smiles and says, "I'll be playing until my fingers stop moving." 🏠

The bagpipe is a very simple, but complicated thing. Sort of like delivering a baby, which Buescher has done some 3,000 times during her medical career. The mother has to breathe, and so does the bagpiper.



Teamwork



Through education and training of each team member, pancreas transplant candidates at Maryland are now identified, not just by surgeons, but by all team members including medical assistants and nurse coordinators.

PANCREAS TRANSPLANTATION, first successfully performed in 1966, now has exceptionally good outcomes and all-but-cures diabetes type I. Despite this, the total number of pancreas transplants has decreased since 2004. The team at Maryland's medical center is trying to understand why, and how to reverse the trend.

Joseph R. Scalea, '07, assistant professor of surgery and immunology, and director of pancreas and islet cell transplantation, says that "while the downward trend is multifactorial, experts in the field have hypothesized that poor referral stream and poor access to surgical training are partly to blame." Nevertheless, based on recent successes here at Maryland, Scalea posits that the reason for a decrease in pancreatic transplantation may be simpler. He believes the answer lies in a lack of teamwork.

He explains, "Too often, we surgeons become disengaged from our medical colleagues. Traditionally, we have not utilized team management for the severely diabetic patient as we have, for instance, in cancer care. Here at Maryland,

our team approach is to develop a comprehensive diabetes care plan which many times results in pancreatic transplantation—regardless of whether the patient has type I or type II diabetes.

Scalea's primary focus has been team education. Through education and training of each team member, pancreas transplant candidates at Maryland are now identified, not just by surgeons, but by all team members including medical assistants and nurse coordinators. Often, these pancreas transplant candidates are identified in the kidney transplant clinic. This is because about 90 percent of patients transplanted with a pancreas are simultaneously transplanted with a kidney. The combined procedure cures diabetes and simultaneously takes the diabetic patient off kidney dialysis.

The team also performs solitary pancreas transplants for patients with intact kidney function who demonstrate to the multi-disciplinary team that the patient's diabetes is beyond management with medications alone. Scalea states "many times these are patients who black out and go to the emergency room, sometimes routinely, from low blood-sugars." If the patient's kidney function is impaired, patients are considered for combined kidney-pancreas transplantation.

A combined kidney-pancreas transplant takes approximately four hours. Traditionally, it was much longer. However, Maryland has a two-team approach in which one team manages the organs while the second manages the recipient. Using this approach, "we can cut the length of the procedure by about 40 percent" Scalea says.

Scalea's multi-disciplinary, team-based approach to diabetes care extends to various stakeholders, including endocrinologists and nephrologists. He says of the world's diabetic population, few are candidates for pancreas transplantation. However, there are major benefits for those patients who can receive a pancreas, and we need to do a better job of offering this valuable operation, when appropriate.

The Maryland program is among those with the most developed team-based approach. Indeed, this team approach is also used in Maryland's liver transplant program. Members have been charged to become stakeholders in the care of severely ill diabetic patients. Scalea states that "when everyone buys in, the patients get a great result."

"Our strength is in our team," Scalea says. "That's how we have been able to reinvigorate this program, and how we've been able to help so many folks."

Scalea is the nephew of **Thomas Scalea, MD**, renowned trauma specialist and physician-in-chief of the R. Adams Cowley Shock Trauma Center. He is quick to acknowledge the influence his uncle has had on his career in terms of guidance and support throughout his education and beyond. The recipient of numerous accolades, Joseph Scalea says he is most proud of a 2014 Hero Award which he shared with the elder Scalea for helping to save the life of a young person in the Shock Trauma Center.

"That has been one of the most gratifying experiences of my career," he says. "Sharing that with my uncle was really a high point for me."

Among many other honors, a favorite award, among more than 20 in the past 10 years, is the American Surgical Association Junior Investigator Award. Scalea has generated considerable grant support including significant funding from the Greenwall Foundation, the National Institutes of Health, and the American Society of Transplantation.

According to Scalea, the question of organ availability is an important issue, critical to the success of the future of the combined surgery throughout the United States, and to the future of those now waiting for available organs.

"Right now, there are 100,000 waiting for a kidney transplant," he says. "It's important for us to realize how many of those people also need a pancreatic transplant. In fact, that number is very low, which means that those waiting for a double transplant may well have a shorter wait than those waiting for a single kidney transplant. All of this suggests that patients with kidney failure would do well to investigate the opportunity of combined surgery."

For the past year, Scalea has served as director of Maryland's pancreas transplant program. Under his leadership, he has led the program to performing the largest number of combined kidney-pancreas procedures since 1995, the only year more were performed. Indeed, Maryland is now among the busiest centers in the United States.

A firm believer in the importance of a balanced lifestyle, Scalea is an accomplished painter who incorporates his chosen medical specialty with his art. He has had several exhibits, most recently a number of paintings appearing at Baltimore City Hall.

He is most enthusiastic, however, when discussing family, especially his wife and two young children, the younger, a baby girl whose godfather is none other than Thomas Scalea. 🏠

The recipient of numerous accolades, Joseph Scalea says he is most proud of a 2014 Hero Award which he shared with the elder Scalea for helping to save the life of a young person in the Shock Trauma Center.

Remembering Stewart Greenebaum

STEWART J. GREENEBAUM, a prominent Baltimore business and civic leader who devoted much of his philanthropic work to supporting cancer research, treatment, and education at Maryland, died December 10 at the age of 82.

During three decades of involvement at Maryland, Greenebaum held several key leadership positions on boards including chairman of the University of Maryland Medical System and University of Maryland Institute of Human Virology, and as a member of the medical school's board of visitors.

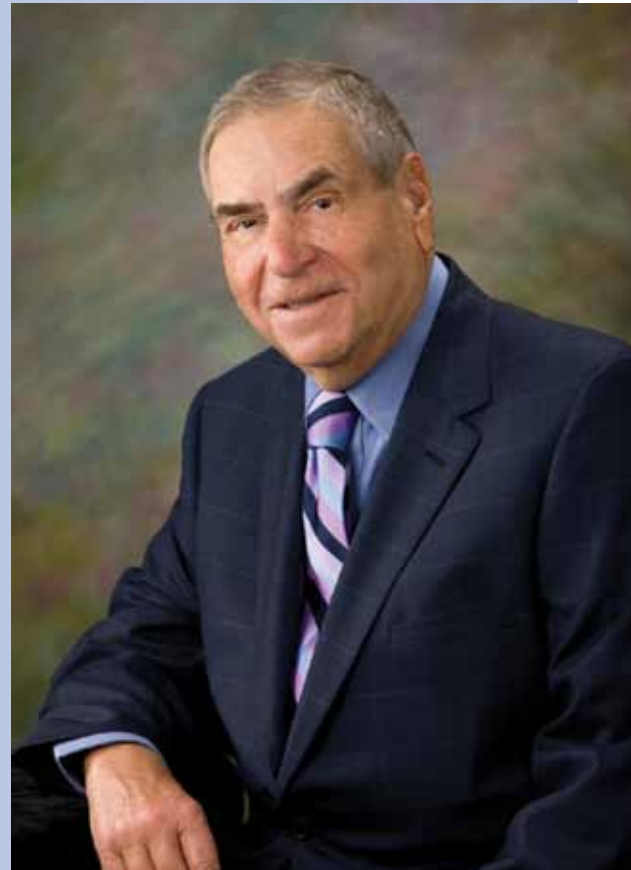
"Stewart Greenebaum has truly been a legendary figure for both the University of Maryland and UM Medical System," said medical school dean **E. Albert Reece, MD, PhD, MBA**. "We are so grateful to him and his entire family for their support over the years. He was like a father figure to many of us and will be forever remembered for his leadership and legacy of philanthropic support."

In 1994, Greenebaum and wife Marlene gave the founding gift for the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center. In addition to naming the center, their \$16 million in philanthropic support through the years established endowed distinguished professorships in oncology, radiation oncology, and neurology.

Beyond campus borders, they founded the Marlene Greenebaum Multidisciplinary Breast Center at Hadassah University Medical Center in Israel, and Greenebaum was one of only five American directors of Hadassah Hospital in Jerusalem. He was a founding chairman of the American Cancer Society Cancer Resource Network and board member of Profectus BioSciences, Inc. He also founded the Shoshana S. Cardin Jewish High School in Baltimore, and he and Marlene were founders of the Children's Hospital at Johns Hopkins.

Greenebaum received many humanitarian awards, including the BZD Humanitarian Award, the Institute of Human Virology Lifetime Humanitarian Achievement Award, and he was named philanthropist of the year by the National Society of Fundraising Executives.

Survivors include wife Marlene, daughter Amy, son Michael, and three grandchildren.



Alumni Phonathon Nets \$88K

The annual fall alumni phonathon in Davidge Hall netted \$88,400 in pledges during six nights of calling. One hundred twenty-seven students reached 875 graduates between October 2–12, securing 436 pledges. The event has taken place in Davidge Hall annually since 1978. If we missed you, annual fund gifts for FY18 will be accepted through June 30, 2018.

In the fall *Bulletin* the names of recent scholarships were reported. One of the titles was not reported accurately and we proudly present it here: **Marlene Hayman, MD, '77 and Kathleen FitzGibbon, MD, '15 Endowed Scholarship**.



Transitioning Your Family Business to a New Generation

LEARN THE COMMON HURDLES to a successful transition and how you can design a strategy to help jump them.

Failure to Distinguish between Ownership vs. Leadership & Management

Succession planning for ownership involves legal matters, including buy and sell agreements, whether it be selling to children, managers, employees, investment groups or an outside competitor and deciding who will own shares. Conversely, succession planning for leadership and management refers to training the next generation in these types of roles.

Start both types of succession planning early because the process could take years. It is easier to transition in phases, which also builds in time for unexpected changes.

Not Preparing the Next Generation

The older generation should teach the new to follow the same vision and business goals, while incorporating family values.

- **Strategic thinking.** Create longer-term plans, such as modernizing the business and hiring in weakness areas.
- **Development plans and performance evaluations.** Current owners should develop a hands-on experience and mentor the current management team.
- **Managing finances.** Make sure successors understand everyday financial practices and how to separate personal and business expenses.
- **Education.** The next generation should complete higher education and gain experience outside of the family business.

Not Willing to Give Up Control

The senior generation needs time to become comfortable with the transition and not feel they are being pushed out. Having a clear plan for life after retirement will reduce the temptation to interfere.

The Next Generation Cannot Financially Purchase the Business

If the majority of your net worth is invested in the business, and you can't afford to give it to the next generation and they can't afford to purchase it, consider these options:

- **Leveraged Buy-Out.** Next generation borrows funds to buy the business. Seller receives money immediately. Business profits are used to pay the loan.
- **Installment Sale.** Payments are made to the seller over a term of years with interest. If a Self-Cancelling Installment Note (SCIN) is used, the note will terminate upon the seller's death, regardless of whether it has been paid in full or not.
- **Non-Qualified Deferred Compensation.** The current business owner must pay a certain amount to the seller after retirement. Although these payments are deductible for the buyer, they are taxed as ordinary income for the seller.
- **Sale to an Intentionally Defective Trust.** Instead of selling the business directly to children, all or a portion is sold to a trust with the children designated as beneficiaries.



This column is prepared by Lisa H. R. Hayes, CPA, Senior Wealth Strategist and Senior Vice President at PNC Wealth Management®. Hayes provides wealth planning services and can be reached at 410.237.5834 or lisa.hayes@pnc.com

These options must be structured properly. Consultation with professional advisors is essential to achieve desired results.

Family Discord

With multiple children involved as owners, family discord can cause failed transitions. If children have different skill sets and leadership abilities, avoiding conflict may involve business reorganization, allowing different children to run separate operations acting as their own profit centers.

Key Employee Discontent

A vital element of a smooth transition is retention and continued dedication of key employees. Bringing family members on as owners has the potential to cause discord.

Create retention and engagement plans, consider having employees sign a proprietary information agreement and create incentives for key employees to remain, including executive compensation and bonuses.

Living out your Succession Plan

Succession planning is an opportunity for you to plan what you want your business to look like when you're no longer in charge. Consult with a financial advisor who can help you design and implement a strong plan. Giving up control may be a difficult process, but giving your children an opportunity to take your business to the next level and achieve their own goals is something worth planning for.

PNC offers a number of "Point of View" articles on financial, economic and community issues. They can be found at <https://www.pnc.com/en/about-pnc/topics/pnc-pov.html>.

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Class of '21 Presented with White Coats



▲ Johanna C. Thompson-Westra signs the honor registry.

▶ Nena Amin receives congratulations from Scott Strome, MD, chairman of otorhinolaryngology.



Since 1997, the White Coat Ceremony has been an annual tradition at Maryland. The presentation of coats by faculty is another symbolic welcome into the medical community, and after receiving them each student signs the school honor registry and recites a code of honor acknowledging their acceptance of the obligations of the medical profession.

Hundreds of family members and significant others attended the event at the Hippodrome Theater on November 2. Presentations were made to help them understand what first-year students are experiencing and how to support them during their rigorous four-year education. 🏛️

▲ At the conclusion of the ceremony the class of '21 recites the code of honor.

▼ Meghna Ramaswamy, Gregory Perraut & Autusa Pahlavan receive their white coats.



CommUNITY Fest Celebrates 15 Years

Maryland's chapter of the Student National Medical Association sponsored its 15th consecutive CommUNITY Fest at Lexington Market in October. This year more than 150 community members received services from 20 local and state organizations as well as 15 student groups from Maryland's schools of medicine, dentistry, physical therapy, and pharmacy. The annual event is held at Lexington Market. 🏛️



MAA Student Advisory Council

Eighteen students, consisting of representatives from each medical class, constitute this year's MAA Student Advisory Council. The group serves as a vital communications link between the student body and alumni association, planning class social activities, recruiting volunteers for the fall phona-thon, and making recommendations on student requests for alumni funding. 🏛️



▲ The 2017-18 SAC. Front row: Elizabeth Herzog, '19, Paige Kennedy, '19, Esegboria Ikehloa, '19; middle row: Martha Coghlan, '20, Arielle Brackett, '20, Chinezimuzo Ihenatu, '20, Saad Shamshair, '20, Helen Cheung, '20; back row: Alexandra Vlk, '21, Jack Siglin, '21, James Frisbie, '21, Cara Lee, '21, & Adrianna Lee, '21. Missing are Josef Jolissaint, '19, Sara Francomacara, '18, Jackline Lasola, '18, Stefano Muscatelli, '18, and Christopher Petrucci, '18

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

210 Years Ago

In 1808, faculty were denied state funds to construct a medical building, but received permission to conduct a lottery in an attempt to raise \$40,000 in financing. The effort was increased to \$100,000 but failed due to lack of public support, and subsequent efforts were only partially successful.



120 Years Ago

In 1898, Caleb D. Bradham, a former Maryland medical student, introduced Pepsi-Cola to the soft drink market. While in school, Bradham worked part time in a drug store, but after his father's business failed in 1891 he was forced to drop out. Bradham opened a drugstore in New Bern, North Carolina, and began experimenting with new fountain flavors for his customers. He began selling Brad's Drink in 1893 which he claimed was also a cure for dyspepsia. Five years later he purchased the name Pep Cola from a New Jersey company and changed the name of his drink to Pepsi-Cola.



40 Years Ago

In 1978, the nation's first state-wide Emergency Medical System was installed for Maryland, linking 20 specialty referral centers, 51 hospital emergency departments, a fleet of state police med-evacuation helicopters, and more than 300 ambulance companies.



THE CATALYST CAMPAIGN

On October 14, 2017 as part of the annual Founder's Week celebration, the University of Maryland, Baltimore kicked off an ambitious fundraising campaign, Catalyst. The multiyear \$750 million campaign is critical to securing UMB's future through efforts to increase student scholarships, fund innovative research, and recruit and retain the most talented investigators.

As part of the Catalyst Campaign, the School of Medicine has been tasked to raise \$545 million during the campaign period. Through innovative medical education, pioneering research, and life-saving patient care, the University of Maryland School of Medicine is a catalyst for improving health and well-being locally, nationally, and throughout the world. We combine research, education, and patient care to enable extraordinary medical advances. We are proud to have forged the way in many new directions, producing generations of medical pioneers for more than 210 years, and we continue to lead today.

OUR LATEST ACCOMPLISHMENTS

- Led clinical trials for potential HIV and Ebola vaccines and human clinical trials of a Zika vaccine
- Opened a \$305 million School of Medicine Research Building (Health Sciences Facility III), a 10-story, 450,000-square-foot facility providing both laboratory space and state-of-the-art technology
- Received the highest designation by the National Cancer Institute as a Comprehensive Cancer Center (University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center)
- Developed MR-guided focused ultrasound, and is among the first worldwide in the treatment of essential tremor and Parkinson's disease
- Opened the Maryland Proton Treatment Center, the most advanced form of pencil-beam cancer treatment, and the first proton treatment center of its kind in the Baltimore/Washington, D.C. area
- Began a first-in-children clinical trial using adult stem cell injections to regenerate the right ventricle of infants with hypoplastic left heart syndrome



For example, discoveries in critical fields like transplant tolerance and stem cell therapy are waiting to be transformed into biomedical innovation to revolutionize patient treatment and improve patient outcomes. That's why the School of Medicine has created an **Endowed Distinguished Professorship in Entrepreneurial Surgical Science**, part of the school's plan to develop innovative surgical research programs. The goal is to replicate other successful startups funded by the Maryland Technology Development Corp. (TEDCO) and led by school surgeons—the creation of Harpoon Medical, Inc., for example, co-founded by James Gammie, MD. Harpoon's licensed technology centers on an image-guided cardiac surgical tool inserted by an incision between the ribs, to simplify heart valve repair, avoid open heart surgery, and reduce patient recovery time.

YOU CAN PROPEL US

A breakthrough could happen tomorrow. This is why it is of the utmost importance that we continue to advance this integral work. Now, more than ever, it's critical that we cultivate philanthropic support from

our alumni, friends, and the community to expand and accelerate our mission.

With your gift to the Catalyst Campaign, you will propel us to:

- Accelerate innovation and discovery to prevent, diagnose, and treat life-threatening and chronic diseases
- Assist the most capable students, who represent the diversity of our state and nation, in pursuing their dreams of becoming a physician, biomedical researcher, or allied health professional
- Attract and sustain eminent faculty physicians, investigators, scholars, and educators
- Create world-class facilities and build infrastructure for medical research and education

To learn more about how you can be a catalyst by making a gift to support our campaign initiatives, visit catalyst.umaryland.edu or contact Darren Parker, Interim Associate Dean for Development, at 410-706-8503.

MAKING THE EXTRAORDINARY POSSIBLE

Since its inception in 1807, the School of Medicine has made numerous advances that have dramatically and measurably impacted and improved people's lives. Each day, we bring together the world's leading experts and the brightest minds to provide an unparalleled combination of educational resources to better prepare students for their medical careers. Each day, our faculty treat complex medical conditions using the most innovative technologies and advanced therapies. Each day, we conduct groundbreaking biomedical research and make discoveries that will lead to novel treatments and cures. *Each day, the School of Medicine makes the extraordinary possible.*



classnotes

1950s **1950: Harry H. Beecker Jr.**, of San Pedro, Calif., was recently in Hawaii for a week, then spent a week in Oregon salmon fishing. **1955: Richard F. Leighton** of Savannah, Ga., was named co-chair of block three modules (cardiology, pulmonology, and renal) at Mercer University School of Medicine. **1958: Ronald Diener** of Brooklandville, Md., is proud to have a granddaughter attending medical school at Maryland.

1960s **1960: Michael J. Fellner** of New York City received the lifetime achievement award for contributions to dermatology from New York Medical College Metropolitan Hospital. **1961: George Urban** of Silver Spring, Md., in year two of retirement, finds himself filling more of his days with busy activity. His acrylic painting is improving and he is more involved with his history study group. Urban also enjoys family travel and walking his three greyhounds. **1962: Robert A. McCormick** and wife Marsha love their new home in Santa Fe, N.M. They were sorry to have missed the 55th reunion last spring. McCormick has been retired for nine years. **1963: Joel S. Gordon** retired from his ophthalmology practice in Naples, Fla., and now enjoys music, golf, and volunteering at a free clinic. **1964: Eric D. Schmitter** of Santa Monica, Calif., recently traveled to Vietnam and Cambodia and has a 2018 trip planned for Norway and France. **1966: Dennis H. Gordon** of Salt Lake City recently visited Vietnam and Cambodia, having served in the military there during the late 1960s. He reports that this trip was more enjoyable. **David J. Steinbauer** of Potomac Falls, Va., is getting requests for free medical advice while living in his retirement community. **1967: Elisabeth E. Kandel** of Lafayette, Colo., has started to CrossFit and has also resumed running. Regarding

farming, she planted more soybeans than corn, and it turned out to be a good thing after corn was valued under production costs. **1968: Ronald S. Glick** of Yardley, Pa., reports that daughter **Danielle, '14**, is a first-year fellow in pulmonary and critical care medicine at Maryland. **Charles J. Lancelotta, Jr.**, of Baltimore sadly reports that wife Patricia passed away last June. He is very proud of son **Charles IV, '95**, who practices anesthesiology at Lancaster General Hospital. **Gordon L. Levin** of Los Gatos, Calif., retired in April 2017 after 40 years of solo orthopaedic practice, and he now enjoys woodworking and flying a twin Cessna. **1969: John C. Blasko** of Edmonds, Wash., since retirement, remains involved in specialty education and industry consulting. He recently began a collaboration with the Chinese to develop a specialty cancer center in Beijing. **Ronald Elson** of Berkeley, Calif., continues practicing psychiatry, both privately and at UC Berkeley University Health Services. He consults with his local IPA, Brown & Toland; is on the advisory board of the UC Berkeley Health and Wellness Letter; and sits on the boards of Bay Psychiatric Associates and the Metal Arts Guild of San Francisco. Elson, who has three children and four grandchildren, enjoys enamel and sculptural art. He also has particular interests in Buddhism and non-duality and their integration into psychotherapy and education. "Yes," he concludes, "the 60s live on."

1970s **1972: Sumner H. Goodman** of Loudonville, N.Y., is enjoying retirement and wishes classmates good health and happiness. **Nelson Henderl** of Cambridge, Md., lectured in Calcutta, India, in 2016 before more than 500 physicians from around the world during a conference on pain management. His fourth book *Why 40%-80% of Chronic Pain Patients are Misdiagnosed and How to Correct*

That was published last year. **Howard Weinstein** of Newton, Mass., recently attended Maryland's white coat ceremony to watch daughter **Rebecca, '21**. **Brian Winter** of Baltimore enjoyed seeing classmates at the 45th reunion last spring, adding that everyone attending expressed positive sentiments and the hope to see even more colleagues at the 50th in five years. He continues practicing ophthalmology part-time in Columbia, while son Greg, a 2010 alumnus of Maryland's dental school, practices general dentistry and holds a teaching position on the faculty. **Charles J. Schlepner** of Boones Mill, Va., is a member of the dean's council on advancement at the Virginia Tech Carilion School of Medicine. **1973: Jo Augur Deevey** of North Bend, Wash., has been a provider of Suboxone since 2005, offering counseling for opiate addiction and in 2010 added pain management. She reports that more than 30 of her patients are now five to 11 years stable in recovery, while 30 more have moved on to other doctors because of her medical problems and limitations. She adds that she is still fighting the good fight. **1974: Elise W. Van der Jagt** of Pittsford, N.Y., is professor of pediatrics and critical care medicine, chief of the division of pediatric hospital medicine, and chief sedation officer for Golisano Children's Hospital at the University of Rochester Medical Center. **1975: Patricia R. Falcao** and husband Jim of Needham, Mass., announce the marriage of daughter Alexandra to Jacob Boyce in Grand Lake, Colo., last July. She is a licensed psychological counselor in Denver, specializing in family therapy for autistic children. **Edward M. Miller** and wife Shari of Baltimore sadly announce that daughter Robin recently lost her 12-year battle with breast cancer. **L. Edward Perraut Jr.**, of Bethesda, Md., is semi-retired practicing ophthalmology two days per week in St. Mary's County. He happily attended Maryland's white coat ceremony in November for son **Greg, '21**, and reports older son **Michael, '04** practices internal medicine, also in St. Mary's County. **1978: Adam Billet** of Chesapeake, Va., retired

from the practice of surgery after 33 years and is enjoying a life of leisure with wife Saria. **1979: Joanne L. Blum** of Dallas was invested as the Andy and Joan Horner Endowed Chair in Breast Cancer Research at Baylor University. She continues to treat women with breast cancer via Texas Oncology at the Baylor-Sammons Cancer Center; is director of the hereditary cancer risk program at BUMC; and performs clinical and translational research with colleagues across the country. Husband Paul Dechow, PhD, is associate dean for academic affairs at the A&M College of Dentistry in Dallas; daughter Monica is studying psychology at the University of Texas, Dallas; and son Ian is pursuing an entrepreneurial MBA at the University of Vermont. They have one grandson, Clarke, who is the apple of their eyes. **Burt I. Feldman** is medical director for MedStar Health in Silver Spring, Md. He enjoys playing indoor soccer and playing violin with the Montgomery Philharmonic. **Richard Lebow** of Hunt Valley, Md., was voted a top doc by *Baltimore* magazine in emergency medicine.

1980s **1980: Jeffrey A. Kleiman** of Needham, Mass., is feeling good that all of his long-time patients at Beth Israel are worried that he might retire soon from his family medicine practice because they are constantly asking. **Cathy Powers Friedman** of Easton, Md., reports that since husband **Scott's ('79)** retirement three years ago they have been spending half their time on the Maryland eastern shore and the other half in Sun Valley, Idaho, enjoying mountain living. They viewed the recent solar eclipse there in the path of totality at 8,700 feet on a cloudless day. **Emily Ulmer Michelsen** of Davidsonville, Md., has retired and plans to travel. **Phuong Trinh** of Rockville, Md., reports that son Paul will graduate from College Park this year with no aspirations of becoming a physician. He adds that it is disconcerting to be getting referrals from children of classmates, as he recently received one from **Ellen Goldmark, '08**, daughter

of **Marcia. 1981: Patricia C. Frye** of Washington, D.C., practices cannabinoid medicine in Silver Spring. **Samuel Smith** and wife Robin of Pikesville, Md., happily report the arrival of their first grandchild on October 30, 2017. **1982: Thomas W. Conway** of Newport, Tenn., sadly reports that wife Robin suddenly passed away after 28 years of marriage. He continues practicing in east Tennessee and hopes to catch up with classmates at the next reunion. **J. Philip Hall** of Altoona, Pa., has three grandchildren. **1983: S. Blaise Chromiak** continues practicing family medicine in Mobile, Ala., and has enjoyed 35 years of marriage with wife Marjorie. **Scott D. Hagaman** of Columbia, Md., reports that son Sean is totally enthused in his second year at Lake Erie College of Osteopathic Medicine in Bradenton, Fla. **David P. Johnson** of Sherwood, Oreg., has four grandsons, and daughter Sara is in her fourth year of medical school with plans to be an internist. **Alan Kravitz** of Rockville, Md., reports that daughter Meryl is a first-year student at Albert Einstein College of Medicine. **William F. "Biff" Umhau** of Owings, Md., reports that daughter **Mary Brooke** is a second year medical student at Maryland. **1984: Dale Meyer** of Voorheesville, N.Y., reports a September visit in Baltimore with **Roy Bands** and **Steve Anderson**, and he extends best wishes to all classmates. **1985: Charles S. Hames** is practicing gastroenterology in Walla Walla, Wash. **Jeffrey Jones** has practiced cardiology in Hagerstown, Md., for more than 25 years. He reports that daughter Maria is a first-year medical student at the University of New England College of Osteopathic Medicine. **1986: Judith L. Rowen** is associate dean for academic affairs at the new Carle Illinois College of Medicine, charged with overseeing creation of a curriculum that combines medicine and engineering. The inaugural class reports to campus in July. **Lisa Scheinin** of Redondo Beach, Calif., recently made her 14th trip to Japan; was a member of the first scientific group to collect butterflies (legally) in Paraguay; rode her 2000th roller

coaster (China); and won a gold medal in women's masters Taekwondo (forms) at the International Hanmadang Competition in Seoul—defending her title for the second time. Finally, she authored a chapter on envenomations for an upcoming forensic pathology textbook. **1987: Lisa Pichney** of Pikesville, Md., recently published a science fiction novel entitled *A Change in Tactics: Maiden Voyage*. **1988: Jose Dominguez** of Baltimore is excited about seeing classmates at the upcoming 30th reunion in May. **1989: Joseph W. Cook IV**, of Catonsville, Md., is president of the staff at St. Agnes Hospital.

1990s **1990: Marisa Werner** of Tucson is a staff pediatrician with Tohono O'odham Nation Health Care. She recently completed a master of divinity degree at Iliff School of Theology in Denver and was ordained to priesthood in the Ecumenical Catholic Communion. **1991: David Pomerantz** of Cranston, R.I., reports that daughter Julia became a Bat Mitzvah on September 2, 2017. **Clint E. Behrend** of Idaho Falls, Idaho, announces that his growing GI practice with surgical center and research is searching for a sixth partner. **1993: Angela J. Brown** of Baltimore has returned to locum tenens, working mostly in Maryland. She is also a certified health coach and enjoys encouraging people to have healthy lifestyles before they need to see her as a physician. **David B. Sigman** of Owings Mills, Md., is chief of urology at Sinai Hospital and was recently honored by *Baltimore* magazine as a top doctor. **1995: Hamang M. Patel** of New Orleans is married with two children and working as a cardiologist at Ochsner Clinic. **1996: Paul J. King** and wife Mary Kate live in Arnold, Md., with daughters Ellie and Regan. King practices orthopaedics in Annapolis and serves as director of the center for joint replacement at Anne Arundel Medical Center. **1997: Daniel C. Farber** of Wynnewood, Pa., practices at the University of Pennsylvania in orthopaedics doing hand and ankle. He reports that son Nathan turned three this year and daughter Hannah is 10. **1998: Maryam Jaber**

of Elkridge, Md., announces the birth of Maxwell Jaber Janning, her first, on May 4, 2017. ❖ **Drew White** of Cockeysville, Md., recently completed a six-year term on the Adventist Health System Board of Trustees. He has been president of the medical staff at Carroll Hospital Center since 2016 where he sits on the board of directors. In addition, he serves as president of the Maryland chapter of the American College of Emergency Physicians.

2000s **2000:** **Amy R. Evenson** and husband Paul of Brookline, Mass., announce the birth of Michael Joseph on September 19, 2017. He joins older sister Emma. ❖ **Brad Wasserman** and husband Scott Graves of Raleigh happily announce the birth of son Adam Matthew on March 6, 2017. Wasserman adds that his pediatric skillset is being put to the test. **2003:** **Jerome Schartman** and **Leila Khan, '04**, are enjoying life in Cleveland with children Olivia, age six, Paulo, age four, and Laeth, age one. Schartman is a retina specialist at Retina Associates, while Khan is an endocrinologist at the Cleveland Clinic. They encourage classmates passing through Cleveland to contact them. **2004:** **Christopher Hydorn** of Columbia, S.C., recently completed a week-long medical missionary trip to Haiti with the Haiti Global Orthopaedic Resident Initiative. He is a pediatric orthopaedic surgeon at Palmetto Health USC Orthopaedics Group. **2006:** **Andrew L. Heath** of Forest Hill, Md., is the medical staff representative for the board of directors at University of Maryland Upper Chesapeake Medical Center. ❖ **Kristin Roussillon** is an interventional cardiologist in Sarasota, Fla., and plans to be married soon. **2007:** **Troy M. Sofinowski** is a staff urologist for Highlands Regional Medical Center in eastern Kentucky. **2008:** **George Kochman III** and wife **Elizabeth** of Ellicott City, Md.,

welcomed their son George IV in February 2017. They look forward to seeing everyone at the 10th reunion celebration in spring.

2010s **2011:** **Samuel F. Livingston II**, recently returned to Naval Hospital Jacksonville, Fla., after an overseas tour in Guam. **2012:** **Alison P. Williams La Badie** of Haddon Township, N.J., is completing the final year of her neonatology fellowship as she looks forward to her daughter's second birthday. ❖ **Andrew Riggan** of Easton, Md., practices urology with University of Maryland Community Medical Group. He and wife Erin celebrated the birth of daughter Adelaide in April 2017. **2013:** **Reney A. Henderson Jr.**, announces the birth of daughter Ava on June 13, 2017. He is finishing up a car-

diothoracic anesthesiology fellowship at Maryland. ❖ **Aaron N. Sachs** of York, Pa., was honored as best surgical teacher as he completes his chief residency at York Hospital of Surgery. He and wife Emily are moving to Minnesota to pursue a fellowship in minimally invasive surgery at the Minnesota Institute of Technology. His proud mother, **Hari Cheryl Sachs, '85**, practices pediatrics at Potomac Pediatrics and is a team leader at the FDA in the division of pediatric and maternal health. **2014:** **Nicole Cimino-Fiallos** of Mount Airy, Md., is working at Carroll Hospital Center in Westminster following completion of an emergency medicine residency. **2016:** **Edgar A. Petras** and **Laura Segars** of Indianapolis were married in June 2017 in Edgewater, Md. 🏡

Our Medical Alumni Association

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

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

Membership: Annual dues are \$85. Dues are complimentary the first four years after graduation and can be extended until the graduate has completed training. Dues are waived for members reaching their 50th graduation anniversary or have turned 70 years of age. Revenues support salaries for two full-time and five part-time employees, as well as general office expenses to

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

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

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

Joseph Shear, '47
Internal Medicine
Towson, Md.
September 15, 2017

Dr. Shear was the gold medal winner for his class, and after training practiced internal medicine in Baltimore until retirement in 2005. He was a regular caller during the alumni association's phonathon in the late 1970s and early 1980s. Survivors include wife Miriam, four children including **Michael, '82**, seven grandchildren, and five great-grandchildren.

Louis F. Reynaud, '50
Pediatrics
Highlands, N.C.
March 8, 2017

Prior to medical school, Dr. Reynaud enlisted in the U.S. Navy after the Japanese attack on Pearl Harbor and spent four years as a Marine corpsman. He served in the Pacific during the battles on Guadalcanal and Iwo Jima where he was the only surviving member of his company. He attended medical school on the GI Bill. During school he met classmate **Virginia Gould** and they were married in 1950. Both pediatricians, they practiced together in Atlanta for 37 years and are recognized for establishing the first integrated waiting room in the city. Reynaud was on the staffs of Grady Memorial, Crawford W. Long, Piedmont, Georgia Baptist, and Henrietta Egleston Hospitals. They retired to Highlands, N.C., in 1990. Reynaud enjoyed hiking, gardening, and music. Survivors include Virginia, three children, seven grandchildren, and eight great-grandchildren.

Winston C. Dudley, '51
Internal Medicine
Salem, Ore.
October 14, 2017

Prior to medical school, Dr. Dudley served with the U.S. Navy during WWII. Stationed in the Pacific Theater, he commanded landing crafts and was later assigned as a member of the Allied Occupation forces in Japan until discharge in 1946. After training at Baltimore City Hospitals,

IN MEMORIAM



Dudley moved to Salem where he opened a private practice. The final eight years of his career were with the State of Oregon Department of Motor Vehicles. He enjoyed tennis, woodworking, travel, reading, and classical music. Dudley was preceded in death by wife May and daughter Lynne. Survivors include two children and four grandchildren.

Ira N. Tublin, '54
Internal Medicine & Nephrology
Silver Spring, Md.
October 2, 2017

Dr. Tublin practiced internal medicine, nephrology, and geriatrics in Silver Spring, Md., for 40 years. Appointments included chairman of the department of internal medicine at Holy Cross Hospital and assistant professor of medicine at the Uniformed Services University of the Health Sciences where in 2000, he received a distinguished service medal. Tublin was also clinical associate professor of medicine at George Washington University School of Medicine who in 1986 received the Montgomery County Medical Society Clinician of the Year award. Upon retirement in 1999, he attended graduate school at the University of Maryland College Park. Survivors include wife Marilyn.

William A. Sinton Jr., '56
Pediatrics
Towson, Md.
November 20, 2017

Union Memorial Hospital in Baltimore was the location of Dr. Sinton's internship. He then served two years with the U.S. Air Force, and through its school of aviation medicine Sinton was responsible for the health of the crews of the early Apollo flights in Houston. Sinton returned to Baltimore for residency training at Maryland in 1959 and, upon completion, practiced in Towson with a group recognized as the first board-certified pediatric practice in Baltimore County. He retired in 2000 and enjoyed canoeing, sailing, tennis, and travel. Sinton was a member of the Elm Society of the John Beale Davidge Alliance,

Maryland's society for major donors. Wife Marjorie preceded him in death, and Sinton is survived by three sons and four grandchildren. His father, **William A. Sinton**, was a 1925 graduate of the medical school.

Thomas R. O'Rourke, '62
Ophthalmology
Towson, Md.
October 28, 2017

Washington Hospital Center in Washington, D.C., was the location for Dr. O'Rourke's internship, followed by training in ophthalmology at the Baltimore Eye, Ear and Throat Hospital. He pursued fellowship training at Johns Hopkins and the University of Iowa. O'Rourke returned to Baltimore and joined his father's private practice. He served on the staffs of Maryland General, Mercy, Good Samaritan, Kernan, and Franklin Square hospitals. He enjoyed hunting, fishing, and golf. Survivors include wife Maria, one daughter and two grandchildren. O'Rourke was preceded in death by son Thomas.

Philip H. Moore, '63
Rheumatology & Internal Medicine
Baltimore
November 5, 2017

Dr. Moore practiced rheumatology and internal medicine in Baltimore until retirement in 1999. Afterwards he worked for State of Maryland Disability Services. Survivors include wife Rosanna, four children, and nine grandchildren.

IN MEMORIAM



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IN MEMORIAM



Irvin M. Sopher, '66

Forensic Pathology
South Charleston, W.Va.
November 6, 2017

Prior to medical school, Dr. Sopher attended Maryland's dental school and graduated in 1962. He became captivated by the study of pathology during the summer of one of his dental school years while working in a medical lab. After medical school graduation, Sopher worked as a forensic pathologist for the Maryland State Medical Examiner's Office before serving in the U.S. Army at the Armed Forces Institute of Pathology. His textbook *Forensic Dentistry* became recognized as a groundbreaking advancement in the field. In 1975, he accepted an appointment to create a medical examiners' system for the State of West Virginia. During his tenure, Sopher testified in numerous state and national hearings, performing investigations in his field that integrated dentistry, medicine, and law. In 1981, he performed dental examinations in the exhumation of Lee Harvey Oswald. Sopher retired in 1996. He enjoyed Boston terriers, WWII literature, studying the JFK assassination, classical music, and sports cars. Survivors include three children and four grandchildren.

Dwight W. Cramer, '70

Otolaryngology
Dallas
September 1, 2017

Baltimore City Hospitals was the location of Dr. Cramer's internship, followed by residency training at both St. Paul Hospital in Dallas and Maryland. Upon completion of training, he practiced privately in the Irving, Texas, area and later undertook locum tenens assignments. He enjoyed traveling the country to assist understaffed medical facilities and spent extended periods of time in Pennsylvania, North Dakota, Florida, Wisconsin, and Texas. Survivors include wife Oneida, three children, and one grandchild.

Albert H. Dudley III, '75

Orthopaedic Surgery
Reisterstown, Md.
November 19, 2017

Dr. Dudley taught algebra for two years in Baltimore before attending medical school. Upon graduation, he received training at the National Naval Medical Center in Bethesda, Md., and took additional orthopaedics training at George Washington University, children's orthopaedics at Kernan Hospital, hand surgery at Union Memorial, and joint replacement at New England Baptist Hospital in Boston. In 1982, he completed fellowship training in spinal cord surgery at Case Western Reserve University. Dudley worked with Four East Madison Orthopedic Associates while serving on the staffs of Union Memorial and GBMC where he was chief of orthopaedics. He was a consultant to the Baltimore Orioles and later practiced privately until retirement in 2007. Dudley served on the board of McDonogh High School and enjoyed following Baltimore's sports teams,

reading, and spending time with family. His marriage to wife Barbara ended in divorce, and he was preceded in death by wife Bette. Survivors include three children and three grandchildren.

Michael C. Pistole, '77

Gastroenterology
Crownsville, Md.
September 29, 2017

Upon graduation, Dr. Pistole trained at Washington Hospital in Washington, D.C. He practiced for Unity Health Care Upper Cardozo Health Center and was affiliated with MedStar Washington Hospital Center as well as George Washington University Hospital. Pistole worked tirelessly with HIV/AIDS patients when the disease first appeared in the 1980s. He was a highly requested lecturer on the topic of Hepatitis C and served on the board of directors of MedStar Washington Hospital Center from 2004 to 2015. He enjoyed photography, fishing, scuba diving, gardening, and writing poetry. Pistole is survived by husband Richard. 🏠



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