

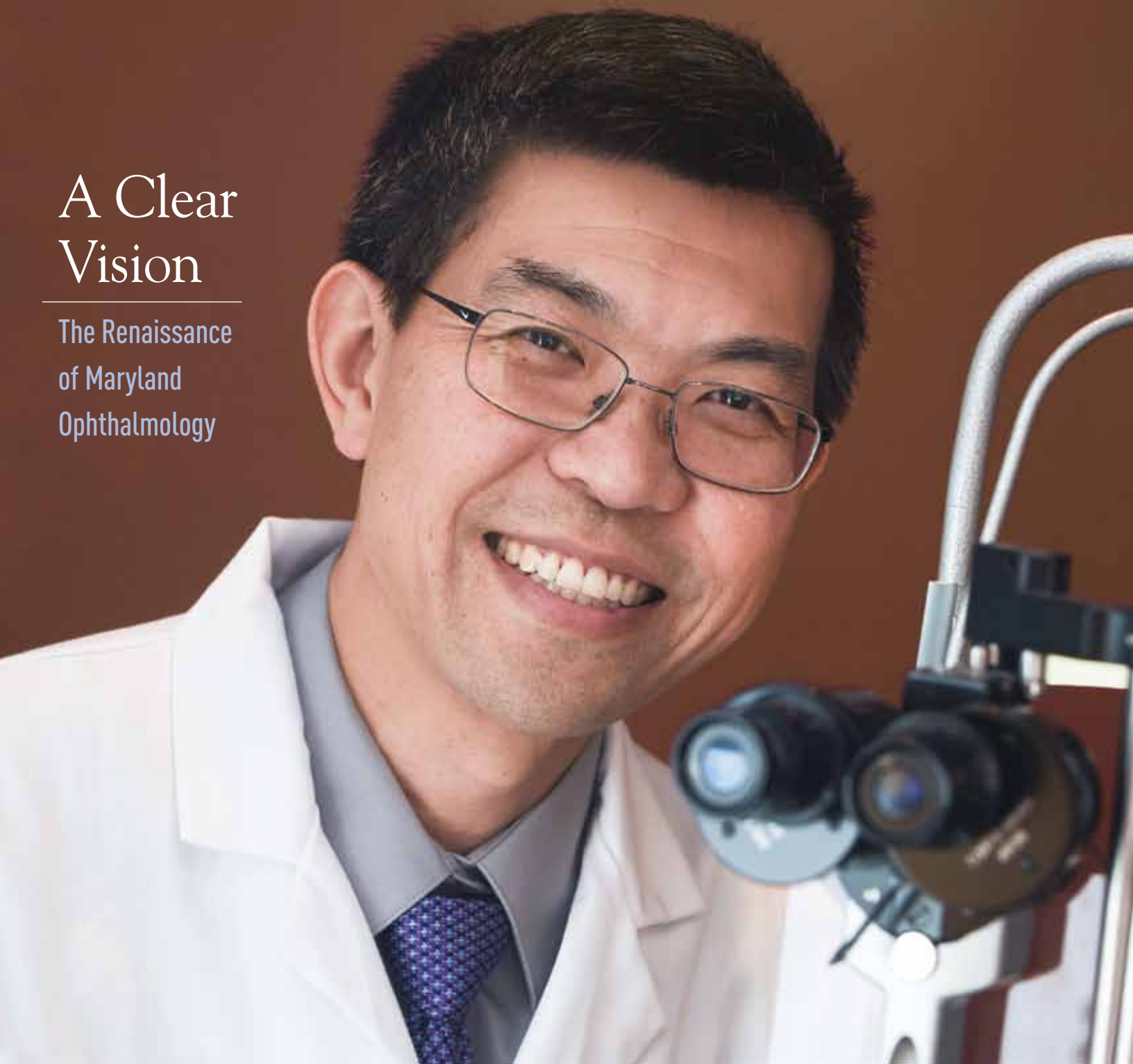
UNIVERSITY of MARYLAND  
**MEDICINE**  
*Bulletin*

Spring 2018 • Volume 102 • Number 4

A Clear  
Vision

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The Renaissance  
of Maryland  
Ophthalmology



# Breakthrough Treatments in Pediatric Leukemia

**From ALL to CML and marrow failure syndrome, UMCH is a leader in treating complicated pediatric leukemia.**

For nearly 20 years, the Division of Pediatric Hematology/Oncology at the University of Maryland Children's Hospital (UMCH) has been providing exceptional care to children battling leukemia. In partnership with the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center, our board-certified specialists have access to the latest breakthrough treatments and therapies, which have revolutionized outcomes for our patients with leukemia. UMCH offers:

- A team of pediatric hematologists/oncologists, radiation oncologists, pathologists, nurses, nutritionists, social workers, child life specialists and genetic counselors that works in tandem to meet the specific needs of each leukemia patient.
- Treatment options that include several types of chemotherapy, including cranial radiation therapy and intrathecal chemotherapy, targeted therapies, radiation and hematopoietic stem cell transplant.
- Several immunotherapeutic approaches, including CAR-T cell therapy, that permit custom modification of patients' own immune cells to fight their specific cancers.



**Teresa York, MD, Division Head and Clinic Director of Pediatric Hematology/Oncology**

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**8 Cover story**

**A Clear Vision**

*The Renaissance of Maryland Ophthalmology*  
 Maryland's department of ophthalmology and visual sciences had been languishing for several years due to the departure of well-established faculty, successions of acting chairs, and limited research and community outreach. That all began to change five years ago with the appointment of **Bennie Jeng, MD**, as chair (cover photo). Today it is a thriving and profitable enterprise.

**20 Alumnus Profile: Christopher M. O'Connor, '83**

*Dedication to a Calling*

Since 1948, the Medical Alumni Association has recognized outstanding contributions to medicine and distinguished service to mankind through the annual presentation of its Honor Award & Gold Key. This year's recipient is cardiologist **Christopher M. O'Connor, '83**, whose seminal NIH-sponsored research determined that exercise training for heart patients was beneficial to their health, paving the way for government-approved insurance coverage of exercise cardiac rehabilitation.



**22 Alumnus Profile: Jesse Mez, '06**

*Unraveling the Mystery of CTE*

A study published in JAMA last summer reported chronic traumatic encephalopathy in the brains of 110 of 111 deceased former NFL players. The explosive findings accelerated the national debate on the dangers of contact sports. **Jesse Mez, '06**, a neurologist at Boston University, was first author of the study. His next big challenge is figuring out how to better understand a disease that until now is based on a purely neuropathological diagnosis.



**Departments**

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As with the start of any New Year, the school expected 2018 to be a banner year—we will celebrate the opening of our largest research building, Health Sciences Facility III, which will accommodate the most cutting edge research; our research funding is on track to reach the goal of \$500 million in this fiscal year; our students and graduates continue to thrive and make an incredible impact on health and biomedicine; and the FDA approval of the GammaPod, developed by one of our own faculty members, promises new hope for patients with breast cancer.

However, 2018 had a troubled start. In January, the University of Maryland Medical Center (UMMC)'s Midtown Campus was thrust into the public spotlight for the disrespectful discharge of a patient. The incident highlighted the fact that care must extend through a patient's exit from the hospital.

The University of Maryland Medical System (UMMS) and medical school are a joint enterprise, known as UM Medicine. Our faculty physicians provide medical care at all 14 UMMS hospital sites each day. Our patients receive the highest-quality care, grounded in the exceptional science conducted by our research faculty. We are responsible for caring for a patient population facing complex and challenging medical conditions. We must meet those challenges with compassion.

When the terribly unfortunate incident came to light, UMMC's president and CEO, **Mohan Suntha, MD, MBA**, a distinguished faculty member, along with his leadership team, took immediate action to thoroughly investigate the circumstances, as well as to ensure that this will never happen again. Indeed, I am pleased that, as part of the need for an overhaul, Dr. Suntha accelerated the promotion of **Alison Brown** to president of UMMC Midtown. I am confident that Ms. Brown's years of experience inside UMMS, leadership skills, expertise in strategic planning and program development, and patient-centered focus will ensure the sea-change needed at Midtown.

The young woman's case reminds us that we must always meet our patients' needs with awareness and sensitivity. That sensitivity in the approach to patient care is exemplified by the work by **Jesse Mez, '06**, highlighted this quarter. Dr. Mez develops a detailed medical history of deceased individuals who suffered from chronic traumatic encephalopathy, based on interviews with family members and caregivers.

As the Nation's oldest public medical school, we have a long history of educating our country's best physicians, physician-scientists and scientists. Part of providing the very best biomedical education, and the very best medical care, is recognizing that research underpins all that we do. Research such as the work by **Christopher M. O'Connor, '83**, profiled in this issue, whose clinical studies on heart disease and exercise led to changes in international guidelines and payor reimbursement of rehabilitation for cardiac patients.

We are incredibly fortunate to work in an environment where diverse, multidisciplinary approaches are employed to tackle the most perplexing diseases and conditions, and which is composed of individuals from different backgrounds, cultures and parts of the world. I am pleased that diversity is engrained in the culture and environment at the school. Indeed, our department of ophthalmology and visual sciences, featured in the magazine, was the first in the country to have a female chair, **Eve Higginbotham, MD**. Under the leadership of its current chair, **Bennie Jeng, MD**, the department has experienced a resurgence of success in all of its mission areas. The difficult start to the New Year reinforces the fact that we cannot become complacent or rest on our foundation of accomplishments, but must continue to strive for excellence every day.

**E. Albert Reece, MD, PhD, MBA**

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



We are responsible for caring for a patient population facing complex and challenging medical conditions. We must meet those challenges with compassion.

## Aikin Portrait Added to Bowers Museum

The Medical Alumni Association has added a 19th rendering to its collection of decanal portraits in Davidge Hall. **William E. Aikin**, Maryland dean from 1840 to 1841 and 1844-1855 arrived in December. Painted by Laura Era of the Troika Gallery on Maryland's eastern shore, the rendering was created by referencing an existing photograph and written physical description.

Educated at Rensselaer Institute and a licentiate of the New York State Medical Society, Aikin was one of three Maryland deans without a medical doctorate, although he received an honorary medical degree from the Vermont Academy of Medicine.

Aikin joined Maryland's faculty as professor of chemistry shortly after arriving in the state in 1832. He also served as professor of natural philosophy in a temporary department of arts & sciences, was a lecturer at the Maryland Institute, and served as city inspector of gas and illuminating oils. Aikin was twice married and fathered 28 children. He died in 1888.

Nineteen decanal portraits now adorn the walls of Davidge Hall. The Association hopes to one day soon have renderings of all 30 in its Akiko K. Bowers Museum of Medical Artifacts.



Mickey Foxwell, '80, chair of the MAA Davidge Hall Committee, with artist Laura Era and portrait of Dean William A. E. Aikin

## Mural Brightens Family Medicine Clinic



A large, colorful mural, commissioned for the waiting area of the family medicine clinic at 29 S. Paca Street, was unveiled February 20. Underwritten by **Carolyn Frenkil**, a member of the school's board of visitors, the painting highlights some of the history of family medicine. It also features several area landmarks including Davidge Hall and Bromo Seltzer Tower, with stylized renderings of **David L. Stewart, MD**, chair of family & community medicine and **Richard Colgan, MD**, a professor in the department. The imagery was painted by local artist Candace Brush.

David L. Stewart, MD, chair of family & community medicine, Carolyn Frenkil, artist Candace Brush, and E. Albert Reece, MD, PhD, MBA, medical school dean, at the mural unveiling

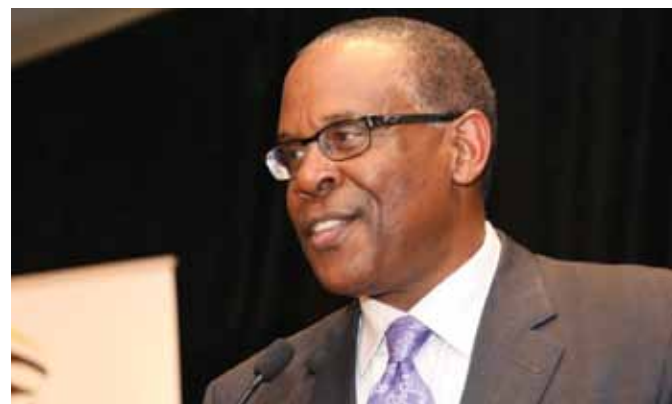


## Maupin, '89, and Edwards, '77, Honored at Diversity Event

**Robert T. Maupin Jr., '89, and Willarda V. Edwards, '77,** were recognized by the school for their efforts to advance health equity for underrepresented minorities. The two were recipients of the University of Maryland School of Medicine's 2018 Dean's Alumni Award for Diversity and Inclusion.

Maupin, a professor of obstetrics and gynecology at Louisiana State University in New Orleans, also serves as associate dean in the office of diversity and community engagement. Edwards, a Baltimore internist, is a member of the AMA Board of Trustees, having served as president of the Baltimore City Medical Society, Maryland State Medical Society, and National Medical Association.

The awards were presented at the 11th Annual Celebrating Diversity Reception and Dinner at the Marriott Inner Harbor Hotel at Camden Yards. Proceeds from the event benefited the Dean Emeritus Donald E. Wilson Endowed Scholarship Fund. **Eduardo Davila, PhD,** associate professor in the department of microbiology and immunology, served as master of ceremonies, and **Bret Hassel, PhD,** associate professor of microbiology and immunology, received the faculty award for diversity and inclusion.



Photos by: Olujobenga Oshikoma

## University Launches UM Ventures 2.0

The University of Maryland, Baltimore (UMB) campus now has its own facility located in the BioPark devoted to accelerating commercialization of discoveries and technologies emanating from the labs of the state's two research institutions—UMB and University of Maryland College Park.

This collaborative effort started six years ago on the College Park campus which, in the last two years alone, has resulted in the creation of 35 startup companies. To bolster these efforts as well as incorporate the City of Baltimore and other university system schools into the mix, UMB converted the historic Lion Brothers Building at 875 Hollins Street to launch UM Ventures 2.0 last December. The 6,000-square-foot space—dubbed the “Grid” (Graduate Research Innovation District)—features co-working spaces and collaboration bars where students, faculty, staff, alumni, and entrepreneurs both inside and outside the university system can work shoulder-to-shoulder on their ideas and inventions. 🏢

*This collaborative effort...in the last two years alone, has resulted in the creation of 35 startup companies.*

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

## Benefits of Playing Mozart to the Unborn

Some expectant parents play classical music for their unborn babies, hoping to boost their children's cognitive capacity. While some research supports a link between prenatal sound exposure and improved brain function, scientists had not identified any structures responsible for this link in the developing brain.

A new Maryland study—a collaboration between the campuses in Baltimore and College Park—is the first to identify a mechanism that could explain an early link between sound input and cognitive function. The results, which could have implications for the early diagnosis of autism and other cognitive deficits, were published in the December *Proceedings of the National Academy of Sciences*.

“Our work is the first to suggest that very early in brain development, sound becomes an important sense,” said **Amal Isaiiah, MBBS, DPhil,** assistant professor of otorhinolaryngology and one of the principal authors. “It appears that the neurons that respond to sound play a role in the early functional organization of the cortex. This is new, and it is really exciting.”

Working with young ferrets, Isaiiah and Patrick Kanold, PhD, professor of biology in College Park, observed sound-induced nerve impulses in subplate neurons. This is the first time such impulses have been seen in these neurons. During development, subplate neurons are among the first neurons to form in the cerebral cortex—the outer part of the mammalian brain that controls perception, memory and, in humans, higher functions such as language and abstract reasoning.

The role of subplate neurons is thought to be temporary. Once the brain's permanent neural circuits form, most dis-

appear. Researchers assumed that subplate neurons had no role in transmitting sensory information, given their transient nature.

Scientists had thought that mammalian brains transmit their first sensory signals in response to sound after the thalamus fully connects to the cerebral cortex. Studies from some mammals demonstrate that the connection of the thalamus and the cortex also coincides with the opening of the ear canals, allowing sounds to activate the inner ear. This timing provided support for the traditional model of when sound processing begins in the brain.

However, researchers had struggled to reconcile this conventional model with observations of sound-induced brain activity much earlier in the developmental process. Until Kanold and his colleagues directly measured the response of subplate neurons to sound, the phenomenon had largely been overlooked.

“Previous research documented brain activity in response to sound during early developmental phases, but it was hard to determine where in the brain these signals were coming from,” Kanold said.

By identifying a source of early sensory nerve signals, the current study could lead to new ways to diagnose autism and other cognitive deficits that emerge early in development. Their next step is to begin studying in more detail how subplate neurons affect brain development. 🏢



Amal Isaiiah, MBBS, DPhil



“It appears that the neurons that respond to sound play a role in the early functional organization of the cortex.”





University of Maryland Capital Region Medical Center is to open in 2021

## Medical System Expanding to Prince George's County

The University of Maryland Medical System has begun construction on a 600,000 square-foot, \$543 million medical center in Largo, Maryland. The new University of Maryland Capital Region Medical Center is slated to open in 2021 with an 11-floor main patient care tower, two roof-top helipads, eight operating rooms, and a 45-bay emergency department.

Set on a 26-acre site adjacent to the Arena Drive exit off Interstate 495, the medical center and its surrounding medical campus and adjacent development projects are to serve as a catalyst to further stimulate economic growth in Prince George's County while promoting wider access to primary and preventive care services aimed at improving the health of PG County and southern Maryland residents. The medical system now consists of 11 community hospitals and two specialty hospitals from the eastern shore to central and southern Maryland. 🏛️



## PLANNED GIVING

# Your LEGACY... it's *Personal*

Recognizing how much they have received from their education at the University of Maryland, Dr. and Mrs. Dodd wanted to give back to their alma mater with a donation to aid in the training of future ophthalmology residents. They chose to give through their Charitable Gift Annuity (CGA) because it allows them to continue contributing to health care in Maryland long after they are gone.



### *How will you inspire others with your legacy?*

Legacy gifts to the University of Maryland Baltimore Foundation cost nothing up front. Whether your beneficiary designation is through your will, IRA, pension plan, a Charitable Gift Annuity, or life insurance policy, your gift is customizable and adaptable to changing financial situations.

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\*PLEASE NOTE: Legacy gifts should be made payable to the University of Maryland Baltimore Foundation, Inc., for the benefit of the University of Maryland School of Medicine.

*“We hope in some small way that future ophthalmology residents at the University of Maryland School of Medicine will be able to learn, practice, research, and discover with the help of our contribution.”*

Michael J. Dodd, MD '73 and Mrs. Maureen Moore Dodd, RN, JD

## INNOVATIONS

# Treating Parkinson's with Ultrasound



Dr. Eisenberg using MRI guided focused ultrasound

Maryland is leading a phase 3 study to test the safety and efficacy of using MRI-guided focused ultrasound on the brain in order to treat Parkinson's disease. The pivotal study is the final step before the U.S. Food and Drug Administration will consider approving the new technology for widespread use as a nonsurgical treatment option to eliminate key motor symptoms of this common neurological condition.

“The goal of the focused ultrasound treatment is to both lessen the main symptoms of Parkinson's disease, which include tremors, rigidity and slow movement, as well as treat the dyskinesia that is a medication side effect, so that less medication is needed,” says principal investigator **Howard M. Eisenberg, MD**, professor and chair of neurosurgery.

The pilot study that involved 20 patients, also led by Maryland, began in 2015 and showed promising results. It focused on a subset of patients who had symptoms that were worse on one side of the body, as well as severe dyskinesia where medication had failed. The patients received focused ultrasound targeting the globus pallidus and most experienced significant improvement in their tremors. The new larger study aims for 80 to 100 participants, and is designed with a softer inclusion criteria, so more patients will be eligible.

“For people with Parkinson's disease and other movement disorders such as essential tremor, focused ultrasound is an appealing alternative to deep brain stimulation because it does not involve more invasive surgery,” says **Paul S. Fishman, MD, PhD**, professor of neurology.

The procedure is performed in an outpatient setting and the patient is awake, alert and giving feedback, which allows doctors to monitor the immediate effects of treatment and make adjustments.

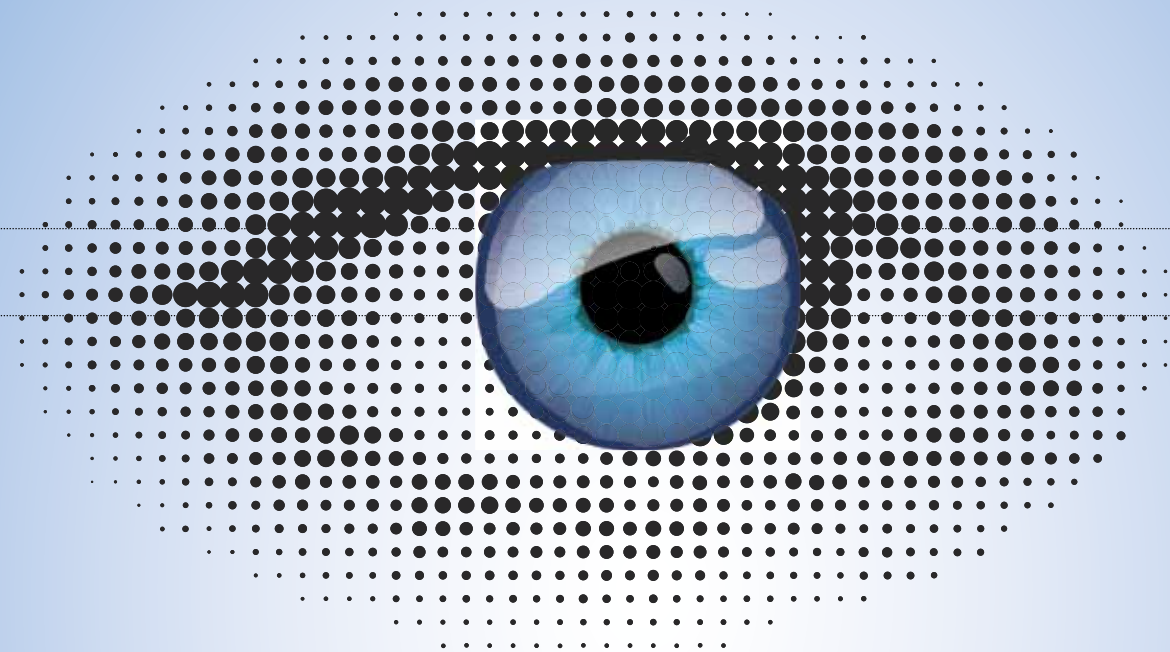
As many as one million Americans have Parkinson's disease. 🏛️



# A Clear

THE RENAISSANCE OF MARYLAND OPHTHALMOLOGY

# VISION



By Christianna McCausland



Bennie Jeng, MD, can still recall the day medical school dean E. Albert Reece, MD, PhD, MBA, contacted him about taking the position of chair of the department of ophthalmology and visual sciences. From his office at the University of California San Francisco, Jeng could see the Pacific Ocean and the Golden Gate Bridge. As Jeng negotiated with Reece, he watched the sunset. It was a spectacular view and he was working at a job he enjoyed. But the opportunity on the other end of the line, one that would move Jeng and his family across the country, was enticing. The dean was offering Jeng the chance to bring a department back to life.

“It was an amazing opportunity to rebuild a department in an institution that had a lot of interest in doing so,” Jeng says. “I specify that because if the powers that be don’t have an interest in rebuilding and supporting the department, it’s going to be a lost cause.”

When Jeng arrived in Maryland in 2013, he found 12 faculty and approximately 20 staff who were utterly dedicated to the mission of patient care. That was an asset. When Jeng assumed the position of chair there was minimal faculty turnover, which is unusual with a leadership change and something he could also list as a positive. There were stark challenges, though. Patient volume was stagnate, research was not flourishing, and the financial status of the department was insecure. Some lectures on ophthalmology were being given by the neurology department. The ophthalmology department had languished.

## STAGING A COMEBACK

This wasn’t always the case. Maryland created the first department in the nation for diseases of the eye in 1873 and enjoyed a very storied history in the decades that followed. During the 30-year tenure of Richard D. Richards, MD, from 1960-1990, the department recruited full-time faculty and clinical activities grew exponentially.

A void opened in the years after Richards left the department. In the ensuing years, many well-established faculty left the school. In 1994, Eve Higginbotham, MD, became a permanent chair, the first female to do so, and she remained in the post until 2006. However, her departure signaled another era of interim and acting chairs. The lack of a permanent leader made it difficult for the department to articulate a strong mission and vision.

“Over the years the department sort of dwindled,” recalls Lisa



“What sets our department apart is that he focused on finding young go-getters but also people who really care for patients.”

Schocket, MD, associate professor and vice-chair for clinical affairs. Schocket has a long history with the school; her father Stanley was director of the retina service in the department and an acting chair before he entered private practice. “I think it was thought of as a little disorganized and those in private practice weren’t really thinking about the department as a Schocket place to send referrals of complicated cases for an opinion,” she continues.

Alan Malouf, ’85, a clinical associate professor, states that the department, “Never enjoyed a national reputation. It always had a very solid program but it’s reputation never extended beyond its own shadow.”

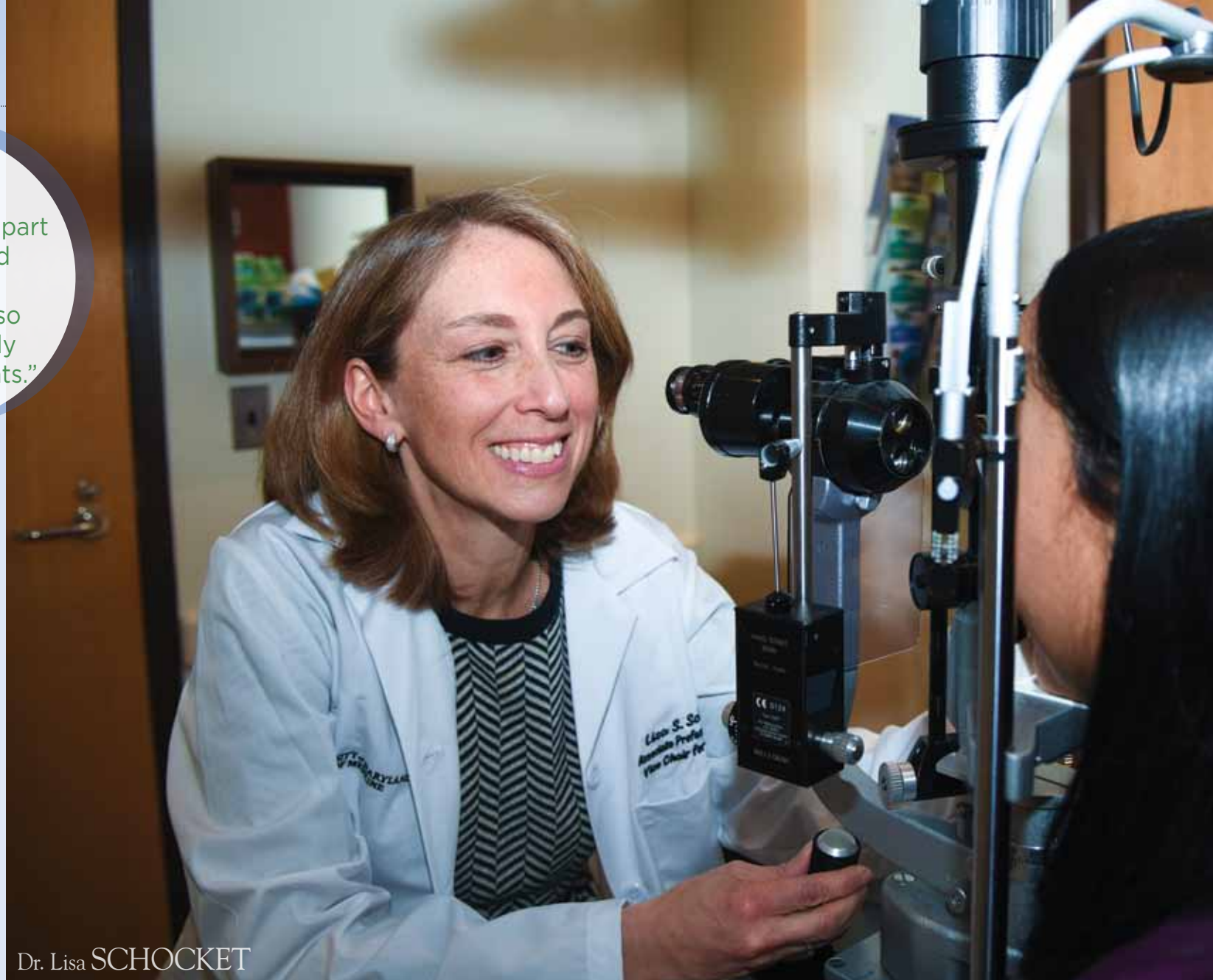
Jeng promised the dean he could turn the department around in five years. He was a good candidate to navigate the department’s renaissance having done something similar when he took over the department of ophthalmology at Zuckerberg San Francisco General Hospital in 2008. Since its heyday in the 1980s and 1990s, that department had been reduced to only four providers.

Jeng’s charge was to rebuild the department and, as a city hospital, to do so with very limited resources. Within five years the department had grown to 17 providers. Patient volume increased from 12,000 visits a year to 24,000. Patient care sites had expanded to two city hospitals, a mobile eye van and 12 health centers.

“When I was recruited for this position I looked at it as similar—rebuilding something that had been great at one time, into something great again, only on a larger scale,” Jeng states.

### COMMUNITY CONNECTIONS

Jeng’s greatest challenge was arguably not in the university department, but in the community. After two decades of inconsistent doctor availability and a lack of uniform outreach, few doctors in private practice were referring patients to the department. Yet rebuilding the clinical engine of the department was essential to its success not only in patient care, but



Dr. Lisa SCHOCKET

also in research and teaching. Without a strong clinical program providing revenue, data, and ideas, research and teaching would stagnate.

To reignite the department’s reputation with private practitioners Jeng employed a simple tactic: he picked up the phone and started making calls. More than half the ophthalmology practitioners in the state either attended Maryland as a student or trained there. They were a wellspring just waiting to be tapped.

“I was met with a lot of enthusiasm,” Jeng recalls. “People told me they’d been waiting two decades to be re-engaged with the university.”

“Bennie reached out to ophthalmologists in private practice personally and made himself available,” says Malouf. A long-time supporter of the department, under Jeng’s leadership Malouf has expanded his own, hands-on engagement at the school. He

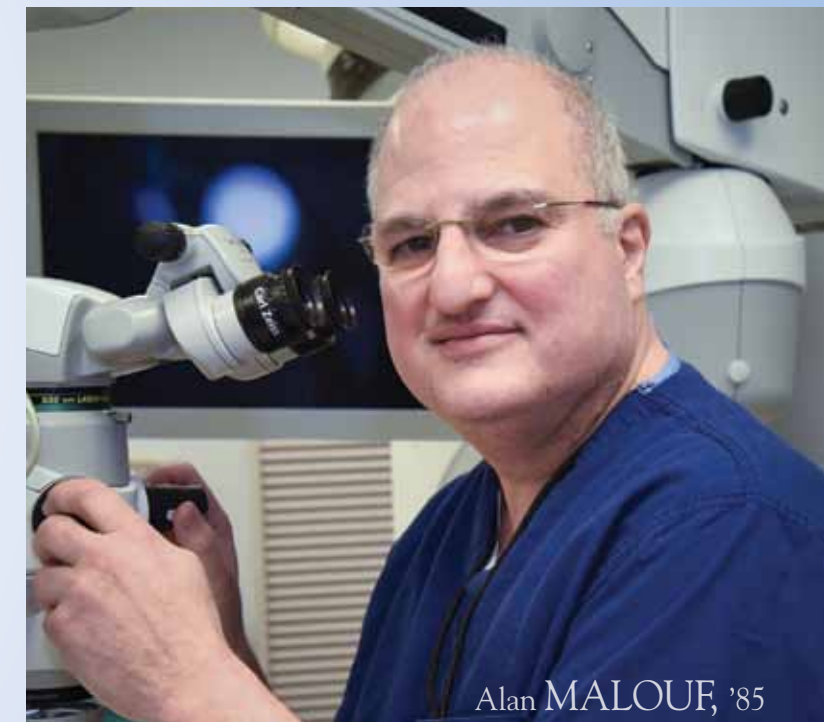
oversees teaching surgeries on complex cases at the Veteran’s Administration monthly, lectures frequently, and attends grand rounds.

His work has given Malouf the opportunity to see the new department chair in action. “I don’t think there are superlatives you can’t apply when talking about Bennie,” he says. He adds that Jeng is a generous team player who is open to input from the outside. Malouf points by example to a recent planning session for the Malouf Family Lecture.

“He called me up, and instead of presenting me with who he thought should do the lecture, he asked for my thoughts first,” Malouf recalls. “As chair, it’s his prerogative to select who is going to do a named lecture, but he wanted to know my thoughts and, secondly, my reaction to his thoughts. I thought that showed kindness and generosity.”

### RESTATING THE ACADEMIC MISSION

The department’s academic reputation also needed to be polished. Although Lisa Schocket was working in her father’s practice she felt pulled to teaching. Still, she hesitated to make the leap until Jeng arrived.



Alan MALOUF, ’85

“I really wanted to go back into academics, but I didn’t want to join the department until they had a chair and a direction,” she states. “When I heard Bennie was coming I immediately contacted the school about interviewing for a job.”

Schocket joined the faculty in 2014. She says that Jeng is gifted at hiring top-notch talent who are also compassionate practitioners and good collaborators.

“What sets our department apart is that he focused on finding young go-getters but also people who really care for patients,” she says. “It’s such a pleasure to work in our department,” she adds. “I appreciate the care he’s taken to select faculty who work well together as a team.”





To reignite the department's reputation with private practitioners Jeng employed a simple tactic: he picked up the phone and started making calls.

**BUILDING BLOCKS**

As Jeng arrives at the five-year benchmark he set with the dean, patient volume through the department has exploded from 13,000 total patient visits a year to 32,000 in 2017. The number of sites has expanded from three—the medical center, midtown campus, and the Veteran's Administration—to 15. Under Jeng's leadership the Waterloo location in Columbia was built. The Owings Mills office doubled in size and investments have been made in diagnostic and procedural equipment upgrades.

The satellite offices play an important role in the department's outreach, placing University of Maryland physicians front-and-

center in regional locations and positioning them as partners with referring doctors. Jeng underscores that university doctors work in these centers as collaborators—they do not simply take over. Word of the strong clinical program is spreading and Schocket believes university doctors have a solid reputation not just for their clinical skill, but also for their open communication with referring doctors.

A healthy clinical program helps feed the other two key com-

ponents of a fully realized academic department: research and teaching. And Jeng is, in his own words, "an academician through and through."

Jeng tapped Osamah Saeedi, MD, who he describes as "a young superstar," to be director of clinical research. There are now approximately 20 clinical trials in process. The awarding of grants to faculty is also on the upswing. For example, in addition to his clinical trial work, Saeedi has an NIH grant supporting his novel work assessing the role of ocular blood flow in the pathogenesis of glaucoma. Long-time faculty member Steven Bernstein, MD, PhD, has two RO1 NIH grants to support his research in stem cells and the optic nerve and is aiming at a third grant.

From the perspective of teaching, the residency program was very strong regionally but lacked a reputation outside the area. Jeng has made it known that the residency program is on the national map, a destination for anyone looking not only for excellent clinical training but also research opportunities. "The applicants we get every year are tremendous," says Jeng.

Teaching has improved.

"Not only have we taken over all core ophthalmology lectures, our elective rotations for clinicals are extremely popular," says Jeng "We consistently have anywhere from four to 10 applicants going into ophthalmology each year."

**THE FIVE-YEAR VISION**

Jeng's success may stem from his hands-on approach to leadership. He did not come from the outside and place himself on a pedestal. He continues to take trauma call and operates in the emergency room. Malouf describes Jeng as an excellent surgeon and a solid professor who is particularly generous in giving residents hands-on opportunities for surgery.

Jeng believes in leading by example and always being open and straightforward. "There's no value in not being honest," he states. He doesn't have an assistant answer an email he can respond to himself and if he needs something he'll pick up the phone and ask.

As Jeng arrives at the five-year benchmark...patient volume through the department has exploded from 13,000 total patient visits a year to 32,000 in 2017. The number of sites has expanded from three—the medical center, midtown campus, and the Veteran's Administration—to 15.

"I don't know how he does it," says Malouf, "he's always available. He's very accessible and accountable."

Today the department is stabilized and the new faculty Jeng hired are maturing into their posts. As he looks to the next five years Jeng must face the one thing admits he finds difficult: fundraising. Yet it will be funding that will help drive much of the next generation of growth, particularly on the research side. In the next five years Jeng does not intend too many dramatic changes in faculty hiring, stating he doesn't want to run an enterprise that's so large he doesn't know the people. But he does aspire to double the department's clinical capacity through excellent community relationships. And he wants to see basic research grow with more funded labs.

He also wouldn't mind securing an endowed chair or professorship. An endowed professorship signifies permanence. As the department resurges from its setbacks, Jeng would like to draw a line under the strength of the department and ensure its success going forward.

From his perspective as an alumnus, a practitioner, a donor, and an associate faculty member, Malouf sees this nascent moment as an exciting time. "It's unprecedented to see a good local and regional department at the infancy of an unbelievable trajectory," he says.

"Bennie was an outsider but as soon as he came he became one of us and internalized our vision for the school—to make it a center of excellence, a center of research, one that has no rival in research, clinical care and translational medicine," Malouf continues.

With so much forward momentum the department is certainly one to watch in the coming years. 🏛️



Christianna McCausland is an award-winning writer whose works have appeared in publications including *The Baltimore Sun*, *The Christian Science Monitor* and *People*. She's authored three books. She can be found at [www.ChristiannaWrites.com](http://www.ChristiannaWrites.com).



## Publications



Andrea Berry, MD

❖ **Andrea Berry, MD**, assistant professor, and **Karen Kotloff, MD**, professor, both from the department of pediatrics, and head of the division of pediatric infectious diseases

and tropical medicine, were among the co-authors of "Antibody Responses Among Adolescent Females Receiving Two or Three Quadrivalent Human Papillomavirus Vaccine Doses at Standard and Prolonged Intervals," published in the January 3, 2018 edition of *Vaccine*.

❖ **William Blackwelder, PhD**, professor, department of medicine and senior biostatistician, was among the co-authors of "Comparison of a Novel Human Rabies Monoclonal Antibody to Human Rabies Immunoglobulin for Postexposure Prophylaxis: A Phase 2/3, Randomized, Single-Blind, Non-inferiority, Controlled Study," published in *Clinical Infectious Diseases* on January 18, 2018.



Mordecai Blaustein, MD

❖ **Mordecai Blaustein, MD**, professor, department of physiology, authored "The Pump, the Exchanger and the Holy Spirit: Origins and 40-Year Evolution of Ideas

about the Ouabain-Na<sup>+</sup> Pump Endocrine System," published in the *American Journal of Physiology Cell Physiology* on January 1, 2018. This article, accompanied by an editorial written by the editors of the journal, describes the origins of Blaustein's 1977 hypothesis and the subsequent discoveries that led to the elucidation of a novel endocrine system.



Joseph Cheer, PhD

❖ **Joseph Cheer, PhD**, professor, department of anatomy and neurobiology, was the corresponding author on "Endocannabinoid Actions on Cortical Terminals

Orchestrate Local Modulation of Dopamine Release in the Nucleus Accumbens." The data, a result of collaborative work with the NIH, expands on the understanding of the neurotransmitter dopamine, implicated in addiction and schizophrenia, and proposes a novel target for the effects of marijuana. It was published in *Neuron* on December 6, 2017.



Miriam Laufer, MD

❖ **Lauren Cohee, MD**, instructor, and **Miriam Laufer, MD**, associate professor, both from the department of pediatrics, were among the co-authors of "Pilot Study of the Addition of Mass

Treatment for Malaria to Existing School-Based Programs to Treat Neglected Tropical Diseases," published in the January 2018 issue of *American Journal of Tropical Medicine and Hygiene*.

❖ **Robert Daum, MD, CM, MSc**, professor, department of medicine in the center for vaccine development, was among the co-authors of "Metabolic Mitigation of Staphylococcus aureus Vancomycin Intermediate-Level Susceptibility," December 21, 2017 in *Antimicrobial Agents and Chemotherapy*. Separately, Daum was lead author on "A Trial of Antibiotics for Smaller Skin Abscesses," published in the *New England Journal of Medicine* on December 28, 2017.



Julie Dunning Hotopp, PhD

❖ **Julie Dunning Hotopp, PhD**, associate professor, department of microbiology and immunology, institute for genome sciences, was the among the co-authors of "The Complexities

and Nuances of Analyzing the Genome of *Drosophila Ananassae* and its Wolbachia Endosymbiont," published in *G3: Genes, Genomes, Genetics* on January 4, 2018.



Mary Kay Lobo, PhD

❖ **Mary Kay Lobo, PhD**, associate professor, **Ramesh Chandra, PhD**, research associate and **Michel Engeln, PhD**, postdoctoral fellow, all from the department of anatomy and

neurobiology, were among the co-authors of "Drp1 Mitochondrial Fission in D1 Neurons Mediates Behavioral and Cellular Plasticity during Early Cocaine Abstinence," published in *Neuron* on December 20, 2017.



Kirsten Lyke, MD

❖ **Kirsten Lyke, MD**, associate professor, department of medicine, and **Marcelo Szein, MD**, professor, department of pediatrics, were co-authors of

"Long-term Maintenance of CD4 T Cell Memory Responses to Malaria Antigens in Malian Children Coinfected with *Schistosoma Haematobium*," published in *Frontiers in Immunology* on February 1, 2018.



Jacques Ravel, PhD

❖ **Jacques Ravel, PhD**, professor, and associate director for genomics, and **Pawel Gajer, PhD**, research associate, both from the department of microbiology and immunology and

the institute for genome sciences, were among the authors of "A Retrospective Pilot Study to Determine Whether the Reproductive Tract Microbiota Differs Between Women with a History of Infertility and Fertile Women," published in *Obstetrics & Gynecology* on December 26, 2017.



Stephen Thom, MD, PhD

❖ **Stephen Thom, MD, PhD**, professor, and **Ming Yang, MD, MS**, research associate, both from the department of emergency medicine, with colleagues from

Serbia, Croatia, and Canada, published "Disturbed Blood Flow Worsens Endothelial Dysfunction in Moderate-Severe Chronic Obstructive Pulmonary Disease" in the December 2017 issue of *Scientific Reports*.

## Awards & Honors

❖ **Ching-Ying Ho, MD, PhD**, assistant professor, department of pathology, was honored in December with the 2018 Passano Foundation Clinician-Investigator Award for Career Development from the Passano Foundation and the medical school.



Kathleen Neuzil, MD, MPH

❖ **Kathleen Neuzil, MD, MPH**, professor, department of medicine and director of the center for vaccine development, was the speaker for William Kirby Lectureship

"Influenza Research: A Lesson in Humility," on December 6, 2017, at the University of Washington School of Medicine Division of Allergy & Infectious Diseases in Seattle.



Michael Winters, MD

❖ **Michael Winters, MD**, associate professor, department of emergency medicine, is recipient of the 2018 AAEM Joe Lex National Educator of the Year Award

from the American Academy of Emergency Medicine. This is academy's highest honor for educational excellence and it is the third national teaching award for which Winters has been selected.

## Grants & Contracts\*

❖ **Edson Albuquerque, MD, PhD**, professor, and **Edna Pereira**



Edson Albuquerque, MD, PhD


**Albuquerque, PhD**, associate professor, both from the department of epidemiology & public health; and **Rao Gullapalli, PhD, MBA**, professor, department of diagnostic radiology

and nuclear medicine, received a five-year, \$2,738,347 multi-PI grant from the National Institute of Environmental Health Sciences, National Institutes for Health for the project "Targeting M1/M3 Muscarinic Receptors to Treat Gestational Pesticide Poisoning."



Abdu Azad, PhD

❖ **Abdu Azad, PhD**, professor, department of microbiology and immunology, was awarded a five-year \$3,646,790 R01 grant from the National Institute of Allergy and

Infectious Diseases for a project titled "Murine Typhus: Vector Biology and Transmission." 

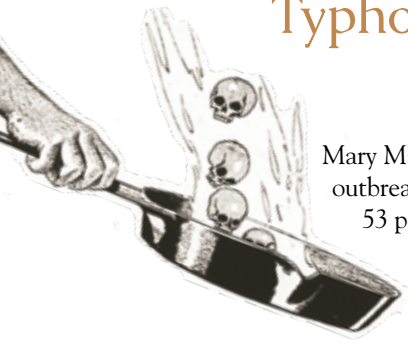
\*Grants & Contracts of \$1 million and above





# Defending The Public's Health:

## Typhoid Mary and the Rejection of Modern Medicine



Mary Mallon caused a dozen known outbreaks of *Salmonella typhi* that left 53 people ill and killed four. Dubbed “Typhoid Mary” in a 1908 issue of the *Journal of the American Medical Association*, Mallon was the asymptomatic carrier who gained infamy not only for the death and

disease that followed in her wake, but also for her patent rejection of modern medical science as American physicians first began to use police powers to guard the public health.

Although “Typhoid Mary” Mallon’s case has many fascinating aspects, many of which are elegantly examined in Judith Walzer Leavitt’s foundational history *Typhoid Mary: Captive to the Public’s Health*, one of the most salient today is Mallon’s rejection of medical science throughout her public and legal defense countering the charges brought against her by the State of New York.

Mallon was an Irish American cook who immigrated to the United States at 15 years old in 1883. By 1900, Mallon had earned a reputation as an excellent cook and was the head of the kitchen in numerous upper-class households throughout New York State.

Experts agree that Mallon became ill with typhoid in her 30s but, like an estimated 1–6 percent of the population who becomes infected with the bacteria, the virus never left Mallon’s body.

Mallon’s rejection of the medical science that gave her one of the most enduring nicknames in American history began not by her own visit to a physician, but through a private health investigation begun by one of the families she had infected.

In 1906, an unnamed New York family hired George A. Soper, a sanitation engineer with a PhD from Columbia University, to investigate the cause of the typhoid outbreak in their household.

Soper’s investigation led him to nearly a dozen families throughout New York State who had employed a similarly

described cook who left a rather astonishing pattern: every year between 1900 and 1906, within two weeks of employing the new cook, between 50–98 percent of the households would contract typhoid.

When Soper finally caught up with Mallon in late 1906, in the midst of another devastating typhoid outbreak where she worked on Park Avenue, Soper was not the most tactful of investigators. Although a private citizen, Soper demanded from a terrified and belligerent Mallon samples of her feces and urine while accusing her of two deaths and a string of illnesses.

After three unsuccessful attempts to coerce or buy Mallon’s samples, Soper turned over her case to S. Josephine Baker, MD, a physician with the New York City Public Health Department.

Historian Judith Walzer Leavitt expertly analyzes the medical, social, and legal aspects of Mallon’s two trials, which occurred in 1907 and 1915. Both trials ended with

Mallon’s incarceration in isolation on an island in the East River.

Yet Mallon did not go up river without a fight. In both trials Mallon was adamant that she was not only innocent of making anyone ill but denied that she was an asymptomatic carrier.

By 1907 only a handful of asymptomatic carriers had ever been identified and the tests for the disease in an asymptomatic carrier were difficult—an asymptomatic carrier’s fecal and urine samples would not always come back positive, due to the nature of the disease in a carrier’s body.

Mallon’s rejection of modern science thus had several aspects. The first was a patent denial of laboratory tests and an appeal to experience and common sense. Everyone knew that healthy people were not sick and, even if you believed sick individuals could make others sick, a healthy person simply could not infect others. She was, she concluded, lamentably unlucky to be surrounded by so many outbreaks.

Indeed, this line of reasoning had appeal. It was only in 1882 that tuberculosis was the first proven contagious disease. The discovery had garnered the Nobel Prize, but throughout

America people still had trouble dismissing the belief, held for thousands of years, that “consumption” was not a hereditary disease. In the face of a skeptical public uneducated in science, believing that any disease was contagious even from ill individuals—due to nearly-invisible pathogens—was already a leap of faith.

While denying the fundamentals of physician’s medical science, Mallon’s denial of science also used their own techniques against them. Mallon presented independent laboratory tests of her own that came back negative. She maintained from this that medical science could not adequately prove or disprove the theory of asymptomatic carriers. She then argued that since laboratory tests were not 100 percent conclusive or error-proof, and since she could not be sure if they were even her samples that were being used in the dark, secretive spaces of the laboratory where the public was not allowed, she could not be certain of any conclusions people were finding against her in the politically and socially anti-immigrant atmosphere.

The judges in her cases disagreed. Bolstered by progressive politicians who believed that science and reason were the best ways to improve society, incarceration to protect public health became a legitimate interpretation of municipal and state laws throughout the United States.

Understanding that asymptomatic carriers may not have realized the injuries caused by their actions and unwilling to indefinitely imprison carriers of disease, the State of New York released Mallon and others in 1910.

But Mallon still did not believe the medical science. Walzer Leavitt fascinatingly examines Mallon’s return to cooking, despite her previous three-year incarceration and her sworn promise to never return to her only skill. Discovered after she sickened 25 people, killing two, as a cook at Sloan Hospital for Women and Infants, Mallon was tried again and placed in lifetime isolated quarantine until her death 23 years later on a deserted island in the East River.

Mallon’s case remains a vital study of what physicians have undertaken to protect the public’s health when science itself



Illustration that appeared in 1909 in *The New York American*

was under attack. In the court of public opinion and New York Superior Court, Mallon’s case pitted America’s medical profession against personal liberty in a country where many doubted the validity and had little conception of modern science. It was through the faith of the era’s progressive politicians, judiciary, and the unceasing public outreach by physicians to educate every part of American society that science became a valid legal argument and Americans were introduced to the principles of medical science.

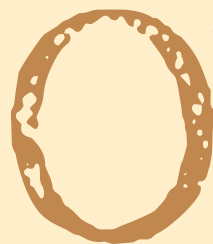
But, as historian Walzer Leavitt reminds us, in a society that embraces a public health enforced by the police powers of the state, there are always those who refuse to accept the conclusions of modern science. In these cases, physicians must decide if they will battle to educate the public and possibly curtail some personal liberties for the sake of the public at large. In a republic, liberty and public safety must be balanced. In the era of modern medical science, physicians have been the defenders of science, saving millions of lives by championing and promoting science in national discourse and through vigorous public education. 🏠



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.



# For Attribution

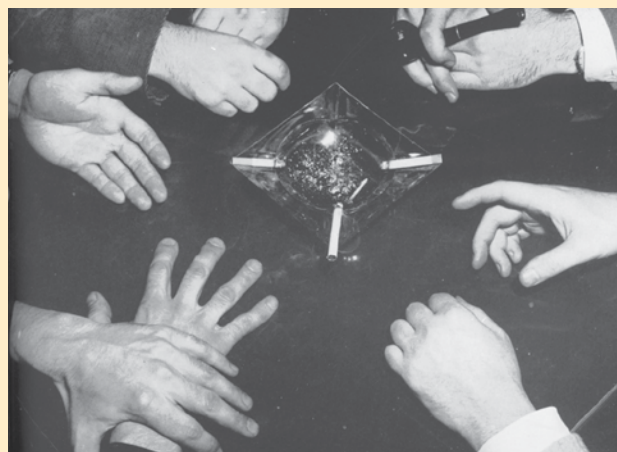


ne name comes up quickly and dependably when we search for the origins of America's successful campaign against cigarette

smoking: Luther Terry, MD, Surgeon General of the United States from 1961 to 1965. His famous report known as *Smoking and Health* was formally authored by a high-level advisory committee of senior physicians, biologists, and mathematicians; yet it remains Terry who, if anyone, is identified with what has been perhaps the most successful single campaign for improved public health in the United States since the introduction of sanitary sewers during the 19th century.

Terry, who bore the middle name Leonidas after the ancient Spartan king, was not a Maryland graduate although did spend a crucial period of his career in Baltimore. During the 1940s, Terry was an officer at a local hospital run by the Public Health Service before transferring to Bethesda and, eventually, being appointed chairman of the medical board at the new clinical center of the National Institutes of Health when it opened in 1953.

During the 1950s, Terry's predecessor as surgeon general, Leroy Burney, had already made public statements on various health concerns that were becoming known as "environmental," including air pollution and the association of cigarette smoking with forms of disease. Even earlier, clinical research into the harmful effects of smoking had been proceeding for over a generation albeit with little attention from the public. Since at least the first World War, smoking cigarettes was closely associated instead with freedom and with open expressions of passion or even elegance. The paraphernalia of tobacco, such as the gold cases and the



...he [Levin] presented case-controlled data that should have been a conclusive argument—in 1950—for the connection between cigarettes and carcinomas as well as other diseases of the lung; yet little was done at the public level, and cigarettes continued to be heavily advertised even by some physicians...

enameled or ivory holders used by Franklin Roosevelt—and later Audrey Hepburn—helped cigarette smoking appeal to a broader range of classes and age groups than had been true when tobacco was taken by other means. Objecting to it was on a par with objecting to the social use of alcohol, which became legal again in most states after 1933 and the repeal of prohibition.

The cigarette habit had only become common during the 19th century, and even then it was not immediately accepted in settings where elites or the middle classes spent their leisure time. Nicotine was normally obtained through pipes, cigars, or chewing tobacco until technology began to allow and even encourage the cheap and easy use of pre-rolled smokes.

That came just in time for World War I, when military commanders ordered cigarettes by the billion as a way to help their men get through the gloom, the boredom and the pain of extended combat.

By the 1920s, clinicians on both sides of the Atlantic were noticing a dramatic spike in carcinomas of the lung. Key early results of epidemiological studies on tobacco were published about a generation later—most prominently, in the May 25, 1950 issue of the *Journal of the American Medical Association (JAMA)*. That turned out to be almost 14 years before *Smoking and Health* appeared. The lead author of one of those earlier studies was **Morton L. Levin**, '30. Levin, who had been born in Tsarist Russia, came with his family to Baltimore as an adolescent, attended local schools and then graduated first in his class at Maryland. He later took graduate degrees in public health under Wade Hampton Frost, MD, at Johns Hopkins and became a public health officer in Ottawa County, Michigan. By his own account, Levin was fired from that first post after forcing through a milk pasteurization

program. He moved on to Roswell Park Memorial Hospital in Buffalo and was there off and on from 1936 through 1967. He also served as an administrator on prominent committees of the AMA and with the New York State Department of Health.

It was at Roswell Park that Levin wrote a patient questionnaire allowing him, after the passage of several years, to have data on thousands of individuals. This data included patients' daily habits—such as cigarette smoking—along with diagnoses and outcomes. He eventually developed an analysis still known as Levin's (Population) Attributable Risk. With local colleagues and collaborators elsewhere that included Richard Doll, CH, OBE, FRS, and Bradford Hill, FRS, in the UK, he presented case-controlled data that should have been a conclusive argument—in 1950—for the connection between cigarettes and carcinomas as well as other diseases of the lung; yet little was done at the public level, and cigarettes continued to be heavily advertised even by some physicians and to be as commonplace in America as glasses of water or the encouragement to buy new cars.

A broader context may give clues as to why the work of Levin and others had no great result until much later. It was only a few weeks after their *JAMA* articles appeared in print that North Korea crossed the 38th parallel and the United Nations became involved in its first major war since 1945. Public attention was focused on our poor state of military readiness and the thousands of Americans who lost their lives in just that war's opening months. By contrast, *Smoking and Health* was published in January of 1964. US ground forces did not become heavily involved in Vietnam until the following year. The country's new president, Lyndon B. Johnson, was beginning a two-year run of success where he made use of his own political skills plus the emotional rebound from John F. Kennedy's assassination to enact a series of new laws—Medicare was but one of them—that were to have a profound impact on American society. At the regulatory level, *Smoking and Health* was followed by actions of the Federal Trade Commission to restrict the positive image of cigarettes and begin to push the "Marlboro Man" out of sight. President Kennedy's own legacy of a "best and brightest" approach to governance had not yet been drowned in the Mekong Delta.

Levin eventually returned to Baltimore in 1967 and taught epidemiology at Johns Hopkins into the 1980s. By then, smoking cigarettes was declining as a socially preferred form of drug delivery—or, for that matter, of expressing passion. Levin himself died of pneumonia at the age of 91. He outlived Terry by almost two decades, and by his own account he had given up smoking cigarettes right after his findings came out in 1950. He told reporters at the time, "Gentlemen, I have just quit!"



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.

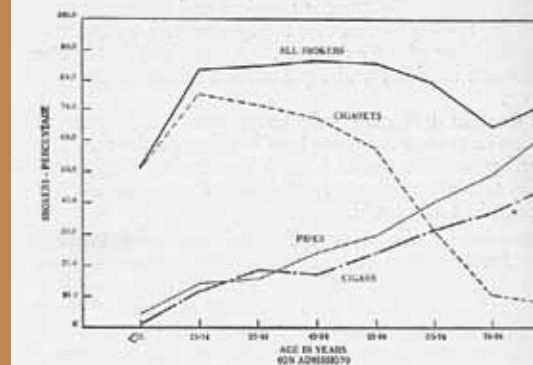
## CANCER AND TOBACCO SMOKING

A Preliminary Report

MORTON L. LEVIN, M.D.  
HYMAN GOLDSTEIN, M.D.  
and  
PAUL R. GERHARDT, M.D.  
Albany, N. Y.

The published literature on use of tobacco and its possible association with human cancer fails to show clearcut consistent observations. Reviews of the literature for the past twenty years reveals that it is often conflicting and that it consists for the most part of studies which are inconclusive because of lack of adequate samples, lack of random selection, lack of proper controls or failure to age-standardize the data. Potter and Tully<sup>1</sup> have reported a higher proportion of smokers in patients with cancer of the "buccal cavity" and "respiratory tract" among males "over the age of 40" who were seen at Massachusetts cancer clinics.

Since 1938 a history of tobacco usage has been obtained routinely from all patients admitted to the Roswell Park Memorial Institute, Buffalo. These his-



tories are part of the regular clinical history and are taken before the final diagnosis has been established. This procedure is considered especially important from the standpoint of excluding bias. Approximately half the patients admitted to the institute are subsequently found not to have cancer. Special attention with respect to the history of smoking has not been paid to any single group of conditions, so that these records may be presumed to be free from bias which might result from preconceived ideas as to relation between smoking and a particular form of cancer.

The histories record the date smoking began, duration, type of smoking and amount per day. The reliability of the quantitative aspects of smoking obtained by a history is of course highly variable. It is presumed, however, that such errors are not selective with respect to presence or absence of cancer, especially since only patients suspected by their physicians of having cancer are admitted to the Institute.

With technical assistance of Elizabeth Breese and David Robbins. From the Bureau of Cancer Control, Division of Medical Services, New York State Department of Health. Dr. Louis C. Kress, Dr. Joseph G. Hoffman and Miss Olive C. Ralston, of the staff of the Roswell Park Memorial Institute, assisted by making available the records of the institute and by making suggestions as to the planning of the study. 1. Potter, E. A., and Tully, M. R.: The Statistical Approach to the Cancer Problem in Massachusetts. *Am. J. Pub. Health* 35: 485-490, 1945.

NOTE: Dr. Levin's key publication on lung cancer and smoking was: Levin ML, Goldstein H, Gerhardt PE. Cancer and tobacco smoking: a preliminary report. *J Am Med Assoc.* 1950; 143:336-338.

In the same issue of *JAMA* was: Wynder EL, Graham EA. Tobacco smoking as a possible etiological factor in bronchiogenic carcinoma, a study of 684 proved cases. *J Am Med Assoc.* 1950; 143: 329-336.



# Dedication to a Calling



WHEN RENOWNED HEART DOCTOR **Christopher M. O'Connor, '83**, was a student at Maryland, he would go home with his friend Harry Oken for dinner and they would study together.

"I was married and he was not," recalls **Oken, '83**, now an adjunct professor of medicine at Maryland. "My wife would cook us dinner and then we'd settle down to study—and I mean serious study. We'd study all night. Eventually, I'd say, 'Chris, I've got this. I've got to go to sleep.' And he'd say, 'Harry, you sleep when you're retired.'"

It was an early sign of O'Connor's dedication to his calling. Even today, as he is about to be honored with the Medical Alumni Association Honor Award & Gold Key Award for his outstanding contributions to medicine and distinguished service to mankind, O'Connor still regards time management as a weakness.

"I'm a workaholic," he admits, as he takes a short break from his current position as CEO and executive director of Inova Heart and Vascular Institute in Falls Church, Va. "If you asked what I would do better, it would be balancing my life. You know, just to spend a little more time with family, friends, and activities outside of medicine."

Medicine has been his life ever since he was a teen and recognized his interest in science, biology, and interacting with people. But the study of the heart,

he says, came by chance, when he was assigned to spend a half-day each week with **Nathan Carliner, MD**, who worked with **Michael Fisher, MD**, and **Gary Plotnick '66**.

"The heart was really, really interesting to me," O'Connor recalls. "But what was even more important to decide than my career was that assignment from Dr. Carliner. He became my mentor. My exposure to him, Plotnick, and Fisher—as a first-year medical student, all three were cardiologists. They were all well-trained. They were very smart and very good with patients, and very knowledgeable about cardiovascular conditions. And they were great teachers. Frankly, I made up my mind right there. I said, 'I want to be a cardiologist because I want to be like them.'"

And so here he is, about to receive the gold key, and join a group of people who make up what is virtually Maryland's alumni hall of fame. Given since 1948, to such recipients as **Theodore Woodward, '38**, who chaired the department from the 1950s to the 1980s and received the gold key in 1974 for his research of infectious diseases; **Elijah Saunders, '60**, who received the award in 2010 for his pivotal work with high blood pressure in the African-American community; and **Melvin Sharoky, '76**, the 2016 recipient who developed the first

transdermal patch for major depressive disorders in adults, O'Connor fits in well.

"From the beginning," he says, "I've always been highly dedicated to trying to change the world in my field."

And he has done that, through mentoring young physicians and health care providers in their careers as cardiovascular clinical researchers at Duke and Inova; and through a National Institutes of Health study that at the time was the largest NIH grant awarded to an individual.

O'Connor says the approximately \$38 million, HF-ACTION study, which was accomplished over seven years and studied 2,300 patients globally, asked and answered the question: Is aerobic exercise important to the well-being of people who have had severely damaged heart muscles?

In the end, he and his fellow researchers learned that exercise training in those very sick heart patients was beneficial to their health, helped them stay out of the hospital, and improved their quality of life significantly.

Because of O'Connor's work, the national and international guidelines on the rehabilitative care of these cardiovascular patients changed to the highest level of recommendation.

"The United States government recognized the work and integrated into its insurance coverage a payment for people with damaged hearts to go into exercise cardiac rehab programs," he says. "It was really the findings of this study [that] changed the guidelines of the way we practice. So it changed the practice of cardiology."

O'Connor, who has helped thousands of patients, and still maintains a small clinical practice, says he was initially caught off-guard when told of the gold key award.

"I consider this one of the really top honors that I've ever received—or may ever receive—in my lifetime," O'Connor says. "It's just a wonderful, wonderful honor and I'm humbled."

"I'm not sure how [the alumni association] came to the decision, but I'm deeply grateful to the nomination committee."

Nearly 35 years in, and at the top of his game, O'Connor says the award is not yet a stopping point for this doctor-turned-executive. The professor of medicine and former chief of cardiology at Duke University is on a mission to turn Inova Heart and Vascular Institute into a top ranked facility.

O'Connor, who has seen the Inova program receive its first five-star rating from the Center for Medicare and Medicaid Services just three years into his leadership, hopes to achieve a top ranked rating by his fifth year. But it won't come easy, as his days stretch 10 to 12 hours on campus and then more at home, where his work includes being editor-in-chief of the *Journal for the American College of Cardiology: Heart Failure*.

All of it makes it hard to achieve that elusive goal of splitting his time more equitably between work and home. And yet, he's managed. He and wife Sue have raised four successful children, all young adults. The oldest, Ryan, 28, is in the health research finance sector; daughter Erin is a pediatric nurse; and his two youngest sons, Sean and Kyle, are in pre-med programs at University of North Carolina and Duke, respectively.

And along the way he's made those distinguished services to mankind.

"I think the ability to provide the knowledge that I had gained through my past education in Maryland, and my training at Duke, and being able to apply that to patients to comfort them, improve their quality of life, improve their longevity of life, I think, is a really rewarding contribution," he says. 🏠

*Dr. O'Connor is the inaugural speaker for the Gary D. Plotnick, M.D. and Michael L. Fisher, M.D. Endowed Lectureship on April 18 in the Shock Trauma Auditorium.*





## Unraveling the Mystery of CTE

**N**early everyone loves a mystery, and that includes doctors. Just ask **Jesse Mez, '06**. The excitement he feels following the clues to a diagnosis inside the human brain is what led him to become a neurologist. “What drew me to medicine in the beginning was this component of problem-solving and the whole diagnostic dilemma,” he says from his office at Boston University (BU). “Medicine was one of the few settings where I could have a connection with people and at the same time have this high-level problem-solving capability.”

Just 12 years out of Maryland, Mez already has demonstrated how good he is at investigating high-level problems.

Last July, he (first author), neuropathologist Ann McKee, MD (senior author) and colleagues co-authored the study published in the *Journal of the American Medical Association (JAMA)*, that found chronic traumatic encephalopathy (CTE) in the brains of 110 of 111 deceased former NFL players. Altogether, the study examined 202 brains of former football players from high school, college, semipro to pro.

While the study doesn't suggest that 99 percent of NFL players will suffer from CTE, the findings set off a firestorm of media coverage and reaction around the country.

Baltimore Ravens offensive lineman John Urschel, a mathematician, was one of several NFL players to unexpectedly retire within days after the study was released. In Maryland,

and in several other states this winter, legislation was being considered to ban youth tackle football leagues before high school. And, professional leagues, like the NFL and NHL, took and continue to take steps to limit the most violent of helmet-to-helmet contact.

Long before he tackled the mysteries of brain disease in NFL players, Mez used to read stories by neurologist Oliver Sacks, CBE, FRCP. He credits the British doctor's stories about unusual neurological deficits and how those deficits impacted lives, like *The Man Who Mistook His Wife for a Hat*, with drawing him to behavioral neurology. “Neurology lends itself particularly well to research, because there's so much we still don't know,” says Mez. “I like the mystery of it.”

And he credits Maryland with giving him the tools to think through a case in terms of different diagnoses and how to manage them. “I think by the time I got to internship and residency, I had a very solid medical foundation across the board,” says the Owings Mills, Md., native.

And yet, if you would have asked him after graduation if he would be a co-lead author on a major, impactful study this early in his career, he would have said no.

But at 38, he has done just that.

Mez's pursuit of medical mysteries surrounding dementing illnesses, including Alzheimer's, put him in the right place at the right time for a position at BU and then to be the co-first author on the *JAMA* study.

“When I was a fellow, I was largely interested in Alzheimer's disease, and I also have a genetics interest,” Mez says. “When I was looking for my first position after fellowship, there was this opportunity at BU. The Alzheimer's Disease Center had an opening for a behavior neurologist. Lindsay Farrer, PhD, one of the leading Alzheimer's geneticists in the world, is at BU and I thought it would be a great opportunity to work with him.

“BU also was leading this investigation into chronic traumatic encephalopathy; they're the leading investigators for CTE in the world.”

As a doctor, Mez wasn't thinking about the larger societal impact of the study he and McKee were teaming up on. His interest was in trying to discover what was happening to these athletes in order to help them.

“I was thinking about what the public health implications of the work would be,” says Mez, who loves to play tennis but isn't a big sports fan. “But I didn't really think about the ethical and the cultural aspects of the work and that football is just so engrained and so important to so many people that this would hit so close to home.

“And these ethical questions, like: Should we as a society be treating these guys as heroes when what they're doing is something that could be causing them so much harm? Those kinds of questions, I think, are what struck people and why it got so much attention. And that was kind of surprising to me.”

McKee, who is the principal investigator for the project, and led the neuropathological evaluations, and Mez, who led the process of interviewing the family members and friends of the late players, were able to put their work together and discover that what looked like Alzheimer's disease, often was CTE, which causes such symptoms as mood swings, cognitive impairment, and signs of dementia.

They also came to realize that because so many of the brains that had been donated had the disease, they had few controls and therefore weren't able to get a clear picture of why some athletes get CTE and others don't.

They still don't have the answers. So it is no surprise when Mez is asked “Where do you go from here?” his answer revolves around the mysteries that remain.

“Right now, it's a purely neuropathological diagnosis, meaning you can't make the diagnosis in life, only after death

by examining the brain,” he says. “But it is really crucial to be able to diagnose it in life because you can't, one, advise people as to what might be happening to them; and two, you can't test therapies in living people if you can't first diagnose them.”

Mez tries to get away to enjoy time with his wife, Arielle, children Simon, age three, and Ruby, age one, and their two dogs, Ronnie and Frankie, who are named for Ronnie Spector of the 1960s rock group the Ronettes, and architect Frank Lloyd Wright, respectively. But it is difficult when he is so fascinated by the hunt for answers.

“How do we diagnose CTE in life is an ongoing question we're working on,” says Mez. “We also are investigating how much football do you need to play in order to develop this disease. And how does playing other contact sports affect CTE risk?”

He'd like to design “an epidemiological study” in which a population of former college football players are selected randomly and followed over time and then, when they pass away, their brains would be examined.

“That would be a major endeavor and a big change in what we do right now,” Mez says. “I think there's so much we don't know about the disease. It's a whole career's worth of things to find.”

**“I was thinking about what the public health implications of the work would be... but I didn't really think about the ethical and the cultural aspects of the work and that football is just so engrained and so important to so many people that this would hit so close to home.”**





## Giving Medical Students the ‘Freedom to Explore’

It's not just absence that makes the heart grow fonder. Distance and time can contribute, too, especially when it comes to thoughts of one's alma mater. "I have developed such very fond memories of my experience at the University of Maryland Medical School that I decided now was the right time to show my gratitude and give back," says **David E. Kelley, '78**, who with his wife recently established the Carol and David Kelley, MD Endowed Scholarship.

Recently retired from Merck and residing in Westfield, N.J., Kelley proudly looks back on the phases of his peripatetic medical career. His work began in clinical practice in Milford, Del., advanced with sub-specialty training in endocrinology and metabolism at the Mayo Clinic in Rochester, Minn., and continued with 20 years on the faculty at the University of Pittsburgh, where Kelley became a professor of

**"I was a recipient of a scholarship myself, and it meant a lot to me. Not having a large financial debt to carry around enabled me to pursue opportunities I might not otherwise have had."**

medicine. Kelley, with his wife's active participation, conducted a productive program of research on diabetes mellitus together with clinical practice and teaching. Subsequently, for 10 years, he helped lead drug discovery efforts in diabetes at Merck Research Laboratories.

A child of a naval officer, Kelley says moving around has always been "a fact of life" for him. "But Maryland always felt like a home base for Carol and me," says Kelley, who also completed a residency in internal medicine at Maryland, had lived in Bethesda as a child and had grandparents on the eastern

shore. Carol grew up in the Baltimore suburbs.

In fact, that is where Kelley met his wife, who graduated in the same year from the Maryland's nursing school. She was then working in the oncology ward at the hospital while he was doing rounds.

Kelley says that, ever since, they both have felt grateful for the education they received at Maryland and have long contributed to the school's annual fund, to express their appreciation. Because they are both celebrating their 40th reunions in 2018, the couple decided to take a different approach this year.

"We thought the time was right to do something more meaningful, more substantial," Kelley says. "We both had outstanding role models during our time at Maryland. It seemed like the right time to make a contribution that would honor the memories of the men and women we admired."

Their \$100,000 endowed fund is designed to benefit the needs of any deserving medical student. Kelley says his own experience as a medical student shaped their decision.

"I was a recipient of a scholarship myself, and it meant a lot to me," he says. "Not having a large financial debt to carry around enabled me to pursue opportunities I might not otherwise have had."

Debt is an enormous burden on today's students. Average student indebtedness for medical school graduates now exceeds \$150,000—an issue



David Kelley, '78 and wife Carol

that not only influences a student's career choices, it also undermines the ability of schools like Maryland to attract the best students from all economic populations.

Kelley says he witnessed the impact of educational debt firsthand while at the University of Pittsburgh listening to and advising residents and fellows who struggled to balance their financial concerns with career decisions.

"We wanted to make a modest contribution that would help mitigate some of the financial burden and enable that same sense of freedom to explore options that we experienced," he says. "It's an invaluable asset."

Kelley says that, come reunion time, he won't hesitate to encourage his classmates and former colleagues to follow his example.

"It's good for the soul to give back and express gratitude," he says. "Even a modest contribution can make a big difference."

*We invite you to join in the Making Dreams Possible Scholarship initiative as part of the Catalyst Campaign. For more information about making a gift to create a named scholarship or to support our general scholarship fund, contact Marjorie Bray at 410-706-0418 or mbray@som.umaryland.edu.*

## Identity Theft: Protecting Your Child Begins at Birth

HAVE YOU EVER RECEIVED a piece of junk mail addressed to your underage child that you simply discarded? A credit card or loan offer can be one warning sign that your child may be a victim of identity theft. Left undetected, your child can be connected to massive fraudulent debt and bad credit before they can even vote.

One in 40 families with children under 18 had at least one child whose personal information was compromised, according to the most recent survey by the Identity Theft Assistance Center and the Javelin Strategy & Research Group (2012). Just 0.2 percent of stolen Social Security numbers are from adults, while 10 percent are stolen from children, with the youngest reported victim just five months old, according to a Carnegie Mellon University CyLab Study (2011).

### Warning Signs

All it takes is a Social Security number, which can be paired with a different name, birth date, and address to apply for credit. This synthetic identity can often go undetected until a child turns 18.

The primary use of stolen personal information is for financial purposes. Using stolen Social Security numbers, identity thieves open credit cards, rent apartments, buy cars, secure jobs and apply for welfare or other government programs.

### Warning signs your child may be a victim include:

- IRS notification of unpaid taxes in your child's name.
- Notification that your child's Social Security number was used on another tax return.
- Receiving collection calls for a minor.
- Receiving bills in child's name for products or services not ordered or delivered.
- Declined for government benefits because benefits already are being paid to another account using the child's Social Security number.

### How to Protect Your Child

Parents can take simple steps when children are young to help avoid child identity theft.

- If your child does not need to open credit accounts soon, consider placing a security freeze on his credit profile to protect his identity.
- Never carry anyone's Social Security card in your wallet or purse. Keep it in a safe place.
- Pay attention to forms from schools, doctors, and others asking for personally identifiable information about your child. Opt out if you can or use only the last four digits of a Social Security number.
- Before discarding, shred all documents that show personally identifiable information.
- **Most importantly:** Request a credit report for your child annually, using the child's Social Security number for refer-

ence. You can request one free copy of their credit report once every 12 months at [www.annualcreditreport.com](http://www.annualcreditreport.com). If there is a credit history for a minor child, he/she has mostly likely become a victim.

### Take Action

If your child is a victim:

- **Place a 90-day credit alert on your child's file.** The credit agencies will contact you any time someone attempts to acquire credit in your child's name. There is no charge, but it must be renewed every 90 days. Contact one of the three credit reporting agencies who will then contact the other two.
- **Place a security freeze on your child's credit** to block unauthorized inquiries. There is typically a fee ranging from \$2–\$15 for adding and removing the freeze.
- **File a police report.**
- **Contact businesses identified in the credit report.** Request that any account associated with your child's Social Security number be closed.
- **Contact all three credit reporting agencies.** Request the removal of all accounts, inquiries, and collection notices associated with your child's name and Social Security number.

Simple steps taken while your child is a minor may protect your child's credit record later in life. 🏠

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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## Student Auction Nets \$18,000

The Class of 2020 staged the second-year student auction in late February, netting \$18,000 to support their activities as well as a local charity. Students and faculty had the opportunity to bid on more than 50 items during a silent auction that included student-crafted items, dinners with faculty members, and goods & services from the Baltimore community. The highlight of the evening was the live auction hosted by faculty members **Joseph Martinez, '98**, and **Devang Patel, MD**. Orioles tickets, *The Color Purple* musical tickets, a Step I Online Review Course, and dinner for four with **Associate Dean Milford M. "Mickey" Foxwell, '80**, and **Assistant Dean Sandra Quezada, '06** were the prized items of the night. A portion of the proceeds support Back on My Feet Baltimore.



February



## Sophomore Social

January

The MAA welcomed the second-year class back to campus after break with a January 4 reception at Alewife Pub. Nearly 80 members of the class were able to attend the two-hour event, designed to foster friendships among classmates. All student events are staged by the Medical Alumni Association through the generous support of **Carolyn Frenkil**, a member of the school's board of visitors.

Left: Second-year students enjoying the MAA-sponsored Sophomore Social included Ariel Trilling, Maggie Spini, and Zofia Kozak. Right: Zahur Sallman and Saad Shamshair

December

## Third Year Bull & Oyster Roast

Virtually the entire class of 2019 attended the annual bull & oyster roast on December 6. The annual event, sponsored by the Medical Alumni Association, was staged in the MSTF Atrium. Getting a strong turnout always seemed to be a challenge for this event, as third-year students are busy with rotations. This year, however, with the support of the office of student affairs, the event was piggybacked with ICM3 Day when virtually all third years are on campus. In addition, more than 20 faculty members joined the festivities. Students appreciated the good food, libations, and ability to visit with classmates, many of whom they had not seen since rotations began on July 1.



Deepanjali Jain, Eseigboria Ikheola, and Graham Tooker

Kelly Pham and Becky Lee

# Recollections

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

## 200 Years Ago

In 1818, at the age 30, **William Gibson, MD**, was appointed dean. He received his medical education at the University of Edinburgh and studied in London before returning to Baltimore, his home town. A bold operator, he became the first surgeon in the world to ligate the common iliac artery in 1812. In this same year he joined Maryland's faculty as chair of surgery. Gibson departed Maryland in 1819 to become chair of surgery at the University of Pennsylvania where he remained until 1855.



## 110 Years Ago

In 1908, the first mention of autopsies being performed at Maryland, with permission of Baltimore City Hall, was mentioned in a school circular. Third-year students were said to have the advantage of following the case "from the ward to the autopsy room."



## 25 Years Ago

In 1993, 150 years after his death, the Medical Alumni Association placed a marker at the grave of founder **Nathaniel Potter, MD**, in Green Mount Cemetery. From 1826 until 1839, Potter fought the state to return control of the University to its independent board of regents. Despite his victory in court, the legal battles depleted Potter's fortune, and he was buried in an unmarked grave.





# classnotes

**1950s** | **1950:** Leonard Deitz lives in Riderwood Retirement Community in Silver Spring, Md. ❖ **Richard L. Plumb** of Houston has moved to a senior living facility and really enjoys it. He is slowly improving from heart failure last September but still requires a left ventricular assist device. **1956:** Sheldon Kress of Potomac, Md., published *Power over Pots—A Family Guide to Managing Postural Orthostatic Tachycardia Syndrome*, a common but poorly recognized condition of adolescence with serious functional consequences. **1957:** James K. Bouzoukis of Wilmington, Del., is hanging in there.

**1960s** | **1961:** Robert J. Myerburg of Miami continues his work on the faculty at the University of Miami School of Medicine where he has been since 1970. His current focus is cardiovascular genetic syndromes and sports cardiology as well as cardiac electrophysiology. He makes frequent trips to the south shore of Massachusetts where his daughter and grandsons live, and he has a son living in Los Angeles. **1963:** Richard L. Goldman and wife Joan of South Burlington, Vt., are enjoying their five children and eleven grandchildren. Goldman has been retired from the practice of neuro-radiology since 2010. **1965:** D. Gary Benfield of Chapin, S.C., has a series of books for moms and dads to read to their babies before they are born. They are accessible through Amazon and, coming soon, on drgarybooks.com. **1966:** William T. Mason of Salisbury, N.C., continues working at the VA Hospital two days each week seeing patients and teaching orthopaedic residents from Wake Forest Baptist Hospital. **1967:** Allan M. Wexler of Hagerstown, Md., loved the 50th reunion last spring and is looking forward to the 55th and 60th. **1968:** Morton Blumberg and wife Carol have relocated to Asheville, N.C. ❖ **Stephen L. Hooper**

reports that he has moved back to Maryland and is living in the city of North East in Cecil County. ❖ **Frederick E. Knowles, III**, and wife Gretchen of Chestertown, Md., will this year celebrate 50 years of marriage. They have three sons and four granddaughters.

**1970s** | **1970:** David A. Perry of Harriman, N.Y., continues working in his solo practice of office-based psychiatry, mostly group psychotherapy with five groups per week. He is taking more time off for golf, travel, family, and friends. Wife Susan was diagnosed with ovarian cancer and has been in remission since last May. They look forward to the 50th reunion in 2020. **1971:** Peter M. Hartmann of York, Pa., is working part-time at York College after retiring from his psychiatry practice at York Hospital. ❖ **Jerry Herbst** of Boca Raton, Fla., has regained his health and returned to writing. His most recent work is entitled *The Four Western Revolutions: Similarities to Current Trends in America*. ❖ **Rena** and **Jerald Kay** of Cincinnati are retired. **1972:** **H. Hershey Sollod** of Denver continues to enjoy his outpatient psychiatric practice, coupled with six grandchildren, travel, and beautiful Colorado. ❖ **Jerald P. Waldman** of Laguna Beach, Calif., retired last August and is enjoying life after an incredible 40-year career as an orthopaedic surgeon specializing in spinal surgery. He's grateful for his wife of 44 years, five daughters, and six grandchildren. **1973:** **Harriet L. Meier** is retired after 40 years of pediatrics practice in Reisterstown, Md. Son Benjamin is an associate professor of global health policy at UNC Chapel Hill; son Avi is an ophthalmologist in Virginia Beach; and daughter Adena is a speech therapist in Scotch Plains, N.J. **1974:** **Alan L. Carroll** of Emmitsburg, Md., plans to retire from his family medicine practice in 2018. ❖ **David Zisow** and wife Marcia of Pikesville, Md., are enjoying retirement with their nine grand-

children. They report that life after medicine is good. **1975:** **Robert J. Beach** of Mays Landing, N.J., is a member of the volunteer faculty Regional High School's biomedical education program. ❖ **Charles F. Hoesch** of Havre De Grace, Md., retired as medical director for geriatrics at the Perry Point VA Maryland Health Care System's long-term inpatient care where he has served since 2005. ❖ **Karl W. Diehn** of Baltimore was recently honored as a "titan" physician for his service to GBMC. Daughter Megan is a nurse practitioner at GBMC Texas Station in Timonium; son Karl is head chef at Dylan's Oyster Cellar in Hampden; daughter **Kate, '13**, is in family practice at MedStar Franklin Square Medical Center; and son Kevin is a chemical engineer with a startup company named Grip Boost and recently appeared on the cable show *Shark Tank*. Diehn and wife Kathleen have two grandchildren. **1976:** **Michael L. Jefferies** of Springfield, Va., is supervisory medical officer for psychiatry and chief of the defense stress management team at the DeLorenzo TriCare Health Clinic at the Pentagon. **1977:** **Neil D. Goldberg** of Baltimore retired from the practice of gastroenterology in June 2017. ❖ **Gerald Perman**, of Chevy Chase, Md., was profiled in the winter issue of our magazine. In the article, we erred in the spelling of his wife's name. It is Martha Bernad Perman. We apologize for the error. **1978:** **J. Calvin Chatlos, Jr.**, of Old Bridge, N.J., is medical director for the new Wei Ji Point Detox Program at Rutgers University. ❖ **Elizabeth M. Kingsley** and **Stephen A. Valenti** of Annapolis, Md., have enjoyed working with MAA executive director Larry Pitrof, classmate **Neil Warres** and wife Joanne to plan the class's 40th reunion. They are looking forward to a great turnout and a wonderful evening of celebration, sharing memories and renewing friendships. ❖ **Robin M. Ulanow** of Baltimore reports that her private practice of colon and rectal surgery recently passed its 30-year anniversary. She has three grandchildren and enjoys tennis, ballet, yoga, and working out. Ulanow has been married for 18 years to Mark Kane and is a clinical assistant professor of surgery at George Washington University. **1979:** **George S. Malouf, Jr.**, of Bethesda, Md., reports he and son Marc are in practice

together, daughter Dena is a publisher with SmartBrief, and daughter Stefanie is a physician assistant. ❖ **Thomas B. Volatile** of Tyler, Tex., is chief of orthopaedics and director of the joint replacement Center at Christus Mother Frances Hospital.

**1980s** | **1983:** **Jeffrey K. Moore** of Morehead City, N.C., reports that daughter Michelle is a second year student at Maryland. ❖ **Garry L. Mueller** and wife Dori of Lancaster, Pa., are happy to welcome their third and fourth grandchildren—Delaney and Teddy—joining sisters Kinsey and Ava, as they celebrate their 10th wedding anniversary. Mueller is in his 32nd year of family medicine practice. ❖ **M. Steve Sniadach** of Englewood, Colo., reports that he is experiencing great results with autologous tissue transplantation for joint regeneration. **1984:** **Martin L. Schwartz** and wife Elba of Irondale, Ala., are proud grandparents of Eliana Kathryn, their first, on January 4. **1985:** **Richmond P. Allan** of Spartanburg, S.C., works for Pain Management Associates doing a blend of internal medicine and pain management. He also volunteers at the St. Luke's Free Medical Clinic. ❖ **Susan Arisumi** and **Steven Schoenfelder** of Lewisberg, Pa., are grandparents. ❖ **Michael Hollowell** of Sewell, N.J., in retirement continues to enjoy cycling the world with wife Susan. Most recently they were on the rail trails of British Columbia. **1986:** **Nadine B. Semer** of Carmel by the Sea, Calif., has entered the blogosphere at [www.communicate2palliate.com](http://www.communicate2palliate.com). **1987:** **Elizabeth R. Hatcher**, of Topeka, Kans., was named a 2018 distinguished alumna at Santa Catalina High School—her alma mater in Monterey, Calif. ❖ **Donald V. Woytowicz Jr.**, of Wexford, Pa., reports that son Nick is completing his senior year in pre-med at College Park, while son James is a freshman majoring in engineering at Northeastern University in Boston. **1988:** **Robert McLean** of Woodbridge, Conn., continues practicing rheumatology in New Haven but is increasing his time in the quality administrative world with Northeast Medical Group of the Yale New Haven Health System.

**1990s** | **1990:** **Teresa Hoffman** of Pasadena, Md., reports

that daughter **Claire** will graduate from Maryland in May and plans a career in general surgery. ❖ **Martin I. Passen** of Lutherville, Md., was voted *Baltimore* magazine top doctor in the field of medical bariatrics/weight management—the first time this specialty was included. He feels classmate **Maryrose Eichelberger** is much more deserving of the honor. ❖ **Jeffrey Rosenfeld**, is professor of neurology, associate chairman, medical director for the center for restorative neurology, and director for neuromuscular programs at Loma Linda University School of Medicine. **1991:** **Elizabeth A. Kohlhepp** of Phoenix is co-director of reproduction endocrinology and behavioral disorders at the University of Arizona College of Medicine. **1995:** **Kevin M. Dooley** of Saratoga Springs, N.Y., reports that daughter Meaghan recently delivered their first grandchild, Thomas. Best of all, he adds, they live just three blocks away. Dooley is president-elect of the Saratoga Hospital medical staff. **1997:** **Darlene Y. Robinson** of Randallstown, Md., an assistant professor in the department of emergency medicine at Maryland, recently created a social justice curriculum for the school. **1998:** **Otha Myles** of Wildwood, Mo., married April Tyus, MD, on March 25. **1999:** **Thomas D. Horst** is happy in Miami but enjoys spending time at his farm in Easton, Md. ❖ **Mallory Williams**, chief of the division of trauma & critical care unit in the department of surgery at Howard University Hospital, presented the MacLean Center for Clinical Ethics Lecture at the University of

Chicago in January. His lecture was entitled *And Who Shall Go for Us? The Role of Elite Universities in Confronting the Culture of Violence and Pursuing Social Justice in America*.

**2000s** | **2000:** **Matthew D. Sedgley** of Frederick, Md., is head physician for sports teams at UMBC and volunteered at the Boston Marathon. **2002:** **Steven H. Epstein** and wife Danielle of Baltimore welcomed Rose Isabelle in October 2017. She joins Eric, age eight, and Max, age five. **2003:** **Jennifer Taylor Thibodeau** and husband Bryan are happy to announce the birth of son Shawn Patrick who joins brother Brady and sister Sloane. **2006:** **Mark Schneyer** of Baltimore has joined Chesapeake ENT with offices in Owings Mills, Columbia, Westminster, and Rosedale. Free time is spent with wife Maytal and chasing after their three children. **2007:** **Elisa J. Knutsen** moved to Colorado Springs, Colo., and joined classmate **Augusta Whitney Kluk** at UCHHealth. Both are hand surgeons, and Knutsen reports it is fun to work together again. ❖ **Adriana** and **Benjamin Laser** of Niskayuna, N.Y., announce the birth of Hudson Reed, their third, on November 27, 2017.

**2010s** | **2010:** **Panagis Galiatsatos** of Baltimore co-authored *Building Healthy Communities Through Medical-Religious Partnerships*, 3rd Edition. **2015:** **Alex** and **Sarah Skog** of Portland, Ore., welcomed son Gavin into the world on December 18, 2017. 🏠

**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 two 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](http://www.medicalalumni.org), and email [maa@medalumni.umaryland.edu](mailto:maa@medalumni.umaryland.edu).



## Thomas E. Hunt, Jr., '54



**Thomas E. Hunt, Jr., '54**, a retired Baltimore orthopaedic surgeon and former president of the Medical Alumni Association who was recognized by many as “Baltimore’s Finest,” died on December 24, 2017.

Born in Pittsburgh, Hunt enlisted in the U.S. Navy while still in high school in 1944. Upon high school graduation he trained at the Bainbridge Naval Center in Cecil County and was assigned to the Pacific Theater shortly after the surrender of Japan. As a signalman aboard a patrol frigate, he was responsible for broadcasting the surrender over loudspeakers to Japanese military holding out on nearby islands.

After military service, Hunt attended West Virginia University before moving on to medical school at Maryland. Upon graduation he completed training at Johns Hopkins Hospital and began practice in downtown Baltimore. He had privileges at Johns Hopkins, Mercy Medical Center, and Harbor Hospital where he served as chair of orthopaedic surgery from 1965 to 1973. Work with the crippled children’s services division of the Maryland State Health Department in 1959 began a long association with children and Baltimore’s working class. Throughout his career, Hunt held clinics for children with cerebral palsy and neuromuscular disorders in Cumberland, Prince Frederick, Cheverly, as well as the Great Oaks Center for Mentally Retarded Children. Adult patients included employees from Maryland Shipbuilding and Drydock, Bethlehem Steel, and Westinghouse. He was later recognized for more than 40 years of service to the Allegany County League for Crippled Children and Health Care for the Homeless of Baltimore.

Back at Maryland, Hunt helped organize his class reunions and volunteered for the annual alumni phonathon. He joined the alumni board in 1986 and was elected president in 1992.

Afterwards he continued serving on the Davidge Hall Restoration Committee, and in 2000 was honored with the MAA Distinguished Service Award. He was a member of the school’s 1807 Circle, the highest recognition society for donors.

Hunt was past president of the Baltimore City Medical Society—where he later received its community service award—and the Maryland Orthopaedic Association. He was also recipient of the *Daily Record* Health Care Hero Award.

In his free time, Hunt enjoyed studying medical and American history, listening to opera, and following politics. Survivors include two sons, three daughters, two step-children, 13 grandchildren and six great-grandchildren. He was preceded in death by wives Mary and Amy.



### William M. Harris, 43D

Psychiatry  
Newark, Del.  
May 14, 2016

Dr. Harris served four years in the U.S. Army after graduation, before accepting a position as director of professional education at Perry Point Veterans Administration Hospital. He became board certified in 1949 and during his career served on the teaching staffs at Maryland, Johns Hopkins, and Thomas Jefferson Medical College. Prior to retirement, Harris was honored as a distinguished life fellow of the American Psychiatric Association. Wife Nora preceded him in death.

### E. Burl Randolph, '44

Urology  
Bridgeport, W.Va.  
January 27, 2018

After an internship at Mercy Hospital in Pittsburgh, Dr. Randolph received preceptorships at the University of Pennsylvania and University of London. As a lieutenant in the U.S. Naval Reserve, he saw active duty during World War II and the Korean War. Randolph settled in Clarksburg, W.Va., practicing privately until retirement in 1981. During his career, Randolph held staff appointments at regional hospitals and was president of the United Hospital Center Medical Staff. He was a member of the Scottish Rite was elected president of the Mid-Atlantic Shrine Association. He served on the board of governors of the Shriners Hospital for Crippled Children in Lexington, Ken., and the board of the Morgantown Childhood Language Center. Randolph was preceded in death by wife Mary and daughter Pamela, and is survived by five children, ten grandchildren, and six great-grandchildren.

### George W. Fisher, '47

Thoracic & Cardiovascular Surgery  
Goldendale, Wash.  
December 29, 2015

Dr. Fisher practiced thoracic and cardiovascular surgery. He was a member of the Elm Society of the John Beale Davidge Alliance, Maryland’s society for major donors. He was preceded in death by wife Carol.

## IN MEMORIAM



### Robert R. Rosen, '49

Family Practice  
Miami  
December 24, 2017

Dr. Rosen completed his medical education at Maryland after transferring from the University of North Carolina Chapel Hill. He interned at Michael Reese Hospital in Chicago and received residency training at Mount Sinai of Cleveland. Rosen practiced for 45 years in Surfside and Miami Beach and was an active member of the staffs of Mount Sinai, Saint Francis, and North Miami General Hospitals. After retirement he spent 15 years as a guardian ad litem and was honored for his dedication. Rosen enjoyed dining with friends at Quayside, playing tennis, and travel, including attending Maryland reunions. He was a member of the 1807 Circle, Maryland’s society for major donors. Survivors include wife Beatrice, son **Seth, '86**, and two grandchildren.

### Charles T. Fitch, '54

Internal Medicine  
La Jolla, Calif.  
January 29, 2018

Upon graduation, Dr. Fitch remained at Maryland for his internship and the first year of residency training. Additional post-graduate training occurred at the Medical College of Virginia Hospitals, Fort Howard VA Hospital, and Mercy Medical Center. Fitch received fellowship training in pulmonology and gastroenterology at Scripps Clinical & Research Foundation in La Jolla, Calif., where he remained to practice internal medicine until retirement at age 82. He enjoyed tennis, racquetball, swimming and other outdoor activities. Fitch is survived by wife Julie and eight children.

### James W. Hayes, '54

Pediatrics  
Charlottesville, Va.  
January 22, 2018

Johns Hopkins Hospital was the location of Dr. Hayes’ residency training. He served a chief residency at the University of Wisconsin Hospital in Madison and became board certified in both pediatrics and hematology. Afterwards Hayes joined

the Navy and was stationed at U.S. Naval Hospitals in Millington, Tenn., Oakland, Calif., Philadelphia, and Portsmouth, Va., where he rose to the rank of captain and chair of the department of pediatrics in Oakland and head of clinical services in Portsmouth. Upon his military discharge Hayes joined Eastern Virginia Medical School and practiced at Children’s Hospital of the King’s Daughter in Norfolk. Upon retirement in 1990 the James W. Hayes Faculty Teaching Award was created in his honor. He had a passion for dogs, especially Golden Retrievers. Survivors include wife Ginny, three children, and four grandchildren.

### Herbert H. Nasdor, '57

Obstetrics & Gynecology  
New Smyrna Beach, Fla.  
December 5, 2017

### Hammond J. Dugan, III, '62

Pediatrics  
Stuart, Fla.  
January 4, 2018

Dr. Dugan practiced pediatrics in Baltimore. He was an instructor at Johns Hopkins and served as a staff attending at Maryland, Johns Hopkins, and GBMC. He enjoyed gardening and storytelling. Survivors include wife Betty, two children, and four grandchildren.

### William T. Johnstone, '62

Orthopaedic Surgery  
Richmond, Va.  
January 9, 2018

Rush Medical School was the location of Dr. Johnstone’s internship, followed by two years as a general medical officer in the U.S. Air Force. He attended Northwestern University for residency training and from 1969 to 1970 received a hand fellowship at Vanderbilt University. He practiced privately in Richmond, specializing in hand and total joint replacement. Johnstone served as president of the Virginia Orthopaedic Society and on the board of councilors for the American Academy of Orthopaedic Surgeons. He retired in 2000. He was an avid Terrapin fan, having played football there as an undergraduate. Johnstone also enjoyed golf and spending time with family at their home and family cottage. Survivors



## IN MEMORIAM



include wife Janice, two children, and two grandchildren.

### **Robert E. Dinker, '63**

Radiology  
Glen Arm, Md.  
December 22, 2017

Dr. Dinker was married and had a family while in medical school. He held several part-time jobs including cleaning the seats after Orioles and Colts games at Memorial Stadium. After graduation and training, he joined a practice in Winston-Salem, N.C., and shortly thereafter joined the U.S. Army Reserves. He was stationed in Chu Lai, Vietnam as a captain with the 312 Evacuation Hospital. Dinker returned to Baltimore in 1969 to join a practice at Mercy Medical Center where he remained for the balance of his career. He enjoyed gardening, woodworking, travel, and spending time with family. Survivors include wife Betty, three children, and eight grandchildren.

### **John E. Steers, '66**

Surgery  
Taneytown, Md.  
March 4, 2018

Prior to medical school, Dr. Steers was a chemical engineer at Bethlehem Steel and was also serving in the U.S. Army at Fort Knox until discharge in 1961. Upon medical school graduation, he trained at York Hospital before practicing surgery for 34 years. He designed and built office buildings which formed the Washington Heights Medical Center, and he served as president of the staff at Carroll Hospital. Steers was among the first attending physicians of the CHC Hyperbaric Wound Care Clinic and established the emotional support program for breast cancer patients. After retirement in 2005, he volunteered in primary care at the Access Carroll Free Clinic. He was preceded in death by father **Edward Steers, PhD**, a professor of microbiology at Maryland, and wife Charlotte. Survivors include wife Margaret, three children including **John A. Steers, '88**, one step-son, six grandchildren, three step-grandchildren, and five great-grandchildren.

### **Jose R. Gracia, '67**

Radiology  
Bel Air, Md.  
January 21, 2018

Maryland was the location of Dr. Gracia's training in radiology. He was a founding partner of Diagnostic Radiology Associates, a partner at American Radiology, and served as chief of radiology at Fallston General Hospital. Gracia retired in 2007. He was an avid golfer. Survivors include wife Nancy and one daughter.

### **Daniel J. Freedenburg, '69**

Psychiatry  
Gibson Island, Md.  
December 13, 2017

Dr. Freedenburg served with the U.S. Public Health Service from 1969 to 1972, receiving a mixed medicine internship followed by training at the National Institute of Mental Health in Washington, D.C., and the Henry Phipps Psychiatric Clinic at Johns Hopkins. He remained at Johns Hopkins for a fellowship in behavioral sciences and later held a teaching appointment. Freedenburg was an assistant professor at Maryland and headed psychiatry at Maryland General Hospital. He also practiced privately until retirement in 2010. Travel, classical music and opera were his passions. Freedenburg is survived by wife Gail and one son.

### **Steven M. Barnett, '78**

Radiology  
Elkins, W.Va.  
February 7, 2018

After training in Maine and Boston, Dr. Barnett held a faculty appointment at West Virginia University in Morgantown. He later worked in Parkersburg and Elkins before retiring in 2013. Barnett was a pilot who enjoyed travel and the outdoors. He was a craftsman with stained glass and woodwork. Survivors include wife Kimberly and two children.

### **Patrick F. Mulroy, '78**

Internal Medicine  
Belleair, Fla.  
February 27, 2017

After training at the Medical College of Wisconsin in Milwaukee, Dr. Mulroy practiced internal medicine in the Tampa

Bay area for 34 years. He enjoyed wilderness travel with memorable trips to Mt. Everest Base Camp, diving at the Great Barrier Reef, and skiing Big Sky. Survivors include wife Diann, two daughters, and one grandson.

### **William E. Becker, '79**

Urology  
Frostburg, Md.  
January 17, 2018

Dr. Becker received residency training at Eastern Virginia Graduate School of Medicine, followed by a fellowship at Baylor University. He practiced in Alleghany County, Md., and had a second home in Tampa Bay, Fla., He is survived by wife Debra Lynn and two children.

### **Myra B. Tolan, '97**

Physical Medicine & Rehabilitation  
Danville, Pa.  
June 10, 2016

Dr. Tolan trained at Sinai Hospital in Baltimore and Christiana Care Health Services in Wilmington, Del. She practiced for a short time with Chesapeake Orthopaedics & Sports Medicine in Glen Burnie and later in Danville. Tolan enjoyed gardening, travel, knitting, and cooking. Survivors include two sons.

### **Eduardo Mendez, '99**

Otolaryngology  
Seattle  
January 5, 2018

After training in otolaryngology at the University of Washington, Dr. Mendez remained for a fellowship in head & neck oncology and microvascular reconstruction. In 2006, he joined the department of otolaryngology there as an assistant professor and was later elevated to professor. Mendez co-directed the head & neck oncology program, the advanced head & neck surgical oncology fellowship program, and the head & neck translational research program of the Fred Hutchinson Cancer Research Center. He became the first surgeon to provide minimally invasive robotic surgery in Washington State. Mendez enjoyed tennis, salsa dancing, and watching movies. Survivors include wife Anne and two daughters. 🏠



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