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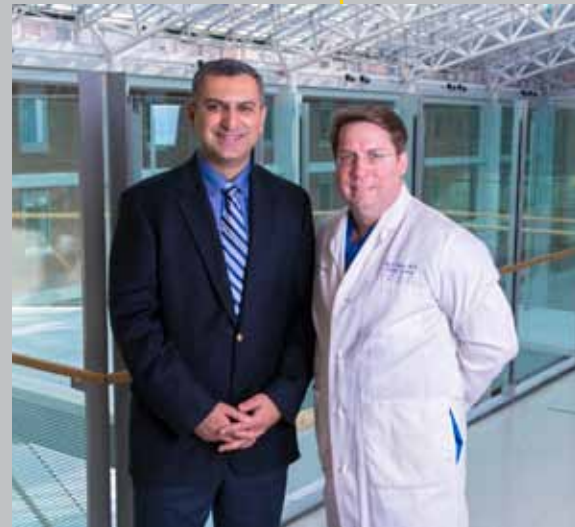
**A Curriculum RENAISSANCE**

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UM Center for Aortic Disease Co-Directors: Shahab A. Toursavadkahi, MD, (left) Assistant Professor of Surgery and Bradley S. Taylor, MD, (right) Professor of Surgery and Vice Chief, Division of Cardiac Surgery

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**8 Cover story**

**A Curriculum Renaissance**

The incoming class of 2024, slated to report to campus in August, will witness the first structural change to the school's curriculum since the 1990s. The Renaissance Curriculum will focus on developing skills that encourage students to become life-long learners rather requiring strict memorization. It will also feature active learning sessions with small groups of students and a preceptor, integrating student well-

being, and getting them onto the wards earlier.

(On the cover: Students Solomiya Tsybalyuk, '21 and Jessica Lee, '21.

Photo by Jessi Ringer)

**21 Alumni Profile: Charles C. Edwards, '68  
 & Charles C. Edwards II, '96**

Chuck & Charles

You could say they were cut from the same cloth. They are legacies of high-end achievers dating back to the Civil War. Both Charles C. Edwards, '68, and Charles C. Edwards, II, '96, became orthopaedic surgeons. And for the past 17 years they have been working together at the Maryland Spine Center at Mercy Medical Center.



**24 Alumna Profile: Avolonne Kimble, '95  
 Knee-Deep in Children**

She fell in love with pediatrics while taking a make-up class at Creighton University. After practicing for 10 years, Avolonne Kimble, '95, started a family of her own. She's now the mother of two sets of twins—the second set arriving at age 40. Yet, despite being overwhelmed at times, she still claims pediatrics is the best thing that ever happened to her.



**Departments**

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DEAN'S  
*message*



The curricular reform we are undertaking allows us to discover novel methods of equipping our students with the necessary tools for lifelong learning and critical thinking.

Another calendar year has flown by, and the school has once again experienced exponential growth as a premier academic medical institution. I was extremely proud to highlight our many successes in this year's State of the School Address—a traditional venue in which we share our academic community's inspirational experiences with each other. I encourage you to view the video presentations online, as no one can tell these stories of impact better than those on the front lines: <https://www.medschool.umaryland.edu/about/State-of-the-School/2019-State-of-the-School-Address/>. We are fortunate to have several traditions in place to demonstrate and share our institutional successes and research portfolio—the University of Maryland Festival of Science being another. The seventh annual day-long research symposium in November featured Dr. Samba Sow, director general of the Center for Vaccine Development—Mali, as our keynote speaker. Themed *Global Health Research*, this year's festival brought more than 800 together in MSTF Leadership Hall to celebrate and discuss our collaborative work with our esteemed external Scientific Advisory Council.

One of the reasons why I value tradition so much, is because I believe it gives us the opportunity to practice and continuously improve on something deemed significant by its original intent. After seven years, the festival continues to fulfil its founding purpose of celebrating our innovative research while identifying areas for advancement—and it does so rather smoothly and efficiently by now. On the other end of the spectrum from tradition lies deviation, with its own set of values. Especially within the context of education and medicine, remaining open to changes and new perspectives proves critical for growth and consistent excellence. Socrates is quoted with the following thought-provoking words: “Education is the kindling of a flame, not the filling of a vessel.” If we continued to feed our students with the same techniques that worked decades ago, we would experience minimal forward movement. As the cultural and global landscapes change, so must ours. The curricular reform we are undertaking allows us to discover novel methods of equipping our students with the necessary tools for lifelong learning and critical thinking. Part of that goal includes nurturing the compassionate and empathetic characteristics of our students to develop humanistic physicians and scientists who will become leaders in their fields. We must always prioritize piquing the interest, curiosity, and hunger for more learning in our students.

Two alumni whom have done a wonderful job of pairing compassion and medical excellence, are the father and son duo, **Charles Edwards, MD, '68** and **Charles Edwards II, MD, '96**. Profiled in this issue of the *Bulletin*, both practice orthopaedic surgery at the Maryland Spine Center at Mercy Medical Center. It was Dr. Edwards' drive for providing his patients with the most caring and comfortable environment possible that led him to establish the Spine Center, and it was the excellent example he set that led his son to follow in his footsteps. Dr. Edwards II has built a reputation of not only possessing advanced skills in minimally invasive surgery and microscopic techniques for spinal deformity correction, but also the comforting and reassuring persona patients in these scenarios seek.

I wish all our alumni a happy and healthy holiday season. I hope that amidst the traditions in which we all uniquely participate, that we find areas where we may deviate and grow, both personally and culturally.

**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

*Remembered* ..... **Elizabeth L. Tso, '79**

**Elizabeth “Betty” Tso, '79**, a retired associate professor of emergency medicine at Maryland, died November 9, 2019. She and two colleagues were credited with growing emergency medicine from a mere division into one of the leading departments in the country in just two decades.

A native Marylander, Tso remained at Maryland for training after graduation but thereafter accepted a position at Union Memorial Hospital. She returned in 1983 to join **Brian Browne, MD**, and **Robert Barish, MD** in the division of emergency medicine. Together they were recognized as the “Three Bs”—Betty, Bob, and Brian. Their division was embedded within the department of surgery under chair **Joseph S. McLaughlin, '56**. They focused on clinical care and began a program for medical student education. By the 1990s they instituted a residency program and in 2006 were granted department status by the school. Tso was EM's first director of medical student education, and she also taught physical diagnosis and introduction to clinical medicine.

During her days off, Tso provided medical care at a local hospice. She was a gifted clinician, recognized by Browne as one of the most dedicated physicians he had ever known. “Watching her with patients enabled us to see the great doctor we wanted to be, the doctor we could be, the doctor we should be.”

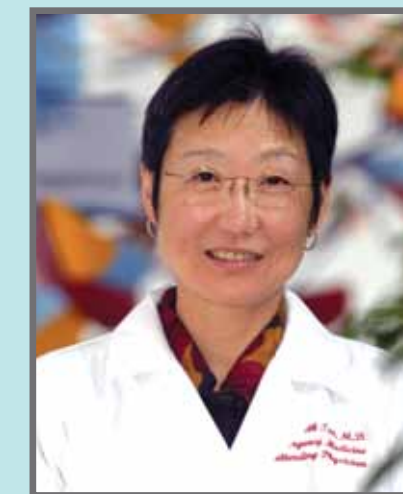
She was an advocate for promoting women. Tso helped establish UMEM Women, a group that met regularly and were encouraged to seek leadership positions within the academic community. And before family and medical leave were created, she saw to it that a resident hampered by a late complication of pregnancy was offered an elective month.

Tso retired in May 2014, and a few months later the department announced completion of *The Elizabeth L. Tso, M.D., Professorship in Emergency Medicine*—the department's first endowed professorship. A year later, Tso set up, via bequest, the *Dr. Elizabeth L. Tso Endowed Scholarship Fund* to benefit need-based Maryland students. She was a member of the John Beale Davidge Alliance 1807 Circle, the highest recognition level for donors at the medical school.

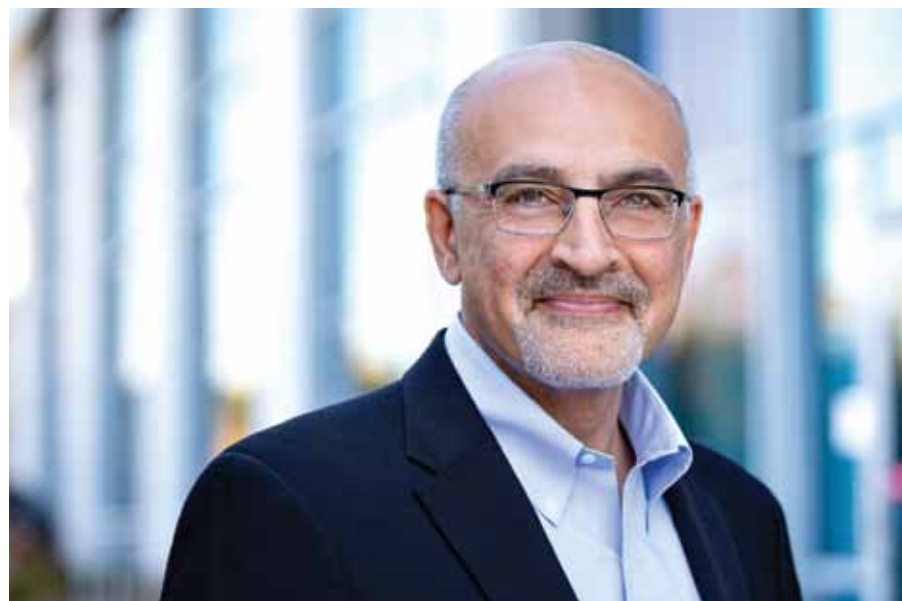
Her role on the admissions committee continued into retirement, as did her service on the Medical Alumni Board of Directors. She joined the board in 2008 and for the last several years was serving as vice president.

For more than 45 years, Tso was a member of Berwyn Baptist Church in College Park, Md. She served as Sunday school teacher, chair of its scholarship fund, substitute pianist, and resident doctor. She was also a small group leader for the bible study fellowship.

Preceded in death by her parents, Tso is survived by one brother, one niece, and one nephew.



## Parsey, '89, PhD '92, Named CMO at Gilead



**Merdad V. Parsey, '89, PhD '92**, was named chief medical officer at Gilead Sciences, Inc., in November. He is responsible for the company's global clinical development and medical affairs organizations. The research-based biopharmaceutical company has operations in more than 35 countries worldwide.

After earning his PhD at Maryland, Parsey received residency training in internal medicine at Stanford University and a fellowship in pulmonary and critical care medicine at the University of Colorado. He was previously serving as a vice president for Genentech, Inc., a member of the Roche Group where he was senior vice president for early clinical development in the Genentech Research and Early Development Group. 🏛️

## Robinson, '70, Plotnick, '66, to be Honored in Spring

**Walker L. Robinson, '70**, and **Gary D. Plotnick, '66**, will be honored during the 145th Medical Alumni Association Reunion in spring. Robinson, a retired pediatric neurosurgeon, is to receive the 2020 MAA Honor Award & Gold Key, presented since 1948 for outstanding contributions to medicine and distinguished service to mankind. Graduating *magna cum laude* from medical school, the Baltimore native focused his career on pediatric brain tumors and the treatment of head and spinal cord injuries. From 1976 to 1997, he was head of pediatric neurosurgery at Maryland and later held appointments at Seton Hall University School of Graduate Medical Education as well as the Carle Clinic Foundation and Hospital. Plotnick is receiving the 2020 MAA Distinguished Service Award, which since 1986 has recognized alumni for a career of service to the medical school and alumni association. A recipient of numerous teaching awards, Plotnick has served on Maryland's faculty since completion of a cardiology fellowship at Johns Hopkins in 1974. He worked in the student affairs office from 1975 to 2007. Also a Baltimore native, Plotnick joined the alumni board in 2010 and was elected president in 2017. Today he continues as the vice chair of the *Bulletin* Editorial Board and oversees a library of recorded lectures, grand rounds, and historical programs offered to alumni for viewing on the MAA website. The presentations will be made during the annual awards luncheon scheduled for May 1. 🏛️



Walker L. Robinson, '70



Gary D. Plotnick, '66

## CAMPUS TRANSITIONS



**Jay A. Perman, MD**, president of the University of Maryland Baltimore (UMB), was named chancellor of the University System of Maryland. Perman has served as president of UMB since 2010, returning to Maryland since

being named dean and vice president for clinical affairs at the University of Kentucky College of Medicine in 2004. He chaired Maryland's department of pediatrics from 1999 to 2004. Perman will oversee the system's 12 institutions and three regional centers offering upper-division undergraduate and graduate courses. The pediatric gastroenterologist succeeds Robert L. Caret and will be the fifth chancellor since formation of the system. **Bruce Jarrell, MD**, has been named interim president. He has served as vice president and provost under Perman after several appointments at the medical school including vice dean and chair of the department of surgery.



**Mohan Suntha, MD, MBA**, president and chief executive officer of the University of Maryland Medical Center since 2016, was named president and chief executive officer of the University of Maryland Medical System effective December 1, 2019. Suntha

will oversee the system's 13 hospitals which employ more than 28,000 people.

Suntha was a resident in radiation oncology at Maryland in 1991 and joined the full-time faculty in 1995. He became the inaugural Marlene and Stewart Greenebaum Endowed Professor of Radiation Oncology before his appointment as president and chief executive officer for the University of Maryland St. Joseph Medical Center shortly after the merger. He plans to continue seeing patients during his tenure. Suntha earned his MD from Jefferson Medical College, his MBA from the Wharton School of Business at the University of Pennsylvania, and his undergraduate degree from Brown University. He replaces **Robert Chrencik** who resigned last year.

## Bressler Gets a Facelift

Students walking into the Bressler Building on their way to class are now welcomed with some colorful displays celebrating the history of the medical school. Last fall Maryland faculty, staff, and students attended an unveiling of a women in medicine timeline. It begins with the graduation of **Theresa Ora Snaith**, Maryland's first female graduate in 1923 and includes other distinguished alumnae and faculty through the present day. The second exhibition is a composite of Maryland's 30 deans since the school's founding in 1807. New carpeting and fresh paint also adorn the lobby, giving all visitors a warm welcome. 🏛️



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

# WIMS Signals a New Era for WOMEN in Medicine and Science



Theresa Ora Snaith, MD



Kimberly M. Lumpkins, MD

Photo by Stephen Spartano

It was time—time for a monumental change. Time to stand up for a workplace that promoted the professional growth and development of women in medicine and science. Then at the school, it happened.

Building on the momentum of the University of Maryland School of Medicine Cultural Transformation Initiative, a new organization was

born at the start of 2019. Women in Medicine and Science (WIMS) was created to ensure and advance the full and successful participation and inclusion of women within academic medicine at the school addressing gender equity, recruitment and retention, awards and recognition, and career advancement. While all women faculty are automatically members of WIMS, the organization also welcomes the support of any gender, as well as alumni, foundations, and independent donors who want to contribute its mission.

Recalling Maryland's first woman graduate, **Kimberly M. Lumpkins, MD**, associate professor of surgery and the first elected president of WIMS, speaks movingly about the necessity of WIMS as a catalyst for change.

“Although women have been a part of the rich culture of medicine since the beginning of time, our history in the modern medical era is both recent and evolving,” she says. “In 1919, **Theresa Ora Snaith** began classes in Davidge Hall amidst a chorus of voices who said she couldn't succeed. Change is difficult. It takes incredible courage and fortitude for an individual to persevere in the face of tremendous obstacles, to be the change that we want to see in our future.”

**Margaret M. McCarthy, PhD**, chair of department of pharmacology, strongly agrees. “Without an initiative like WIMS, we won't get anywhere close to parity with women in faculty and leadership positions,” she notes. “We have to be more proactive in identifying quality candidates, recruiting them, and retaining them. WIMS can achieve this kind of focused effort—otherwise, we will remain with the status quo.”


To that end, WIMS is already taking the lead in providing a range of opportunities for women faculty through a dynamic program of events, presentations, and professional development resources on campus and online. “People sometimes assume that you can just become a leader, but leadership requires training and education, just like learning to become a surgeon,” says Lumpkins.



Margaret M. McCarthy, PhD

“I'm hopeful that WIMS will provide the framework for presenting leadership opportunities to women faculty here.” To this end, WIMS has recruited nationally renowned faculty such as **Rajshree Agarwal, PhD**, chair of entrepreneurship at the Robert H. Smith School of Business at the University of Maryland College Park, to bring cutting edge leadership education to the school.


For **E. Albert Reece, MD, PhD, MBA**, Maryland's dean, the efforts of WIMS are essential. “Change needs to happen. The University of Maryland School of Medicine will be the transformative role model for women in medicine and science,” he says. “The ratio of our medical students is currently 60 percent female. This ratio needs to be sustained—that is what makes the mission of WIMS so urgent. The medical community needs more women deans, chairs, scientists, and professors.”

To this end, the school has launched a fundraising initiative: The Fund for Women in Medicine and Science. Gifts are utilized to bring together women across the school and support their professional and academic success. Donors who pledge a leadership gift of \$25,000 or more will be recognized as members of the Dr. Theresa Ora Snaith Society for Women in Medicine and Science. 

For more information contact Heidi Minken, director of development, at 410.706.2846 or [hminken@som.umaryland.edu](mailto:hminken@som.umaryland.edu).

## Alumni Gatherings in San Francisco

San Francisco was the host city for two alumni receptions last fall. More than 50 alumni and faculty gathered at the Fogo De Chao Restaurant on October 12 during the national meeting of the American Academy of Ophthalmology. The two-hour reception was co-hosted by the **Bennie Jeng, MD**, chairman of the department.

Alumni had an opportunity to meet **Christine Lau, MD, MBA**, Maryland's new chair of surgery at the Hilton San Francisco Union Square on October 28. The reception was held in conjunction with the annual meeting of the American College of Surgeons. **Rajabrata Sarkar, MD, PhD**, served as host for the event which was attended by 65 alumni, faculty, and staff. 



Left: Attending the Maryland reception of AAO were Vanessa Lima, '01, Scott LaBorwit, '94, Bennie Jeng, MD, and Sachin Kalyani, '03.

Right: Surgery residency alumna Alexis Smith, MD, with David H. Kim, '15 at the surgery reception in San Francisco

By Christianna McCausland

# a curriculum

Revamping  
Maryland's  
curriculum for a  
new generation  
of learners

RENAISSANCE

Kerry Thom, MD

Photos by Jessi Ringer



**In August 2020**, Maryland will launch a revised curriculum, significantly overhauling its approach to education for the first time in decades.

The last time the school changed its curriculum, Joseph Martinez '98, was a first-year medical student.

Today he is the assistant dean for medical education and residency program liaison.



Joseph P. Martinez, '98

The last curricular restructuring, right before I started, made several changes including going from lectures of eight hours per day to our current two hours of lecture and two hours of small group. I don't think anyone would argue that going back to eight hours of lecture every day is the right thing to do," says Martinez. "We know, similarly, that there are better ways to deliver our curriculum to students now. There are many ways this curriculum change will improve on an already good product."

When the move from all-day lecture to shorter form teaching took place in the 1990s, Maryland was at the forefront of innovative change. In subsequent years there's been little incentive to alter the school's curriculum. Students routinely exceed the national average on their board scores and in resi-

dency match programs. There is, however, a sea change taking place nationally and the school acknowledged it was in danger of falling behind.

Approximately 70 percent of schools of medicine in the country have already adopted the changes now being implemented at Maryland. Not only were students and faculty suggesting a new approach to curriculum, but prospective students were also expecting the school to have modernized its standards.

"We were starting to feel we were lagging behind the rest of the country in how we teach and we never want to be in that position," explains Donna L. Parker, '86, associate professor, senior associate dean for undergraduate medical education, and associate dean for student affairs. "The overall mood was that things had gotten antiquated here."

The world is also a different place than it was even a dozen years ago. Smartphones and the internet have revolutionized communication and information sharing and the scope of medical knowledge has expanded to feel almost infinite.

"The reason this is necessary is the state of medical knowledge is such that it's impossible for any one person to learn all of it," states Olga Ioffe, MD, professor and chair of school's curriculum coordinating committee.

"We need to develop the skill of being a lifelong learner rather than memorizing information so when students are out on their own they can critically read medical literature, learn new knowledge, and incorporate this new knowledge into their practice," she continues, "because doctors are going to constantly be faced with innovation."

### An Integrated Approach

The new curriculum will be called the "Renaissance Curriculum" while the outgoing one will be known as the "Legacy Curriculum" until the last of its students graduate. The most significant change apparent in the Renaissance Curriculum will take place in the first two years of school. Previously students took normal structure and function in year one and studied diseases and their treatment in year two. In the new curriculum the two will be integrated and organized around organ systems. Additionally, the content will be more clinically relevant and expose students to clinical work earlier.

"For example, when students are in their cardiac block they're going to learn normal cardiac structure and function followed by heart diseases and their management," Martinez explains. "Then, in their preceptor groups, they'll learn how to take a history of a patient who presents with cardiac symptoms and how to perform a cardiac examination."

Integrating the normal and abnormal not only gives a more logical systems-based learning opportunity to students, but also removes some redundancy from the curriculum allowing students to finish the pre-clerkship phase earlier and get into the clinical environment more quickly. This added time is essential, providing students room to explore areas of specialty and to prepare for competitive residency programs.

"Very often, the normal and abnormal content overlaps so this is also a better use of faculty time because they do not need to teach it twice," adds Ioffe.

Chris Parrino, currently a third-year medical student, led the student working group that participated in the process of redesigning the curriculum, and says this change is welcomed by students.

"We saw that at other schools students got extra time to explore specialties they otherwise wouldn't have had time to before applications were due for our residencies," he states. "A big thing the student work group focused on was career development, the idea being to push for more time in the hospital for students so they can have time to explore those specialties they might have been interested in but wouldn't have had time for in our current configuration."

Parrino is pleased that another suggestion from the student working group was integrated into the Renaissance Curriculum. Exams, which were previously based on questions written by faculty, will now be a mix of faculty-designed and NBME exams. Thus exams will more closely mirror the medical boards.

### Active Learning

The school is not only changing the order of course work, it is also changing how it teaches with a greater emphasis on active learning methods.

"In the mid-90s the only way to convey information was lecture and books because the internet wasn't really robust at that time," Parker explains. "Now, students can get most of the information we present at lecture from a variety of sources at their fingertips on their laptop."



We were starting to feel we were lagging behind the rest of the country in how we teach and we never want to be in that position.



Donna L. Parker, '86



We need to develop the skill of being a lifelong learner rather than memorizing information so when students are out on their own, they can critically read medical literature, learn new knowledge, and incorporate this new knowledge into their practice, because doctors are going to constantly be faced with innovation.”

Rather than teaching facts by rote memorization, Parker says the emphasis will be on teaching students how to effectively use the myriad of resources available to them and to think through that information with a physician’s mindset. Active learning is a mechanism to teach this life skill.

In active learning sessions, students work in small groups with a preceptor who facilitates a conversation rather than dictates information. Current and prospective students led the call for this change because for them, this style of learning isn’t “new.” Most colleges and even many high schools now employ the methodology.

This style does, however, require a transformation of some of the school’s classrooms. Previously, what small group rooms existed were designed with counters around the exterior walls where students were expected to peer into computers while a preceptor paced the room; that style of learning has long since been abandoned.

According to Ioffe, the curriculum committee toured active learning classrooms at College Park and reviewed other schools’ classrooms online. The newly designed rooms will feature round tables with seating for six students per table and a preceptor can circulate. In this way, students don’t passively receive information, as in lecture, but rather actively participate in application of knowledge.

“Multiple studies in education literature show this is an effective way to learn,” says Ioffe. “When the students have to look things up, work through a concept, and teach each other, both understanding and retention are better.”

A donation by Maurice Reid, '99, helped with the initial room transformations. However, updating infrastructure will be ongoing. In addition to needing to update some lecture halls, the anatomy lab has not been renovated since the 1970s.

“Many schools have gone to a lab where each station looks almost like an operating room and they have students think of the cadavers as their first patients,” says Parker. “This is a place where we could still do better.”

#### More Effective Boot Camps & Basic Sciences

Currently, fourth-year students participate in a three-day “internship prep camp” to learn the hands-on skills required for residency. Feedback from the camp has always been positive, but that it could be longer and more specialty-specific. The Renaissance Curriculum will expand the program’s length and include a general boot camp for all students followed by a menu of specialty-specific boot camps from which students can choose.

Fourth year students will also have an opportunity to revisit the basic sciences. Called “Back to Basics,” the review will be applicable to each student’s chosen field.

“Those who chose infectious disease, for example, would go to microbiology,” says Ioffe. “So they will have a more focused and relevant study of basic sciences.”

“The phrase “basic sciences” gets a lot of eye rolling from students, but the true basic sciences—how drugs work and why they work, for example—should not fall by the wayside,” says Parrino. “You get used to seeing a condition, clicking the box on the medication usually used for it, and you forget about how it works and how that’s important to patient health in the long run. It’s important to revisit these concepts when students are at the end



Nicholas Bishop, '22

Previously students took normal structure and function in year one and studied diseases and their treatment in year two. In the new curriculum the two will be integrated and organized around organ systems.

of medical school so they've got this at the forefront of their minds when they become prescribers."

### Integrating Student Well-being into Curriculum

The school is aware of the dangers of student burnout and has been making changes to improve student well-being in recent years. With the Renaissance Curriculum, many

of those changes will be expanded and formalized. For example, the school has been increasing flexibility in the curriculum for students to have more unstructured time for whatever is most beneficial to that student. Now, wellness days will be written into the curriculum. In addition, some exams will be held on Fridays, giving students the weekend to recover. Previously most exams were held on Mondays, compelling students to study the entire weekend and return immediately to daily course work after each exam.

In response to prospective student queries, Renaissance will also shift grading from letter grades to a tiered pass-fail system.

"This has demonstrably decreased stress at other schools and the students here really wanted this change," says Ioffe. "Our admissions office tells us applicants often ask about, and prefer, schools that are pass/fail."

### Educator Training

A shift such as this in the curriculum is not just about content, it's about culture. Ioffe says that faculty have embraced the idea that they can use more innovative teaching techniques. Still, it's a new era and many need to be trained in how to teach in this new environment.

Starting in January 2020 there will be a "Teach the Teacher" retreat for key educators offering information on small group active learning instruction methods. Carolyn Pass, '66, and Richard Susel, '66, provided funding for teach the

teacher initiatives and novel teaching modalities.

The first group of Renaissance Curriculum students will graduate in 2024. Until then, there will be students in both the Legacy and the Renaissance curriculums. Parker says they are already tweaking the Legacy course work as much as they can and are cognizant of having supports for faculty who are teaching in both curriculums until the last Legacy students graduate.

As the change unfolds, Parker states a close eye will be kept on licensing exams and residency placement. A Medical Education Continuous Quality Improvement Committee



Brian Browne, MD

In active learning sessions, students work in small groups with a preceptor who facilitates a conversation rather than dictates information.

(CQI) has been created that will engage in ongoing evaluation and improvement of the Renaissance Curriculum.

"Our goals are to make this environment more conducive to student learning and well-being while maintaining the level of excellence with our outcomes, which will be part of that CQI process, which is so important," says Parker. "There will be no compromise on excellence with this change of methods."

### Next Gen Education

As a third-year student in the outgoing Legacy Curriculum, which he describes as "excellent," Chris Parrino can see how these changes will benefit upcoming students.

"More freedom for students is always a great thing in today's world where everyone is busy. Having days off more often, an improved attendance policy, and those additional months to

A letter from DAVID MALLOTT, MD

Associate Dean for Medical Education



Hello Alumni!

After 22 years I will be stepping down as associate dean for medical education on February 1. When Dr. Frank Calia asked me to serve in this role, I thought he was kidding. True, I had been involved in many facets of medical student education in the department of psychiatry since I arrived in 1986, but Drs. Calia and Donald Wilson had been interviewing other candidates who were much more qualified than I. Of course, I said yes—I thought the job would be fun and it was always difficult to say no to Frank. We were in the midst of a major curriculum modification, and the office of medical education would be the center of new initiatives in the use of computers, fewer lectures, more interdisciplinary learning, all the while ensuring that our graduates would uphold the tradition of being superb clinicians, teachers, and researchers.

Fast forward more than two decades and the school will again be implementing a major curriculum change starting in August of 2020. Let me assure you that we have an excellent team in place to continue to direct the education of the next generation of medical students. The world of academic medicine continues to undergo change and our educational efforts must evolve along with those changes. However, please allow me to reminisce for a moment. When I joined the department of psychiatry from Tulane in 1986, AIDS was a scary and overwhelming epidemic, biomedical imaging was (pardon the pun) a shadow of its current state, and the word cancer usually meant rapid and unpleasant death. Our technology and our ability to treat have dramatically changed our patient outcomes. However, none of these wonderful advances have happened without doctors to bridge the gap between the new knowledge and the individual patient. The yardstick I use to measure success is how our graduates fare in residency. By this measure, Maryland is a stunning success. And I am proud to have been at least (usually) a small part of the education of about 150 students per year times 34 years.

I have always believed that the medical students are the jewel in the crown that is the University of Maryland School of Medicine. It has been my honor and privilege to be a part of your education and early careers. You have made coming to campus an absolute pleasure. Thank you.

David Mallott, MD

explore more career options are things I definitely would have enjoyed as part of my experience here," he states.

He notes that the fact that the students on his working group spent so much time assisting in the revision of the curriculum, a curriculum they won't get to enjoy, is a testament to the quality of students at the school. This will be their legacy, one they hope makes a positive impact on future students.

"We hope students coming out of the Renaissance Curriculum are invigorated about the practice of medicine, that they enjoy coming to work every day, that they feel prepared to come to work every day, and that they feel the career they chose is one that they had adequate exposure to and they knew was for them," he states. "I hope they can look back at their four years of med school and say they had a great time." 🏛️

## Publications



Wilbur Chen, MD, MS

❖ **Wilbur Chen, MD, MS**, associate professor, department of medicine, was among the authors of "A Comparison of Lyse-it to Other Cellular Sample Preparation, Bacterial Lysing, and DNA Fragmentation Technologies," published in *PLoS One* on July 23, 2019.

❖ **Meagan Fitzpatrick, PhD**, assistant professor,

department of medicine, was among the authors of "Modelling Microbial Infection to Address Global Health Challenges," published in *Nature Microbiology* on September 20, 2019.



Meagan Fitzpatrick, PhD

❖ **Rosangela Mezghanni, PhD**, associate professor, department of

pediatrics; **Myron Levine, MD, DTPH**, Simon and Bessie Grollman Distinguished Professor of Medicine and associate dean for global health, vaccinology and infectious diseases; and **Marcelo Szein, MD**, professor, department of pediatrics, wrote "Crosstalk Between Leukocytes Triggers Differential Immune Responses

Against *Salmonella Enterica* Serovars Typhi and Paratyphi," published in *PLoS Neglected Tropical Diseases* on August 14, 2019.

❖ **Junfang Wu, BM, PhD**, associate professor, and **Marta Lipinski, PhD**, associate professor, both from the department of anesthesiology, were authors of "Autophagy in Neurotrauma: Good or Bad or Dysregulated," published in the August 2019 issue of *Cells*.



Junfang Wu, BM, PhD

## Awards & Honors



William Carpenter, Jr., MD

❖ **William Carpenter, Jr., MD**, professor, department of psychiatry and pharmacology, was awarded the 2019 Pardes Humanitarian Prize in Mental Health.

❖ **Myron Levine, MD, DTPH**, is a co-recipient of the 2020 Research! America Geoffrey Beene Foundation Builders of Science

Award for his pioneering vaccine and infectious disease research. This lifetime achievement award recognizes the significant impact Levine's vaccine research, spanning nearly 50 years, has had in protecting the world's most vulnerable populations from critical diseases like typhoid, cholera and *Shigella* dysentery.



Myron Levine, MD, DTPH

❖ **Kathleen Neuzil, MD, MPH, FIDSA**, professor of medicine and pediatrics and director of the center for vaccine development and global health, was elected as a member of the National Academy of Medicine in recognition of her pivotal research that has informed and shaped global vaccine and public health policy.



Rosangela Mezghanni, PhD

❖ **Alexandros Pouloupoulos, PhD**, assistant professor,

department of pharmacology, received the National Institutes of Health Director's New Innovator Award. The award provides \$2.3 million to support an "exceptionally creative early career investigator" as part of The High-Risk, High-Reward Research Program of the NIH Common Fund. The award is reserved for scientists at the beginning of their independent research careers, before receiving other research program funding from the NIH.



Alexandros Pouloupoulos, PhD



Sharon Tennant, PhD

❖ **Sharon Tennant, PhD**, associate professor, and **Shannon Takala-Harrison, PhD**, associate professor, both from the department of medicine, were recipients of the 2019 Bailey K. Ashford Medal for their distinguished work in tropical medicine. The medal is awarded annually to one or more mid-career-investigators for distinguished work in tropical medicine. Over the nearly 80-year history of the

award, it has never been given to two individuals from the same institution within the same year.

❖ **Eric Weintraub, '86**, associate professor, department of psychiatry, and head of the division of alcohol and drug abuse, was named "Community Star" by the National Organization of State Offices of Rural Health.



Eric Weintraub, MD

## Appointments



Jay Magaziner, PhD, MSHyg

❖ **Jay Magaziner, PhD, MSHyg**, professor and chair of the department of epidemiology, was elected to serve as president of the Fragility Fracture Network, a global network of professionals that help sets policy and care standards for treatment and secondary prevention of serious fractures impacting mobility, such as spinal and hip fractures.

## Grants & Contracts\*



Jonathan Bromberg, MD, PhD

❖ **Jonathan Bromberg, MD, PhD**, professor, department of surgery, and **Emmanuel Mongodin, PhD**, associate professor, department of microbiology and immunology, received a four-year, \$2,314,936 award from the National Heart, Lung and Blood Institute for "Immunological and Functional Consequences Triggered by the Gut Microbiota Regulate Alloimmunity and Cardiac Transplant Outcome."



Shuo Chen, PhD

❖ **Shuo Chen, PhD**, associate professor, department of psychiatry, was awarded a five-year, \$2.3 million DPI award for "A Multivariate Mediation and Deep Learning Framework for Genome-Connectome-Substance Use Research."

❖ **Rao Jaladanki, PhD**, associate professor, department of surgery,

received a four-year, \$1,189,600 VA Merit competitive renewal award for "Surgical Studies on Mucosal Homeostasis."



Rao Jaladanki, PhD

❖ **Asaf Keller, PhD**, professor, department of anatomy and neurobiology, received a five-year, \$2.4 million grant from the National Institute of Neurological Disorders and Stroke for "Serotonin and Pain Modulation."




Asaf Keller, PhD

❖ The center for vaccine development and global health was awarded a contract from the National Institute of Allergy and Infectious Diseases, with total funding up to more than \$200 million for influenza research. Led by **Kathleen Neuzil, MD, MPH, FIDSA**, professor of medicine and pediatrics and director of center, this research contract is one of the largest ever awarded to the medical school. It includes an initial award of approximately \$2.5 million to conduct clinical testing of influenza vaccines.

❖ **Marcelo Szein, MD**, professor of pediatrics, center for vaccine development and global health, received a \$2.835 million R01 grant from the National Institutes of Health for "Immune Mechanisms of Protections in *S.Typhi* Infection and Vaccination in Humans."



Marcelo Szein, MD

❖ **Junfang Wu, BM, PhD**, associate professor, department of anesthesiology, and Steven Michael Jay, PhD, University of Maryland, College Park, received a five-year, \$2,799,596 RFI grant from the National Institute on Aging and National Institute of Neurological Disorders and Stroke for "Dementia Following Spinal Cord Injury: Mechanism and Therapeutic Targeting." 

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

## Gert & Whit

**H**e died in 1931 yet his textbook on obstetrics has now, nearly 90 years later, reached its 25th edition and remains a recognizable brand name in medical education. **John Whitridge Williams, MD**, was a Baltimore native: born in January of 1866, he earned his degree from Maryland in 1888 after finishing an undergraduate degree from Johns Hopkins during the first decade of that university's existence. He subsequently went twice to Europe on study trips that lasted several years in toto. Williams worked at laboratories in Berlin, Vienna, Leipzig and Prague; in effect, he made a grand tour of the best medical-scientific institutions of that time. His father, Philip C. Williams, MD, was a successful Baltimore physician, and there seem to have been enough family resources for the younger Williams to undertake long study tours without sacrificing his own financial future.

Williams returned to Hopkins in 1889 to be an unpaid assistant when the hospital first opened. By 1892 his first publication on the effects of tuberculosis on female reproductive organs gained him membership in the American Gynecological Society. In 1893, he was appointed to be



**John Whitridge Williams, MD, was a Baltimore native... he earned his degree from Maryland in 1888 after finishing an undergraduate degree from Johns Hopkins during the first decade of that university's existence.**

of rich Baltimore women led by Mary Garrett, the railroad heir. Garrett's conditions on making the grant final in 1892 included insisting that the medical school admit at least a few women each year, which the university itself had refused to do since starting classes over a decade earlier, and which most

an associate in midwifery shortly after the medical school at Johns Hopkins had finally begun classes. By 1899, once his second study tour in Europe was completed, Williams was promoted by Johns Hopkins to a professorship in obstetrics. He organized his classes, clinic and laboratory along strict German lines, and he became perhaps the most successful instructor in the second generation of Hopkins medicine. Williams produced the first edition of his apparently-immortal textbook only four years later, in 1903, and was chosen to be dean in 1911, which made him Howard Kelly's boss. He held that post for over a decade.

The founding of the medical school and hospital at Johns Hopkins is an oft-told tale, one that involved fits and starts but eventually, by the early 1890s, resulted in a spectacular launch that quickly transformed medicine and medical education across America if not the entire world. This transformation would not have happened, or would have been even more delayed, without the famous gift of nearly \$500,000 from a group

professors still strongly opposed.

Gertrude Stein's family had roots in Baltimore that were almost as deep as those of Williams. Her father largely grew up there, and her mother's family, the Keyzers, helped to establish the city's first synagogue of Reform Judaism. Stein herself came into the world in 1874 not far from downtown Pittsburgh. The Steins soon moved to the San Francisco Bay area, and an adolescence spent in Oakland, California led to one of Stein's most famous remarks, that Oakland had "no there there."

Stein was orphaned while still a teenager and returned with at least one of her siblings to Baltimore. They were hosted by close family friends, the two Cone sisters, daughters of an even more successful business family and later the most significant of all donors to the Baltimore Museum of Art. Claribel Cone was the older sister, and she had received an MD from the Baltimore Women's Medical College in 1890, only a year before the younger Steins joined them. Dr. Cone later taught and did laboratory work though did not practice clinical medicine. She and her sister Etta instead lived and collected art off the profits from their father's, then brothers' business success.

Gertrude Stein went north to earn an *AB magna cum laude* from Radcliffe (or the Harvard Annex as it still was called) and later, by 1901, came only a few classes short of earning an MD from Hopkins. It's not clear that she was ever interested in becoming a practicing physician and may have been even less so inclined than was Claribel Cone. What is evident is that her departure from Hopkins bordered on being notorious, and that its attendant circumstances remain controversial even today. She had initially done well there as a student, much as she had at Radcliffe while studying with William James. By her third year, however, her grades were slipping and her attentions were more on hearing local musical performances and spending time with the Cones and other friends.



**Gertrude Stein went north to earn an *AB magna cum laude* from Radcliffe...and later, by 1901, came only a few classes short of earning an MD from Hopkins.**

saying that he had been hired by the medical school to teach his classes "as he saw fit" and that students either had to "take my class or withdraw."

Stein's increasing apathy may have been masking deeper feelings about her physical appearance and the reactions to it at Hopkins. She was already of a rotund shape and given to baggy clothes with sandals on her feet. Her first same-sex passion seems also to have begun while in Baltimore, yet how experienced she was at any of the socially unacceptable forms of love during that time remains uncertain. For Stein's later biographers, the greater suspicion is that she was the victim of antisemitism. Here Guttmacher's brief memoir is crucial. He asserts about his own career that he asked Williams if being Jewish was going to be a hindrance.

Guttmacher quotes Williams as saying that, if given a choice of equally talented men [sic], he would always "choose the Gentile;" but if the Jew were of superior ability, he would opt for that man instead. Guttmacher also addresses the question of Stein's departure from Hopkins. She was then reaching the height of her fame: *The Autobiography of Alice B. Toklas*

In her final year, 1900-01, she was failing some classes, including obstetrics, which was by then being taught by the now well-established, if barely aged 35, J. Whitridge Williams.

William's teaching style had already become a solid and noteworthy feature of Hopkins medicine. He famously (if not altogether grammatically) liked to ask his residents each morning, "Who did you kill overnight?" He told foul tales of late-term pregnancies in poor women suffering from syphilis, and he paid no apparent attention to any delicate late-Victorian sensibilities that might have been deeply embedded in his young students. His official obituary as published by Hopkins in January 1935, and written by his soon-to-be celebrated student Alan F. Guttmacher, quotes Williams as

Both Guttmacher, in his 1935 memoir, and Stein's biographer Wagner-Martin describe their subjects as either "childlike" (about Williams) or "childish" (about Stein). They manifested a sort of innocence common to their financial stratum in those heady, early years of the industrialized Western economy.

had come out in 1933, two years before Guttmacher's article was published. According to Guttmacher, it was Osler, not Williams, who moved during a faculty meeting on June 5, 1901 to deny Stein a degree because she had failed a necessary class. Guttmacher avers that Williams himself volunteered as how Stein could retake his course "during the summer" and still get her degree, but by then his offer was apparently too late.

One of Stein's modern biographers, Linda Wagner-Martin, delves into this issue in great detail albeit without Guttmacher's account. Wagner-Martin does, however, point out that, during the year after her Hopkins failure, Stein was a laboratory assistant to the anatomist Lewellys F. Barker, Osler's eventual successor at Hopkins. Barker wrote a praiseworthy note about Stein's work and urged her, without success, to push for publication after she was initially unsuccessful. That she did not push herself harder bespoke another issue, though, which was summed up by Stein when she later wrote, "All medicine bores me." If she had felt that way from the start, why had she persisted as long as she had towards her degree?

The cost of tuition was not likely an issue. Both Gertrude Stein and Whitridge Williams were, in the language of a later age, children of privilege. One was also saddled with the triple burdens of being female, Jewish, and by late-19th century standards of physical beauty quite homely. The other, a Maryland aristocrat, seemed by contrast to have everything, including wealth that allowed him to spend two months of every summer at a large vacation estate in Rhode Island and a work routine in Baltimore that did not require him to leave the house until 8:35 each morning (that exact time recorded by Guttmacher). He rarely stayed late at the hospital and for decades was reliably home for dinner with friends and family each night.

In the meantime, Gertrude Stein and her brother Leo were making a home for themselves in Paris. Only a few years after her time at Hopkins had ended, Gertrude found the great love of her life, Alice B. Toklas, and never seemed to look back on medicine. According to her modern biographers, during their

early Paris years Gertrude and Leo had about \$150 monthly to spend on art, books and travel. That plus living expenses were provided by their older brother Michael, who continued to manage family businesses well and generate enough income for them to do as they wished so long as they were not overly indulgent (e.g., Toklas did much of the cooking).

Meanwhile Williams raised a family of three daughters, did his teaching and administrative work, and revised his textbook every five years. He died in Baltimore at age 65; Gertrude Stein lived through WWII—all the while in France, remarkably—until she died in 1946 at age 72.

Stein's apparent ease at remaining in Nazi-occupied or Vichy France provides a clue as to what else these two personalities shared aside from inherited money. Both Guttmacher, in his 1935 memoir, and Stein's biographer Wagner-Martin describe their subjects as either "childlike" (about Williams) or "childish" (about Stein). They manifested a sort of innocence common to their financial stratum in those heady, early years of the industrialized Western economy.

Williams could have taken these advantages and spent his time and money at the race tracks and watering holes of old Maryland. Stein could have remained in Baltimore or elsewhere in America, living the life of the *haute bourgeoisie* if perhaps bitter and frightened by rejection due to her background, appearance and sexuality. Neither of them lived such lives, of course. Stein instead gave the world an example of patronage and creative support that is unsurpassed in modern history. Williams gave medicine his textbook, his teaching, and, at the very least, the constant reminder that it's not a good idea to kill one's overnight patients. 🏠



Wayne Millan has served for many years as consultant to the University of Maryland Historical Clinico-Pathological Conference. Since 2010, he has been a lecturer in classics at The George Washington University, and in collaboration with Dr. Victor Weedn of GWU, he is now at work on a first-ever modern translation of the Four Books on Evidence Given by Doctors published in 1602. The Four Books ("Libri Quatuor") were written in Latin by a Sicilian physician Fortunato Fedele who was the first known practitioner of forensic pathology.

ALUMNI  
profile

Charles C. Edwards, '68 AND Charles C. Edwards, II, '96



To say the Doctors Edwards have backbone is an understatement, and not just because they're two of the finest spine surgeons around. Charles Sr., '68 and Charles II, '96 (Chuck and Charles, respectively) grew up in a family where overcoming obstacles was commonplace.

Their character was sealed by two grandparents: one who started life begging for potatoes after his father was killed in the Civil War and who later became a federal judge; and the other, the youngest of 13 children on a Kansas farm, who left with a duffel bag at 18 to find his way in the Oklahoma land rush and become a Yale PhD economist.

Their adventures of guile, determination, and faith are stories still being told to Chuck Edwards' 19 grandchildren.

"It's in the family," says Chuck, 77. "Perseverance, diligence, get the job done and don't complain because no one's interested."

The impact of those stories is clearly apparent. Chuck holds 15 U.S. patents improving the plight of patents with major spine, tumor, and fracture problems.

"They even wrote about dad in *People* magazine," Charles says proudly.

Charles, who is consistently named on Baltimore's Top Doctor list for spine surgeons, while continuing research into back disorders like adult scoliosis, is a partner with his father in the Maryland Spine Center at Mercy Medical Center.

Charles II is definitely his father's son. Some might think they are carbon copies. After all, they are both long married, Chuck to Gretchen for 54 years, Charles to Ann for 25 years. Both have large families, Chuck five children and Charles four. And they have the same name, same profession, same specialty.

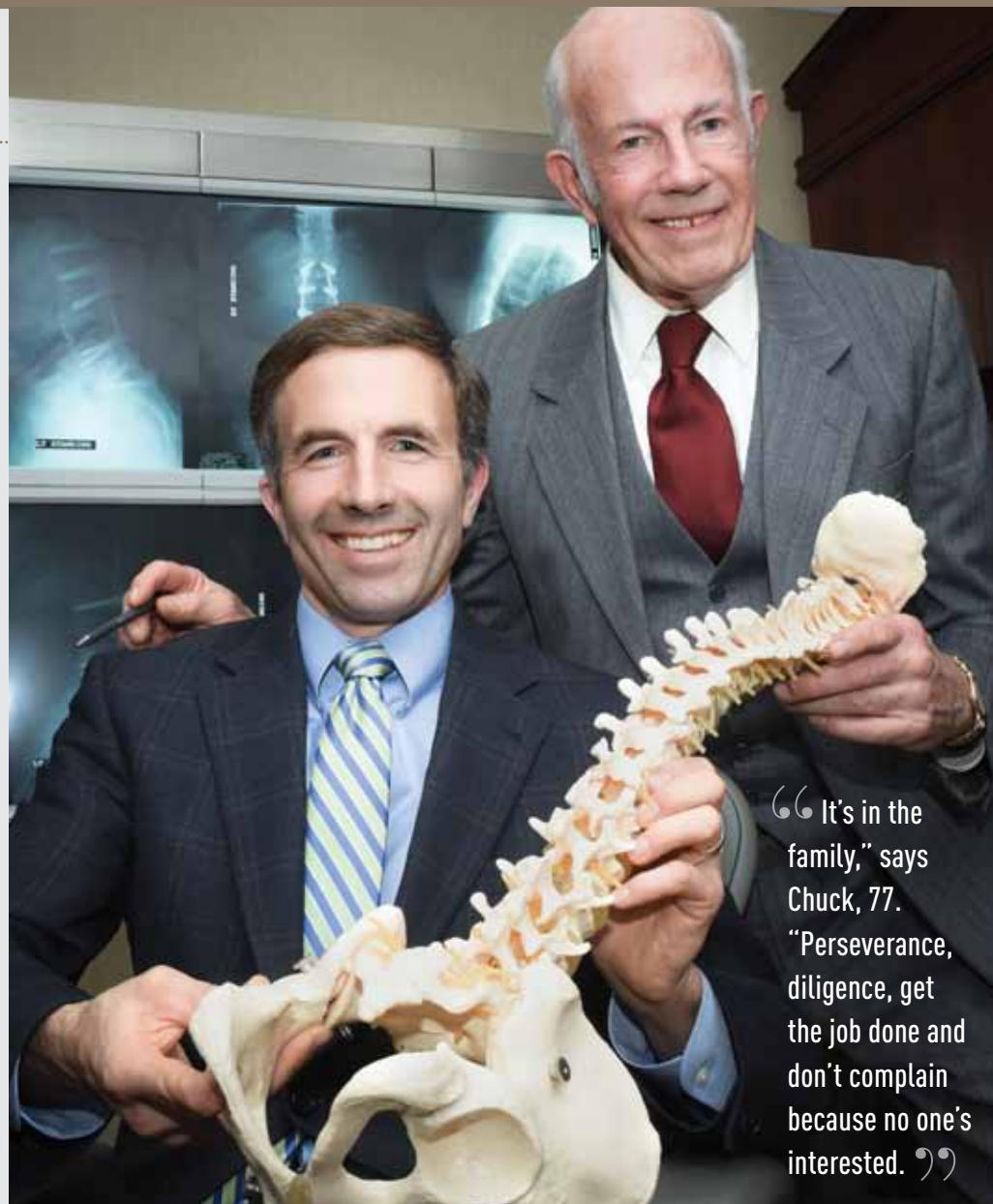
But there are differences. While his dad still works seven days a week on medicine and his other love, real estate development, Charles, 49, spends his time outside the office on more civic-minded endeavors.

The former Eagle Scout earned the Boy Scouts of America District Award of Merit in 2018 and this October was recognized nationally with the Eagle to Eagle Award for his leadership in Troop 35.

He has led a weekly Bible study out of his home for 18 years and is an avid runner who has competed in 20 major marathons around the world.

## ALUMNI profile

Along the way he introduced the Hoffman external fixation for open fractures. He developed operations for resection of massive spine tumors with prosthetic replacements, the first U.S. patented spinal screw for rod fixation, and a modular instrumentation system with methods to correct severe spinal deformities.



“It’s in the family,” says Chuck, 77. “Perseverance, diligence, get the job done and don’t complain because no one’s interested.”

He is passing on his passions to his son, Charles III. In April, Charlie, as Charles III is known, and his dad competed in a local scout 40-mile hike/run. Charlie won, beating the course record set by his dad 30 years before by 12 minutes.

The three carry all the family traits, but for Charles, the decision to follow his father’s medical footsteps was not easy.

“I knew my father was a very prominent physician, a pioneer in his field,” Charles recalls. “But I was disinclined to follow his path. In college, I really tried to find another,” taking business courses at Washington and Lee University and graduating with honors in engineering.

But like his dad, who decided on medicine over law when he was a senior at Duke University, when it came time to choose a profession Charles II could not resist medicine.

“It came down to a philosophical decision,” Chuck Edwards remembers. “I decided I’d like to make my life about helping people, rather than spend my life sometimes being on the wrong side of justice.”

Many years later, his son says: “Medicine was more altruistic, and after soul-searching, that was true to who I was.”

But even through medical school at Maryland, Charles kept looking for other specialties, never wanting to hear, “Oh, you’re the professor’s son.”

“When I had my orthopaedic rotation, I found it to be essentially engineering of the human body, working with bones and joints to restore people to function and it was extremely gratifying,” Charles says.

A rotation at Emory University sealed the deal. There he discovered working on the spine was like combining carpentry with electronics and engineering.

It wasn’t until he was 32, with his own career underway at Washington University in St. Louis, when his father began to build the Maryland Spine Center that Charles decided to come home.

He thought it would be for a year. Now it’s been 17.

“My son,” says the father, “is a very good, missionary-type person and I’m very proud of him. At a time when he had so many options, I’m very happy he decided to work with me.”

Chuck Edwards, say both father and son, was very careful not to point his children in a particular direction. But core values were clearly delivered.

When Charles was three, his dad had him handing him nails at one of several houses he was rehabbing, a business he began to help put himself through Maryland.

When Charles was five, he would make Saturday rounds with his dad at Yale.

“There was a case, a terrible open fracture. I’d clean the wound and Charles would be beside me. Eyes wide. He would go over to the sink and vomit, clean himself up and come back. And I remember thinking, ‘He can deal with it.’”

And he remembers his own path to the spine—an unpopular specialty at the time, as results were not good, “Surgeons by nature,” Chuck says, “are fulfilled by concrete, positive results. So why would you want to do that?”

Edwards Sr. helped change that. After serving as an Army orthopaedic surgeon during the Vietnam War and returning to Yale, he decided to come home to Maryland as an assistant professor at his alma mater.

It was the beginning of a 28-year, full-time academic career at Maryland. He became famous, first for his work in tumor surgery, then in trauma orthopaedics, then for his work on the spine.

Along the way he introduced the Hoffman external fixation for open fractures. He developed operations for resection of massive spine tumors with prosthetic replacements, the first U.S. patented spinal screw for rod fixation, and a modular instrumentation system with methods to correct severe spinal deformities.

He was voted teacher of the year for the three consecutive years leading to his 2002 retirement as professor of surgery. He certainly wasn’t about to buy a condo in Florida. Instead, he founded the Maryland Spine Center, where he is still director and one of five staff surgeons, with his son and partner Charles.

“It’s a warm and fulfilling life, being able to make a difference,” Chuck Edwards says. “And Charles has been a wonderful junior partner. Now, he’s become the lead of the Maryland Spine Center. He’s really in charge.”

But that doesn’t mean Chuck has plans to retire anytime soon.

“The greatest fulfillment I get comes from making patients substantially better,” he says. 🏢



A rotation at Emory University sealed the deal. There he discovered working on the spine was like combining carpentry with electronics and engineering.

# Knee-Deep in Children

WEBSTER, TEXAS, IS A RELATIVELY SMALL SUBURB of Houston. Many people know each other and families with multiple-birth children are very familiar with **Avolonne Kimble, '95**, a pediatrician with two sets of twins of her own.

So it wasn't surprising when a few years ago she started to hear about a woman in the area who was pregnant with quintuplets. The surprise came later, when the woman turned out to be the parent of one of her patients at the University of Texas Medical Branch (UTMB) Children's Clinic of Clearlake.

"It was funny," says Kimble, "I had been taking care of their daughter Blayke and I knew Blayke's mom was pregnant. But I had no idea she was the mother everyone was talking about. I didn't find out until I saw her for Blayke's exam and she told me she had multiples and that when they were released from the hospital, they would come in to see me in clinic!"

Since then, being a pediatrician in Webster, she has had the opportunity to care for the only all-girl set of quintuplets in the United States; and their parents have become television stars on the TLC network's reality program *OutDaughtered*. Kimble makes occasional appearances, giving the girls their annual checkups and providing for their other medical needs, like last season, when one quint had a very bad case of the croup.

The show is both funny and educational, and Kimble, age 50, points out that she's learned from it, too.

"It gives a little more perspective on how to define fairness," she says. "When you have four-year-olds and an eight-year-old, like they do, you have to be fair to all of them. When one is in trouble, you may have to say no to one, and still manage the others.

"It's not harder, just different. Discipline has to be innovative, like in one episode, when two of the girls were fighting, the dad put them both in one of his T-shirts, which forced them to work together and have respect for each other."

When Kimble was a child growing up in Houston, she loved to play doctor, even though there were none in her family.

"I didn't have a stethoscope or a doctor's kit, but I do remember bandaging everybody up," she says, laughing. "My mom told me that from the time I was able to speak I was interested in medicine."

Kimble's interest never faded, though the stress in her first year of medical school at Maryland was almost too much.

She was excited about it and found the professors there excellent at helping with career choices and "making sure we went in the right direction." But near the end of her first year, she went through an emotional episode.

"I actually quit medical school for approximately four weeks," Kimble says. "I turned in my 'bone box' and went through a mini breakdown. It was just so stressful in the first year. But one night, I



called the ER, I wish I knew who I spoke to. I think he was a resident. He was great. He gave me a really good conversation about why I shouldn't quit. And so, I went back and told them I was ready to return. They said I could do the program in five years instead of four. I refused to do that. I didn't want to be in medical school longer than I had to, and then I failed statistics."

She had never failed a class in her life.

"It was heartbreaking for me," recalls Kimble. "But, considering I had quit right around the time of finals and I came back and passed four of my five classes, I was also proud of myself.

"I went to Creighton University in Nebraska to make up that class," says Kimble, who did finish at Maryland in four years. Along the way, she discovered her love for pediatrics.

"I got to play with kids all day long," says Kimble, who at that point didn't know just how much fun she was going to have in her life.

She returned home for her residency at the University of Texas at Houston Health Science Center, and soon after opened a private practice called "Tots and Teens Pediatrics," a business she co-owned with a friend and fellow resident for 10 years.

In 2000, she married her husband Leslie, who is in the insurance business, and two years later they had fraternal twin girls—Camren and Carmen, now 17. When the twins were six, Kimble and her husband decided it was time to make a change.

"I couldn't sell the business, so I just walked away," Kimble says. "It wasn't hard. It had been very time consuming and I had small children. I'd come home and they'd say, 'Mommy, when are you going to play with me?'"

They moved to San Antonio, where she continued to work in pediatrics and as a hospitalist and urgent care physician, but enjoyed more time with her family. Then came a surprise. The Kimbles were pregnant again—this time with identical twin boys, Cullen and Cole, now nine.

"The last births were unexpected, bonus kids," she says, happily. "I was a 40-year-old mom!"

Four years ago, the family moved back to Houston to be close to their longtime friends and relatives. And that too has brought more children into her life.

Now, Kimble serves as a mentor-member on the student health advisory committee for the Pearland Independent School District, while also participating in the Texas Medical Association and Houston Medical Forum, among other organizations.

And then, of course, there is her clinic at UTMB, where she cares for many children, including singletons and their siblings, sets of twins and triplets, and that rare set of quintuplets.

"I love my kids, love my husband, love my job and my bonus kids that I care for in clinic," Kimble says. "I don't have much time for anything else, but I am so lucky. A lot of people don't like what they do. I spend my days chasing butterflies in kids' ears, looking for things that will allow kids to be happy when they're around me. I let the kids blow papers, like they're blowing kisses."

Kimble pauses, and you can almost see the smile she's smiling in Texas.

"I just love pediatrics," she says. 🏠

I actually quit medical school for approximately four weeks. It was just so stressful in the first year.



Kimble has had the opportunity to care for the only all-girl set of quintuplets in the United States.

## Diversity Fosters Diversity: Raising Awareness for Student Interest Group



DIVERSITY embodies inclusiveness, mutual respect, honoring multiple perspectives, and serves as a catalyst for change and equity. The medical school is strongly committed to increasing diversity in all its forms among students, faculty, and staff. Everyone should play a part in eliminating health disparities and increasing sensitivity and awareness of the various cultures and communities represented by patients and providers

alike. Two alumnae recognize the value of this experience in providing improved care to patients and are working to promote a relatively new student interest group at the medical school—the Student Diversity Council (SDC).

A sense of inclusivity and belonging lie at the core of what defines “diversity” for Sandra Quezada, '06, associate professor, associate dean for medical school admissions, and assistant dean for academic and multicultural affairs. It's what inspired her to organize the SDC in 2017.

“I'm a first generation American and Latina, so I have an affinity for anyone who's been marginalized for any reason or has had assumptions made about them that are probably untrue and unfair,” she explains. “So diversity is something that I care deeply about.”

She says she formed the SDC out of a desire to enhance communication between student members of several existing interest groups, including the Student National Medical Association (SNMA), Latino Medical Student Association (LMSA), Asian Pacific American Student Association, Women in Medicine, and LGBTQ Health.

Everyone should play a part in eliminating health disparities and increasing sensitivity and awareness of the various cultures and communities represented by patients and providers alike.

Currently the SDC sponsors two annual Diversity Town Halls open to all students, featuring speakers on topics such as bias and mentorship, as well as regularly scheduled “Coffee, Tea, and Camaraderie” events, providing opportunities for all medical students and faculty to come together, decompress and engage in conversation. Two student SDC representatives also attend the faculty diversity advisory committee meetings to help ensure alignment among the groups.

“Through inclusion and collaboration, we can create space for all of these different groups to support each other and work

together on different initiatives and events that are of interest to and benefit everyone,” says Quezada.

Her goal is to expand the SDC's current activities and programs, including adding opportunities for students to travel to national medical conferences, and to invite external guest speakers. However, new activities require extra funding.

Angela Brown, '93, has first-hand knowledge of the impact these student organizations have and was inspired to action when hearing about the formation of the SDC at a recent senior banquet. Brown has pledged her financial support to start a new fund that will provide educational, social, and professional development opportunities for SDC members, and she is enlisting fellow alumni to join her in supporting this initiative.

“The SNMA is near and dear to my heart, because I was a member back when I was in medical school,” says Brown, “That made a big difference in my time at Maryland. I like the idea of raising money and awareness for this worthy cause. I'm proud to be giving back.”

Brown adds, that as a physician working in Federally Qualified Health Centers in underserved communities in the Greater Baltimore area, she is aware of the need for an initiative that fosters a broader awareness of diversity—one that stretches beyond the four walls of a medical school.

“Yes, we're raising funds for a group of medical students,” she says, “but my hope is that, by doing this work they can go back out and really make a difference in the community and, hopefully, in the world.”

Quezada and Brown say they hope this initial gift will motivate others to contribute and serve as the beginning of something that will become bigger and better for all, including patients.

“I think diversity fosters more diversity,” Quezada says. “When you bring people together from multiple backgrounds and experiences, you actually have a better group, one that's going to be better able to tackle complex problems, to learn from each other and be better-trained to take care of a diverse patient population.”

And that's her message to potential donors: “Not only are you helping current students, but you'll help make Maryland a stronger, healthier place to live.”

For more information about our diversity initiatives and ways you can help, please contact Wayne Hobik at (410) 706-1925 or [whobik@som.umaryland.edu](mailto:whobik@som.umaryland.edu).



## Fixed Income Investing in a Low-Yield Environment

After a sharp but short-lived sell-off at the end of 2018, stock markets have rebounded to levels more consistent with their long-term averages throughout 2019. Meanwhile, bond yields have fallen due to a combination of lower central bank interest rates, slow economic growth, and low inflation expectations.

### Adapt your approach in a low-yield environment

With interest rates unlikely to rise any time soon, investing in this environment poses challenges for fixed income investors. Given the outlook for slowing global economic growth and the strong performance of fixed income markets so far this year, it's worth looking for other opportunities to earn income during this mature phase of the business cycle.

Credit spreads are far from the highs of 2018. However, pockets of value remain. That's why in the hunt for yield, it is important to be able to look for opportunities across the full breadth of global fixed income markets.

One option is to consider a diversified bond portfolio that can invest in global fixed income securities with a predefined maximum maturity date. This approach can help to achieve a predictable income stream over a specified period of time.

### The features of a maximum maturity bond portfolio

In a maximum maturity fixed income portfolio, the portfolio manager invests in a globally diversified pool of bonds with similar maturity dates. This type of investment is ideal if you are looking for predictable income and your initial investment returned on a specified date. For example, you may be putting money aside to pay education fees or to buy a property.

It is important that the vehicle you use to invest in a maximum maturity bond portfolio is appropriate for your situation. Over the past few years, a number of bond funds with a target or fixed maturity date have been launched. Investors have to pay an additional fee or penalty if they sell these bond funds before the maturity date in addition to any change in the value of the underlying assets. Some of these funds have taken on significantly concentrated risks in order to achieve higher yields.

### Leverage can enhance portfolio returns

Employing leverage provides an opportunity to generate even higher returns. In certain sectors of the fixed income market, using a prudent level of borrowing can be a way to increase a portfolio's return potential without adding more credit risk. However, investors should be aware of the additional risks leverage brings, such as increasing the volatility of the performance. Additionally, for a maximum maturity fixed income portfolio, the yield of the portfolio could fall as the maximum maturity date approaches and could even drop below the cost of borrowing.

### Why now?

Income generation continues to be a top priority for many investors. Given that the business cycle is now in a mature phase with the potential for interest rates to go even lower, it's worth considering reinvestment risk. A portfolio of bonds that are all maturing at the same point in the future can help to mitigate this risk. Moreover, yields for short-dated fixed income bonds have dropped so far this year. A maximum maturity fixed income portfolio does not need to be laddered out with exposure to short-dated bonds but can invest close to the portfolio's maximum maturity.

As always, you should keep in mind how your portfolio will respond in changing markets and whether your portfolio is positioned in a way that aligns with your long-term goals. Today's ever-changing markets require investors to be informed.

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# Recollections

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

## 200 Years Ago

In 1820, Maxwell McDowell was named dean. McDowell received an AM degree from Dickinson College in Carlisle, Pa, in 1792 and was awarded an honorary medical degree from Maryland in 1818. Since the opening of the medical school in 1807, it was customary to take just four classes—anatomy, surgery, chemistry, and practice—during the first year of the two-year study. McDowell required that these classes be taken both years.



## 145 Years Ago

In 1875, as a result of a \$30,000 appropriation by the State of Maryland, a Greene Street wing was completed on the Baltimore Infirmary. It was three stories high and included a basement. The addition increased the clinical facilities, as the hospital now had double the capacity of any similar institution in the city. It included a lying-in department and a department for diseases of children.

## 75 Years Ago

In 1945, the Baltimore Rh Blood Typing Laboratories opened under the direction of Milton S. Sacks, class of 1934, a member of Maryland's faculty. "Uncle Miltie," as he was affectionately called by students, was a popular hematology professor. The lab was one of the earliest of its kind in the country.



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*Realized Bequest*

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

A legacy that has endured for nearly a century. John F. B. Weaver, MD 1864 was a general practitioner whose University of Maryland School of Medicine education prepared him for a career of service. He was dedicated to his community and served as the State Health Officer for Maryland's Sixth District until 1916. His bequest established the first professorship at the School of Medicine, now held by Dr. Richard Eckert, the inaugural recipient of this Distinguished Professorship in Biochemistry and Molecular Biology. Dr. Weaver's legacy gift was an investment that continues to further medical education, today and beyond.

### 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 (CGA), or life insurance policy, your gift is customizable and adaptable to changing financial situations.

Your gift can:

- build an endowment;
- support faculty;
- advance research;
- provide scholarships;
- support the School of Medicine's other critical needs.

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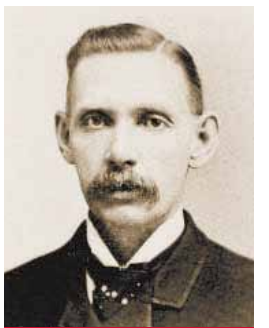
For more information about bequests, gifts that pay income for life, and other innovative ways to support the School of Medicine, please visit: [www.umbfplannedgiving.org](http://www.umbfplannedgiving.org).

Or contact:  
Marjorie Bray  
Director of Development, Alumni  
University of Maryland School of Medicine  
410-706-0418  
[mbray@som.umaryland.edu](mailto:mbray@som.umaryland.edu)

\*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.

"I am honored to serve as the prestigious John F.B. Weaver Endowed Professor and appreciate that it facilitates the pursuit of discovery science."

—Richard L. Eckert, PhD, Chair of and John F.B. Weaver Distinguished Professor in Biochemistry and Molecular Biology



John F.B. Weaver, MD  
1864



## Class of '23 Receives White Coats

One hundred fifty students comprising the Class of 2023 participated in the 23rd Annual White Coat Ceremony on November 1, 2019. The event followed completion of the 10-week block of structure and development. The coat has come to represent the knowledge, skill, and integrity of the medical profession and the highest standards of professional work.

The day included presentations designed for both students and families focusing on what to expect during the first year of medical school. After receiving their white coats, students signed the University of Maryland Honor Registry. It is housed in Davidge Hall as a permanent record of students' commitment to Maryland's great history and honor.



Students Andrea White and Dominic Ventimiglia receive congratulations from medical school dean E. Albert Reece, MD, PhD, MBA, and Donna L. Parker, '86, associate dean for undergraduate medical education.

*This white coat is a symbol of the promises that I make today. It represents my commitment to serve and reminds me of the privilege of caring for others. Even when I am not wearing my white coat, I will embody all the values that it represents.*

FINAL PASSAGE OF THE STUDENT OATH



## Events for Second and Third Years

The Medical Alumni Association sponsored social events for two classes last fall. Second-year students were treated to a dinner on November 12 following their ICM-II Day. Third-year students attended the annual Junior Bull & Oyster Roast on December 4 directly following their ICM-III Day. Both events were held in the MSTF Atrium. For the last several years these student social events have been sponsored by the **James & Carolyn Frenkil Foundation**. The late James Frenkil was a 1937 graduate and president of the Medical Alumni Association. His wife Carolyn has been a member of the school's board of visitors since 2005.

Above: Enjoying the Bull & Oyster Roast were third year students Ryan Dunlow, Bailey Howard, Shannon Kirby, Amanda McAneny, Zachary Boltten, Adrianna Lee, Jack Siglin, and Joy Li

Below: Reciting the Student Oath at the conclusion of the ceremony



# classnotes

**1950s** | **1953: George H. Miller** ♦ of Baltimore is enjoying total retirement and all the freedoms associated with it. ♦ **Joseph F. Palmisano** and wife Kathleen of Ocean Pines, Md., were recently entertained at the home of classmate **George Peck** and wife Cathy of North Palm Beach, Fla. Palmisano's book, *A Family Doctor in the Twentieth Century*, has been selling very well with copies residing at the U.S. Military Academy, U.S. Naval Academy, and libraries of Worcester County. **1954: Robert H. Ellis** of Fort Collins, Colo., remains active but only in the gardening sphere. **1956: Stephen Barchet** of Issaquah, Wash., turned 87 and announced his official retirement. ♦ **Sheldon Kress** of Potomac, Md., reports that he's enjoying retirement from the FDA after a second career that spanned 18 years. He remains busy writing blogs for his POWERoverPOTS website and adds that books have been purchased in England and Australia, and reviews have been five-star. **1957: Joseph C. Laughlin** and wife Lois recently relocated to Rancho Mission Viejo, Calif., where they claim their new environment is more health stable.

**1960s** | **1961: Roger Mehl** and wife Anne are living in assisted living in Eugene, Ore. They think fondly of their Baltimore years. Son Garrett earned his PhD from Johns Hopkins and lives in Geneva, Switzerland, with his wife and two children, ages 18 and 16. ♦ **Miriam L. Cohen** of Baltimore continues practicing with MedStar Union Memorial Cardiology Group—her 50th year in practice. **1965: Louis E. Steinberg** of Silver Spring, Md., continues practicing pulmonary disease full time and loves it. A grandson was born last March, 22 years behind the first one. **1968: Morton B. Blumberg** and wife Carol are enjoying life in Ashville, N.C., where they moved in 2017.

**1970s** | **1970: Donald Hislop** of Annapolis, Md., continues to work with commercial airline pilots to keep the skies safe, and wife/lawyer Loretta keeps everybody legal. ♦ **Kenneth M. Hoffman** of Severna Park, Md., announces the addition of a new grandson, Clay Lawrence, on October 19, 2019. ♦ **Charles B. Marek, Jr.**, of Middle River, Md., enjoys his four grandchildren and recently took up tubing on the Chesapeake Bay. ♦ **John P. McCarthy** of Sorrento, Fla., retired in December 2018. He and wife Kathleen are enjoying travel and the Florida sunshine. **1971: Daniel Cohen** of Alexandria, Va., is a trustee for Patient Safety Learning, a charity in the United Kingdom devoted to enhancing the safety of healthcare through education and training. **1972: Joseph S. Shapiro** of Huntington Beach, Calif., continues working part-time in urgent care medicine and has enough time to enjoy 10 grandchildren. ♦ **Howard J. Weinstein** and wife Ann of Newton, Mass., are proud of daughter, **Rebecca**, who is in year three of medical school at Maryland. ♦ **Richard Wingert** continues practicing otolaryngology at Fort Myers, Fla., and invites classmates to visit when in town—especially members of the Right Lower Quadrant. ♦ **Edgardo L. Yordan, Jr.**, of Riverwoods, Ill., retired from his gynecologic oncology practice last year but remains professor *emeritus* at Rush University Medical Center and Northwestern University Medical Center. **1973: Michael J. Dodd** is enjoying retirement after 42 years of ophthalmology practice. Now it's grandkids, travel, and Chesapeake Bay boating. **1975: Jack Biedlingmaier** of Severna Park, Md., has retired from Maryland's otolaryngology faculty after more than 40 years. His son is a second-year psychiatric resident at UC Davis. **1977: Richard J. Feldman** of Edgewater, Md., retired from his practice of internal medicine and geriatrics. He is enjoying travel, hobbies, and now calls. **1978: Michael Ichniowski** of

Lutherville, Md., retired from his pediatric practice in August but continues his work with the Maryland chapter of AAP on environmental health issues. **1979: Bruce D. Behounek** of Yardley, Pa., has spent the past eight years as a senior clinician and global team leader for the pulmonary arterial hypertension group at Pfizer. He spends free time with grandchildren Mason and Harper. ♦ **Mark F. Fisher** retired from Sanford Health System of Fargo, N.Dak., after a 40-year career in diagnostic radiology and nuclear medicine. Most recently he served as an after-hours emergency radiologist at a level I trauma and major stroke center. He sadly adds that wife Mera died last March from metastatic breast cancer. He is living in Aventura, Fla., and spending summers in Cannon Beach, Ore. ♦ **Max D. Koenigsberg** of Chicago has been an *emeritus* emergency physician at Advocate Illinois Masonic since November 2017, having served as senior clinical instructor in emergency medicine at the University of Illinois Chicago. ♦ **Owen Lee** of Newark, Ohio, reports that it was enjoyable to see all the attendees of the 40th class reunion last May.

**1980s** | **1980: Terence D. Campbell** of Zanesville, Ohio, retired from his surgical practice on December 31, 2019, following wife Jessica who retired from her practice of vascular surgery last June. They are expecting their first grandchildren. ♦ **Cathy** and **Scott Friedman** have moved to Sun Valley, Idaho, and invite classmates to look them up in the area. ♦ **Charita C. Hoyle** of Bronx, N.Y., reports that son TS Michael is a City Year AmeriCorps member and daughter Skye practices law in Madison, Wis. ♦ **Marian F. Kellner** and spouse **Timothy P. McLaughlin** of Farmington, Conn., have three grandchildren under the age of six. Both are looking forward to the 40th reunion in spring. ♦ **Jeffrey A. Kleinman** continues practicing family medicine full-time in Needham, Mass. ♦ **Phuong D. Trinh** of Rockville, Md., is looking forward to the 40th class reunion and hopes to see everyone there. **1981: Samuel Gold** of Manchester, N.H., reports that daughter Elizabeth practices internal medicine

in Nashua. Her husband Daniel Tseytlin is a rheumatologist. Gold's other daughter Emily is a second-year law student in Boston. **1982: James D. Holt** of Johnson City, Tenn., is program director of the Johnson City Family Medicine Residency Program at East Tennessee State University. **1983: David P. Johnson** of Sherwood, Ore., reports that he has four grandsons. In addition, his daughter Sara is in her second year of internal medicine residency training at the University of New Mexico. ♦ **Jeffrey K. Moore** of Morehead City, N.C., reports that daughter **Michelle** will be graduating from the medical school at Maryland in the spring. ♦ **Barbara C. Williamson** of Laurel, Md., is enjoying retirement from her dermatology practice. **1984: Frederick E. Kuhn, Jr.**, of Kingsville, Md., reports that daughter Courtney, a 2017 alumna of Maryland's law school, works for a firm in Towson, while daughter Allison is working for Deloitte in Connecticut. **1985: Nicholas B. Argento** of Columbia, Md., was recently honored by the Maryland chapter of JDRF as the 2018 Star of Hope for surviving 50-plus years with Type I

Diabetes and fund raising and advocating for the Type I community. **1987: Donald V. Woytowicz, Jr.**, of Wexford, Pa., reports that son Nick is teaching in Thailand for six months, while son James is working with a co-op through Northeastern University in biomedical engineering. **1989: Jeffrey Kaiser** of Palmyra, Pa., professor of pediatrics and obstetrics and gynecology at Penn State in Hershey, has served as chief of neonatal-perinatal medicine there since October 2017. ♦ **Tackson Tam** of Anaheim, Calif., reports that son Ben is attending medical school at the University of Southern California.

**1990s** | **1991: Elliot Cazes** of Tampa, Fla., has been practicing OB/GYN since 1995 and teaches PA, NP, and MD students for several universities. He has four children. ♦ **Thomas B. Kelso** of Southport, N.C., in addition to his orthopaedics practice, has published two medical thrillers: *Fractured* and *Hyperion's Fracture*. **1992: Donna Hanes** of Kensington, Md., is chairman of the State of Maryland Kidney Commission for 2019-

2020. ♦ **Virginia A. Powel** of Roanoke, Va., reports that oldest daughter Lilly is doing well in her freshman year at the University of Virginia. Powel became certified in Crossfit Level I in 2019. **1995: Veronica Deza** of Elkridge, Md., reports that her daughter is a senior at John Hopkins with plans to attend medical school, while her son is a junior in high school. Deza has been with MidAtlantic Permanente Medical Group for five years as a physician site lead. ♦ **Jedan P. Phillips** of North Baldwin, N.Y., an associate professor of family medicine at Stony Brook Medical School, was elected to Alpha Omega Alpha for teaching in 2019. ♦ **Theodore S. Takata** of Forth Worth, Tex., is in the private practice of cardiac electrophysiology. **1996: William C. O'Meally**, assistant professor in the department of family and community medicine at Maryland with a secondary appointment in the department of emergency medicine, is a fellow in the American Academy of Family Physicians. **1997: Regina Clark Abhulimen** of York, Pa., proudly announces the birth of son Boazon on August 10,

classnotes

13th Annual  
**CELEBRATING Diversity**  
Reception and Dinner

UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE

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2019. ❖ **Lee A. Maddox** is chief of critical care at WellSpan Health in York, Pa. He and wife Susan have two sons—one who is in his junior year at American University, and another who is a junior in high school. **1999: Mallory Williams** of Toledo, Ohio, was recently included in The Atlantic documentary *Physicians Take on the NRA*. The piece discusses the public health crisis of gun violence in America and the emerging role of doctors in combatting the issue.

**2000s** **2002: Dean Meadows** of Ellicott City, Md., is medical staff president at St. Agnes Hospital and chief of critical care. **2003: Thomas Dean** and wife Carrie of Auburn, Wash., recently adopted two children, Vadym and Erika, from Ukraine. **2006: William Kanner** of Traverse City, Mich., works at Grand Traverse Pathology. ❖ **Regina Macatangay** of Columbia, Md., was voted a *Baltimore* Top Doc in pediatric hematology/oncology. **2007: Timothy Chizmar** of Bel Air, Md., is EMS Medical Director for Maryland. He is board certified in emer-

gency medicine and EMS. ❖ **Christina S. Polyak** and husband Ben welcomed Katherine, their second, last August. Polyak continues to work in infectious diseases and global health.

**2010s** **2010: Mariam H. Ayub** and husband Adam of Bethesda, Md., have two children ages five and two. Ayub is a primary care physician at MedStar Georgetown University Hospital where she serves as co-chief of the division of general internal medicine. **2011: Adam Setren** of Cherry Hill, N.J., is a cardiothoracic anesthesiologist at Crozer-Chester Medical Center near Philadelphia. He adds that he has yet to visit Belgium. **2012: Melissa A. Mendez** is a urologist with Chesapeake Urology in Silver Spring after completing her residency at Duke and a fellowship in sexual medicine and genital reconstruction. **2017: Kristen A. Lancaster** will be chief resident in pediatrics at UTSW/Children's Health in Dallas and afterwards is planning to pursue a second residency in medical genetics. 🏠

## Our Medical Alumni Association

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

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

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

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

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

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

## IN MEMORIAM

### C. Edward Graybeal, '52

Surgery  
Milford, Del.  
August 10, 2019

Dr. Graybeal was a Korean War veteran who completed post-graduate training at Delaware Hospital in Wilmington. He worked at Milford Memorial Hospital for 37 years, serving three terms as president of the medical staff and 23 years as chief of surgery. Appointments included president of the Medical Society of Delaware where he served on the board of trustees, and board member for Blue Cross/Blue Shield of Delaware. A pilot for 29 years, Graybeal also enjoyed playing bridge, motorcycles, sports cars, golf, and yardwork. He established a need-based scholarship at Maryland and was a member of the John Beale Davidge Alliance 1807 Circle, the highest recognition level for major donors. Graybeal was preceded in death by wife Ruth and son Michael and is survived by two sons, one daughter, 11 grandchildren and six great-grandchildren.

### Ludwig J. Eglseder, '56

Family Practice & Psychiatry  
Trappe, Md.  
October 13, 2019

Dr. Eglseder served with the U.S. Marine Corps from 1946 to 1949 and rose to the rank of sergeant before completing his undergraduate degree and entering medical school. Upon graduation he interned at Mound Park Hospital in St. Petersburg, Fla., and operated a family practice from 1957 to 1963. Eglseder returned to Maryland for residency training in psychiatry at the Psychiatric Institute from 1963 to 1966 and practiced psychiatry until his retirement in 2001. Appointments included clinical director at Eastern Shore Hospital Center in Cambridge, associate director of the Patuxent Institute in Jessup, a chief of staff for a psychiatric hospital in Saudi Arabia. He enjoyed reading, gardening, birding, and other outdoor sporting activities. Survivors include wife Bonnie, three sons, 11 grandchildren, and six great-grandchildren.

### John F. Nowell, '56

Ophthalmology  
Clifton, Va.  
August 22, 2019

Upon graduation, Dr. Nowell interned at the U.S. Naval Hospital in Charleston, S.C., and spent the following two years at the U.S. Naval School in Bethesda, Md. From 1959 to 1962, he received fellowship training at LSU School of Medicine in New Orleans. Nowell was in private practice in Northern Virginia from 1962 until retirement in 1995. He served on the faculty at George Washington Medical School and was a member of the staffs at Commonwealth Doctors Hospital, Arlington Hospital, and Fairfax Hospital. Survivors include wife Virginia, two daughters, and three grandchildren.

### Richard L. Plumb, '56

Pediatrics  
Houston  
May 9, 2019

Parkland Memorial Hospital was the location of Dr. Plumb's internship, followed by residency training at Baylor College of Medicine in Houston. He was founding partner of MacGregor Medical Associates and later worked with Schaffer Pediatrics. Plumb was a member of the medical staff at Texas Children's Hospital where he served as president of the staff. Appointments also included an adjunct faculty appointment at Baylor where he taught medical students, and president of the Texas Pediatric Society. He was an avid birdwatcher. Preceded in death by wife Lois, Plumb is survived by two children and five grandchildren.

### Chris P. Tountas, '63

Orthopaedic Surgery  
Mount Pleasant, S.C.  
November 26, 2019

Prior to medical school, Dr. Tountas graduated from Maryland's pharmacy school. Upon medical school graduation, he received training at Johns Hopkins School of Medicine followed by a hand fellowship at the University of Louisville School of Medicine. Tountas practiced in Maryland and Pennsylvania before moving to Minnesota for his specialty hand practice. In 1988, Tountas received a pat-

ent for his Disposable Pneumatic Digital Tourniquet used during surgery. He was the author of more than 20 medical articles as well as a co-author of *Anatomic Variations of the Hand and Upper Extremity* in 1992. He served as medical advisor to the 3M Company. Tountas relocated his practice to Florida and then to Mount Pleasant where he retired in 2006. He loved playing golf, having recorded five holes-in-one, and also enjoyed travel and spending time with family. He was a member of the John Beale Davidge Alliance Elm Society, Maryland's society for major donors. Survivors include wife Rosemary, five children, and 10 grandchildren. He was preceded in death by first wife Nancy.

### Donald T. Lewers, '64

Internal Medicine & Nephrology  
Easton, Md.  
October 6, 2019

Dr. Lewers remained at Maryland for his internship and received his residency training at Maryland General Hospital. From 1967 to 1969, he was a fellow at Georgetown University Hospital. Lewers served as director of medical education at Maryland General Hospital from 1969 to 1975, holding a faculty appointment at Maryland. He was first chair of the Governor's Commission for Kidney Disease in 1971 and contributed to the development of dialysis for the treatment of renal disease throughout the state. Lewers served as president of the state medical society and in 1993 was elected to the board of trustees and chair of the board for the American Medical Association. He was a volunteer with the Waterfowl Festival, Chesapeake Wildlife Heritage, and Ducks Unlimited. Survivors include wife Pat, three daughters, four grandchildren, and one great-grandchild.

### James A. Quinlan, '66

Internal Medicine  
Towson, Md.  
September 20, 2019

Mercy Medical Center in Baltimore was the location of Dr. Quinlan's internship, and from 1967 to 1970, he served with the U.S. Army stationed in Butzbach, Germany. Quinlan returned to Maryland for both resi-

## IN MEMORIAM

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gency training and a fellowship in nuclear medicine which was completed in 1973. He remained on the Maryland faculty for 10 years as an associate professor, earning teacher of the year honors before entering private practice. During the 1990s, Quinlan served as head of the internal medicine residency training program at GBMC and, after retirement in 2006, he worked as a part-time consultant for the Social Security Administration. Quinlan enjoyed spending time with grandchildren and played saxophone for the big band group *Sentimental Journey*. Survivors include wife Mary, five children, and six grandchildren.

### Peter W. Beall, '71

Orthopaedic Surgery  
Salt Lake City, Utah  
March 18, 2019

Dr. Beall completed residency training at Case Western Reserve in Cleveland and following completion of his military commitment with the U.S. Navy on Guam opened a private practice in Laramie, Wyoming. In 1989, he relocated to the State of Washington, settling in the Lewiston-Clarkston Valley where he remained for the next 25 years. He retired in 1999 and for a short time lived near Spokane before settling in Salt Lake City. Beall enjoyed cycling and geocaching. He was preceded in death by son Matthew and is survived by wife Jeanne, one son, one daughter, and two grandchildren.

### John E. Stokes, '83

Internal Medicine  
Woodstock, Md.  
September 15, 2019

Dr. Stokes interned and received residency training at Union Memorial Hospital where he practiced for several years. He later joined Salujah Medical Associates. He was involved with Jack and Jill of America and loved to travel, particularly on cruises. Survivors include wife Deirdre, one son and one daughter. Another son, John III, died in 2006.

## IN MEMORIAM



### Faculty

#### **Kathirkamanathan Shanmuganathan, MBBS**

October 7, 2019

Dr. Shanmuganathan served on Maryland's faculty for more than 25 years and since 2003 held the position of professor of diagnostic radiology. Earning his medical degree in Sri Lanka, Shanmuganathan coauthored more than 100 peer-reviewed journal articles on trauma imaging, encompassing a wide variety of techniques and modalities. He coauthored six books on emergency radiology and contributed to 18 others. Shanmuganathan was an avid squash player who loved music, photography, and scuba diving.

#### **William W. Woodward**

Infectious Diseases

Westminster, Md.

November 16, 2019

Dr. Woodward was an infectious diseases expert who focused on diarrheal diseases and served on Maryland's faculty during the 1970s and 1980s. Born and raised in Westminster, he received his undergraduate degree at Princeton and MD at Johns Hopkins. He interned and received residency training at Vanderbilt University. Through the Enteric Disease Unit in Atlanta, Woodward served with the SEATO Cholera Research Laboratory in Pakistan, and his work helped bring diarrhea under control in that area. After serving with the U.S. Public Health Service, he served a fellowship at Baltimore City Hospitals and from 1973 to 1979 was a member of Maryland's

faculty. Woodward joined the faculty at the University of Texas Medical School in Houston as well as the University of Houston School of Public Health. In the 1980s, he was also a research associate in the department of medicine at Maryland. Later appointments included consultant to the World Health Organization, cholera consultant to Nigeria and Liberia, and consultant on sanitation, health and nutrition to the nations of Chile and Brazil through the U.S. Agency for International Development. He retired in 2009. Woodward was an Orioles and Ravens fan. Survivors include wife Ingrid, three sons, two daughters, one step-son, and 15 grandchildren. He was preceded in death by parents **Theodore E. and Celeste Woodward**, both members of the class of 1938, and he was the brother of **Celeste Woodward**, '72. 🏠

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# *Bulletin*

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