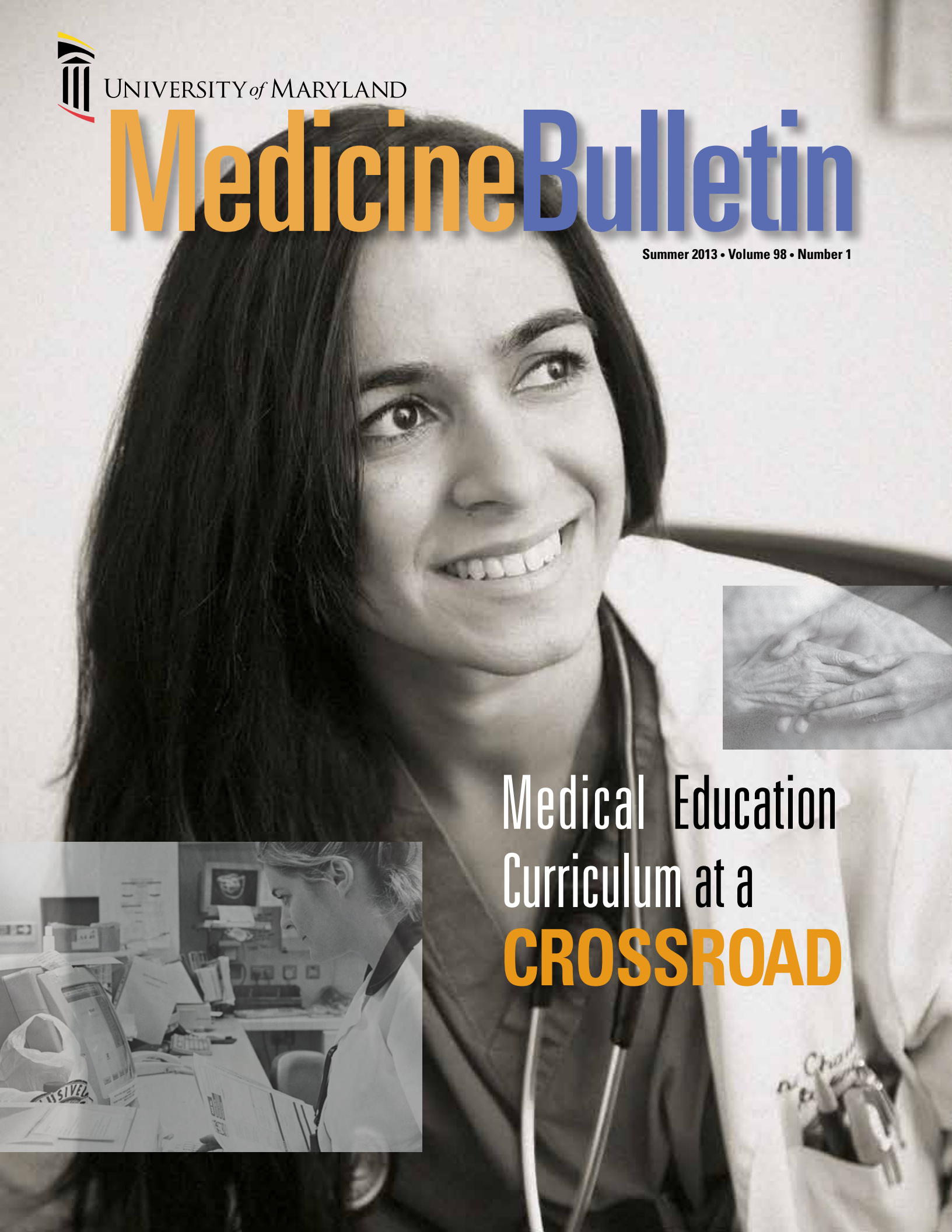




UNIVERSITY of MARYLAND

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Medical Education
Curriculum at a
CROSSROAD



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MedicineBulletin

University of Maryland Medical Alumni Association & School of Medicine

features



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For more than 200 years, the University of Maryland School of Medicine has kept central to its core the need to extol a humanistic approach to patient care. Although technology and the economic realities of healthcare are forcing changes to the curriculum, Maryland faculty argue its compassionate fabric remains intact.

On the cover: Sona Chaudhry, '14

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Since his appointment in 1997 as associate dean for medical education at Maryland, David Mallott, MD, has gained great satisfaction witnessing the transformation of students into mature and confident graduates well prepared for specialty training. His oversight in the process is dominated by a desire to equip them with all of the wonderful advances in science and technology without compromising the doctor-patient relationship.



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Five decades of graduates often cite Theodore Woodward, '38, as the most influential faculty member during their educations at Maryland. Today there are more than 100 alumni on Maryland's faculty who relish the opportunity to educate the next generation of physicians.



The 138th Medical Alumni Reunion 18

Classes ending in "3" and "8" celebrated milestone anniversaries on May 10 & 11. In addition, the alumni association and school honored several graduates for accomplishment and service, and the medical school community—nearly 1,100 alumni, faculty, students and friends—gathered together at the Baltimore Convention Center for this year's gala celebration.

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On April 8th, many of the medical school students, faculty and staff gathered at University Plaza in a “Rally for Medical Research” to advocate for continued governmental support for biomedical research. Similar events were held at medical schools and research institutions across the country, highlighting the impact and necessity of life-saving medical research. As dean of one of the country’s top-tier medical schools, which works in partnership with Maryland’s premier medical system, I see firsthand how discoveries made in the laboratory are saving patients’ lives every day. The emergence and continued growth of personalized and preventive medicine in the very near future will catalyze fundamental changes at many different levels in the future of health care and health systems, and healthcare professionals will be at the forefront of translating research advances into clinical practice.

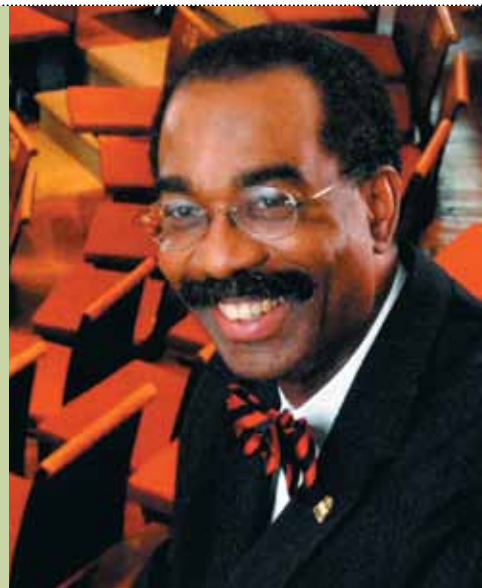
I am excited that the University of Maryland School of Medicine is taking an active role in integrating biomedical research and health care practice through its new “Foundations of Research and Critical Thinking” course. Developed to expose our medical students to the basics of research, the goals of this course are to stimulate critical thinking, enhance intellectual acuity and inquisitiveness, and foster excellence in the development of clinician educators and physician scientists. I applaud our academic leaders who have made concerted efforts to expose our medical students to the world of research, including **George Fantry, MD**, and **Donald (Rick) Matteson, PhD**; our former assistant dean for student education and research, **Jordan Warnick, PhD**; and our current Associate Dean for Medical Education, **David Mallot, MD**, who is profiled in this issue. These individuals recognize that, ultimately, healthcare professionals and laboratory scientists are working towards the same goal of improving our citizens’ health and well being.

During the Medical Alumni Association Reunion, we highlighted many of our great advances over the years. We intend to continue this tradition of success and leadership as we move forward and adapt

I am excited that the University of Maryland School of Medicine is taking an active role in integrating biomedical research and health care practice through its new “Foundations of Research and Critical Thinking” course.

in these challenging times. In this year alone, we have celebrated the ceremonial “topping out” of the Maryland Proton Treatment Center, which, once completed, will have the capacity to treat almost 2,000 cancer patients each year and will employ over 170 healthcare professionals. We also will break ground on the new \$284 million research building, housing “bench to bedside” translational research in the cutting-edge fields. Finally, we will launch a bold new vision for how we will not only maintain our leadership in biomedical education, research, clinical care and finance & philanthropy, but continue to grow and improve, despite the current economic climate. The school is working on an ambitious strategic plan, aimed at leveraging our unique position as a medical school, research institution and clinical facility to further our mission areas.

I wish to extend my gratitude to those who attended the 2013 School of Medicine Gala, Transforming Medicine Beyond Imagination. It is clear that past and present students, faculty and staff enthusiastically support the robust educational, clinical and research initiatives ongoing at the university. As the oldest public medical school in the country, we have a rich history of transforming the lives of students and patients extending back over two centuries. I am confident we can maintain our impeccable track record of providing care for those in Maryland, across the United States, and around the world. We are at the forefront of many medical breakthroughs and, with the support from our alumni, we will continue to forge ahead as leaders of the biomedical enterprise. 🏛️



E. Albert Reece, MD, PhD, MBA
Vice President for Medical Affairs, University of Maryland
John Z. and Akiko K. Bowers Distinguished Professor and
Dean, School of Medicine

EVENTS Plastics Alumni Gather in New Orleans

Maryland alumni and faculty attending the April meeting of the American Association of Plastic Surgeons in New Orleans gathered together for this photograph. Attending the meeting were **Eduardo D. Rodriguez, MD, DDS**, **Helen Hui-Chou, '06**, **Nelson H. Goldberg, '73**, **Jonas Nelson, '10**, **Sara Sasor, '12**, and **Howard Wang, '13**.



EVENTS Gokaslan Presents Henderson Lecture in Neurosurgery

Ziya L. Gokaslan, MD, the Donlin M. Long Professor of Neurosurgery at the Johns Hopkins University School of Medicine, was the invited speaker for the 2013 Charles M. Henderson, MD Lecture in Neurosurgery. He presented “Surgical Management of Spinal Neoplasms” to faculty, residents, students, and friends of the medical school on May 8 in the John M. Dennis Auditorium of the Veterans Affairs Medical Center. The endowed lecture was established in 1997 by friends of **Charles M. Henderson, '57**, a renowned Baltimore neurosurgeon who died in 1992.



Charles A. Sansur, '02, Ziya L. Gokaslan, MD, and Howard M. Eisenberg, MD, the R.K. Thompson Professor and chairman of the department of neurosurgery

EVENTS Goldberg, Howard & Reynolds Elected to AOA

Three alumni joined 41 students in becoming members of Alpha Omega Alpha, the medical honor society. **Nelson H. Goldberg, '73**, **William H. Howard, '63**, and **H. Neal Reynolds, '76** were inducted during a ceremony on April 10 at the Baltimore Hilton Hotel. Admission carries with it a responsibility to sustain the society’s vision and goals of professionalism, scholarship, leadership and service.



Transitions

Robert W. Buchanan, MD, was appointed interim director of the Maryland Psychiatric Research Center (MPRC). Professor of psychiatry and director of the MPRC Outpatient Resarch Program, Buchanan is a nationally recognized expert in schizophrenia research and treatment. Longtime MPRC director William T. Carpenter, MD, has stepped down. A world-renowned pioneer in schizophrenia and other psychotic disorders, Carpenter will retain his full-time professorship and focus on research, research training and program development. He is professor of psychiatry and pharmacology. Buchanan has been a member of Maryland’s faculty since 1986.

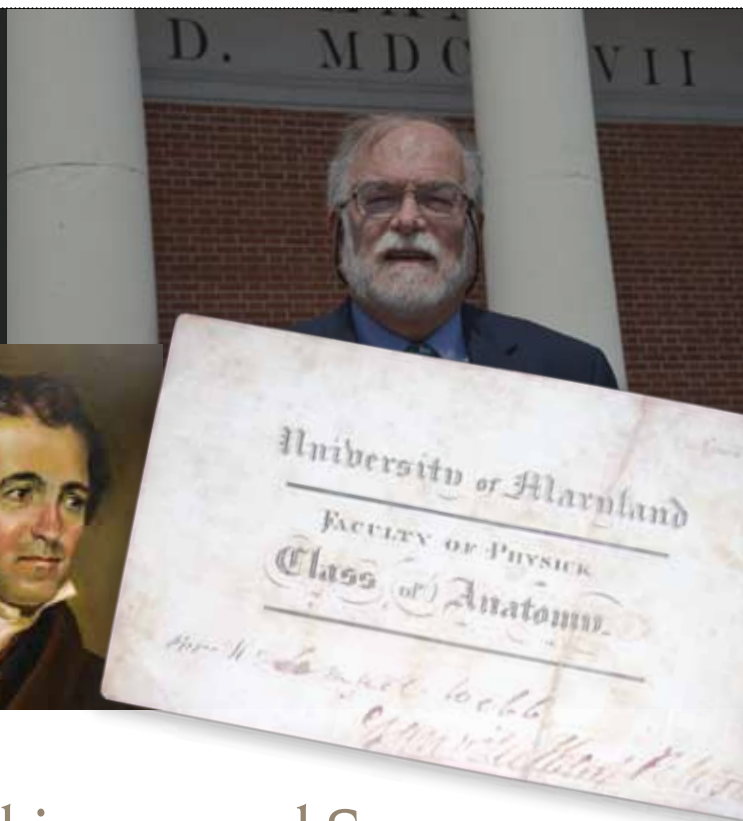
EVENTS

Merritt Donates Antique Admission Card to MAA

During the early 1800s, medical students at Maryland gained admission to courses by purchasing lecture cards from faculty, compensating them directly for their teaching.

William T. Merritt, '72, recently donated one of these precious artifacts to the MAA, purchased by an ancestor in 1824 from one of the school's most charismatic figures—**Granville Pattison**.

The card was purchased by **Samuel Webb**, class of 1826. Pattison was professor of anatomy who also served as dean from 1821 to 1822 and was a pivotal force in building the School's hospital in 1823. Unfortunately for Webb, he would die in an accidental death just 10 years after graduation. The cost of his lecture card? Just \$20.



New Guidelines for Blood Thinners and Surgery

People taking blood thinning medicines to prevent stroke may have an increased bleeding risk during surgical procedures. However, if patients who have had a previous stroke stop these drugs prior to a particular procedure, they may increase their risk for another stroke.

This dilemma prompted researchers from the American Academy of Neurology, led by a Maryland physician, to conduct a comprehensive analysis examining the risks and benefits of stopping these anti-clotting drugs prior to surgical and medical procedures in at-risk patients. Their new guidelines were published in the May 28, 2013, print issue of *Neurology*, the medical journal of the American Academy of Neurology.

“Our analysis found that the risk of bleeding varies depending on the procedure,” explains lead guideline author **Melissa Armstrong, MD**, assistant professor of neurology. “For many minor procedures, such as dental procedures, the increased bleeding risk with these medications is low. However, for certain larger procedures, such as hip and colon surgeries, the anti-clotting therapies may increase the risk of bleeding during the surgery.”

“This guideline helps doctors and patients know what the evidence tells us about these different risks; so they can weigh an individual's health history when deciding whether it is necessary to stop the anti-clotting therapies,” adds Armstrong.

According to the researchers, millions of Americans may be on these anti-clotting drugs to prevent stroke. These medications are also used to prevent a first stroke in people with atrial fibrillation. The guideline did not review evidence for people with heart problems other than atrial fibrillation.

The panel of neurologists did an extensive review of scientific studies for the analysis. However, they found most of the research on bleeding risk with these drugs looked at aspirin and warfarin.

“More studies are needed to understand the bleeding risks associated with other blood thinners during and before procedures. These other medications include clopidogrel and aspirin plus dipyridamole, as well as new anticoagulants such as dabigatran, rivaroxaban, or apixaban,” explains Armstrong.

The analysis found strong evidence that aspirin and warfarin do not increase important bleeding risks during dental procedures and moderate evidence that they do not increase important bleeding risks during dermatological (skin) procedures. Other minor procedures ranging from some eye surgeries to epidural procedures are probably also safe while continuing these drugs, particularly for patients taking aspirin. The researchers found few studies to guide decisions regarding more invasive procedures. They emphasize that all this evidence needs to be balanced with each patient's individual circumstances. 🏛️



Genetic Testing for Cardiac Stent Patients

Patients with coronary artery disease who undergo treatment at Maryland can now receive long-term therapy based on information found in their genes. As part of a new personalized medicine initiative, the medical center is offering genetic testing to help doctors determine which medication a patient should take after a stenting procedure in order to prevent blood clots that could lead to serious—and potentially fatal—heart attacks and strokes.

After the procedure patients typically take antiplatelet drugs, such as clopidogrel (Plavix), to prevent platelets from sticking together and forming clots. Now, patients who undergo coronary catheterization can elect to be tested for variations in a gene called CYP2C19. Up to one-fourth of the U.S. population carries at least one abnormal copy of the CYP2C19 gene, and research has shown that as a result, these individuals do not metabolize the standard anti-clotting medication clopidogrel effectively.

“There is strong clinical data to support pharmacogenetic testing in regard to antiplatelet therapy,” says **Alan R. Shuldiner, MD**, the John L. Whitehurst Endowed Professor of Medicine, associate dean for personalized medicine and director of the program in personalized and genomic medicine. “It’s time to incorporate genetics into the complex medical decisions that we make on behalf of our patients.”

It is expected that the test for the CYP2C19 gene variation will become standard care for all patients who receive stents here once the initial research phase is completed.

In 2009, Shuldiner led a Maryland study, published in *JAMA*, showing that patients with a CYP2C19 gene variation exhibited reduced clinical benefit from taking clopidogrel. Based on growing clinical evidence reported in Shuldiner’s study and others, the U.S. Food and Drug Administration issued a warning about the reduced efficacy of clopidogrel in people with the genetic variation.

“With genotype-directed therapy, we have the ability to change the ‘one size fits all’ approach to prescribing medication and ultimately improve the quality of care we

provide to our patients,” says Shuldiner. “Patients want personalized and individualized medicine. They seek it out.”

The test is performed by analyzing the patient’s DNA, isolated from a blood sample, in a new state-of-the-art translational genomics laboratory. The tests are being conducted as part of a National Institutes of Health (NIH)-funded study to determine the best way to implement genetic-testing programs. Tests at present are free and results are available within a few hours.

“This rapid turnaround time sets our program apart from other programs and commercial laboratories, where results may not be available for up to two weeks,” Shuldiner adds.

Pharmacogenomics—how genes affect a person’s response to drugs—is a burgeoning area of research, but only a small number of hospitals in the United States have programs to offer routine genetic testing as part of their clinical practice. Five other major hospitals across the United States are taking part in the study to evaluate the process for building such pharmacogenetic-testing programs.

It is expected that the test for the CYP2C19 gene variation will become standard care for all patients who receive stents here once the initial research phase is completed.

Shuldiner anticipates that the initiative will be expanded to include tests for other genes that may affect how patients respond to medications such as warfarin, an anticoagulant; simvastatin, a cholesterol-lowering drug; and codeine, a pain reliever. “Providing tailored therapy will better meet the health needs of patients and reduce the harmful side effects that can occur when a person is taking the wrong medication,” he says. 🏛️

Any discussion of medical education today must recognize two controversial theories. Either it has changed considerably during the last several decades, or it hasn't changed at all. There are those who favor modifications, for instance a three-year curriculum instead of four years, making the cost of education more attractive to students. David Mallott, MD, associate dean of medical education and associate professor of psychiatry, disagrees.

"Students need time for perspective, to determine their place in the world of medicine before finding themselves immersed in the breakneck pace of residency," he says.

Although technology, the economics of health care, evolving doctor-patient relationships and other factors may appear to change the way doctors are trained, Maryland faculty agree the fabric of medical education remains intact. Technology has had the most revolutionary impact and is reflected in cures unattainable only a short time ago. Seemingly incredible advances in knowledge about disease are today resulting in cures unimagined until recently. Yet some would argue progress often has accelerated at the cost of the doctor-patient relationship. The challenge to medical curricula, and the one assumed at Maryland, is the task of educating doctors who are trained to manage change without compromising a primary responsibility to patients.

"As much as we hail the rapid acceleration of science, there still must be someone to care for the patient," Mallott says.

Those two aims, medical expertise and compassionate care, remain central to education at Maryland, as they have for more than 200 years. One fundamental change is related to the availability of the electronic patient record, leading physicians to look more at a computer screen than at the patient.

Mallott reports freshman students are deliberately introduced to the essence of the doctor-patient relationship through training before they even arrive at the SOM. "There is an expectation that they will have taken an online course before they show up for classes," he says. "During the first week of school, we take them into a clinical setting and spend time, not just on interviewing a patient, but on the whole psychosocial world of that patient. In addition, they complete a service learning project, after which we discuss the impact that project had on them."

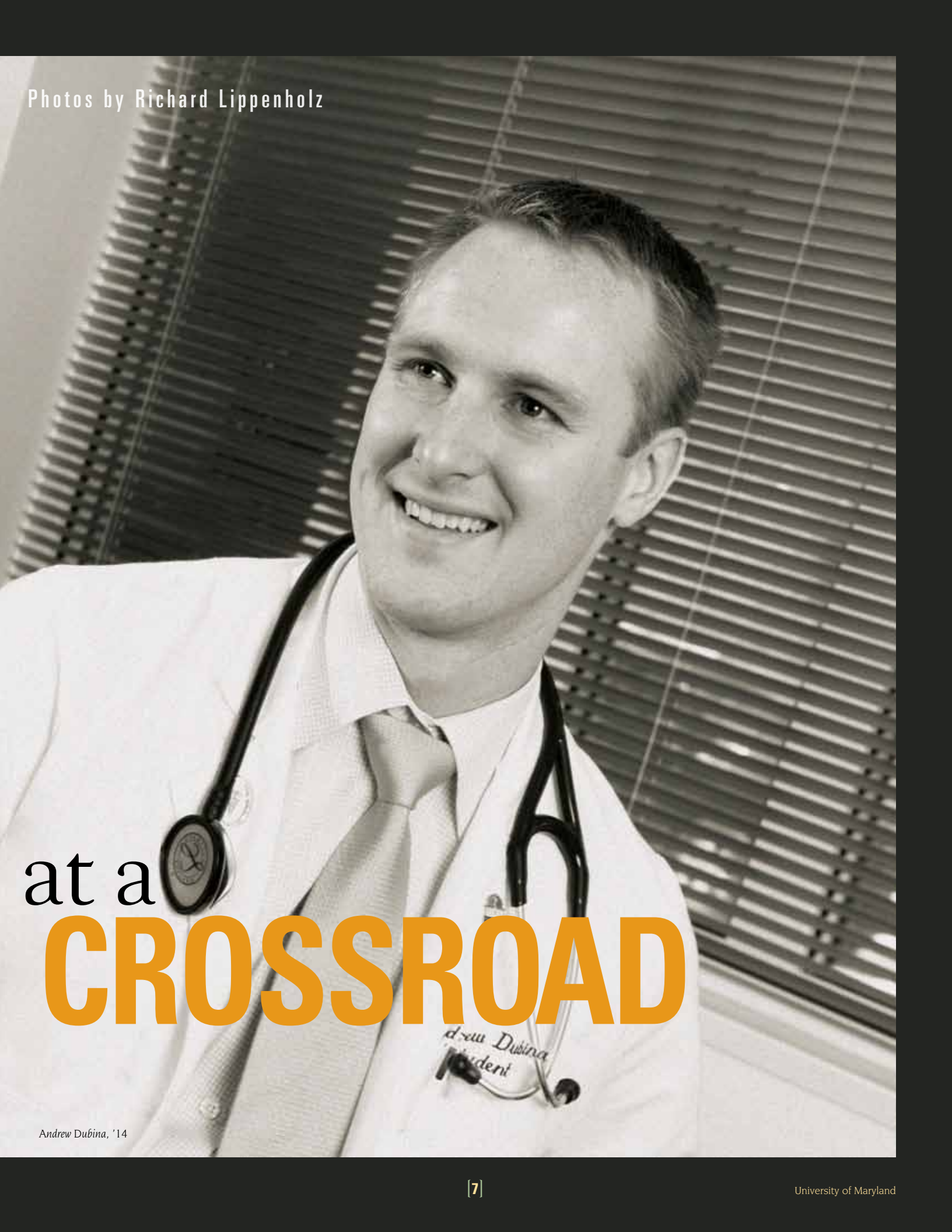
Professionalism, as well as its close ally, humanism, are emphasized in an introduction to clinical medicine. Course director and assistant professor of medicine, Norman F. Retener, '06, says students get early

Medical Education Curriculum

instruction in inter-professional rapport among colleagues. Sound doctor-patient relationships are underscored with familiarization with patient populations with whom the student is unfamiliar.

"We teach our students to probe, to learn all they can about a patient's life, not only the condition for which the patient seeks treatment," Retener says. "Most of the patients they see as students are in Baltimore City, not the suburbs. We want them to go beyond the usual questions in order to understand a patient. Look at income levels and education. Don't expect a patient to comprehend everything a doctor tells him."

Photos by Richard Lippenholz



at a **CROSSROAD**

Andrew Dubina
resident

Andrew Dubina, '14



Bedside residents Jonathan Hoover, MD, Kami Hu, MD, and Adeleke Oni, MD

He explains a patient's non-compliance may be due to lack of money to fill a prescription, while missing an appointment may be the result of no means of transportation. These are issues for which young doctors need to be sensitive.

"We get the student to look at the patient's income level and develop a family budget for two adults and two children with the same amount," Retener says. "These are lessons that are easily transferable in any geographic environment. They are the basis for compassionate patient relationships, and they know no boundaries."

Further emphasis on the empathetic role between physician and patient is developed through a two-year elective course presented by Sandra Quezada, '06, clinical instructor of medicine, who helps students in communicating with Spanish patients.

Most of the students in her class have some command of Spanish but are trained in the subtleties of working with this patient population, as well as being able to translate anatomical and other medical terms.

"This becomes very important for physicians who will be practicing throughout the State of Maryland," Quezada says. "The Hispanic population in Maryland has increased by 105 percent."

She believes such a course is essential in order to become an efficient medical provider. "Fluent conversation

between doctor and patient ensures a layer of sensitivity and confidentiality that leads to a patient being forthcoming," she says. "Patients learn to trust, and doctors begin to recognize the importance of an open environment and the need to carefully clarify medical instructions."

Mallott says the impact of this kind of sensitivity training is especially critical in view of technological advances that often can have the effect of distracting a physician.

"We want our students to remain focused on the patient in spite of the impressive diagnostic procedures and treatments available today," he says. "Another argument for patient rapport stems from the impact of the internet and patients who enter a physician's office with various degrees of misinformation."

One long established activity that goes to the heart of a doctor's understanding and compassion for patients is the formal service given annually on behalf of those who willed their bodies to science. Students who wish to pay respect to these patients are invited to the lab service in their honor.

Speaking to graduates at Maryland's 2013 commencement, Dean E. Albert Reece MD, PhD, MBA, emphasized the strength and diversity of curriculum at the school. Referring to health care as a daunting challenge, he said, "Our students are exposed to a rigorous curriculum. They have been taught and mentored by exceptional faculty who

A growing, innovative trend in medicine, in part an outgrowth of efficiencies in care, is the presence of team care. Thanks to an initiative of University of Maryland president Jay A. Perman, MD, inter-professional education (IPE) benefits from an advanced focus throughout the schools of medicine, nursing, pharmacy, dentistry, social work and law.

are deeply passionate about medical education.”

The role of research in the training of both medical students and residents is an important asset in teaching them to remain curious and to advance their understanding of human health and disease.

Richard N. Pierson, MD, professor of surgery, senior associate dean for academic affairs, and interim dean for research affairs, reports, “Dean Reece and I view the opportunity to participate in research as integral to the education of our future clinicians and physician scientists.” He adds that a new foundations of research and critical thinking course will include a series of lectures as well as a mentored individual research project.

A growing, innovative trend in medicine, in part an outgrowth of efficiencies in care, is the presence of team care. Thanks to an initiative of University of Maryland president Jay A. Perman, MD, inter-professional education (IPE) benefits from an advanced focus throughout the schools of medicine, nursing, pharmacy, dentistry, social work and law.

“Preparation by students in inter-professional practice is rapidly becoming expected of universities that educate a healthcare workforce,” Perman reports. He adds that accrediting bodies for schools within the University of Maryland have established a set of competencies for team-based care. “We want to lead, rather than being late adapters,” he says.

Among IPE programs at the medical school is participation by students in the president’s clinic, an initiative whereby medical students join those of dentistry, law, social work and nursing for three consecutive sessions of team-based care, focused on childhood obesity, in Perman’s pediatric clinic. The issues they confront as a team, from medicine to law, are those that at one time would have been approached from different viewpoints.

Linda Orkin Lewin, MD, associate professor of pediatrics and associate chair of educational programs, heads an IPE program with medical students as well as those in physical therapy. The object is to provide students with a cooperative understanding of the issues confronting parents of special-needs children. The students make visits to the homes of the children, some of whom require long-term home care.

“We work through a non-profit organization called *A Parent’s Place*,” Lewin says. “Our purpose is to give students an understanding of some of the complications families incur, such as the need for special equipment, when home care is needed.”

A team-care approach to these kinds of services provides a coordination not otherwise likely, plus a better understanding of the issues confronting special-needs children and their families. Lewin, who began the program with medical students three years ago, hopes to soon broaden it to include students from other schools.

Mallott puts change and its impact on medical education in perspective. “Until we figure out how people get health care and how others get paid for delivering health care, there will be questions of where change will lead us,” he says. “Certainly we know that private practices with one or two physicians soon will be a thing of the past. Here at the University of Maryland, we have the ability to provide an MD/MBA degree for those interested in the entrepreneurial aspect of medicine.

“In the meantime, we are giving our students the basics of health care, direction in adapting age-old concepts of personalized care in an increasingly technological environment, and the impetus to position themselves to meet the inevitable changes that lie ahead.” 🏛️



Kami Hu, MD

An Educated Perspective

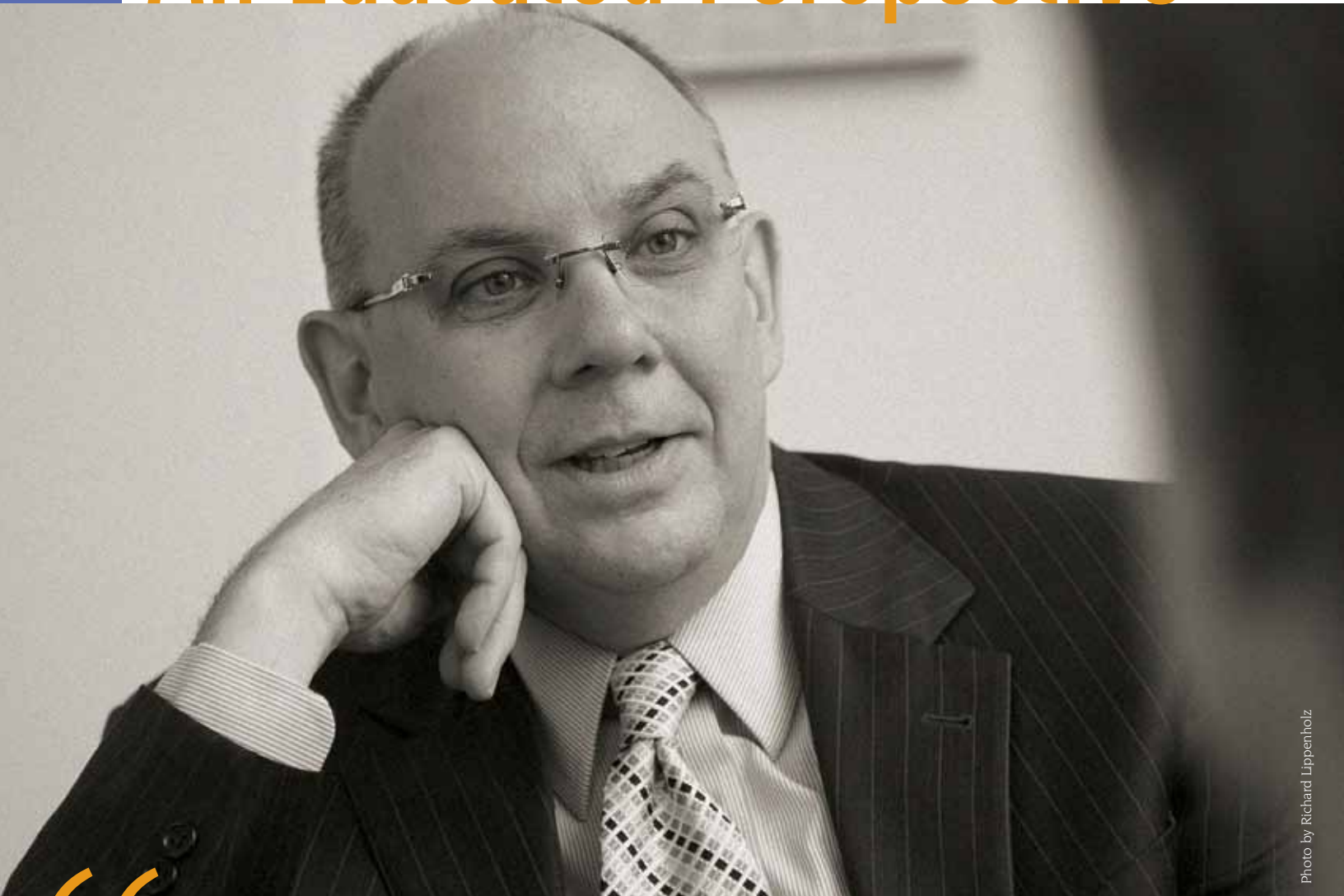


Photo by Richard Lippenthal

“From the beginning, there has always been an education thread in my career,” says associate dean of medical education and associate professor of psychiatry, David Mallott, MD.

Although he had no aspirations to become a teacher while an undergraduate at Swarthmore College, Mallott says he got the education “bug” from a curriculum that focused on labs and small group discussions in which everything was questioned. “It was an amazing intellectual pressure cooker,” he says, “and it left me appreciating the impact of education.”

He chose psychiatry in medical school and, following his own medical school training, a year of internal

medicine, a year in emergency medicine, and a psychiatry residency, he finally began practice as a psychiatrist on an inpatient unit. He recalls the part he enjoyed most was guiding a team that included residents, students and nurses. The first definitive career step he took toward teaching was in 1983 as the recipient of an NIH grant to become an associate resident training director of psychiatry at Tulane University.

Mallott joined the Maryland faculty in 1986 as assistant professor of psychiatry and attending psychiatrist specializing in the treatment of schizophrenia and other psychoses, as well as consultant in adult and adolescent psychiatry. In 1992, he became director of medical student education for

By Rita M. Rooney

the department of psychiatry and later served as member of the department's executive committee. His educational appointments soon extended to the medical school itself as director of the problem-based learning curriculum in 1995, acting associate dean of medical education in 1997, and associate dean and director of the office of medical education from 1997 until the present.

He still sees patients, though frequently as a result of being asked to see a psychiatric patient for some medical students. Does he miss the patient interaction? He admits he does, while at the same time joking there are occasions when his psychiatric skills are a benefit in his current position.

It's clear that Mallott loves what he is doing and has found a strong niche in medical education. Part of that stems from his unqualified belief in the students themselves.

"I've seen students in many schools throughout my career," he says. "In some ways, they are alike. What I've enjoyed here at Maryland is that most of our students want to be really good doctors."

He explains by commending an admissions committee that, over the years, has done a spectacular job in recruiting not only the obviously sought-after students, but in figuring out those who have the kind of stamina, temperament, compassion and all that goes into being a good doctor.

"Once they get here," he says, "it's our job to see if we can make that promise come true. There are some medical schools that seek to recruit the kind of students who set their sights on being chairperson of Massachusetts General and will step on anyone to get there. That's just not the way it is here. Our students are bright, but they want to be doctors for the right reasons. Part of my job is assuring that those 'right reasons' remain intact."

Mallott says the focus on education at Maryland is solidly backed by the commitment of some outstanding faculty members. Still, he agrees it has become increasingly difficult to turn out top students each year. Clinical faculty members are under pressure to generate clinical revenues, and basic science faculty to generate grants.

"Nevertheless, we can't overlook the fact that this is a school," he says. "Fortunately, we have some extraordinarily dedicated faculty. I don't think we would be able to turn out the exceptional students we do, were it not for a very committed subset of teachers."

Changes in the practice of medicine are reflected in medical education as well. Mallott refers to the fact that, while there has been an increase in the number of medical

students throughout the country, the number of residency slots remains the same. In the 90s, when there was a conviction that there were too many doctors, the number of students was pared back nationally. Those assumptions turned out not to be true, and today the thinking is that there aren't enough doctors.


"The problem for education is that most residency stipends are tied to Medicare," Mallott says. "No one has figured out how, if residency slots are increased, they will be paid for. The environment is becoming extremely tight for physicians going into certain specialties."

Married to Maryland faculty member, Miriam Blitzer, PhD, professor of pediatrics and head of the division of human genetics, Mallott says that when the couple first joined the faculty, they were both so busy that they hardly ever saw each other, and most of the medical students didn't realize they were married. They have two sons, neither of whom seems destined for medicine. One is a linguist, and the other is interested in computer science.

According to Mallott, medical education today is largely driven by outside forces. He talks of two objectives that must be met. First, there is the need to harness the explosion of science and technology, and the other is to retain the doctor-patient relationship; so that physicians don't become technicians. New imaging techniques and treatments, innovative ways of looking at disease and diagnosis, keeping pace with the still unfolding knowledge behind the human genome must all be balanced by the need to take care of the patient.

"All of our curriculum modifications are directed to these two priorities," Mallott says. "We're committed to helping students deal with constantly expanding knowledge, and translating that into a clinical setting while retaining the doctor-patient relationship. There is nothing new in those goals, except that today, the pace of the first is threatening the second."

Asked what drives his commitment to medical education, Mallott answers without hesitation. "It's seeing the difference between the entering first-year student and the graduate. When I see that change, when I see young people whom I really feel good about going on to the next stage of training, it's a confirmation of what I do. Do I expect them all to become Albert Schweitzers? Certainly not. But for the most part, our students are going out there to take care of people. Watching that transformation during four years culminate in the graduating student, and being part of a process that is a highly intellectual endeavor and, at the same time, a social mission, is extremely rewarding." 🏛️



Theodore E. Woodward, '38, a distinguished graduate and Maryland faculty member from 1954 to 1981, became internationally known for his work in infectious diseases and was nominated for a Nobel Prize. Yet, it's just possible that Woodward is most remembered today by students he mentored and taught during his tenure as chief of the department of medicine from 1954 to 1981 and in retirement teaching physical diagnosis. Whenever graduates from those years are asked to recall a teacher who had the most influence on his or her career, the answer almost invariably is Ted Woodward.

Alumni: A Tradition of Teaching

Eric Strauch, '84, associate professor of surgery, who teaches medical students, residents and those completing fellowships, says much of what he teaches today is gleaned from extraordinary lessons learned in Woodward's classes.

Strauch says Woodward was a great teacher, and one to be emulated. He adds, "I find great satisfaction in the interaction with students, having a chance to pass on something I learned in medical school, and which they will use throughout their careers as well."

That attitude is reflected by the more than 100 alumni equally committed to their teaching roles at Maryland as they are to clinical and research responsibilities. For many, their medical school experiences become the driving force behind their commitment to teaching. Drawing on that history, they bring a unique dimension to mentoring and to their influence on the education of students.

Donna L. Parker, '86, associate professor of medicine, serves as associate dean for student affairs. She believes alumni are in a position to give "just a little more" to teaching.

"I think it's understandable that we have a high level of allegiance to the School," she says. "We have a stake in wanting to preserve everything that is good at Maryland. In addition, we're pretty well connected to medical resources within Baltimore. That kind of networking is valuable to students."

Parker once served on the board of the Medical Alumni Association, and remains engaged in the organization, enabling her to maintain an ongoing collaboration that is helpful to students in tapping into the various resources the organization offers them. The school has a tight network of alumni both in Maryland and throughout the country. It exceeds the networking capabilities of many other schools and is translated into significant gains for graduates.

Neda Frayha, '06, clinical assistant professor of medicine, advises medical students in the office of student affairs, and is an associate director of the internal medicine residency program in addition to her clinical work. She says she loves teaching and made an early decision to be in an "environment of constant learning." She created and launched new educational conferences, including a

monthly resident research forum and an annual resident research grand rounds session.

"Faculty who are alums can influence students in so many ways," she says. "Just knowing the history of the institution, being able to share stories and experiences, explaining what they can expect during on-call nights at Shock Trauma—this kind of interaction can be tremendously helpful to students."



I believe students today are more focused than we were... That's undoubtedly because residency programs, even those once considered safe, have become much more competitive. ”

Others agree. Mark Ehrenreich, '85, is assistant professor of psychiatry. As division head, office of education, department of psychiatry, he heads all training activities within the department. He developed a fellowship program in psychosomatic medicine and believes his strong commitment to the School stems from being an alumnus. As a student, he was privileged to be included in the combined accelerated program in psychiatry (CAPP), an enrichment program he attended in addition to the regular curriculum.

"Directing the training program here is part of my giving back what I received years ago," he says. "The impact of the CAPP program in terms of my career choice was enormous. Classes had 12 students compared to about 150 in regular medical school classes."

He goes on to say that Maryland has achieved an excellent transition from those large lecture hall classes to smaller group sessions which better facilitate adult learning.

Faculty alumni agree intangible connections are among the primary advantages they offer students. Erin Giudice, '98, breaks it down to "We've been in their shoes. We can show them a path."

Giudice directs a total of 70 pediatric residents during three, four and five-year programs. She impresses them with the fact that "Maryland has an excellent national reputation, and graduates can go on from here to do great things."

Donna L. Parker, '86, can be contacted at dparker@som.umaryland.edu



We have a stake in wanting to preserve everything that is good at Maryland.

She talks as well about the culture of Maryland that is communicated between faculty and students at the medical school. “I had great mentors at every stage, and that’s

what I try to pass on to my students,” she says. “Those who were most important to my career development taught me as much about teaching as they did about medicine. I try to be that kind of teacher”

As for the benefits that come with alumni teaching, Parker admits nostalgia often plays a part as alums inevitably trace the year-to-year development of students.

“Watching the progress of each student through four years is always personally rewarding for me,” Parker says. “That’s especially true of those who have had a tough time, either because of academic problems, health issues or something personal. Watching them evolve into people in command, seeing them walk across that stage at Commencement becomes a flashback to their struggles and makes me very proud.”

As assistant dean of student affairs, Joseph Martinez, ’98, assistant professor of emergency medicine, says alumni faculty have a big impact on students. “More than half of all alums on campus interact with students and give them a perspective on medicine in Baltimore,” he says.

When Martinez joined the office of student affairs 15 years ago, he determined that what he wanted to do was mentor students as they make the all-important decisions regarding their choice of residency.

“I made my own decision late,” he says. “Fortunately, I had a ‘light bulb’ moment when I knew what I wanted to do. But a student can’t always count on that. There is a lot of pressure on students now to make those decisions early.”

Martinez says he helps students explore their best options based on interest, academic abilities, priorities for both their personal and professional lives, and what kind of physician that they hope to be.

A key to counseling students today appears to be recognizing the nuances that separate them from those who graduated a generation ago, or even a few years ago. There is general consensus they haven’t changed essentially. Young people today who choose medicine have the same core values. They are caring, hardworking and want to make a difference. But the pressures they face are different.

“I believe students today are more focused than we were, even seven years ago when I graduated,” Neda Frayha reports. “That’s undoubtedly because residency programs, even those once considered safe, have become much more competitive.”

Eric Strauch believes today’s medical students have to be more “savvy” than their counterparts of earlier years. “There is so much more science and clinical knowledge to comprehend,” he says. “Students have to be economically astute because they will leave medical school with enormous debts that will affect their career choices. Today there is the economics of medicine to consider. My friends and I made decisions based on choice. I’m not sure today’s students always have that option.”

If students face decision hurdles, they at least have the backing of a strong office of student affairs staff of alumni ready to provide counseling and career interventions where appropriate.

“We are constantly working to improve the mentoring of students,” Parker says. “Our office is committed to helping hospital departments provide consistent mentoring opportunities. This summer, we are initiating information gathering from students to determine individual strengths plus their experiences in both our office and other departments. Our aim is to help students become as competitive as possible in meeting the demands of an increasingly competitive professional environment.”

She adds the program is aimed as well at determining which departments are doing well in matching students, and perhaps employing best practices from some to elevate the practices of others.

However rigid the demands of medical school are today, Maryland students appear to be well above the curve in making the grade. Martinez points to a positive, often subtle approach that separates them from earlier generations.

“Students now are more focused on the need for balance between personal and professional lives,” he says. “They understand the need for lives outside of medicine. They realize they can’t serve their patients well if they are not caring for themselves and their family.”

Giudice agrees, adding, “I interview residency candidates from all over the country. I see how well they are prepared for the rigors of residency. Comparatively, our students fare exceptionally well.”

Martinez adds that the School welcomes alumni practicing in the community to come back and talk to students, giving them a perspective of their specialty.

“There may be those who would like to invite a student to observe a day in their office,” he says. “That’s the kind of education that benefits both teacher and student.”



More than half of all alums on campus interact with students and give them a perspective on medicine in Baltimore.

Neda Frayha, '06, can be contacted at nfrayha@medicine.umaryland.edu and Joseph Martinez, '98 can be contacted at jmartine@umaryland.edu

What's your legacy?

“We want to give others a chance to have wonderful opportunities, just like we did. A legacy gift to the University of Maryland School of Medicine was an easy decision to make.”

Judy and Gordon L. Levin, MD '68



To commemorate his reunion, Dr. and Mrs. Levin decided to give to the School of Medicine through an **unrestricted bequest**. Their legacy is helping others.

Legacy gifts cost nothing up front. You can customize your gift to suit your income, retirement and estate planning needs, giving you the ability to adapt to changing financial situations.

You can designate a specific dollar amount or a percentage of your estate. You can also provide your loved ones income for life through a charitable trust or charitable annuity with UMB Foundation.

Your gift can be used to build an endowment, support faculty, advance research or provide scholarships. Alternatively, your gift can be unrestricted, supporting the School's critical needs.

Your generosity also makes you eligible for membership in the Frank C. Bressler Legacy Council. Whatever form your legacy gift takes, you will find it very gratifying to support the School of Medicine.

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.

For more information about bequests, please contact:

Tom Hofstetter, JD, LLM
Senior Director of Planned Giving
University of Maryland Baltimore
1-877-706-4406
www.umaryland.planyourlegacy.org



Appointments to National Organizations



Richard Eckert, PhD

❖ **Richard Eckert, PhD**, professor and chair, department of biochemistry & molecular biology, and **Susan Kesmodel, MD**, assistant professor, department of surgery, have been appointed as the senior and junior representatives, respectively, for the medical school on the Council of Faculty and Academic Societies at the Association of American Medical Colleges.



James Kaper, PhD

❖ **James Kaper, PhD**, professor and chair, department of microbiology & immunology, was elected president of the Association of Medical School Microbiology & Immunology Chairs at the Association of American Medical Colleges. Kaper's term begins in January 2014.



Jacques Ravel, PhD

❖ **Jacques Ravel, PhD**, professor, department of microbiology & immunology, and associate director of genomics, institute for genome sciences, was elected to fellowship in the American Academy of Microbiology.

preciation Award and presented a lecture at the awards ceremony in Bangalore, India, on January 14. He was recipient of the 2013 William C. Menninger Memorial Award, presented by the American College of Physicians for contributions to the science of mental health. As part of this honor, Carpenter delivered a lecture at the organization's annual meeting in San Francisco on April 12. In May, he was the invited speaker to the 2013 Adolf Meyer Award Lecture at the annual meeting of the American Psychiatric Association.

❖ **France Carrier, PhD**, associate professor, department of radiation oncology, was awarded a US patent for her invention entitled "Prognostic Tools to Predict the Efficacy of Drug Treatment Targeting Chromatin DNA or Enzymes Acting on DNA."



France Carrier, PhD

❖ **Raymond Fang, MD, FACS, USAF**, clinical associate professor, department of surgery, and director of the Baltimore C-STARS Program, received a "hero of military medicine" award from the center for public-private partnerships at the Henry M. Jackson Foundation for the Advancement of Military Medicine. The award honors outstanding contributions by individuals who have distinguished themselves through excellence and selfless dedication to advancing medicine and enhancing the lives and health of our nation's wounded, ill, and injured service members and veterans and their families.

❖ **Marc Hochberg, MD, MPH**, professor, department of medicine, received the 2012 distinguished clinical investigator award at the annual meeting of the American College of Rheumatology in Washington, DC. Hochberg was recognized for his contributions to the clinical epidemiology of arthritis and musculoskeletal disease, particularly osteoarthritis.

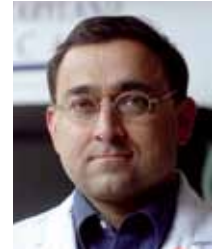


Marc Hochberg, MD, MPH

❖ **Amal Mattu, '93**, professor and vice chair, department of emergency medicine,

was recipient of the 2013 Peter Rosen Award from the American Academy of Emergency Medicine. The award, given in recognition of outstanding contributions to the Academy in the area of academic leadership, was presented during the organization's annual scientific assembly, held in Las Vegas in February.

❖ **Mayur Narayan, MD, MPH, MBA**, assistant professor, department of surgery, was recognized by the Arnold P. Gold Foundation with a Gold DOC Award. The foundation established this recognition to give patients and their family members the opportunity to publicly pay tribute to physicians when they feel the care they have received demonstrates exemplary skill, sensitivity and compassion.



Amal Mattu, '93



Mayur Narayan, MD, MPH, MBA



William Regine, MD

❖ **William Regine, MD**, the Isadore and Fannie Schneider Foxman Endowed Chair in Radiation Oncology, and **Cedric Yu, DSc**, the Carl M. Mansfield, MD, Endowed Professor in Radiation Oncology, were issued a European patent for "Method and Equipment for Image-Guided Stereotactic Radiosurgery of Breast Cancer," an invention that offers an alternative, less-invasive therapy for women diagnosed with early-stage breast cancer.

❖ **Thomas Scalea, MD, FACS**, the Francis X. Kelly Professor of Trauma Surgery in the department of surgery, and director of the program in trauma, was recognized by the Arnold P. Gold Foundation with a Gold DOC Award. In April, Scalea also received the outstanding medical alumnus award during the Virginia Commonwealth University School of Medicine reunion weekend and celebration of

Awards & Honors

❖ **William Carpenter, MD**, professor, department of psychiatry, and director, Maryland Psychiatric Research Center, received the 2013 Indo-Global Psychiatric Initiative Ap-

the 175th Anniversary of the founding of the medical school.

❖ **Roger Stone, MD, MS**, clinical assistant professor, department of emergency medicine, received the 2013 James Keaney Award from the American Academy of Emergency Medicine (AAEM) during the organization's February annual scientific assembly in Las Vegas. This award, named for a founding member of the organization, honors an individual who has made an outstanding contribution to the organization. Stone, a founding member of AAEM, was the first chairman of its emergency medical services committee.



Matthew Weir, MD

❖ **Matthew Weir, MD**, professor, department of medicine, received the National Kidney Foundation of Maryland Kidney Champion Award in recognition of his 30-year career in nephrology and his outstanding efforts in patient care, teaching and research.

Events, Lectures & Workshops

❖ **Anthony Gaspari, MD**, the Shapiro Professor and Chair, department of dermatology, gave an invited lecture entitled "The Skin as an Immune Sensing Organ: Contact Dermatitis" at the international meeting "Cute and Clima" ("Skin and Environment"), hosted by the department of dermatology at Federico Secondo University in Naples, Italy.



Anthony Gaspari, MD

❖ **Haney Mallemat, MD**, assistant professor, department of emergency medicine, was the keynote speaker at the annual conference of the Jamaica Emergency Medicine Associa-

tion, held in Kingston in April. The topics of his presentations were "Syncope in the Young: ECG Clues You Can't Dismiss" and "How Low Can You Go: An Introduction to Shock."

Grants & Contracts*

❖ **Eileen Barry, PhD**, professor, department of medicine, received a new, three-year, \$1.1 million R01 grant for "Advancement of a Defined, Protective, Live Attenuated Tularemia Vaccine."

❖ **Cristiana Cairo, PhD**, assistant professor, department of medicine, received a new, \$1,365,327, NIH R01 grant on February 1, for her work entitled "Antigen Exposure In Utero: Impacts on Newborn Immunity and Infectious Diseases."

❖ **James Galen, PhD**, associate professor, department of medicine, received a five-year, \$1,726,875 research grant from the National Institute of Allergy and Infectious Diseases for "Mucosal Live Vector Vaccine Against Recurrent Clostridium difficile Infections."



Shannon Takala Harrison, PhD

❖ **Shannon Takala Harrison, PhD**, assistant professor, department of medicine, received a four-year, \$1.66 million R01 grant from the National Institute of Allergy and Infectious Diseases in March for "Genome-Wide Studies to Identify Markers of Artemisinin-Resistant Malaria." If successful, this project will result in the development of a rapid assay to detect candidate markers of artemisinin resistance that can be used to track and contain resistant parasites before they spread globally, as well as data to begin the functional characterization of candidate genes to better understand the mechanisms underlying resistance.

❖ **Myron Levine, MD, DTPH**, the Simon and Bessie Grollman Distinguished Professor, department of medicine, and director, center for vaccine development, received a three-year, \$2.5 million global development grant from the Bill & Melinda Gates Foundation for



Myron Levine, MD, DTPH

his project entitled "A Point-of-Care Rapid Assessment Tool to Detect Protective Levels of Vaccine-Related Antibodies in Oral (Crevicular) Fluid of Infants, Toddlers & Older Subjects."

❖ **Colin Mackenzie,**

MBChB, FRCA, FCCM, clinical professor in the department of anesthesiology, received a three-year, \$2,077,553 grant from the U.S. Air Force for "Continuous Non-Invasive Monitoring and the Development of Predictive Triage Indices for Outcome Following Trauma;" a two-year, \$824,552 grant from the U.S. Air Force for "Predicting Casualty Blood Product Needs Using Pre-Hospital Vital Signs;" and a three-year, \$2 million grant from the U.S. Army for "Use of Performance Measure to Evaluate, Document Competence and Deterioration of ASSET Surgical Skills."

❖ **Robert Redfield, MD**, professor, department of medicine, received a one-year, \$2.5 million supplement to his CDC award entitled "Haitian Alliance for Institutional Strengthening."



Robert Redfield, MD

❖ **Sharon Stephan, PhD**, assistant professor, department of psychiatry, received a two-year, \$3.2 million contract from the Maryland Department of Health and Mental Hygiene, Mental Hygiene Administration, for "1915(c) Community Alternatives to Psychiatric and Residential Treatment Facilities Demonstration Waiver Program Management, Workforce Development and Evaluation." 🏛️



Sharon Stephan, PhD

*Grants & Contracts of \$1 million and above

Message from the MAA President

2013–2014
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Robert M. Phillips, '82
Kristen Stueber, '69
Directors

Did we take your picture?

Photographs from the 138th medical Alumni Reunion are available on the MAA website www.medicalalumni.org. Please visit us to copy your favorites.



Photos by Richard Lippenholz

This spring I celebrated my 30th reunion. It was wonderful to see so many familiar faces during the medical school gala. Thirty years? It sure doesn't seem like it, although I have to admit we all looked a bit older than the graduation photos printed on our name badges.

Indeed a lot has changed at Maryland since 1983. Comparing the size of the university's physical plant is stunning if you haven't been back in 10 years, let alone 30. But the real shocker for most was taking tours of the hospital and medical school. The teaching approach with this cutting-edge technology is radically different today. I encourage you to tag along the next time these tours are offered.

So it's fitting that this issue of the magazine explores our evolving curriculum and the constant challenge to retain the doctor-patient relationship while incorporating the burgeoning science and technology. Never has this challenge been more trying.

Costs associated with these changes are also apparent. Thirty years ago I paid less than \$4,000 a year for tuition and fees, while my non-Maryland resident classmates paid around \$7,000. Tuition this year was \$26,000 for Maryland residents and more than \$50,000 for non-residents.

Thanks to alumni and friends, the school awarded \$1.1 million in merit- and need-based scholarships this year. This is income from our endowment, and while we've made significant progress in helping mitigate student debt for some, we'll need 20 times the amount to eliminate it for everyone.

We are grateful to all alumni who support the school through the Medical Alumni Association's annual fund. This is crucial to the ongoing operations of the association, as we can place funds where they are most needed. But some of us are now in a position to do more. While out-right gifts of cash and appreciated securities have immediate impact, deferred giving through estate planning is equally meaningful—if not more so—to an institution such as ours. Please contact us if you'd like information about available options.

I look forward to working with you this year as president of the MAA. It is truly an honor to hold this title, and I hope we can depend on your continuing support.

Protagoras N. Cutchis, '83, is retired and serving as a consultant on biomedical device development at the Johns Hopkins Applied Physics Laboratory where he spent the majority of his career. Cutchis earned BS degrees in physics and electrical engineering from the University of Maryland College Park in 1979. After medical school and one year of training, he pursued a career focusing on development of hardware and software design of real time embedded systems as well as low-power digital analog circuit design. His experience includes bio-compatibility issues, biomedical and chemical sensor design, and medical device requirements definition. He has several patents and has testified in several patent infringement cases.



Protagoras N. Cutchis, '83
139th Drs. Ronald and Richard Taylor MAA President

Harry & Vivian Kramer Awards Luncheon & Business Meeting



Historic Westminster Hall was the site of this year's awards luncheon on Friday, May 10. More than 100 alumni, faculty and friends gathered to honor several alumni and toast the 50-year golden anniversary class of 1963. Recipients of the 2013 School of Medicine Alumni Leadership Awards presented by the dean included Irving J. Taylor, '43M, George C. Peck, '53, and James F. Rooney, '78. The 2013 Honor Award & Gold Key recipient was Paul A. Offit, '77, and the 2013 Distinguished Service Award was presented to Ronald J. Taylor, '73.

Taylor and his brother, Richard, '75, announced a significant gift this year to endow the Medical Alumni Association presidency; so an amendment was adopted by the full membership to add "Drs. Ronald and Richard Taylor" to the ceremonial title of the president.



Counter clockwise from top left: Ronald J. Taylor, '73, recipient of the Alumni Distinguished Service Award

George C. Peck, '53, left, receiving the Dean's Leadership Award

Medical Alumni Association presidents in attendance included (top row) Bernard S. Karpers, '62, Charles F. Hobelmann Jr., '71, Kenneth M. Hoffman, '70, David E. Litrenta, '61, (middle row) Richard L. Taylor, '75, Harry Knipp, '76, Protagoras N. Cutchis, '83, Nelson H. Goldberg, '73, Morton D. Kramer, '55, Selvin Passen, '60, (bottom row) Theodore C. Patterson, '62, Thomas E. Hunt Jr., '54, George A. Lentz, '57, Henry H. Startzman Jr., '50, Tamara L. Burgunder, '80, Ronald Goldner, '65, and Ronald J. Taylor, '73

Gold Key Recipient Paul A. Offit, '77 (left), with MAA president Nelson H. Goldberg, '73

Irving J. Taylor, '43M, right, received the Dean's Leadership Award



Old Jack

May 10, 2013 was anniversary of Thomas Jonathan “Stonewall” Jackson’s death; so it was fitting that the Confederate general be the subject of Maryland’s 20th historical clinicopathological conference exactly 150 years later.

What type of medical complication killed him days after being wounded from friendly fire? Could modern trauma medicine have saved him?

These two central questions were addressed by Joseph J. DuBose, MD, clinical assistant professor of surgery at Maryland and a noted trauma surgeon at the R Adams Cowley Shock Trauma Center. A veteran of the U.S. Air Force who achieved the rank of lieutenant commander, DuBose served in Operation Iraqi Freedom in Iraq and Operation Enduring Freedom in Afghanistan.

Jackson was struck by three 0.69 caliber bullets, had his arm amputated and died seven days later. Medical experts and historians have differed on which complication eventually killed him. Was it an infection? Pneumonia?

Drawing on his own knowledge of trauma medicine as well as a published report of Hunter Holmes McGuire, MD, Jackson’s personal physician, DuBose concluded that it was likely pneumonia that killed the general, and modern medicine mostly likely could have saved his life. Pneumonia was the third most fatal disease among civil war soldiers, and it is estimated that between 15 and 20 percent of Confederate troops developed it.

“Many modern combat casualties suffer from complications similar to General Jackson’s, but doctors can identify them earlier and treat them more effectively now,” explained DuBose.

He pointed to techniques of using tourniquets in the field and almost immediate evacuation to sterile operating areas staffed by skilled surgeons areas. Medicine has perfected techniques of clearing mucus and blood from the lungs, and mechanical ventilation is available to help patients breathe. Also available today is cutting-edge imaging technology, and modern antibiotics that could have helped to cure pneumonia.

“Dr. McGuire had none of these luxuries of modern medical care at his disposal,” DuBose concluded.

Shedding light on the life and career of Jackson was James I. “Bud” Robertson Jr., PhD, who retired in 2011 as Alumni Distinguished Professor of History at the Virginia Polytechnic Institute and State University after a 43-year career at the institution. His 950-page volume *Stonewall Jackson: The Man, The Soldier, The Legend* claimed eight national awards.

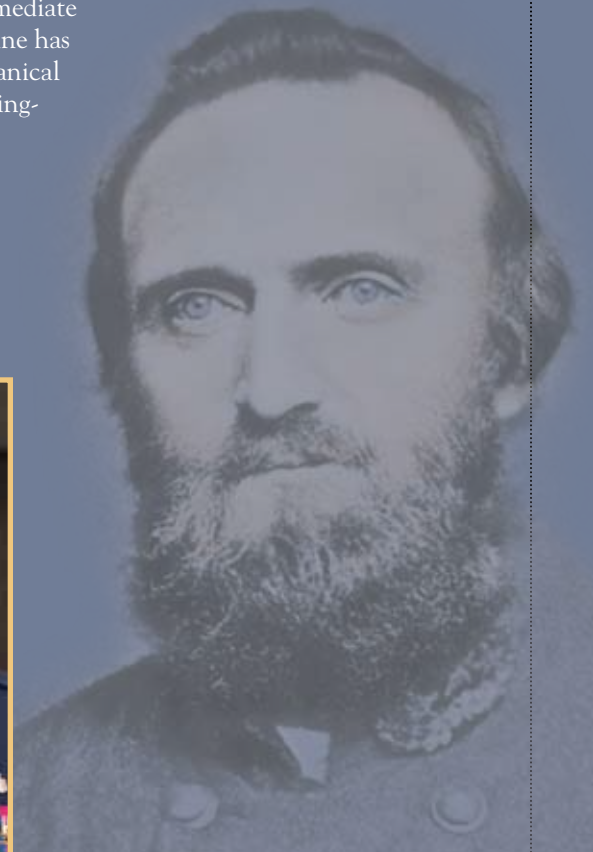
“Fellow generals were in awe of Jackson because his silence concealed a fiery combativeness moldering deep inside,” Robertson said. “Indeed, it was the silence, and the accompanying secrecy of his movements, that led to mortal wounds from musket fire by his own soldiers.”



James I. "Bud" Robertson Jr., PhD, presented the historical perspective



Joseph J. DuBose, MD, delivered the clinical presentation



Reunion Class Parties



Class of 1953 at the Maryland Club



Class of 1958 at the Maryland Club



Class of 1963 at the Maryland Club



Class of 1968 at the Capital Grille

reunion 2013

Reunion Class Parties



Class of 1973 at the Gala



Class of 1978 at the Gala

Did we take your picture?

Photographs from the 138th medical Alumni Reunion are available on the MAA website www.medicalalumni.org.

Please visit us to copy your favorites.



Class of 1983 at the Gala



Class of 1988 at the Gala

CALLS FOR

2014 Awards Nominations!

Alumni, faculty, and friends are invited to send in their nominations for two MAA-sponsored awards by November 1, 2013. The Honor Award & Gold Key is presented to a living graduate for outstanding contributions to medicine and distinguished service to mankind. Factors considered in the selection process include impact of accomplishments, local, national, and international recognition, supporting letters, and publications. The Distinguished Service Award is presented for outstanding service to the Medical Alumni Association and University of Maryland School of Medicine. The awards are to be presented during the annual Reunion Recognition Luncheon on Friday, May 2, 2014. Letters of nomination for both awards must include a curriculum vitae and should be addressed to:

Janet M. O'Mahony, '91
Chair, MAA Awards Committee
522 W. Lombard Street, Baltimore, MD 21201-1636
or emailed to:
maa@medalumni.umaryland.edu



Honor Award & Gold Key & MAA Service Award



Class of 1993 at the Gala



Class of 1998 at Germano's Trattoria

Class of 2003 at Cedar Lane Park



By Wayne Millan

The First Casualty of Friendly Fire

The greatest Greek hero was Heracles—Hercules to the Roman ear. A son of Zeus, he was the strongest and, in the language of modern therapy, the most resilient of mythical heroes; and yet even Heracles would experience what we today, in the era of world wars and weapons of mass destruction, have come to call “friendly fire.”

One of the 12 labors forced upon Heracles was the killing of the Lernaean Hydra, a multi-headed serpent that emitted noxious breath and grew two new heads for every one that it lost. Although this creature is mythical, summertime gardeners may recognize it as the ultimate weed: a horrible offspring of the earth that guarded an entrance to the underworld and seemingly could not be killed. Hydra’s breath was so poisonous that no man could come near it. To get close enough to slash at its heads with his sword—or with a sickle according to one version of the myth—Heracles covered his own mouth and nose with a large piece of

His own weaponized toxin thus proved deadly to Heracles.

cloth. He also made use of arrows daubed with a substance that would catch fire, since cauterizing the Hydra’s heads was the only sure way to keep them from regrowing. Heracles later dipped those same arrows in the dead Hydra’s blood.

When he was faced with another of his other labors, to kill a centaur called Nessus, Heracles used one of the arrows poisoned by the Hydra. Nessus, a romantic rival to Heracles, then got his revenge. Some of the toxic blood from the arrow became smeared across Nessus’s clothing (perhaps a tunic or “chiton”). Nessus then gave that garment to Deianeira—the subject of their rivalry—in the guise of a love offering. Deianeira preferred Heracles to Nessus and so in innocence handed the former the magical tunic, which had the effect of daubing the hero not with love but with death. His own weaponized toxin thus proved deadly to Heracles, who in agony threw himself on a funeral pyre. This myth could be no better as a textbook example of friendly fire with a deadly outcome.

However ancient the idea, chemical weaponry is more often associated with our own era. The first *successful* use of poisoned gas in modern warfare is identified at the Second Battle of Ypres, fought in Belgium during the spring and



summer of 1915. The gas was chlorine, and it was released by German forces as a ground-hugging cloud across a front several miles wide. Its effect was immediate on Allied troops, yet one division was able to hold their ground. In a celebrated example of quick thinking under battlefield conditions, Canadian medical staff told their men to hold urine-soaked cloths across their faces so that the inherent ammonia could neutralize at least some of the chlorine. Staff who made that recommendation may have included a physician, Dr. Francis Scrimger, who would later win a Victoria Cross for other actions in the battle.

Casualties in Scrimger's division were still heavy, yet the Canadians were able to hold their ground while other Allied reinforcements were brought forward. The net effect of the Germans' use of chlorine, the "green cloud of death" at Ypres, was to increase war's deadly stakes without improving anyone's chances of winning. As Heracles had learned, chemical weaponry is as often as not a threat to its own users. Earlier in 1915 the Germans had used chlorine gas on their Eastern front, but a change in wind direction had blown the gas away from Russian forces or even onto the Germans themselves. This phenomenon gave us the literal basis for our contemporary military term "blow back."

In the centuries that passed between the ancient Greek world and that of the First World War, many proposals had been made for the use of chemical—and even biological—weapons. Moral objections tended to fade in the face of defeat by a hated enemy. During the Crimean War in the 1850s, Britain's Lord Playfair objected to any moral prohibition against chemical weapons, declaring that since it was considered "a legitimate mode of warfare to fill shells with molten metal which scatters among the enemy and produces the most frightful modes of death," a poisonous vapor that would kill men without suffering [sic] should be considered legitimate. During our own civil war a decade later, and in the aftermath of early defeats suffered by the union army, suggestions made to federal officials included



The net effect of the Germans' use of chlorine, the "green cloud of death" at Ypres, was to increase war's deadly stakes without improving anyone's chances of winning.

the release of hot-pepper extracts from balloons and the inclusion of sulfuric or other acids within artillery shells. That these proposals were largely ignored had more to do with technical limitations than with moral objections. Limitations in medical knowledge regarding how to deal with the consequences of such weaponry were clear enough—even a century later. Yet the perceived need for victory drove the technology forward.

Just what could that technology

have been in the ancient world—what could a chemical weapon have been for a "real" hero like Hercules? Arsenical compounds were known, as were sulfuric acid or related caustic agents and naphtha (itself a Persian word). As far back as the Assyrians, fungi with psychotropic effects (ergot?) may have been used offensively, and one report had the Carthaginian general Hannibal filling jars with venomous snakes to hurl at his enemies. Later, at the battle of Dura Europos in the year 256, soldiers on both sides (Roman and Persian) may have been asphyxiated by some noxious gas ignited from petroleum compounds mixed with sulfur. Which side originated the gas is almost immaterial: a change in wind direction, or in the flow of battle, could subject either side to toxic effects.

In act IV of Shakespeare's *Antony and Cleopatra*, Mark Antony, in a rage after losing the Battle of Actium to Octavian, shouts, "The shirt of Nessus is upon me." With or without the benefit of classical myths such as that of Heracles and Nessus, there's nothing heroic about the use of a poison. No bravery is required, and none is given in return. 🏛️



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

Flemings Support Calia Professorship

Barbara Burch Fleming, '86, was a non-traditional medical student. She came to Maryland after completing a PhD in nutritional biochemistry at Cornell, followed by a fellowship at NIH. She wanted to become a doctor

of internal medicine to directly impact patient care. During medical school, Fleming's husband Jim, a PhD himself, continued to provide the support and encouragement that has been the hallmark of their relationship.

"I certainly wouldn't have had the opportunity to go to medical school without Jim's support," Fleming remarks.

Support of a spouse, family, and friends is essential to the success of any medical student. So, too, is the backing and guidance of inspirational faculty. **Frank M. Calia, MD, MACP**, was one of those teachers and mentors. As a student of Calia, Fleming recalls her tremendous respect for him: "I am deeply grateful to Dr. Calia and always will be," she says. "He took me under his wing when I was here, and he took me and my work seriously. He encouraged me in so many ways."

So when the couple heard that Maryland initiated a fund to establish The Frank M. Calia, MD Professorship, they naturally wanted to give

back. Learning that the school was at 60 percent of its goal, the Flemings decided to make a leadership commitment of \$650,000 from their estate. To date, the school has received gifts and commitments totalling \$1.5 million from faculty, alumni, and friends for this endowed professorship to honor Calia and the impact he has made on students and the medical community. As a result of this latest generous gift from the Flemings, the school is raising its sights and attempting to secure additional funding to establish this as a *distinguished* professorship.

The professorship honors Calia for his exceptional contributions and leadership as an outstanding physician, scientist, leader, and mentor in the field of infectious disease, microbiology & immunology. Calia served as a faculty member at the medical school for more than 40 years, educating and training scores of physicians and physician-scientists, and will remain a shining example to current and future faculty members for generations to come. 🏛️



Contributors to the Frank M. Calia, MD Professorship

Louis DeTolla, VMD, PhD
 Michael Dodd, '73
 Alan I. Faden, MD
 Barbara Fleming, '86, and Jim Fleming, PhD
 Claire M. Fraser, PhD
 Jay Goodman, '61
 Deborah Groleau and George Groleau, '82
 Angela Guarda, '91
 Phyllis Hayes
 James Kaper, PhD
 Gail Liss, MD and Robert Liss, MD
 Margaret McCarthy, PhD
 Radiation Oncology Associates, PA
 Harry A. Oken, '83
 William Regine, MD
 Clayton Raab, '74
 Thomas Scalea, MD
 Alexias Sharoky and Melvin Sharoky, '76
 Gary Simon, '76
 Carol Tacket, MD
 University of Maryland OB/GYN
 Associates, PA
 Michael Weinblatt, '75
 Matthew Weir, MD

JBDA Alliance Welcomes New Members

The Medical Alumni Association & School of Medicine recognize the new and upgraded members of the John Beale Davidge Alliance.

FY2013 New Members

Elm Society

(\$10,000–\$24,999)

Werner E. Kaese, '53
 William Kiser, '53
 Boyd D. Myers, '67
 Elliot S. Cohen '68
 Joseph P. Michalski, '70
 Howard J. Weinstein, '72
 Wayne L. Barber, '82
 Patrick F. Gartland, '82
 Ronald D. Jacobs, '82
 Harry Huo-tsin Huang, '83

Susan S. Nesbitt, '87
 Timothy D. Nichols, '87
 Carol C. Coulson '88
 Jay C. Koons, '88
 Richard D. Patten, '88
 Mallory Williams, '99

Silver Circle

(\$25,000–\$49,999)

George E. Bandy, '61
 Roger L. Mehl, '61
 Janet E. Mules, '63
 Mitchell C. Sollod, '63
 David R. Harris, '65
 Alfred A. Serritella, '66

R. Henry Richards, '71
 L. Thomas Divilio, '75
 Alan S. Gertler, '77
 Doris S. Gertler, '77
 Jane L. Chen, '80

1807 Circle

(\$50,000 & Above)

C. Edward Graybeal, '52
 Paul K. Hanashiro, '57
 Nelson H. Goldberg, '73
 Clyde A. Strang, '77
 George E. Groleau, '82
 Harry A. Oken, '83

Using an Annuity for Retirement Income Planning

The volatility of the investment markets witnessed during the past several years has led to a refocusing of planning strategies aimed at establishing reliable income streams instead of merely accumulating a pre-determined level of assets. While the interest income and dividend yield realized from an investment portfolio may increase, decrease or stay the same as the expansion and contraction of economic cycles occur, the potential for the fixed income stream that may be derived from an annuity can be an important component of one's overall retirement income plan.

Within the financial services industry, the term "annuity" is used to describe a product that exists in the form of a contract between the purchaser and an issuer (most often an insurance company). In its simplest form, the contract provisions state the terms and conditions for which an individual buys an annuity from an issuer, the issuer invests the funds, and the issuer pays out the principal and earnings to a named beneficiary. The annuity contract describes two phases: the accumulation phase during which investments can be made in the annuity and, secondly, the distribution phase for which a variety of options can be selected for payout. When a lifetime annuitization option is elected for distribution, payments from the annuity issuer to the beneficiary may be made no matter how long the beneficiary lives (subject to the claims paying ability of the issuer).

The advantages to, and the tradeoffs associated with using an annuity-based tactic warrant careful consideration. To the positive, earnings grow tax-deferred, there are no annuity contribution limits, a payout can be delayed beyond age 70½ (versus IRA RMDs) and annuity proceeds may avoid probate by transfer to a named beneficiary (if death occurs before the distribution period begins). However, annuities involve various fees, expenses and surrender charges (which can differ between issuers), contributions are not tax deductible, and tax penalties for early withdrawals (pre-age 59½) exist. In addition, once selected, the payout plan is generally irrevocable, the income from a fixed annuity may not keep pace with inflation, and the owner/beneficiary must rely on the financial strength of the annuity issuer as there are no federal guarantees (e.g., FDIC insurance) on the money invested and only limited state provisions exist in the event of issuer insolvency.

Basic retirement income planning approaches that involve the use of an annuity include:

- Payout and expense item matching—the after-tax annuity payout is used to cover the ongoing costs of a known expense (ex: the premiums associated with a long-term care insurance policy), and to
- Build a floor for retirement income planning—the after-tax annuity payout is used in combination with other forms of retirement income (ex: Social Security and pension plan benefits) for retirement lifestyle support needs; often used to meet known fixed essential expenses.

There is a plethora of annuity structures, features and benefits, and associated nuances. If you are considering using an annuity-based tactic to provide a degree of certainty for retirement income planning, you would be well served by seeking guidance from qualified wealth planning professionals before proceeding. 🏛️

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This column is prepared by Ken Pittman, a senior vice president and senior wealth planner at PNC Wealth Management. Ken provides wealth planning services, and he can be reached at (410) 626-2104 or at kenneth.pittman@pnc.com

175 Years Ago

In 1838, Augustus L. Warner, class of 1829 and Maryland faculty member, founded the Medical College of Virginia (later Virginia Commonwealth University) in Richmond. He organized the school under the charter of Hampden-Sydney College and served as dean and professor of surgery. Prior to moving to Richmond, Warner was professor of anatomy, physiology and surgery at the University of Virginia in Charlottesville.



100 Years Ago

In 1913, the Baltimore Medical College, founded in 1881, merged with the University of Maryland. Its medical building became the home of Maryland General Hospital, used for teaching by Maryland faculty.

45 Years Ago

In 1968, the world's first Shock Trauma Center opened at Maryland for the treatment of patients suffering from traumatic injuries and shock. The director was R Adams Cowley, class of 1944, a pioneer in cardiac surgery who developed the famous "Golden Hour" theory for treatment. A U.S. Department of Transportation grant provided the first Med-Evac helicopter service.



recollections

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

Students Create Humanism Elective

Ekta Taneja, '14 and **Elizabeth Allan, '14**, have demonstrated early interest in possible faculty leadership by creating a seminar-style student elective. The Humanism Symposium, approved by the curriculum committee, is offered for the fall 2013.

Designed to address issues including medical ethics, cultural differences, spirituality and physician self-care, the elective will be co-led by **Mayur Narayan, MD**, assistant professor of surgery, **Nikita F. Southall, '02** assistant

professor of medicine, and **John A. Talbott, MD**, clinical professor of psychiatry.

"I'm thrilled to be part of a course that will help shape the compassion and empathy our students will give to their future patients," Southall says.

Taneja and Allan echo that sentiment by adding they hope to allow students an opportunity to explore the joys and challenges of medicine, as they face the rigors of medical school.

Graduation & Match Stats

One hundred fifty eight students from the class of 2013 received medical degrees on Friday, May 17 with convocation in the morning at the Baltimore Convention Center and graduation afterwards at the First Mariner Arena. Earlier, on March 15, they learned the location of post-graduate training. Forty-one members will remain at Maryland, with the balance matching at 66 hospitals in 27 states. Below is a summary of the top choices with comparisons to 2012 and 2011:

	CLASS OF '13	CLASS OF '12	CLASS OF '11
Internal Medicine	16%	23%	19%
Family Medicine	13%	11%	7%
Pediatrics	8%	8%	9%
Emergency Medicine	10%	11%	10%
Psychiatry	6%	5%	1%
General Surgery	5%	5%	5%
Radiology	5%	6%	3%
OB-GYN	3%	7%	5%
Orthopaedic Surgery	2%	1%	2%



Above: Sara Wozny, left, celebrates her match news with Selma Amrane.

Left: The Faculty Gold Medal winner: Jason Lee Blevins, '13



classnotes

1950s | **1952: Timothy D. Baker** of Cockeysville, Md., was appointed to the graduate medical education committee of the Johns Hopkins School of Public Health. Baker recently received a lifetime award from the Baltimore Medical Society. **1955: Richard F. Leighton** of Savannah, Ga., received an alumni professional service award from McDaniel College (formerly Western Maryland College), his alma mater. **1957: Raymond E. Swanson** of Goshen, Ind., continues to enjoy running each day, riding a bicycle, reading and spending time with children and grandchildren since retirement from his pathology practice. He expresses concern about what to do with all the books and furnishings in their home when they one day decide to leave. Swanson thinks often about his old friends from medical school. **1958: Albert F. Heck** of Catonsville, Md., was named senior fellow of the American Neurological Association. He is a fellow of the American Academy of Neurology, the American College of Physicians, and the American Heart Association. Heck is also a founding member and fellow of the Stroke Council. From 1996 until

retirement in 2000, he was elected to the database "Best Doctors in America."

1960s | **1963 Eric E. Lindstrom** of Laurel, Miss., is still in practice three days a week. He apologizes for missing the 50th reunion. **1965: Ronald Goldner** of Baltimore, clinical professor of dermatology at Maryland, was elected to the Noah Worcester Dermatological Society Board of Directors, a national organization named in honor of the author of America's first textbook on dermatology.

1970s | **1971: Robert E. Sharrock** of Bryan, Ohio, reports that he is alive and well, and still having fun practicing medicine. **1972: Roy C. Blank** of Fort Mill, S.C., is medical director for the Wingate University Physician Assistants Program. He is also medical director for Bless Back Worldwide serving Haiti and Nicaragua. **1973: Nelson H. Goldberg** of Baltimore, and professor of plastic and reconstructive surgery at Maryland, led a team of 29 physicians, nurses and administrative support staff to Ecuador in April where they performed 76 surgical procedures on 56 children



Nelson H. Goldberg, '73

and adults at the Hospital Militar B1 El Oro in Pasaje. Participants included plastic surgery resident **Erin Rada, '09**, and students **Edith T. Howarth, '13**, and **Nubia Seyoum, '13**, as part of a plastic surgery elective. Goldberg's next surgical missions will be to Guatemala and the Galapagos Islands. **1975: Patricia Falcao** of Needham, Mass., is happy to report that she passed board certification in addiction medicine (ABAM), and she is education program chair for the Massachusetts chapter of the American Society of Addiction Medicine. **1976: William D. King** is an internist in Coos Bay, Ore. ❖ **Robert N. Pyle Jr.**, and wife Sue of Raleigh, N.C., welcomed their

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 major support to the dean.

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

second grandson in November 2012. Pyle is in his 30th year as an orthopaedic consultant to the State of North Carolina. **1979: Burt I. Feldman** of Rockville, Md., is medical director of Medstar Health at Leisure World Blvd. Son Jay is entering his junior year at the University of Chicago, majoring in physics and chemistry. ❖ **Scott Friedman** and wife **Cathy Powers, '80**, of Easton, Md., report that their son received a PhD from UMBC in evolutionary biology and is doing his post-doctorate fellowship in the Czech Republic. Their daughter is a social media marketer in Sun Valley, Idaho.

1980s **1980: Roy T. Smoot Jr.**, of Franklin, Tenn., is system chief medical officer for Coliseum Health System in Macon, while wife **Vicky** retired in June to discover that the hardest part of retirement is never getting a day off. The two are proud grandparents. **1982: Pedro Arrabal** of Ellicott City, Md., has served as director of maternal-fetal medicine at Sinai Hospital since 2005. He and Claire have been married for 33 years, and they report that their oldest daughter is a stay-at-home mom with two children; their second oldest daughter is an ER nurse; their son has two children and attends medical school at Lake Erie College of Osteopathic Medicine; and their youngest daughter received her master's degree in fire protection engineering at the University of Maryland College Park. ❖ **Constance J. Johnson** of Chapmansboro, Tenn., plans to retire from her office practice this year to enjoy her horses and family. She will continue as medical director for an assisted living facility two days a month. Johnson has a granddaughter who turns one this year. ❖ **Darryl B. Kurland** of Princeton, N.J., reports that son Jason is an assistant professor of nephrology in Worcester, Mass, while son Brian completed his MBA at Northeastern University and works for a company that makes dialysis equipment. Kurland and wife Caryn continue to do research at Johnson & Johnson. **1985: Michael J. Hallowell** of Sewell, N.J., continues cycling, most



◆ Are you a physician in the University of Maryland medical community?

◆ Would you be interested in hosting an event to meet and share your experiences with medical students, and even potentially serve as a mentor?

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For more information or to set up an event, please e-mail the LinkMD team at LinkMaryland@gmail.com or visit our website at linkmdblog.wordpress.com

recently through northern Italy. **1988: Margaret S. Chisolm** of Baltimore celebrated the publication of her book *Systematic Psychiatric Evaluation* by Johns Hopkins University Press in September 2012. She is an associate professor at Johns Hopkins School of Medicine. ❖ **Raymond A. Wittstadt** of Glen Arm, Md., recently participated in a double arm transplant operation at Johns Hopkins. He also proudly announces the birth of his second grandson, Samuel Raymond Proy, on March 2.

1990s **1998: John T. Antoniadis** of Timonium, Md., is married and has two children. He is an orthopaedic surgeon at St. Agnes Hospital. **1999: James Medina** and wife Stacie of Lancaster, Pa., announce the early arrival of twins Alec & Taylor on May 1.

2000s **2003: Amy Sims** is an attending physician at Baylor School of Medicine in Houston, following completion of a Fogarty Fellowship in pediatric cardiology served in the Republic of Malawi. She had worked there previously through the Baylor Pediatric AIDS Corp. **2005: Jennifer Roth Maynard** of Ponte Vedra Beach, Fla., is assistant professor of family medicine at the Mayo Clinic Florida. Her husband recently returned home safely from deployment to Iraq and Kuwait.

2010s **2010: Melissa Wisner** of Ashburn, Va., married Ricky Davis in June. She works in a family practice after completion of residency training in York, Pa. **2012: Andrew J. Riggan** of Arnold, Md., will marry Erin Woolever in Chestertown in October. 🏰

Theodore Kardash, '42

Obstetrics & Gynecology
Solomons, Md.
April 9, 2013

After internship, Dr. Kardash served as a U.S. Navy physician with the U.S. Marine Corps 1st Division in Guam during World War II and later with the 3rd Marine Division in China. He was discharged in 1946 and returned for additional training in OB/GYN. Kardash practiced in Baltimore and served on Maryland's faculty as an assistant clinical professor. He was head of gynecology at Maryland General Hospital when retiring in the mid 1980s, and he also served on the staffs of St. Joseph, GBMC and Good Samaritan hospitals. Kardash enjoyed golf and attended 50 consecutive runnings of the Preakness Stakes at Pimlico Race Track. He was active in alumni activities at Maryland, joining the board of directors in 1965 and serving as 96th president in 1970. Preceded in death by wife Margaret, Kardash is survived by one daughter, one son, three grandchildren and six great-grandchildren.

Arthur M. Rinehart, 43D

Psychiatry
Baltimore
January 27, 2008

Alexander P. Kelly Jr., '45

Plastic Surgery
Grosse Point Farms, Mich.
December 12, 2011

Mercy Medical Center in Baltimore was the site of Dr. Kelly's internship, followed by residency training at South Baltimore General Hospital and a fellowship at St. Luke's Hospital and the Illinois Research & Educational Hospital in Chicago. His specialty was hand surgery, and from 1959 until 1982, Kelly was division chief of plastic surgery at Henry Ford Hospital. He also held an appointment as clinical associate professor of surgery before retiring in late 1993. Kelly enjoyed fishing and gardening. Kelly was preceded in

death by wife Betty Ann and one son, and he is survived by four children and four grandchildren.

Henry V. Chase, '47

Internal Medicine
Frederick, Md.
June 9, 2013

Upon graduation, Dr. Chase interned at Mercy Hospital and received residency training at both Mercy and the Boston VA Hospital. He practiced internal medicine and served as chief of medicine at Frederick Memorial Hospital. Chase enjoyed tennis, gardening, cycling, hiking, fishing and early Maryland medical history. He and his late wife Peggy had three children.

William H. Stenstrom, '47

Obstetrics & Gynecology
Leaburg, Oreg.
February 18, 2013

Dr. Stenstrom interned at Augustana Hospital in Chicago where he also performed two years of residency training. The remaining two years were spent at the University of Arkansas Hospital in Little Rock. After retiring from a group practice, Stenstrom became head of the OB/GYN department at the Carl Albert Indian Health Facility in Ada, Oklahoma. He enjoyed aviation, travel and photography. He was preceded in death by wife Mildred, and is survived by two children.

Frederick M. Johnson, '51

Family Medicine
La Plata, Md.
March 13, 2013

Prior to medical school, Dr. Johnson served in the U.S. Army as a corpsman during WWII, participating in the second wave of D-Day. Wounded by mortar fire in Belgium, he received the Purple Heart and returned to his unit for the Battle of the Bulge and liberation of several POW and concentration camps. Upon graduation from medical school, Johnson received training at Baltimore

City Hospital and afterwards opened a practice in Selbyville, Delaware. A short time later he relocated to La Plata where he remained until 1981. For the next 10 years he was a family physician for the National Security Agency at Ft. Meade. In 1991, Johnson returned to private practice part time until retirement in 1999. Appointments included chief of staff at Physicians Memorial Hospital from 1972 to 1974 where he mentored Maryland medical students and also worked in the emergency room. Johnson was a scoutmaster and team physician for La Plata High School football. He acted with the Port Tobacco Players, was an avid golfer, and enjoyed painting, travel, and reading. He was preceded in death by wife Joanne and is survived by four sons, one daughter and five grandchildren.

David B. McIntyre, '55

Obstetrics & Gynecology
Hanover, Pa.
March 13, 2013

St. Agnes Hospital in Baltimore was the site of Dr. McIntyre's internship and residency training, but the two were separated by two years in the U.S. Navy where he served as a lieutenant in the U.S. Navy Medical Corp. He practiced privately for 32 years and in 1972 served as president of the medical staff at St. Agnes. McIntyre enjoyed reading, camping, card playing and listening to jazz music. Survivors include wife Denise, six children and nine grandchildren.

E. Louis Kahan, '57

Family Practice
Edgewood, Md.
July 26, 2012

Mercy Hospital in Baltimore was the site of Dr. Kahan's training before practicing family medicine in Edgewood for more than 40 years. He enjoyed gardening, woodworking and boating. Survivors include wife Betsy, four children, two stepchildren, and several grandchildren and step-grandchildren.

in memoriam

Maurice M. Reeder, '58

Radiology
Clear Spring, Md.
April 24, 2013

During his third year of medical school, Dr. Reeder enrolled in the U.S. Army Medical Corps Senior Student Program. He spent the following summer in the radiology department at Walter Reed Army Medical Center where he began learning about radiographic diagnosis. Upon graduation, he interned at William Beaumont Army Hospital in El Paso and

then back to Walter Reed. Post-training assignments sent him to Fort Meade, the U.S. Army Hospital in Okinawa during the Vietnam War, Tripler General Hospital in Honolulu where he was chief of the radiology department, and then back to Walter Reed where he held a similar position. Reeder authored *Gamuts in Radiology* which advanced through several editions. In addition, three spin-offs were published: *Gamuts in Bone, Joint and Spine Radiology*; *Gamuts in Neuroradiology*; and *Gamuts in Cardiovascular Radiology*. In

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1981, Reeder co-authored *The Radiology of Tropical Diseases*. He retired from the Army in 1978 with the rank of colonel and returned to Honolulu where he opened a private practice and until 1997 served as chairman of the department

On-line Classroom Lectures for Alumni



Dues-paying members of the Medical Alumni Association are invited to view **On-line Classroom Lectures**. These include many of the first- and second-year presentations available to students as taught from Taylor Lecture Hall in the Bressler Laboratory, as well as recordings of grand rounds. In addition, the MAA Annual Historical Clinicopathological



Conferences and a few historical lectures by Theodore E. Woodward, '38 are available for viewing. Enrich your education by visiting the MAA website and registering today: www.medicalalumni.org.

of radiology at the University of Hawaii School of Medicine. He later returned to Maryland and was a visiting scientist in the department of radiology at the Uniformed Services University of the Health Sciences. Survivors include wife Elizabeth, four children, two step-children, four grandchildren, two step-grandchildren, and one great-grandchild.

Ronald L. Krome, '61

Emergency Medicine
Lehigh Acres, Fla.
May 23, 2013

Dr. Krome received training in surgery at Wayne State University School of Medicine, and shortly thereafter began developing its emergency physician staff. He became professor of emergency medicine, and from 1972 to 1988 served as editor-in-chief for *Annals of Emergency Medicine*. Krome was president of the American College of Emergency Physicians, the American Board of Emergency Medicine, and the Society of Teachers of Emergency Medicine. In retirement he published *The Floaters Log*. Survivors include wife Marcy, children including Jonathan, '92, and grandchildren.

Hammond C. Collins, '66

Orthopaedic Surgery
Hingham, Mass.
January 9, 2013

Dr. Collins returned to his hometown of Boston for internship and residency training at Tufts Medical Center, although residency training was interrupted in 1969 when he served as a lieutenant commander in Vietnam with the U.S. Navy. Collins practiced privately for 30 years, serving on the staffs at Mercy Hospital in Springfield and Noble Hospital in Westfield. He relocated to Hingham in 1997. Collins loved to travel to Ireland and had a second home in County Clare. He also enjoyed reading and classical music. Survivors include wife Kathleen and two children.

Elizabeth A. Turner, '68

Family & Emergency Medicine
Worcester, Vt.
March 16, 2013

After graduation, Dr. Turner completed an internship and residency training at York Hospital in York, Pa. She opened a private practice in her hometown of Black Horse, Md., for three years before relocating to Vermont, working in the emergency room at Central Vermont Hospital where she later became director of ER. Turner was boarded in both family practice and emergency medicine. In 1989, Turner received a JD degree from Vermont Law School and received a clerkship in the medicaid fraud protection unit of the attorney general's office. She would later serve as a medical expert for mock trials at Vermont Law School. Volunteer organizations included a shelter house project, the Town of Worcester Select Board and moderator, the State of Vermont Medical Practice Board, and Central Vermont Home health and Hospice. She was preceded in death by life-long partner Janet.

Jane D. Steinberg, '71

Dermatology & Cosmetic Surgery
Tamarac, Fla.
June 11, 2012

After internship and residency training at both Maryland and Mt. Sinai Medical Center in Miami, Dr. Steinberg opened a private practice in Ft. Lauderdale, Fla., which in 1998 became Advanced Cosmetic Laser Center, devoted to dermatology, dermatologic and cosmetic surgery. Appointments included associate professor at the University of Miami and vice chief of staff at Florida Medical Center, and she had privileges at Bennett Community Hospital and Margate Hospital. She was preceded in death by first husband Jeffrey Winkelman, MD. Survivors include husband Jay A. Shore, two daughters, and two step-children.

Newton W. Rogers, '72

Internal Medicine
St. Petersburg, Fla.
January 26, 2013

Dr. Rogers received training at Maryland General and Union Memorial hospitals. A short time later he relocated to Florida, practicing at the St. Petersburg Medical Clinic and Sun Coast Medical Clinic from 1975 to 2006. He was also affiliated with St. Anthony's Hospital. Rogers was a lover of animals, especially cats. He is survived by former wife Ethel.

Raymond F. Bayerle, '73

Chevy Chase, Md.
May 5, 2010

Timothy H. Eskridge, '74

Ophthalmology
York, Pa.
May 21, 2013

Maryland was the site of Dr. Eskridge's internship, followed by residency training at Maryland General Hospital. He moved to York in 1978 to begin private practice. Eskridge enjoyed golf, astronomy and model trains. He was an avid fan of the Baltimore Orioles and Ravens and past president of the Jacobus Lions Club. Survivors include wife Donna, one son and two daughters.

Michael D. Schaubert, '85

Cardiothoracic & Vascular Surgery
Oxford, Md.
January 21, 2012

Dr. Schaubert was commissioned as a captain in the U.S. Air Force after graduation and served on active duty for 12 years. He received training at Lackland Air Force Base in San Antonio and lived in six other locations before settling in Oxford after discharge as a lieutenant colonel in 1997. Schaubert was a competitive athlete who participated in biathlons and triathlons. He also enjoyed travel with family. Schaubert was preceded in death by wife Eileen and an infant son, and he is survived by two children.

Kenneth B. Kochmann, '91

Family Medicine
Cockeysville, Md.
March 8, 2013

Dr. Kochmann enrolled in medical school while in his late 30s, having earlier received a master's degree in philosophy and worked as a social worker. Upon completion of training, he opened a family practice in north Baltimore and later joined Family Medicine Associates in Timonium. Two years ago the practice merged with Lutherville Personal Physicians of Mercy Medical Center. Kochmann was a figure skater who enjoyed long walks, reading, and writing music.

Faculty

Martin Helrich, MD

Anesthesiology
Baltimore
June 2, 2013

Dr. Helrich served as chairman of Maryland's department of anesthesiology from 1956 to 1986. Born in New York, he grew up in Atlantic City, earned an undergraduate degree from Dickinson College and medical degree from the University of Pennsylvania. He received training at New York University and the Bellevue Medical Center. After residency, Helrich served two years in the U.S. Army as chief of anesthesiology at Ft.

Polk, La. Upon discharge as a captain, he moved to Philadelphia to become a research fellow and later joined the faculty at the University of Pennsylvania. In 1956, Maryland recruited him to become its first anesthesiology department chairman, and Helrich remained in this capacity until retirement in 1986 when he was promptly named professor emeritus. An endowed professorship was later established in his honor. During his career, Helrich served as director, secretary and president of the American Board of Anesthesiology, director of the American Society of Anesthesiologists, governor of the American College of Anesthesiologists and president of the Maryland-DC Society of Anesthesiologists. In retirement he was named the

first executive director of the Foundation for Anesthesia Education and Research and, in 1995, Helrich received a distinguished service award from the American Society of Anesthesiology. Survivors include wife Ina., two daughters and two grandchildren. 🏠

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By Richard Colgan, MD,
Associate Professor

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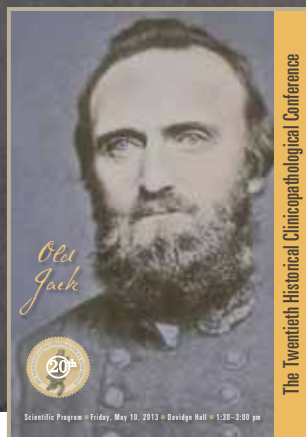
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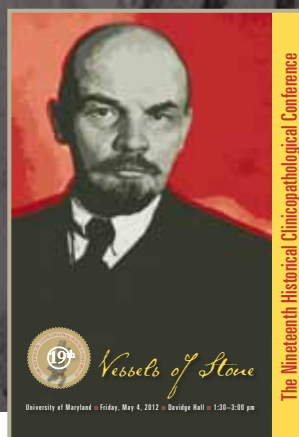


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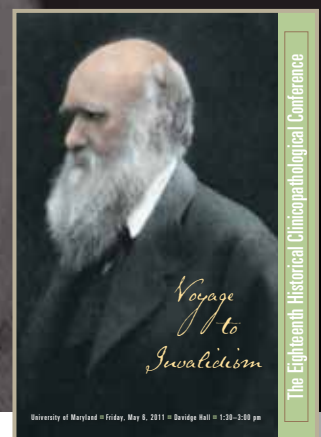
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