Infections, Inflammation and Vaccines: How Maryland Research Will Revolutionize Medicine
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Infections, Inflammation, Immunity and Innovation: How Maryland Research will Revolutionize Medicine

Without microbiologists studying the components of bacteria, viruses and parasites, we would not fully appreciate the world of microbes. Without immunologists studying the nuances and intricacies of our innate and adaptive immunity, we would not have life-saving vaccines. In this issue devoted to research we celebrate some basic, translational and clinical research at Maryland focused on understanding, treating, preventing and eradicating infectious and chronic diseases. (See research faculty profiles on page 18)

The MAA Honor Roll of Donors

Gifts made to the medical school through the Medical Alumni Association between July 1, 2013 and June 30, 2014 are recognized in this issue. They include contributions from alumni, faculty and friends. Preceding the honor roll is a listing of members of the John Beadle Davidge Alliance, the school’s society for major donors.

Alumnus Profile: Philip Ades, ’78

An Exercise in Living

Philip Ades, ’78, wasn’t accepted at Maryland in 1972; so he enrolled at the University of Brussels. After four years he transferred here for his clinical years. Thanks to mentorship from Drs. Mike Fisher and Gary Plotnick, ’66, Ades is now a nationally recognized leader in cardiac rehabilitation and is professor of medicine at the University of Vermont Medical School.

Alumnus Profile: Phillip L. Pearl, ’84

Scoring a High Note in Medicine

Many classmates remember Phillip Pearl, ’84, for leading the fiddles band during medical school. And while he held a teaching appointment in the music department at George Washington University, Pearl’s mark in medicine is the one for which he’ll be most remembered. He is currently the William G. Lennox Professor and Chair of Neurology at Harvard Medical School, and director of the division of epilepsy and clinical neurophysiology at Boston Children’s Hospital.

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dean’s message

Discovery is in our blood! Since our inception in 1807, our students, faculty and leaders have made numerous advances that have dramatically and measurably impacted and improved people’s lives. Our research has not just been “theoretical science,” but has always had a patient-centered focus. For example, in the first half of the nineteenth century, former Maryland dean, Nathan Smith, MD, invented the splint for leg fractures. In 1950, James Wright, class of 1892, further devised a stain, now called “Wright’s stain,” that is used to differentiate blood cells. J. Whitridge Williams, class of 1888, pioneered investigations into obstetric complications and first published a textbook (in 1903) which would become one of the leading obstetric reference texts used by medical students and practitioners today. In 1941, Theodore Woodward, class of 1938, showed that one dose of typhus vaccine was protective against the disease. John C. Kranz, Jr, PhD, head of the department of pharmacology from 1932 to 1965, revolutionized the world-wide practice of anesthesiology.

As time has progressed, the pace of our discoveries has accelerated, and we have been much more purposeful in conducting research that will directly lead to new treatments, therapies or approaches for fighting diseases and chronic conditions. Myron Levine, MD, (profiled in this issue) and James Kaper, PhD, developed and tested the first live oral cholera vaccine in 1994. That same year the first aromatase inhibitors to treat breast cancer, now the standard therapy to treat post-menopausal breast cancer, were developed by Angela Biodie, PhD, distinguished professor of pharmacology, who is on the verge of another breakthrough in prostate cancer treatment. In 2012, Stephen Bartlett, MD, and Rolf Barth, MD, led the team who completed the most extensive face transplant to date. Last year, an advisory committee for the U.S. Food and Drug Administration gave the “green light” to continue development of a drug to treat radiation exposure from a nuclear meltdown or terrorist attack, based on the research conducted by Ann Farese, MA, MS, and Thomas MacVittie, PhD.

To further our mission of discovery-based medicine, which has rapidly become the school’s raison d’être, we have configured the academic units conducting basic, translational and clinical research to have multiple and intertwined roles. Currently, we have almost the same number of institutes, organized research centers, and programs as we do departments, and it is not by chance that we are organized in this way. Through the school’s roadmap for the next decade, Vision 2020, we have implemented a series of initiatives to promote, support and emphasize discovery and innovation that will impact our patients, our students and our trainees. The accelerating innovation and discovery in medicine initiative (ACCEL-Initiatives) is just one example. ACCEL-Initiatives is a structured, potent and aggressive framework for research. It was introduced to enhance and ensure that we excel in “big science”—the burning issues of modern medicine that have baffled, befuddled and blocked our peers from successfully treating certain conditions such as brain disorders (see the profile of James Wright, class of 1888, pioneer of investigations into obstetric complications), cancers and chronic and infectious diseases.

The research featured in this issue of the Medicine Bulletin represents just a small sample of the breadth and depth of the cutting-edge work conducted by our exceptional faculty. This work will also be showcased at the 2014 Festival of Science: Infections, Inflammation and Vaccines, a day-long scientific symposium celebrating our robust biomedical research portfolio. While we only have enough space to highlight a select number of projects, such as the work in HIV/AIDS by Robert Gallo, MD, I commend all of our faculty whose tireless efforts will truly transform human health.


Myron M. Levine, MD, DTPH, has been appointed associate dean for global health, vaccinology and infectious diseases. The appointment becomes effective in January 2015, after Levine transitions from his current role as director of the center for vaccine development (CVD) which he co-founded and has led for 40 years. In his new role, Levine will expand the scope and depth of the school’s involvement in global medicine. It is currently involved in research and service in 34 countries. A national search to find the next director of the CVD has been launched.
Schmaljohn at Forefront of Ebola Vaccine Development

Alan Schmaljohn, PhD, professor of microbiology and immunology at Maryland, spent decades studying the Ebola virus as chief in the viral pathogenesis and immunology branch with the U.S. Army Medical Research Institute of Infectious Diseases. He is a lead figure in Maryland’s partnership with the Department of Defense contract recipient Paragon Bioservices in the manufacture of an Ebola virus vaccine for initial safety testing in human volunteers.

“Several vaccine candidates for Ebolavirus are proceeding through initial manufacture toward safety testing in human volunteers,” Schmaljohn says. “Different vaccine candidates are based upon different ‘platforms’ in which selected viral proteins may be made ‘in the test tube’ and purified for injection, or may be added genetically as passengers of a different variety of virus that is weakened. Only human trials will provide the final answers as to which vaccines are best on the basis of many criteria, foremost being safety and efficacy,” he adds.

Schmaljohn was originally one of the leaders in determining what kinds of immune responses are required for protection against viruses like Ebola, and he was part of the team that first identified antibodies capable of protecting certain animals from Ebolavirus.

“Subsequently,” he adds, “three of these antibodies have been developed as a candidate mixture for human therapy against Ebolavirus, which is apparently true for an American who was infected with Ebolavirus during the current outbreak.” However, he cautions that many scientific questions remain unanswered.

New Microbes Linked to Severe Diarrhea

In a finding that may one day help control a major cause of death among children in developing countries, a team of researchers from Maryland and the University of Maryland, College Park has identified microorganisms that may trigger diarrheal disease and others that may protect against it. These microbes were not widely linked to the condition previously.

“We were able to identify interactions between micro-biota that were not previously observed, and we think that some of those interactions may actually help prevent the onset of severe diarrhea,” says O. Collins Stine, PhD, professor of epidemiology and public health at the medical school.

A much better understanding of these interactions is important, Stine adds, as they could lead to possible dietary interventions. Moderate to severe diarrhea (MSD) is a major cause of childhood mortality in developing countries and ranks as one of the top four causes of death among young children in sub-Saharan Africa and South Asia.

Stine and Mihai Pop, associate professor of computer science at the University of Maryland, College Park led the six-year project funded by $10.1 million from the Bill & Melinda Gates Foundation. The research results were published in the journal Genome Biology.

The researchers used high-throughput 16S rRNA genomic sequencing to examine both “good” and “bad” microbiota in samples taken from 992 children in Bangladesh, Gambia, Kenya and Mali under the age of five who were suffering from MSD. They identified statistically significant disease associations with several organisms already implicated in diarrheal disease, such as members of the Escherichia/Shigella genus and Campylobacter jejuni. They also found that organisms not widely believed to cause the disease, including Streptococcus and Granulicatella, correlated with the condition in their study. In addition, the study revealed that the Prevotella genus and Lactobacillus ruminis may play a protective role against diarrhea.

In addition to the Gates Foundation, the study was also supported partly by the National Institutes of Health, the National Science Foundation and The Wellcome Trust.
Infections...Inflammation...Immunity...

**Innovation: How Maryland Research Will Revolutionize Medicine**

Medicine requires a solid foundation in basic and translational research science. Without microbiologists studying the components of bacteria, viruses and parasites, we would not fully appreciate the world of microbes. Without immunologists studying the nuances and intricacies of our innate and adaptive immunity, we would not have life-saving vaccines. In this issue devoted to research, we celebrate some of the basic, translational and clinical research at Maryland devoted to understanding, treating, preventing and eradicating infectious and chronic diseases.

**The Virus Hunters and Vaccinologists**

Christopher Plowe, MD, MPH
Professor, Department of Medicine
Leader, Malaria Group
Associate Director for Research Training, Center for Vaccine Development
Investigator, Howard Hughes Medical Institute

Malaria is a preventable mosquito-borne parasitic disease that affects over 200 million people worldwide, and killed an estimated 627,000 people in 2012. Plowe, leader of the Malaria group in the school’s center for vaccine development, and his research team are working to reduce the health burden malaria presents for people in some of the poorest countries. His group studies drug-resistant malaria and is developing a vaccine for the disease. The research has taken Plowe from his laboratory in Baltimore to field sites in Southeast Asia and Sub-Saharan Africa. Caring for and collecting samples from infected patients, the laboratory team has analyzed the parasites and gained a greater appreciation for the genetic diversity of the microorganism. The diversity of Plasmodium has prevented investigators from developing a successful and broadly-acting vaccine, and has allowed the parasite to develop resistance to current treatments. However, teaming up with genomics and proteomics experts, Plowe’s group has developed assays that can look at thousands of malaria genes and at human antibody responses to hundreds of malaria proteins at once. Using information from these new studies may help the Plowe research group to track drug resistance and to develop better vaccines against the parasite.

By Julie A. Wu, PhD

**By Julie A. Wu, PhD**
Kotloff, a pediatrician with a long-term interest in global health and infectious diseases, is a key clinical investigator at the CVD and department of pediatrics. Kotloff has had the opportunity to make a major impact on two significant public health issues: enteric (diarrheal) diseases in developing countries, and pandemic influenza outbreaks. Kotloff served as the clinical and epidemiologic study lead for the Global Enterics Multi-Center Study (GEMS), funded by the Bill and Melinda Gates Foundation. GEMS was an intensive study of diarrheal diseases among children from seven developing countries in South Asia and Sub-Saharan Africa. Through GEMS, Kotloff and her collaborators gained greater insight into the different enteric pathogens infecting children, and their impact on child health and survival in developing countries.

Kotloff also heads the University of Maryland Vaccine and Treatment Evaluation Unit (VTEU), one of nine such units supported by the National Institutes of Health (NIH). Kotloff and the VTEU investigators test many vaccines of public health interest, including the 2009 pandemic H1N1 influenza vaccine, as well as the H7N9 influenza vaccine in 2013. Under Kotloff’s leadership, the Maryland VTEU received another 10 years of funding from the NIH last year.

Decades ago, this approach was successfully used to protect neonates against tetanus toxoid, acquired due to subclinical umbilical cord cutting and care. By now, this success, the Bill & Melinda Gates Foundation sponsored large-scale controlled field trials to assess the effectiveness of immunizing third-trimester pregnant women with influenza vaccine to protect infants up to six months old. Recently in Mali, a sister institution to the school’s center for vaccine development (CVD), which is overseen by Levine, completed a large-scale, randomized controlled trial immunizing 4,192 third-trimester pregnant women against influenza. Preliminary results revealed that maternal immunization prevents confirmed influenza in young infants. These positive results are stimulating global interest to assess the production of high titered of maternal antibodies that can cross the placenta and can confer protection to the newborns.

In the 30 years since Gallo and his research team discovered interleukin-2, a factor that promotes the growth of T cells and was essential to his subsequent discovery of human retroviruses, and co-discovered human immunodeficiency virus (HIV), much has been learned about HIV, how to screen for it and how to control it. Gallo, who directs the school’s institute of human virology and its affiliated SmithKline Beecham molecular biology laboratory, is to transform discoveries made in the laboratory into therapeutics administered in the clinic. Strome, who directs the school’s institute of human virology and pediatric for autoimmune diseases. Within the cancer treatment arena, he co-invented a vaccine designed to restore the immune system’s ability to recognize and destroy tumor cells. After completing phase I and early phase II clinical trials at Maryland, Gliknik Inc., licensed this cancer vaccine for possible further clinical studies. Strome’s work in autoimmun- e diseases centers on the development of broadly acting anti-inflammatory agents that promote self-tolerance. A primary treatment for some immune disorders is intravenous immunoglobulin (IVIG), a blood product containing antibodies extracted from the plasma of healthy donors, which suppresses inflammation. However, IVIG is in short supply. Strome conceived an idea, and Gliknik Inc., generated a therapeutic to counteract the immune system’s attack on the self, without the need for human plasma donors. Gliknik Inc., entered into a significant licensing agreement with Pfizer to further test and develop this drug.

Robert C. Gallo, MD  Homer & Martha Gudelsky Distinguished Professor, Department of Medicine  Director, Institute of Human Virology

In the 30 years since Gallo and his research team discovered interleukin-2, a factor that promotes the growth of T cells and was essential to his subsequent discovery of human retroviruses, and co-discovered human immunodeficiency virus (HIV), much has been learned about HIV, how to screen for it and how to control it. Gallo, who directs the school’s institute of human virology and...
co-founded the Global Virus Network, has made significant contributions to understanding all human retroviruses, and his work has dramatically reduced the worldwide burden of HIV/AIDS. However, a vaccine that can stop HIV transmission has remained elusive. There are many reasons why attempts to develop an HIV vaccine have been unsuccessful. One is that HIV “lies” in the immune system using active and functional T cells to subsist. Because vaccines induce a protective antibody response, which also depends on activated T cells, any anti-HIV antibodies produced in response to a vaccine also increase the amount of virus-infected T cells. The research team of Gallo and Drs. George Lewis and Anthony DeVico remains undaunted in its pursuit of solving this challenging dilemma and is currently working to develop a vaccine candidate. Gallo also is part of the HIV Cure group, dedicated to unraveling mechanisms which could eradicate functional HIV activity from the human body. (See profile on page 18)

**The Investigators of Inflammation**

**Stefanie N. Vogel, PhD**
Professor, Department of Microbiology and Immunology

Vogel’s laboratory focuses on the earliest host-pathogen interactions that occur during viral and bacterial infections. They are interested in how these interactions transmit cellular signals to macrophages, a type of white blood cell. The Vogel laboratory also works to identify ways to interfere with the development of inflammatory immune responses, mediated by a class of signaling molecules known as Toll-like receptors (TLRs), which may cause damage to the host. Recently, they have begun highly translational studies exploring whether drugs developed to treat one disease could be repurposed to intervene in other inflammatory diseases. For example, based on their experiments that implicated TLR4 in influenza, the research team used a TLR4 antagonist, Eritoran, to block acute lung injury or lethality in two rodent models of influenza infection. Eritoran was originally developed to treat sepsis, but failed in Phase III clinical trials. However, Dr. Vogel and her collaborators have discovered a potential new purpose for this drug. Additionally, through their studies of specific macrophage signaling pathways involved in Respiratory Syncytial Virus (RSV), the Vogel research team identified two FDA-approved drugs that may drive the development of a subset of macrophages that resolve inflammation and lung injury caused by RSV.

**Achsa D. Keegan, PhD**
Professor, Department of Microbiology and Immunology Center for Vascular and Inflammatory Diseases

Keegan has a familial connection to the medical school and University of Maryland—both her grandfathers are Maryland graduates, one from the medical school (Benjamin Henry Dorsey, class of 1901), and the other from College Park. When her previous research laboratory had to move, she gladly came to the medical school and was among the first of the researchers located in the Biopark in the center for vascular and inflammatory diseases. An immunologist, Keegan is interested in Type II inflammation, the type of immune response elicited by parasite infections or by allergens, such as pet dander or food, and is characterized of allergic asthma. Work in her laboratory focuses on the mechanism by which two cytokines that control allergic inflammation, interleukin (IL)-4 and -13, mediate their effects in the lung. Using an animal model of allergic asthma, Keegan’s research team examines how IL-4 and -13 control the responses of macrophages and eosinophils to house dust mite, a common household allergen. Her group found that IL-4-activated macrophages enhance eosinophilic inflammation by a process dependent on the transcription factors STAT6 and Egr2 and modulated by the adaptor protein insulin receptor substrate 2. Targeting these pathways may alleviate allergic asthma symptoms.

**Terez Shea-Donohue, PhD**
Professor, Department of Radiation Oncology

Humans have coexisted with enteric pathogens—bacteria, viruses and other parasites—for thousands of years. The importance of the microbiota of the gastrointestinal (GI) tract is underscored by observations that an imbalance or absence of certain populations of microorganisms can affect human health. Improvements in sanitation and hygiene in the past five decades have resulted in a decline in infection of the GI tract by parasitic nematodes, round worms that colonize both the small and large intestine. Research conducted by Shea-Donohue and her colleague, Aiping Zhao, MD, focuses on the mechanisms by which immune responses triggered by nematode infections could benefit human health. People infected with nematodes produce cell signaling molecules that reduce inflammation in the GI tract and counteract the immune responses typically elicited by diseases such as diabetes, inflammatory bowel disease (IBD), obesity, and multiple sclerosis. Shea-Donohue and Zhao have observed that nematode infection alters intestinal function and protect against experimental models of inflammatory bowel disease, diabetes, and obesity. They are currently identifying and characterizing both the biologi-
In 1793, yellow fever created horrid sickrooms for families. The skin or the alarming irritation and bleeding of the eyes, however, was the rancid black vomit of the patients nor did it counteract the deepening yellowing and drying of the skin. What it did not prevent, slowed the rapid pulse and ceased feverish fits, seemingly at once, throughout the city.

Diseases do not live solely in the host or in medical laboratories, they are also social phenomena whose impact can change the course of history.

Accounts of the breakdown of social ties abounded in diaries, letters, and the one city newspaper that continued to print. One patient whom a neighbor was unwilling to enter her house where her husband lay unattended, dead of fever. Paragons of bravery in the Revolutionary War, like Captain Sharp and Commodore Berry, retired to their countryside homes, permitting no one to approach on pain of being shot from a distance, including their own family members. Sickening scenes of death were encountered on streets, as servants and boarders were turned out in the midst of illness, left to die in gutters or alleys.

Social breakdown in the face of medical uncertainty caused bedlam in 1793, but one erroneous belief produced some of the most heroic figures of the epidemic. Noting that people of African descent seemed immune to the fever, Philadelphia's mayor called upon the beleaguered black community—too poor to escape the dying city—to stay and organize care in crises. Physicians also cited the epidemic as a reason to create the first American schools of medicine, like the University of Maryland.

That investment in public medical education reaped direct rewards, as a little over a 120 years later a University of Maryland medicine graduate, James Carroll, class of 1891, and colleague Walter Reed proved through experimentation on Carroll himself that the female Aedes aegypti mosquito is the vector of yellow fever. No cure exists for yellow fever today, but national campaigns for the control of the mosquito in the mid-20th century largely eliminated the pool of vectors throughout the United States and contained the virus decades before the discovery of the vaccine.

The emergence of virulent diseases like ebola and West Nile Virus urge us to consider the power of public fear as well as the social aspects of infectious diseases that contemporary medicine is still struggling to understand, cure, and control. Diseases do not live solely in the host or in medical laboratories, they are also social phenomena whose impact can change the course of history.

At right: Reed’s letter to Carroll upon learning of his recovery from yellow fever.
Aside from his artistic and religious interests, what may now draw our closest attention to Spence is that he died shortly following his 100th birthday in the fall of 1915. For several years leading up to that occasion, notices were published in the Baltimore Sun about the exact state of the old man’s health: when it was up, when it was down; when he felt well enough to go to meetings and take part in civic activities, or when doctors—including William S. Thayer of Hopkins—were nersed to his crowded bedside. When he turned 98 in October of 1913, the Sun reported that he liked to boast of how he would live to age 100, and that he “enjoys three hearty meals a day, sleeps well and takes daily exercise in all good weather.” The newspaper also stated that he was “very fond of a glass of buttermilk in the middle of the day…and smokes four cigars a day and enjoys them, too.”

Spence’s 99th birthday a year later was prominently reported, and when he turned 100, on October 18, 1915, journalists pulled open every stopper to sit with Spence from Baltimore’s mayor, about the “bouquet of roses and chrysanthemums” that spilled out from bedroom into reception rooms of his house on St. Paul Street, and about the wee basket of heather, brocken and thistle given him by a group of local Scottish-Americans. Yet Spence himself pointedly told the Sun’s reporter that he “was not quite so certain this year as he was last that he will live to celebrate another anniversary.” The old man was nothing if not a planner: he was dead on November 3.

How much attention would such a life, or such a well-timed exit, attract today? The number of centenarians has been growing rapidly since the middle of the 20th century, and by 2010 there were an estimated 80,000 persons over age 100 in the USA alone—far too many to receive individual greetings from Willard Scott. The share of population represented by centenarians has increased by about 1 percent in several developed countries, a near-doubling since 1980, according to the New England Centenarians Study being conducted by Boston University’s School of Medicine. An additional category has even been established, “super-centenarians,” for those who have experienced their 110th birthdays. Yet the pace of mortality for those over age 100 remains high: the U.S. Census Bureau has determined that fewer than 1 percent of those who get to 100 will go on to celebrate 110.

What can be generalized—anything—about the quality of life for this swelling mass of centenarians? According to James P. Richardson,80, who also holds a master’s of public health degree and is chief of geriatric and palliative medicine at St. Agnes Hospital in Baltimore, the extreme elderly are often those who can “feel the joy in their lives regardless of circumstances.” Even as age and illness have reduced their mobility and limited their sensory input, simple activities such as visiting with family and listening to books on tape tend to be felt as great pleasures. They are content with what they have rather than what they don’t have. Centenarians also tend to be those who handle stress well—stress of whatever kind, ordinary or extreme. Their patient profiles are associated with diminished rates of those degenerative conditions that often make life miserable for people who are merely in their 60s and 70s.

One of the more curious findings of centenarian research is that women who reach age 100 are often those who have had pregnancies-to-term as late as age 40 and then delivered with few complications. In the words of the Boston University study, “health span equals lifespan”—as with William Wallace Spence’s three hearty meals every day and exercise in all good weather. Among men, effective response to the extreme stress of combat may also serve as a predictor of living to age 100. During the past several years, the last confirmed veterans from World War I have died at great ages: the American soldiers, Frank Buckles, at 110 in February 2011; the last soldier to experience trench warfare, Englishman Harry Patch, at age 111 in July 2009; and the last verified combat veteran, sailor Claude Choules (English, later Australian), who was 116 years old when he died on 14 May 2014. All of these men reported good qualities of life and few medical complaints even past age 100, and most were still able to communicate, had few signs of dementia and were involved in the larger community until just a few days or weeks prior to their deaths—much as Spence had been a century earlier, when the Great War was only at its bloody start.

Spence’s good meals may have helped him reach a great age, as did his reportedly good sleeping habits and a healthy bank account. More recent studies such as those conducted by the Boston University group have consistently shown that healthy modes of life combined with genetic predisposition—e.g., is there a sibling who has also lived a century—are shared by most of those who have passed their 100th and by nearly all who have reached their 110th. The second-best predictor of great age, however, is one that neither Spence nor veterans like Bubbles could have aspired to: owning two X chromosomes. Above 80 percent of today’s centenarians are women, and at least 90 percent of super-centenarians are women as well. Who was the very last documented World War I veteran? Her name was Florence Green, and she had joined the (British) Women’s Royal Air Force a few months before the Armistice was agreed to in November, 1918. Green was 110 years old when she died in February 2012.
Appointments

Devinder Singh, MD, associate professor, department of surgery, has been named chairman of the Maryland Board of Physicians.

Five faculty members from the department of emergency medicine were appointed as international ambassadors by the American College of Emergency Physicians (ACEP). The ambassadors serve two-year terms as a liaison between emergency medicine practitioners in their designated countries and ACEP and also serve as ACEP’s official representative to that country. Appointees include Veronica Pei, MD, PhD, assistant professor (lead ambassador, China), Jon Mark Hinson, MD, MPH, associate professor (lead ambassador, Egypt), Waal Hammad, MB, CHB, clinical assistant professor (deputy ambassador, Egypt), Andrea Tenner, MD, assistant professor (lead ambassador, Israel), and Terry Mulligan, DO, MPH, clinical associate professor (lead ambassador, Netherlands). Omasia, and the European Society for Emergency Medicine, and deputy ambassador, Poland.)

Awards & Honors

This honor is awarded to physical therapists who have made distinguished contributions to the profession of physical therapy in any area of clinical practice. Alon will deliver the lecture next June during the annual conference.

Vasen Dilisian, MD, professor, department of diagnostic radiology & nuclear medicine, received the 2014 Society of Nuclear Medicine and Molecular Imaging Hermann Blumgart Award, the highest award and honor bestowed by the cardiovascular council of the Society of Nuclear Medicine.

Michelle Giglio, PhD, assistant professor, department of medicine and the institute for genome sciences, was named to The Daily Record’s list of Maryland’s top 100 women, in recognition of her science educational outreach to regional teachers and students. The Daily Record’s annual list was created to recognize outstanding achievement by women who have demonstrated significant professional accomplishments.

John LaMartina, MD, assistant professor, department of surgery, was named to The Daily Record’s “Influential Marylanders under 40” list for his leadership of the living donor liver transplant program at the medical center.

Wendy Lane, MD, MPH, clinical associate professor, department of medicine & public health, was awarded a 2014 commissioner’s award from the U.S. Department of Health and Human Services and its children’s bureau’s office on child abuse and neglect. The award recognizes one person from each state and U.S. territory for exceptional contributions to the prevention and treatment of child abuse and neglect.

Denise Owig, PhD, associate professor, department of epidemiology & public health, was named a health sciences fellow by The Gerontological Society of America. It is the nation’s oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging, for her outstanding work in the field of gerontology.

Raymond Penny, MD, assistant professor, department of orthopaedics, was featured in the article “Medical Mysteries: For Seven Years, Searing Pain; With No Relief” in The Washington Post (Health & Science) section on May 17, 2014.

Keshava Rajagopal, MD, PhD, assistant professor, department of surgery, was awarded the Norman E. Blumgart Award, the highest award and honor bestowed by the cardiovascular council of the Society of Nuclear Medicine.

Wendy Lane, MD, MPH, assistant professor, department of medicine and the institute for genome sciences, was named to The Daily Record’s list of Maryland’s top 100 women, in recognition of her science educational outreach to regional teachers and students. The Daily Record’s annual list was created to recognize outstanding achievement by women who have demonstrated significant professional accomplishments.

Matthew Trudeau, PhD, associate professor, department of physiology, received the Cranefield Award for his paper “Direct Interaction of EAG Domain and Cyclic Nucleotide-Binding Homology Domains Regulate Deactivation Gating in NERU Channels,” published in the Journal of General Physiology in 2013. The Award recognizes an independent young investigator who in the preceding calendar year published an outstanding article in the journal.

Matthew Trudeau, PhD, associate professor, department of medicine, and director, institute for genome sciences (IGS), was awarded a five-year, $15,214,315 grant from the National Institute of Allergy and Infectious Diseases to create a genome center for infectious diseases, applying genomic techniques to the study of pathogens and their hosts, and to expand understanding of the ways that pathogens can cause harm.

Thomas MacVittie, PhD, professor, department of radiation oncology and his preclinical radiobiology lab team within the division of translational radiation sciences received a $1 million, six-month, National Institute of Allergy and Infectious Diseases-sponsored contract through RxBio. Proprietary drug efficacy will be assessed in a “Randomized, Blinded, Vehicle-Controlled, Assessment of Rx100 Administration on Survival in Rhesus Macaques Experiencing the Acute Gastrointestinal Syndrome Following Exposure to 12Gy Partial-Body Irradiation” with $5 bone marrow Sparling (PBMD®)®. MacVittie is the primary investigator on the contract.

Sandra Mooney, PhD, associate professor, department of pediatrics & public health, was awarded a three-year, $4,972,000 contract with the Department of Health and Mental Hygiene for “Research and Evaluation for the Maryland Center of Excellence for Problem Gambling.”

*Grants & Contracts of $1 million and above*

Grants & Contracts

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Transplantation is granted through a competitive application and is awarded to a single awardee every two years for basic/translational research by an early career faculty member.

Claire Fraser, PhD, professor, department of epidemiology & public health and associate director, IGS, and David Rasko, PhD, associate professor, department of microbiology & immunology, also with IGS, have been awarded a five-year, $15,214,315 grant from the National Institute of Allergy and Infectious Diseases to create a genome center for infectious diseases, applying genomic techniques to the study of pathogens and their hosts, and to expand understanding of the ways that pathogens can cause harm.

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Transplantation is granted through a competitive application and is awarded to a single awardee every two years for basic/translational research by an early career faculty member.

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Profiles in Discovery

In research, triumphs are made of the collective products of those whose vision is driven by the pursuit of discovery. Such is the uncompromising path taken by Maryland scientists, among them Drs. Robert C. Gallo, Myron (Mike) Levine and Bankole Johnson.

By Rita M. Rooney

By 1996, his scientific achievements led to his being named by Science magazine as the most cited scientist in the world between 1980 and 1990. In 1996, following 30 years at the NIH, Gallo founded the institute of human virology at Maryland. By that time, he had proved HIV to be the cause of AIDS, developed the blood test to diagnose the disease, discovered the first known retrovirus and the molecule, Interleukin 2, which for the first time enabled the growth of T-cells in the laboratory. Today, Interleukin 2 is being used to treat both cancer and some immune disorders.

After Gallo delivered the James Joyce Lecture in Dublin, Ireland, a member of the audience questioned him about the problems virologists face in confronting the unchecked viruses responsible for millions of deaths annually. Gallo digsresses momentarily to mention that the lecture is one that both Winston Churchill and Harry Belafonte had previously addressed. He becomes more serious as he relates that the remark from the audience questioned if science could have “done it better.” Gallo didn’t have to think long before finding a possible answer in the Global Virus Network and one to which Gallo relates that the remark from the audience questioned if science could have “done it better.” Gallo didn’t have to think long before finding a possible answer in the Global Virus Network and one to which Gallo

The institute of human virology has, from the start, been funded by the State of Maryland, NIH, Centers for Disease Control and subsequently the Bill and Melinda Gates Foundation, as well as by several additional funding sources. Gallo describes NIH support as underlining the continuing programs of the institute, and Gates as having encouraged them to “go for it.”

Gallo is the recipient of the most esteemed international scientific awards including being a two-time winner of possibly the most important U.S. honor, the Lasker Prize. He tells a story of a meeting between his wife and Mary Lasker, during which Mrs. Lasker asked if there was anything she could do for Gallo. With humor, Mrs. Gallo suggested a third Lasker Prize, which earned a surprised reaction. No wonder, since Gallo is to date, one of only a few recipients of two Laskers.

Success of scientific endeavors comes slowly. Does Gallo ever become impatient? “When I was young, yes” he admits. “But not anymore. With time, you get realistic and settle down.”

The man who has accumulated most of international science’s most prestigious honors, including induction into the National Academy of Science, hesitates only briefly before naming his most cherished personal rewards.

“I have enjoyed the scientific and intellectual friendship of so many people,” he says. “I’ve been especially grateful to see many of the young scientists I’ve worked with become highly successful themselves. As for the institute, my hope is that it will forever contribute to our school of medicine campus growth and quality. It will be important for us not only to survive, but to grow and become better and better.”

War Against Disease

After 40 years as CEO, founder and director of the University of Maryland Center for Vaccine Development (CVD), Myron M. Levine, MD, DTH, the Bessie and Simon Grollman Distinguished Professor of Medicine, is about to take on a new challenge as associate dean for global health, vaccinology and infectious diseases. “It’s a wonderful opportunity that offers flexibility to focus on an array of issues and projects of global importance,” he says.

Levine’s career has followed two paths, global health and vaccinology. In the 1960s and early 1970s, global health was generally considered tropical medicine, pursued by the military, the Public Health Service, missionary groups and a few U.S. schools of medicine. These were the only doors open to a young physician whose interest focused on work in underdeveloped countries, and Levine took advantage of becoming involved in many of their activities. His interest became focused on vaccines at a time when vaccinology did not exist as a discipline. However, he undertook a series of projects that helped to formalize it as one. Over the next several decades, under his leadership, the CVD
became an internationally recognized organization in vaccine development, and the implementation and combat of communicable diseases in developing countries. Looking back on the last four decades, Levine recalls some of his achievements—he shuns the word “achievements,” preferring “areas of pursuit.”

He cites his participation in the smallpox eradication program in Bangladesh. As a World Health Organization consultant in Pakistan in 1967, he had experienced an earlier smallpox epidemic. He says it was enormously gratifying to him on a personal level to witness the last Asian case of the disease in 1975. “It was a poignant counterpart to my Pakistan experience,” he says.

Levine spent time in Chile as consultant to the ministry of health to combat typhoid fever. He recalls it as a “seminal event that led to three decades of collaboration on typhoid and other enteric infections.” He designed and supervised four field trials of live oral TY21, a typhoid vaccine that treated 560,000 Chilean school children and led to licensure by the FDA.

While serving as a consultant to the Rockefeller Foundation, Levine helped create the Global Alliance for Vaccines and Immunization (GAVI), serving as co-chair of the task force for research and development of the organization that includes multiple UN agencies, the Bill and Melinda Gates Foundation, numerous government and non-government entities, the vaccine industry, developing countries and bilateral donors. Today, GAVI has revolutionized vaccine supply and implementation at the global level. In 2002, Levine reluctantly resigned his post at GAVI in order to focus full attention to the CVD. He acknowledges, however, that GAVI’s recognition of the importance of research is his legacy to the alliance.

The country of Mali is another among many to hold special meaning for the tireless Levine. One of the poorest and least developed countries in the world, it was one without some of the most basic medical needs when the CVD team began working there in the early ’90s. Today, CVD-Mali is a joint venture of the CVD and the Malian Ministry of Health. It has earned a reputation for evaluating vaccine candidates in the African setting, and new vaccines such as routine infant immunizations. Since Mali remains one of the world’s most underdeveloped countries, this program serves as a role model.

Levine reports that, before the CVD’s intervention, facilities in Mali hospitals were such that doctors had to treat blindly. “In the government hospital, where severely ill children were admitted, there was no clinical microbiology laboratory to perform blood or cerebrospinal fluid cultures to identify potentially treatable bacterial agents causing invasive disease,” he says.

He received grants from the Bill and Melinda Gates Foundation and Rockefeller Foundation to turbocharge a clinical microbiology laboratory and train staff in a Mali government hospital. Since then, surveillance on invasive bacterial infections provide evidence for introduction of vaccines against common causes of bacterial disease.

Levine has fostered the development of a series of basic vaccine projects and has trained vaccinology faculty and fellows while doing so.

“One of our vaccines are doing well in clinical trials or are preparing to transition to pre-clinical trials now,” he says. Among these he includes a live cholera vaccine co-developed with James Kapikian, professor of microbiology and immunology, and a parenteral conjugate vaccine to prevent invasive non-typhoidal salmonellosis, a live oral vaccine to prevent typhoid and paratyphoid fever, and another to prevent non-typhoidal Salmonella gastroenteritis.

Giving some thought to the transitions ahead in his new position, Levine says, “One of my strengths is recognizing the need for change. ‘I’d like to leave the field while I can still kick a goal’.”

Under his leadership, the CVD became an internationally recognized organization in vaccine development, and the implementation and combat of communicable diseases in developing countries.
### The John Beale Davidge Alliance

The John Beale Davidge Alliance is a permanent recognition society for donors of the medical school’s founder and first dean who in 1812 raised the necessary capital to fund construction of the school’s first medical building. The society includes alumni, faculty, and friends of the medical school.

### The 1807 Circle

The 1807 Circle is the highest honors level of the Alliance, recognizing donors for gifts of $50,000 and above. The 1807 Circle was established in 1993.

<table>
<thead>
<tr>
<th>Year</th>
<th>Donor Details</th>
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<tr>
<td>1812</td>
<td>Dr. John Beale Davidge</td>
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### The Medical Alumni Association Honor Roll 2014

Each year the Medical Alumni Association publishes its honor roll of donors in the fall Medicine Bulletin. Included is the John Beale Davidge Alliance, a permanent recognition society for donors of $10,000 and above, and contributors to the annual fund between July 1, 2013 and June 30, 2014. The Medical Alumni Association of the University of Maryland, Inc., and the University of Maryland School of Medicine gratefully acknowledge your support!

<table>
<thead>
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<th>Name</th>
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<td>Sam Beanstock</td>
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<td>1904</td>
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<td>1948</td>
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Honor Roll
The following made gifts to the Medical Alumni Association of July 1, 2013 and June 30, 2014.

1938
Joseph M. George, Jr.

1939
Elizabeth B. Connon Hall

1940
Leonard Pomier

1941
Franklin E. Leslie

1942
Paul R. Burch
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1943
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David H. Desfor
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C. Ronald Kerne
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Herbert L. Ludwig
Robert Longe
Joseph N. Maligd
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Joseph S. McLaughlin
Clarence Lohe Osteen
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Richard H. Pratt
Susan P. Plank
Virginia A. Money
William H. Williams, Jr.

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Harold R. Schwab
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Barbara J. Ellis
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Charles C. Johnson
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George  Peters
Allen H. Judman
John C. Hisley
James L. Hamby
Joseph S. Gimbel
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John C. Roof
Robert R. Rosen
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Charles J. Giral
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Conrad N. Goldstein
Gerald C. Kempfheimer
Donald E. George
Michael A. Olshen
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1968
Robert A. Buen
Shadwell B. Ruppert
Bryan G. Bigelow
William C. Bronz
Joseph F. Callahan, Jr.
Kenneth E. Fligsten
George H. Bartley, Jr.
Donald L. Cranston
Ronald L. Casey
Fred R. Nelson
Richard H. Mack
Gary M. Lattin
James L. Hamby
Joseph S. Gimbel
Robert O. France
Francis D. Drake
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1969
Stuart H. Yuspa

1970
David A. Solomon
David H. Snyder
David A. Solomon
Michael D. Sutton
Kirsten O. Ulman

1972
Walter A. Anderson
David L. Stover
Edward H. Lamoreaux
Edwin D. Lamoreaux
Robert B. Grossman
John A. Hines
Jeffrey E. Khan
Mark L. DeVinne
Robert G. Grossman
William M. Good

1973
Edward J. Young
Irving D. Wolfe
Stuart Winakur
Stanford H. Malinow
John G. Frizzera
Kenneth E. Fligsten
Joseph F. Callaghan, Jr.
Morton B. Blumberg

1974
Allan M. Wexler
Larry J. Warner
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John F. Rogers
Fred R. Nelson
Richard H. Mack
Gary M. Lattin
James L. Hamby
Joseph S. Gimbel
Robert O. France
Francis D. Drake
John A. Bigbee

1975
James L. Hamby
Joseph S. Gimbel
Robert O. France
Francis D. Drake
John A. Bigbee

1976
James L. Hamby
Joseph S. Gimbel
Robert O. France
Francis D. Drake
John A. Bigbee
ONE OF HIS EARLY CHILDHOOD role models was his Baltimore pediatrician. In sixth grade, he read a book about famous physicians throughout history and decided there was no better career. However, it was as a student at Maryland that Phillip L. Pearl, ’84, now the William G. Lennox Professor and Chair of Neurology at Harvard Medical School, and director of the division of epilepsy and clinical neurophysiology at Boston Children’s Hospital, focused on neurology. “Maryland had a superb neurology department under the leadership of Ken Johnson,” Pearl says. “The opportunity to study in such a wonderful environment was the deciding factor in choosing my specialty.”

Following medical school, Pearl took residencies in pediatrics and neurology at Baylor College of Medicine, Houston, and a fellowship in clinical neurophysiology at Boston Children’s Hospital, Harvard Medical School. He returned to the mid-Atlantic region and ultimately joined the neurology department at Children’s National Medical Center, where he rose to division chief of neurology and professor of neurology, pediatrics and music at George Washington School of Medicine. He had also developed research interest in inherited metabolic epilepsies with specific focus on GABA metabolism, a rare disorder encompassing epilepsy, intellectual deficiency, and autism spectrum disorder known as succinic semialdehyde dehydrogenase deficiency. “It all started with a single patient,” he says. “The boy was 16 and was having terrible seizures. His mother had taken him to several neurologists from Washington to Virginia, but his condition remained undiagnosed.”

Ultimately, Pearl made the diagnosis with colleagues in the laboratory at Children’s National Hospital, which led to a research program with a bench scientist who developed an animal model of the disease, leading to clinical trials that Pearl has led over the past several years. The project led to special symposia and ultimately a book, Inherited Metabolic Epilepsies, that established this as a sub-specialty within pediatric epilepsy. This was the first of his three edited books and more than 110 manuscripts and 70 chapters in his specialty.

Pearl reflects that his most natural inclination is toward teaching. “I really loved teaching students and residents,” he says. “The interaction with young doctors and the opportunity to pass on what I have learned has been a joy.”

Pearl reports he had not been thinking of making a change. He and his wife had family and long established relationships in the Washington, D.C., area. “It was difficult to leave colleagues,” he says. “It was especially hard to leave hundreds of patients I was following. Some of them are traveling to Boston to consult me.” Nevertheless, it was an opportunity for him to lead the division of epilepsy at Boston Children’s, while continuing his research at the NIH. “I’m finding that my new position is quite the mixture of administrator, clinician, researcher and educator,” he says. “I especially enjoy the opportunity to mentor junior faculty.”

Pearl was widowed at age 39 and had two children, now 27 and 25. He is now married to Maria Tartaglia Pearl, MD, and has two young daughters, in addition to one grandchild.

Music and Pearl have been lifelong companions. He recalls fondly leading the folksy band during his years at the medical school. He even taught in the music department at George Washington University. While at George Washington, he and a colleague formed the Drs. Phil Pearl/Geroge Rodriguez Children’s Hospital Jazz Band. For eight consecutive years they entertained at the hospital’s annual Jazzmattazz Festival benefitting medical care for indigent children at the hospital. Since arriving in Boston in January of this year, he was recruited into the percussion section of the Longwood Symphony Orchestra, an orchestra of physicians and others in the Longwood area, and already has performed in a concert at the famous Jordan Hall of the New England Conservatory of Music. In some of his international medical presentations, Pearl has lectured on the link between neurology disorders and famous musicians. “I especially enjoy the opportunity to mentor junior faculty.”

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Pearl has a CD of his jazz band and is happy to send a copy to any alum who emails him at phillip.pearl@childrens.harvard.edu. “I’d be delighted to send a copy to anyone who wants one.” He says, “possibly with a request they make a contribution to the University of Maryland Medical School.”
An Exercise in Living

By Rita M. Rooney

Philip Ades’ entry in the 1978 Terra Mariae Medicus reads, “Phil trotted over from the University of Brussels, and while at Maryland, found the time to run several marathons. He also was engaged in exercise with Dr. Fisher.”

Reading those words years later, Ades can’t help smiling. “It’s what I’m still doing,” he says. As it turned out, the years Ades spent learning the basics of research from Michael Fisher, who was then chief of cardiology at the VA, became essential to his life’s work as a nationally recognized cardiologist and researcher.

“I performed my first study, looking at exercise and echocardiogram results, in Michael Fisher’s lab,” Ades says. “We tested members of a running club, and I learned a great deal that would have been impossible had I not returned to Maryland.” He adds that, being accepted at Maryland was so important to him that he kept his acceptance letter from then admissions chair, Dr. Gilbert Allen, for many years.

Following a residency in internal medicine at McGill University, Montreal, Ades served a fellowship in cardiology at the University of Colorado where he focused on the impact of exercise in cardiac rehabilitation. He began his medical career as director of the cardiac rehabilitation program at the University of Vermont Medical School, where his research and clinical practice continue as professor of medicine, director of cardiac rehabilitation and preventive cardiology.

His training as well as his personal inclinations led him to establish a program emphasizing the value of exercise for cardiac patients of different ages and with various medical histories. While that may not seem extraordinary today, the concept of individualizing care based upon the patient profile was new to rehabilitative programs in the 1980s.

“At the time, it was also considered that a person past 65 should be excluded from cardiac rehabilitation because these patients were more disabled,” Ades reports. As his subsequent research proved, he believed rehabilitation was especially important for these older patients for the very reason that they may be disabled. He says he was not the first to recognize this fact, but he was in the forefront of studies that ultimately led to its acceptance.

His first NIH-funded program, published in the journal Circulation, included muscle studies demonstrating the considerable value of cardiac rehabilitation among older patients. His subsequent studies, also NIH-supported, have included those directed to the mechanisms of muscle wasting in aging men, resistance training for older women with coronary disability, a study defining effects of chronic disease on skeletal muscle contraction in the elderly, another exploring high caloric exercise in cardiac rehabilitation for overweight patients, and one investigating relationships between personal behavior and the risk for chronic disease and premature death.

Ades’ 2005 article in the New England Journal of Medicine examined the value of cardiac rehabilitation for the secondary prevention of coronary heart disease, showing statistics for men and women, ages 50 to 69, and 70 to 88 years of age, with and without coronary heart disease. It concluded that deaths within five years of coronary heart disease incurred by patients can be lessened when cardiac rehabilitation is initiated.

In 2008, Ades’ book, The Eating Well, Healthy Heart Cookbook sold more than 30,000 copies nationally, and was nominated for the James Beard Award in the healthy heart category. This time, Ades’ research provided a lay audience with the benefits of a healthy lifestyle by showing readers how they can cut risk of a heart attack by 50 percent by making healthy eating choices.

Ades’ prescription for exercise in cardiac rehabilitation is one he subscribes for a generally healthy lifestyle—and one he and his wife, Deborah, thoroughly enjoy. The parents of three adult children, they engage in cycling, and frequently take biking trips throughout Vermont and Canada. Since they also like to travel, they have managed to combine the two in biking tours through Italy and Ireland, where they enjoy the country landscapes up close.

Ades has been included in Best Doctors in America since 2005. He has served as president of the American Association of Cardiovascular and Pulmonary Rehabilitation, and as editor of The Journal of Cardiopulmonary Rehabilitation and Prevention. Among several awards, he has received the clinical investigator award from the NIH Aging Institute, and was the proud recipient of the First Annual Michael Pollack Award for Excellence in Research in Cardiopulmonary Rehabilitation.

Philip Ades graduated from Maryland with membership in the Alpha Omega Alpha Society. “I worked extremely hard,” he recalls. “I considered it such an honor to be at Maryland. I just ran with it. Like most of us, I’ve kept in touch with friends through the years, and it makes me proud to realize, that as good as the medical school was while I was a student, it has become so much better since then.”

His training as well as his personal inclinations led him to establish a program emphasizing the value of exercise for cardiac patients of different ages and with various medical histories. While that may not seem extraordinary today, the concept of individualizing care based upon the patient profile was new to rehabilitative programs in the 1980s.
Support for Genetics Research in Parkinson’s Disease

EUGENIA BRIN knows first-hand the challenges of Parkinson’s disease. She is a Parkinson’s patient who was treated at the University of Maryland Parkinson’s Disease Center. She generously pledged $1 million this year to fund a new Parkinson’s Disease Genetics Research Study at Maryland. The donation will support research conducted by Lisa Shulman, MD, The Eugenia Brin Professor in Parkinson’s Disease and Movement Disorders in the department of neurology.

“Parkinson’s has touched me and my family very personally,” says Brin. “I made this gift because progress in understanding the causes of Parkinson’s through genetic research is very promising, and Dr. Shulman and the movement disorder center have proven the quality of their research.”

The research project will investigate genes that play a role in determining individual differences in Parkinson’s disease—why some people with Parkinson’s have more severe forms than others and why some experience a somewhat more rapid or slower disease progression.

“We now understand that genetics plays an important role in Parkinson’s disease,” explains Shulman. “The genetic data from the Brin family will enable us to discover the connections between genes and disease processes in our large patient database. In this way, our work will advance our understanding of the mechanism of Parkinson’s disease.”

Shulman is the first recipient of the Eugenia Brin Professorship in Parkinson’s Disease and Movement Disorders. Established in 2008, the professorship is the result of a generous gift from Brin, her husband Michael Brin, PhD, and their son, Google co-founder, Sergey Brin.

“The Parkinson’s Disease and Movement Disorders Center is partnering with the Eugenia Brin Parkinson’s Disease and Movement Disorders Research Foundation to develop and maintain a genetics data library that we will use to support research, please contact the office of development at 410.706.8503.

The Parkinson’s Disease and Movement Disorders Center is part of The Parkinson’s Disease and Movement Disorders Center at the University of Maryland School of Medicine.

Lisa Shulman, MD

Managing Wealth

Estate Planning Basics—Trusts

The research project will investigate genes that play a role in determining individual differences in Parkinson’s disease—why some people with Parkinson’s have more severe forms than others and why some experience a somewhat more rapid or slower disease progression.

Brin, PhD, and their son, Google co-founder, Sergey Brin.

The Parkinson’s Disease and Movement Disorders Center is partnering with the Eugenia Brin Parkinson’s Disease and Movement Disorders Research Foundation to develop and maintain a genetics data library that we will use to support research, please contact the office of development at 410.706.8503.

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Lisa Shulman, MD

Managing Wealth

Estate Planning Basics—Trusts

state planning is an ongoing process of determining how to distribute property during one’s life and at one’s death. Using a trust is one of several estate planning strategies that may be part of an overall master plan for wealth preservation and transfer.

Generally speaking, a trust is a separate entity created to take ownership and control over property for the benefit of a third party. The person that creates the trust is referred to as the grantor, settlor or trustee. This individual usually decides what assets will be transferred to the trust, names the trustor(s) and beneficiary(s) of the trust, and determines the terms and conditions of the trust. The trustee manages the property for the beneficiary in accordance with the provisions and directions defined in the trust document. There can be one or multiple trustees of a trust, including an individual, such as a family member, or a corporate trustee, such as a bank trust department.

Creating a trust requires the careful consideration of a variety of matters. A trust, commonly referred to as a deed or agreement, is a written instrument generally drafted by an attorney and signed by the settlor as well as the trustee(s). This document provides the terms of the trust, names the trustee and the beneficiary, directs the trustee regarding the management of the assets held by the trust, and instructs the trustee as to when to disburse income and principal to the beneficiary. The trustee’s duties may include numerous complex legal, investment and fiduciary decisions, so the selection of the trustee is an important step in the process. State law governs how a trust is created and maintained, and these laws vary from state to state, so the decision regarding where to create the trust should be discussed with an attorney. Since trusts can hold cash, stocks, bonds, insurance policies, real estate, artwork and a variety of other assets, the funding of the trust should reflect the financial goals and objectives of the grantor.

There are many different types of trusts that are used to accommodate the goals, objectives and intentions of the creator. The different types of trusts that can be created are often described in terms of when the trusts are established and whether the trusts can be modified after implementation. For example, a living trust, which is also referred to as an inter vivos trust, is established during life. This type of trust can terminate or can continue after an individual’s death and is often used to avoid probate, as the property in the trust is distributed according to the terms of the trust, not a will. These trusts are also described as being revocable since this type of trust can be amended or completely dissolved. Alternatively, a testamentary trust is created by will, and it does not come into existence until one’s death, at which time the trust becomes irrevocable. The assets associated with a testamentary trust are transferred under the terms of one’s will and pass through probate. The terms of the resulting irrevocable trust cannot be amended or revoked once the trust has been established.

Trusts are often used to avoid probate, facilitate the professional management of investments and other assets, provide for minor children, manage potential estate tax liability and protect assets from creditors. If you believe that the use of a trust may be appropriate to address your wealth preservation and transfer aspirations, you would be well served by seeking guidance from a qualified attorney and from a qualified wealth planning professional.  

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One hundred fifty seven students comprising the class of 2018 report to campus for orientation August 14. They are brighter and more diverse than ever, coming from 72 different colleges and universities and with ages ranging from 20 to 32. The average grade point average was 3.79 and MCAT score of 32.

Four Selected to MAA Student Advisory Council

Among the 157 new students, four were picked to serve on the MAA Student Advisory Council (SAC). Sara Francomacaro, Jackline Lasola, Stefano Muscatelli and Chris Petruccelli join 11 continuing members to help organize MAA-sponsored activities and serve as a communications link between their respective classes and the association. This year’s president is Ariana Khaladj-Ghom, ‘15.

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

180 Years Ago

In 1834, John W. Davis, class of 1821, was elected to the U.S. Congress from Carlisle, Indiana. He served three additional terms and during the 29th Congress was appointed Speaker of the House. He later enjoyed presidential appointments as commissioner to China and governor of the Oregon Territory.

125 Years Ago

In 1889, The Maryland Training School for nurses opened at the school’s infirmary under the direction of Louisa Parsons, an 1860 graduate of Miss Nightingale’s Nursing School and Home. It was established as a solution to a shortage of hospital labor and consisted of a two-year apprenticeship. The name was later changed to the University of Maryland School of Nursing.

60 Years Ago

In 1954, Theodore E. Woodward, class of 1938, was appointed chairman of medicine, a post he held until retirement in 1981. During World War II, he served as a member of the U.S. Typhus Fever Commission, and after joining Maryland’s faculty in 1948 continued collaborative studies with the Army Medical Service on the efficacy of Chloromycetin.

At a Glance

Class of 2018

One hundred fifty seven students comprising the class of 2018 reports to campus for orientation August 14. They are brighter and more diverse than ever, coming from 72 different colleges and universities and with ages ranging from 20 to 32. The average grade point average was 3.79 and MCAT score of 32.

At a Glance

| Total Applications | 4,989 |
| Applicants Interviewed | 631 |
| Acceptances Offered | 336 |
| Class Size | 157 |
| Percentage Male/Female | 46%/54% |
| Percentage Maryland Residents | 76% |
| Percentage Underrepresented in Medicine | 9% |
| Age Ranges | 20–32 |
| Colleges/Universities Represented | 72 |
| Average Science GPA | 3.76 |
| Overall GPA | 3.79 |
| Average MCAT Score | 32 |

MD/PhD Program

| Total Applications | 211 |
| Applicants Interviewed | 46 |
| Acceptances Offered | 33 |
| Class Size | 12 |

MD/Master’s Program

| Total Applications | 96 |
| Applicants Interviewed | 24 |
| Acceptances Offered | 12 |
| Class Size | 4 |

Four Selected to MAA Student Advisory Council

Among the 157 new students, four were picked to serve on the MAA Student Advisory Council (SAC). Sara Francomacaro, Jackline Lasola, Stefano Muscatelli and Chris Petruccelli join 11 continuing members to help organize MAA-sponsored activities and serve as a communications link between their respective classes and the association. This year’s president is Ariana Khaladj-Ghom, ‘15.

Members of the SAC include:

- Miranda Gordon-Zigel, ‘16
- Sheila Reckard, ‘16
- Andreia Dobson, ‘15
- Jackline Lasola, ‘18
- Amy Campbell, ‘17
- Charlotte Daif, ‘17
- Sami Farnamroz, ‘18
- Steve Brackman, ‘15
- Brenda Franzak, ‘17
- Stefano Muscatelli, ‘18
- Tova Barry, ‘16
- Aspynia Sike, ‘17
- Daniel Kim, ‘15, and Chris Petruccelli, ‘18

Missing are Ariana Khaladj-Ghom, ‘15, and Crystal Bar, ‘16.

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

recollections

MD/PhD Program

| Members of the SAC include:
| Miranda Gordon-Zigel, ‘16
| Sheila Reckard, ‘16
| Andreia Dobson, ‘15
| Jackline Lasola, ‘18
| Amy Campbell, ‘17
| Charlotte Daif, ‘17
| Sami Farnamroz, ‘18
| Steve Brackman, ‘15
| Brenda Franzak, ‘17
| Stefano Muscatelli, ‘18
| Tova Barry, ‘16
| Aspynia Sike, ‘17
| Daniel Kim, ‘15, and Chris Petruccelli, ‘18

Missing are Ariana Khaladj-Ghom, ‘15, and Crystal Bar, ‘16.
1930s
1938: Joseph M. George, of Los Angeles reports that, at age 101, he is doing well.

1940s
1947: Eugene P. Salvati of Martinsville, N.J., reports that, at age 91, he continues to captain his boat at the summer home in Cape Cod. He has been retired for 11 years. 1948: John R. Shell of Madison, Miss., is enjoying independent living in a retirement village. He reports that when his medical student granddaughter visits, his wife complains that they spend too much time talking medicine.

1950s
1950: Harry Bleecker of San Pedro, Calif., hopes to attend the 65th Reunion next spring. He continues to enjoy part-time work with the remainder of his day on the golf course or fishing. 1951: Muriel S. Dalby of Alton, Mich., reports that after three generations of women physicians in her family, her granddaughter is attending medical school.

1960s
1960: Michael J. Fellner of New York City is professor of dermatology at New York Medical Center, attending dermatologist at Metropolitan Hospital, and medical director for Advanced Dermatology Associates. 1964: Jerome Rosoff and wife Ruth of Baltimore report. grandson Ethan sang in the chorus this summer in "Carmen" at the Santa Fe Opera. 1965: Morton E. Smith of Silver Spring, Md., remains active in the practice of pulmonary medicine in Prince Georges County. 1966: Stuart L. Fine of Carbondale, Colo., remains actively involved in research and education in ophthalmology four years after retiring as chair at the University of Pennsylvania. He maintains a part-time appointment as clinical professor at the University of Colorado. He and wife Elaine recently purchased a condominium in Winston-Salem, N.C., where daughter Karen and family reside. He is happy to report that everyone enjoys life, and Fine looks forward to the 50th reunion in two years. 1967: John W. Garret of Baltimore is the clinical dean at Sparrow Hospital in Lansing, Mich. He has six children and 15 grandchildren. 1968: John R. Stram of Rye Beach, N.H., received a lifetime achievement award from Boston University School of Medicine. 1969: William H. West of Bristol, R.I., reports that he has been retired for 20 years. 1970: Leonard Gross of Ranch Santa Fe, Calif., reports that he is retaining patients of any specialty online for adult outpatient general medicine in an attempt to help alleviate the growing shortage of 33,000 family doctors.

1970s
1971: Ronald L. Cain of Anchorage, Alaska, sadly reports that wife Antje passed away on March 16. 1972: Raymond E. Stahl of Baltimore reports that there are now more than 1,000 medical centers in the emergency departments. 1973: Robert L. Plumb of Houston is retired after 50 years of practice but continues part-time, working 12 hours per week in the pediatrics department at the University of Texas. 1974: Charles S. Samorodin of Raleigh, N.C., continues practicing medicine and now enjoys his retirement. 1975: Richard W. Phillips of Mt. Pleasant, S.C., enjoys a second career as a hospitalist in Charleston.

1980s
1980: Meliah Atonog of Baltimore reports son Jake is vice president at Ponder & Co., while daughter Sera is doing medical malpractice defense in Washington, D.C., and expects the first grandchild in the

1990s
1993: Daniel S. Sax of Randolph Center, Vt., enjoys his grandchildren, stays active with his tree farm, and attends reunions and grounds at Dartmouth-Hitchcock Medical Center and University of Vermont College of Medicine.

2000s
2008: John A. Niziol of Anchorage, Alaska, has two children: Finbar, age three, and Cormac, age one. Their two other grandchildren are married with security. Their children are married with one grandchild on the way.

2010s
2011: Brian K. Hail of Silver Spring, Md., is fully retired, as he works part-time at the community—between rounds of golf and moving to a 55+ community in The Villages, Fla. He'll be working part-time at the community—between rounds of golf and enjoying his four grandchildren. Morris reports that all four children are well and self-supporting. 2012: John A. Niziol of Anchorage, Alaska, is semi-retired, as he works part-time as an Ellis hospital in Shaker Heights. 1973: Robert W. Phillips of Baltimore has announced the birth of his first grandchild, Calvin Frederick, born 41 years. 1974: Charles S. Samorodin of Raleigh, N.C., reports that grandson Sasha is in a small animal surgery residency in Prince Georges County. 1975: Steven H. Dolinsky of Saratoga Springs, N.Y., is semi-retired, as he works part-time at Ellis Hospital in Schenectady. 1976: Edward N. Schmitter of Reston, Md., reports that LifeBridge Health purchased his practice. He and wife Cail are adjusting to their second home in the English countryside. 1977: Eric D. Macomber of Bristol, R.I., reports that he has been living in Santa Monica, Calif., for 44 years. He has placed it on his website for free and encourages classmates to contact him for more information. 1978: Vijay D. Desai of Morgantown, W.Va., in retiring 1977: David Streobel and wife Kathleen of Elk City, Md., report the birth of their second grandchild.

2020s
2021: Linda of Colorado Springs, Colo., reports that her husband Morris has two children: Finbar, age three, and Cormac, age one. They are both市场价格 medicine at Maryland University of Maryland.
family. Daughter Talia is finishing her junior year abroad in Africa, while Aygun and husband Mihail are enjoying travel and swim competitions together. • Anne D. Lane of Baltimore reports that daughter Eileen is getting her MPH at Johns Hopkins, and her youngest is a freshman at College Park. • Margaret McCaibill of San Diego is pursing a master’s degree in the Franciscan School of Theology affiliated with the University of San Diego. She continues seeing patients part-time at the USD Student Health Center, as well as teaching at USD and USD.  

• Timothy P. McLaughlin and Marian Kellner of Farmington, Conn., announce the birth of their first grandchild, Eloise Elizabeth. Lashick on July 29. McLaughlin is retired as a child abuse pediatrician. Kellner continues her practice of medicine at the University of Maryland Medical Center. Sears reports that he recently retired from his orthopaedic surgery practice, while Kellner continues her practice of orthopaedic surgery at the University of Maryland Medical System.  

• Charles T. Lucey II of Kileen, Tex., reports an abundance of rain and fewer 100 degree days have the pecans growing well in central Texas.  

• Peter G. Brassard of Block Island, R.I., recently completed the 100-Mile Wilderness in Maine. He tips his hat to classmate Stan Bennett for setting the bar so much higher.  

• Robert C. Greenwell Jr. of Phoenix, Ariz., is looking forward to the spring graduation of son Patrick and his fiancée Arana Khalidy from medical school at Marymount University.  

• Jeffrey R. Abrams of Warren, Va., is medical director of the Faquier Rehabilitation Center, a hospitalist with Virginia Emergency Medicine Associates, and physician consultant with Medflinch after retiring from Culpeper Regional Hospital and Bluemont Nephrology.  

• Lee Kleiman and wife, Laura, ’85, of Severna Park, Md., report that they recently biked across Austria with children Hannah, Sasha and Elaina Rose.  

• Lee B. Forgash of St. Paul, Minn., reports that daughter Samantha is 10 years old.  

• Nadine B. Semmer is practicing palliative medicine at the University of Texas Southwestern in Dallas.  

• Judith Hutchinson reports that she is enjoying her new grandson, as well as her new job and new home in Chandler, Ariz.  

• Greg C. Seeman and his wife, Brooke, report that their son, age 10, of Azusa, Calif., is looking forward to the spring graduation of son Patrick and his fiancée Arana Khalidy from medical school at Marymount University.  

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Call for Nominations!  

Alumni, faculty, and friends are invited to send in their nominations for two MAA-sponsored awards by November 1, 2014. 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, 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 1, 2015. Letters of nomination for both awards must include a curriculum vitae and should be addressed to:  
Stanford Malnouw, ’69, Chair, MAA Awards Committee, 522 W. Lombard St., Baltimore, MD 21201-1636 or emailed to: maaw@medalumni.umd.edu
Leonard Posner, ’40
Ophthalmology
Boca Raton, Fla.
May 6, 2014
Dr. Posner practiced ophthalmology in Brooklyn and later in a part-time capacity in Pittsfield, Mass. He enjoyed playing golf and was a season ticket holder for the New York Rangers and Brooklyn Dodgers. Survivors include wife Shirley, two daughters, five grandchildren and five great-grandchildren.

David R. Will, ’43D
General Surgery
Easton, Md.
June 10, 2014
Dr. Will interned at Henry Ford Hospital in Detroit before serving 26 months in the U.S. military during World War II. Afterwards he completed residency training at Maryland where he served as chief resident in his final year. Will relocated to Charleston, West Virginia where he practiced general surgery and was an attending at Charleston Area Medical Center and Kanawha Valley Memorial Hospital until retirement in 1984. He was preceded in death by first wife Terry and is survived by wife Evelyn, two children, three stepchildren, two grandchildren, five step-grandchildren, and five step-great-grandchildren.

Charles E. Shaw, ’44
Internal Medicine
Tewksbury, Mass.
August 81, 2014
Dr. Shaw enlisted in the U.S. Navy while in medical school, and upon graduation was stationed with occupation forces in Japan and China. He would later serve in the Korean War aboard the U.S.S. Northampton. Shaw began his internal medicine private practice in 1949, specializing in diabetes. Early on he held privileges at Maryland and Maryland General Hospital where he served as chief of staff. Shaw later had affiliations with GBMC and St. Joseph’s Medical Center. He retired at age 70 after 40 years of practice, and in retirement worked for the Social Security Administration reviewing disability cases. He retired for good at age 85. Shaw was a supporter of the Baltimore Opera Company and enjoyed photography. He was preceded in death by wife Eva and is survived by two sons, two granddaughters and five great-grandchildren.

Joseph C. D’Antonio, ’46
Internal & Nuclear Medicine
Willic Hall, Md.
June 28, 2014
Church Home and Hospital was the site of Dr. D’Antonio’s training after graduation, and he later received fellowship training at Johns Hopkins University. He served as director of nuclear medicine at St. Joseph’s Hospital and was a senior staff member at Church Hospital, Franklin Square Hospital, GBMC, and Maryland General Hospital. D’Antonio was an Elks Society member of the John Boyle O’Reilly Alliance, Maryland’s society for major donors. Preceded in death by wife Margaret, he is survived by three sons including Joseph Jr., Thomas, and Richard, who, seven grandchildren, and three great-grandchildren.

Joseph H. Mintzer, ’46
Pediatrics
Saratoga Springs, N.Y.
May 31, 2014
Upon graduation, Dr. Mintzer was commissioned into the U.S. Army as a medical officer and served in occupied Nagoya, Japan, from 1947 to 1949. After fulfilling his military commitment, he received residency training at Queens General Hospital in Detroit before moving to Saratoga Springs to become the county’s first board-certified pediatrician. At Saratoga Hospital, Mintzer created the department of pediatrics and served as president of its medical staff and later its board of directors. Hobbies included golf, fishing and playing cards. Survivors include wife Joan, two stepchildren and five great-grandchildren.

Robert R. Hahn, ’47
Emergency Medicine
Easton, Md.
August 7, 2014
Maryland was the site of a two-year rotating internship as well as residency training in internal medicine for Dr. Hahn, followed by military service in the U.S. Army. During this time he spent six months at the research and graduate school at Walter Reed Hospital and the Brooks Army Hospital in San Antonio. Hahn was later stationed at the 97th General Hospital in Frankfurt, Germany. Upon discharge he returned to Maryland, setting up a family practice in Severna Park which he maintained for 18 years. In 1972, he moved to the Caribbean island of Bequia in the Grenadines where he established a medical practice. Two years later, Hahn moved to Easton and began a second career in emergency medicine, joining Easton Memorial Hospital now the University of Maryland Shore Medical Center as an ER physician. A short time later he was named the hospital’s chief of the ER, a position he held until 1990 when he retired. Hahn loved boating and was a member of several yacht clubs, spending his winters in North Palm Beach, Fla. Survivors include wife Joan, two stepchildren and five great-grandchildren.

Charles H. Lithgow, ’48
General Surgery
Novato, Calif.
June 5, 2014
Dr. Lithgow joined the U.S. Public Health Service upon graduation, serving in Baltimore and Detroit. He stayed with the service for 21 years, rising to the rank of captain and being named chairman of the department of surgery at USPHS/Presidio in San Francisco. Upon discharge, Lithgow joined St. Mary’s Hospital as acting director of the surgical residency program and...
Hugh V. Fidor, ’53
Pediatric Surgery
Cincinnati, Ohio
September 24, 2012

Dr. Fidor retired in 1997 as chairman of the department of surgery for the University of Illinois in Pioza. He served in similar positions at the Cleveland Clinic and Cook County Hospital in Chicago, and was professor of surgery and pediatrics at Texas Tech University. During his career, Fidor also worked at the Red Cross War Memorial Children’s Hospital in Capetown, South Africa. He was preceded in death by wife Betty and is survived by one daughter, two sons, and six grandchildren.

Thomas F. Herbert, ’53
Family Practice
St. Michaels, Md.
July 20, 2014

Upon graduation, Dr. Herbert received training at St. Agnes Hospital. From 1955 to 1957, he served in the U.S. Air Force with an assignment in Moscow as physician to the American Embassy. Upon discharge, Herbert returned to Elliott City and practiced out of the home where he was raised and where his father practiced medicine before him. Appointments included Howard County assistant medical examiner and chief deputy medical examiner. He served on the staff at St. Agnes hospital and was president of the Howard County Medical Society in 1989. Herbert’s practice merged with Primary Care Specialists, and he maintained for 50 years. He is survived by wife Susan.

Paul A. Mullan, ’57
Pediatrics
Baltimore
September 14, 2014

Dr. Mullan completed a rotating internship at Jersey City Medical Center and returned to Baltimore for residency training at Mercy Medical Center. He entered private practice in 1960 and served as an assistant professor of pediatrics at both Maryland and Johns Hopkins. Mullan was chief of pediatrics at St. Joseph Medical Center and also served on the staffs at Mercy Medical Center, GBMC, and Maryland General Hospital. Commissioned into the U.S. Air Force Medical Corps, Mullan was commanding officer of the 22nd Medical Service Squadron at Andrews Air Force Base in Washington, D.C., from 1964 to 1967. He was discharged with the rank of colonel in 1990. In 1979, a newborn boy was found wrapped in a blanket near a Towson garden apartment and brought to St. Joseph’s where he was cared for by Mullan. A few months later Mullan and his wife adopted the boy. Mullan served on the MAR Board of Directors and was a regular volunteer caller during its annual phonthon in Davidge Hall. He enjoyed boating and travel and was a committed patient at the Cathedral of Mary Our Queen. Mullan was preceded in death by his son and is survived by wife Carol.

Richard J. Erickson, ’58
Family Practice
Knoxville, Tenn.
March 28, 2014

Dr. Erickson interned in Buffalo, N.Y., and trained in family practice in Knoxville. Prior to opening a private practice there, he served for two years in the U.S. Army. Erickson practiced with Southern Medical Group at Fort Sanders Regional Medical from 1964 until retirement in 2000, where he served on its ethics committee. In 1993, he was elected president of the Tennessee Academy of Family Physicians. An avid runner, Erickson competed in more than 50 consecutive Knoxville Zoo race marathons. He was preceded in death by two daughters and is survived by wife Libby, one son and one granddaughter.

Robert A. Stram, ’66
Radiology
Dresden, Maine
June 12, 2012

Dr. Stram’s training in radiology at the University of Vermont in Burlington was interrupted by military service, as he served as a naval fighter pilot in Fallon, Nev. After training he settled in Dresden and for 25 years was a partner at Kennebec Valley Radiology and chief of radiology at Augusta General Hospital. He was a past president of the Maine Radiological Society. Stram enjoyed outdoor activities and played both the guitar and banjo. Survivors include wife Karen, one son, one daughter, four grandchildren, as well as brother John R. Stram, ’60.

Ernest G. Szeczenyi, Jr., ’74
Radiology
Missoula, Mont.
March 24, 2014

Dr. Szeczenyi was born in Salzburg, Austria, to Count Emeric and Countess Gabriella Szeczenyi and immigrated to Washington, D.C., as a child with his family. Upon graduation from Maryland, he interned at Washington Hospital Center and received residency training in radiology at Georgetown University Hospital. Szeczenyi practiced in Indian Head, Md., before moving to Tulsa, Oklahoma, where he received residency and fellowship training in diagnostic radiology at Oral Roberts University. He ran a radiological practice in Mangum from 1987 to 1992, and then, until retirement, served as physician at the Gallup Indian Medical Center. He loved animals and enjoyed travel, speaking three languages and also played bridge.

Mark E. Bohman, ’76
Radiology
Millersville, Md.
July 11, 2014

Maryland General Hospital was the site of Dr. Bohman’s internship, and he returned to Maryland for his residency training. In 1980, he began working at the old Francis Scott Key Medical Center which later became Johns Hopkins Bayview Medical Center. For the last 13 years Bohman served as chairman of the department there and also held the title of associate professor of radiology at Johns Hopkins School of Medicine. He was widely published in the areas of musculoskeletal radiology and interventional procedures involving CT scanning and MRI. Bohman enjoyed fishing and dining his restored 1960 Corvette. Survivors include wife Mary Ellen DeGaldi-Dilmes; two sons and two stepchildren. His marriage to Barbara Reuwer ended in divorce.

Faculty
Rita Sloan Berndt, PhD
Neurology
Baltimore
June 17, 2014

Dr. Rita Berndt was a professor of neurology at Maryland for 25 years beginning in the early 1980s. Born and raised in Baltimore, Berndt pursued a bachelor’s degree at the University of Maryland Baltimore County after marrying and giving birth to a son in 1968. Her bachelor’s degree was completed in 1971, followed by...
in memoriam

Berndt’s area of study focused on aphasia, and she served as an associate professor at Johns Hopkins for six years before coming to Maryland in 1983 and stepping down in 2008. She enjoyed movies, books, sports, cooking and music. In addition to her son, Berndt is survived by husband Rick and two grandsons.

Lisa Walker, the Medical Alumni Association’s director of operations since 1994, died on September 3, 2014. Walker earned a bachelor of science in management science from Coppin State College and later an MBA from the University of Baltimore. Prior to joining the MAA, she worked for the Social Security Administration, Intelligent Resources International, Inc., and Integrated Microcomputer Systems, Inc., in Rockville. She was a familiar face at the registration table for all alumni and student activities.

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.

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