

**Editorial**

## **ISDE presidential Bio; Tom R DeMeester, fourth president of the ISDE**

Tom R DeMeester was the fourth president of the International Society for Diseases of the Esophagus (ISDE) and is one of the fathers of modern esophageal surgery. His contributions to the field are numerous, some even prodigious. The development of noninvasive ambulatory esophageal monitoring moved the study of benign esophageal disease into a modern era, and remains a cornerstone of diagnostic modalities. The technology reaches across disciplines, and made his name known widely within surgery and internal medicine groups. I believe that this discovery with its multidisciplinary applications helped in his later contributions to the ISDE.

Few people grew up with a goal of becoming an esophageal surgeon. Instead, it is through a series of influences that career decisions are made by young physicians. I found interviewing Dr DeMeester for this short biography very fulfilling, resonating in fact. Those mentors that we encounter along the path of our lives are so important. Here is a glimpse of what influenced a man who was raised in Grand Rapids Michigan to become a visionary and giant in our field.

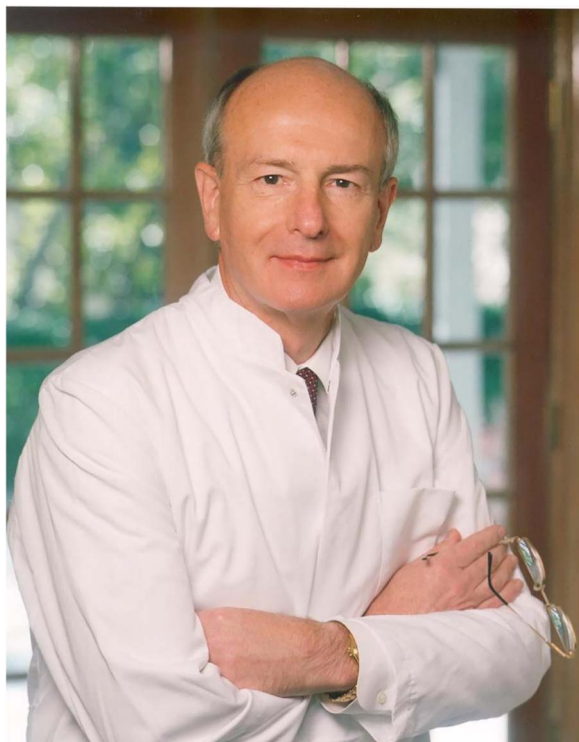
Dr DeMeester would say that his life has been influenced in many ways by his Christian faith. This inclined him to attend Calvin College in his hometown. He had some interest in Seminary and was initially reluctant to apply to medical school, but he had aptitude for chemistry and was encouraged into medicine. He applied and was accepted to the University of Michigan Medical school where tuition at the time was \$310 per semester.

During a private pregraduation meeting with each student, the Dean of the medical school suggested that Tom apply to an “eastern school” and recommended Johns Hopkins Hospital for internship and residency training. Tom applied and was unexpectedly accepted. During his general surgery internship, it was 1964; the US was becoming heavily engaged in the Vietnam War. Dr DeMeester was drafted during his internship, but Johns Hopkins Hospital was able to defer his draft until 1970 to allow him to complete his training in general and thoracic surgery. Dr George Zuidema, the newly appointed chair of surgery at Hopkins, encouraged Dr DeMeester into academic medicine. He providing a 2-year training grant under Dr Rupert Billingham and Clyde Barker at the University of Pennsylvania to pursue his



interest in organ transplantation. On return to Hopkins, Dr DeMeester came under the influence of Dr David Skinner, a newly appointed young faculty member who had an interest in the esophagus, and a world-renowned esophageal surgeon and frequent visitor of Hopkins, Sir Ronald Belsey. These men saw promise in Dr DeMeester and encouraged him toward a career in esophageal surgery.

After completion of residency, Dr DeMeester was called to active duty by the US Army and was assigned to Tripler Army Hospital in Honolulu, Hawaii. There he met Dr Larry Johnson, a gastroenterologist in charge of the GI service. Dr Johnson approached Dr DeMeester as someone that he could refer a burgeoning population of patients complaining of reflux. The work was intriguing, but there was a knowledge gap in the science of reflux disease.



The diagnosis was somewhat rudimentary, lacking in precision and specificity. Dr Johnson and DeMeester's natural curiosity, and the drive to understand gastroesophageal reflux disease led to an opportunity to collaborate and learn. They encouraged the Army to provide a clinical esophageal laboratory to study the symptoms and pathophysiology of gastroesophageal reflux disease. This work planted and promoted the concept of dynamic 24-hour esophageal pH monitoring and eventually led to the validation of the "DeMeester" pH Score which has remained clinically useful over the past 45 years. The seminal paper was given at the 1970 American Surgical Association meeting in Denver, Colorado in full Military dress (Fig. 1). Indeed, time and events do conspire to shape ones opportunities.

As Dr DeMeester's focus narrowed to the treatment of benign and malignant diseases of the esophagus, he quickly developed international status.

He went on to become the Chairman of Surgery at Creighton Nebraska and later at the University of Southern California where he mentored esophageal surgeons and internists alike.

Dr DeMeester's involvement with the ISDE started from the societies earliest beginnings and as its fourth president in 2000 (Fig. 2). His main contribution was congealing the ISDE into a truly worldwide society. This task was complicated. International banking was not straight forward and this made the collection of dues from around the world difficult. Further, the ISDE's roots as an international society presented language barriers that had to be overcome. These problems were solved by temporarily moving the ISDE office from Japan to the Department of Surgery at University of California in Los Angeles. This allowed ISDE to officially become a US, 501-C3 nonprofit organization. With these changes, the leadership team comprised of Dr Andre Duranceau from Canada, Mark Ferguson and Tom DeMeester from USA, and Antoon Lerut from Belgium, were able to secure solvency of the ISDE.

The second major and important change during Dr DeMeester's presidency was to alter the structure of the society council, such that the presidency would alternate between surgeon and internist, thus encouraging multidisciplinary leadership and participation in the meetings and membership.

Retired from practice, Dr DeMeester still enjoys traveling the world, now as a tourist rather than as a career. His legacy upon the ISDE and the specialty of esophageal surgery is deeply embedded in the foundations of our current knowledge and practice. I suspect that these contributions will remain critical to our field for many generations.

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