

# Edward Eaton Mason Tribute by ParaDocs Foundation

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## Edward Eaton Mason

Dr. **Edward Eaton Mason** has been called the "father of obesity surgery". He is widely regarded as the preeminent surgeon in the development and promotion of gastric restrictive surgery for morbidly obese patients.<sup>[1]</sup>

He introduced the first gastric bypass surgery in 1966 and invented the first vertical banded gastroplasty surgery (commonly called stomach stapling) in 1980.<sup>[1][2]</sup>

He was both a research scientist and professor of surgery at the University of Iowa. For years he searched for ways to perfect the surgical treatment of obesity to keep the operation as low risk and simple as possible to avoid complications and side effects while controlling body weight.<sup>[1][2]</sup>

He did research in 1965, assisted by Dr. Chikashki Ito from Japan, to treat peptic ulcer disease with gastric bypass surgery. From this research, he discovered that peptic ulcer disease was not helped, but his patients had significant weight loss. This led to his lifelong career in obesity surgery.<sup>[3]</sup>

In 1976 he organized a meeting of 50 to 60 obesity surgeons in Iowa City that was eventually incorporated as the American Society for Bariatric Surgery in 1983.<sup>[4]</sup>

Later the society was incorporated as the American Society for Metabolic & Bariatric Surgery to reflect the effectiveness of surgery on metabolic diseases particularly type 2 diabetes.<sup>[5]</sup>

Two years after Ed's death, the society had more than 4,000 members.

He founded and directed the International Bariatric Surgery Registry which as of 2022 collects and analyzes data from more than 45,000 patients to help learn more about specific obesity operations, and the lifelong effects of the operations they choose.<sup>[5][6]</sup>

He authored more than 200 papers and book chapters. He published 5 books, the first in 1964 titled "Computer Applications in Medicine".<sup>[7]</sup>

His fifth book "A Fat Chance A Surgical Paradigm of Obesity and Type-2 Diabetes" is an autobiography first published on his 100th birthday, 2 months before his death.<sup>[8]</sup>

### Edward Eaton Mason



#### Mason in 1964

<b>Born</b>	October 16, 1920 Boise, Idaho, US
<b>Died</b>	December 29, 2020 (aged 100) Iowa City, Iowa, US
<b>Education</b>	<u>University of Iowa</u> BA MD <u>University of Minnesota</u> PhD
<b>Known for</b>	Father of <u>Obesity Surgery</u>
<b>Spouse</b>	Dordana Fairman Mason MS
<b>Relatives</b>	Professor Edward Files Mason  RoseMary Mason MD  Matthew Tan Creti PhD
<b>Medical career</b>	
<b>Profession</b>	<u>Surgeon</u> <u>Researcher</u> <u>Teacher</u>

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**Institutions** University of Iowa

**Research** bariatric and metabolic surgery

**Notable works** Computer Applications in Medicine, Mason EE, 1964

#### **Awards**

- Distinguished Alumni Award University of Iowa Carver College of Medicine—2003
- Distinguished Alumni Award University of Minnesota Medical School—2003
- The ASMBS Foundation Outstanding Achievement Award—2005
- Medallion for the Advancement of Surgical Care American Surgical Association—2013

#### **Signature**



## Obesity Surgery Controversy

The gastric bypass surgery was both praised and criticized.<sup>[3]</sup> At first, the insurance companies would not pay for obesity surgery because they did not consider obesity a disease.<sup>[9]</sup>

According to Dr. Mason, extreme obesity was and will be one of the biggest problems to be solved in our times. Many medical conditions from heart ailments to high blood pressure, high cholesterol, stroke, diabetes, arthritis, gall bladder disease, and cancer stem from being overweight.<sup>[10]</sup>

Also psychosocial and socio-economic impairment occur with morbid obesity.

Eventually, in 2006, the Center for Medicare and Medicaid Services started to pay for bariatric surgery as a treatment for obesity.<sup>[11]</sup>

A line had to be drawn to determine appropriate patients for surgery. Extreme or morbid obesity is defined as twice the desirable weight or 100 pounds greater than the desirable weight or a Body Mass Index exceeding 40. Less severely obese persons (BMI, 35–40) may be considered for surgical treatment if they have a serious complication of obesity.<sup>[12]</sup>

Dealing with the complication of weight loss surgery was an important part of his research. He wanted to rescue morbidly obese patients from the consequences of the jejunal-ileal bypass procedure (malabsorptive surgery) and provide them with a safer alternative.<sup>[13]</sup>

He treated some of these patients who had severe protein malnutrition from intestinal bypass, with central venous feedings containing amino acids, glucose, and the required vitamins and minerals. When needed, he did a surgical reversal of the intestinal bypass back to normal anatomy. At times he did concomitant conversions to stomach restriction operations.<sup>[14][15]</sup>

## Early life

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Edward Eaton Mason was an only child born on the way to the hospital in the backseat of a taxi cab in Boise, Idaho on October 16, 1920 (the year women got the right to vote). His mother Dora Eaton Mason was a teacher and gifted sculptress who created the original Nile Kinnick bust and lived to be almost 103 years of age.<sup>[16]</sup>

His father Edward Files Mason was a professor of journalism at the University of Idaho and the University of Iowa, moving with his family from Idaho to Iowa City in 1929 during the Great Depression.<sup>[17]</sup>

## Career

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### Education

EE Mason aspired to academic surgery in grade school and began premedical studies in 1939. He graduated from Iowa City's City High in 1939, and entered the U.S. Navy in WWII and a year-round, war-time program in undergraduate and medical school at the U. of Iowa. He received a BA in 1943 and an MD in 1945 from the U. of Iowa. He married Dordana Fairman in 1944. Dordana got her BS in dietetics from Iowa State in 1943 and her dietetic internship and MS in dietetics from the U. of Iowa in 1944. They lived during Mason's last year of medical school at Oakdale in the Nurses Home.

Dordana worked as Head Dietitian at the Oakdale Sanitarium and Ed worked there part-time as an extern taking care of patients with tuberculosis. Neither of them became infected with TB. Ed did 9 months of a straight surgical internship in general surgery at the U. of Minnesota and worked under an NIH grant on the secretion of iodide by the stomach. From 1947 to 1949 Ed worked in the navy at the Wadsworth Veterans Hospital in Leavenworth, Kansas on a ward for patients with tuberculosis.<sup>[18]</sup>

He wrote his first paper on the treatment of intestinal tuberculosis with streptomycin, which was published in January 1949. This was a review of the 33 patients he had gathered from all of the patients treated at this hospital and all the other VA hospitals in the country. Streptomycin was the first antibiotic effective in treating TB.<sup>[19]</sup>

He returned to Minneapolis and the U. of Minnesota for his surgical residency training from 1949 to 1953. He sought training under Owen Harding Wangensteen (OHW) because OHW had written papers about animal studies for determining the best stomach operation for the treatment of peptic ulcer, which was an interesting subject he wanted to study.<sup>[20]</sup>



Edward Eaton Mason married as a Navy Officer

Near the end of his training, he helped OHW repair a giant hernia and an observer from Argentina told him that they used pneumoperitoneum to restore room in the abdomen for the hernia contents. When he later began work at the U. of Iowa Hospitals in 1953 on the surgical staff he called in all of the patients with a diagnosis of inoperable, giant, abdominal hernia. After explaining what he planned, he pumped several liters of air into the abdomen with a syringe and needle and a little local anesthesia, every few days to keep the abdomen distended, and then after 6 weeks of this, he let the air out and repaired the hernia.<sup>[21][22]</sup>

He presented the results of this study to the Mount Sinai Hospital staff in Minneapolis in 1954 as a guest of Fletcher Miller. Fletcher Miller had followed him through medical school in Iowa City, and surgery residency in Minneapolis, and was then Chief of Surgery at Mount Sinai Hospital. Arnold Kremen was in the audience and hearing Mason complain that two of his patients had broken down their hernia repair from rapid regain of weight, suggested that he use intestinal bypass to control body weight. He used this on two patients in 1954, but was not pleased with the results and performed no more of these operations for the treatment of obesity.<sup>[22]</sup>

## **Surgery Professor University of Iowa**

After obtaining his PhD in surgery from the U. of Minnesota in 1953, he returned to Iowa City with Dordana and his young children to work in academic surgery as a professor at the U. of Iowa Hospitals. At first, he worked on studies of cellular enzyme leakage as a sign of kidney and liver damage. This was supported for a number of years by a National Institutes of Health Research Grant. The kinetics of enzyme reactions were the same as the kinetics of membrane transport. He used the Michaelis-Menten equation and its reciprocal the Lineweaver-Burk modification.<sup>[23][24]</sup>

By 1965 he was running an artificial kidney at night for patients with acute renal failure, operating upon the thyroid and parathyroid glands, performing splenorenal shunts for patients with cirrhosis of the liver and bleeding esophageal varices, and otherwise keeping busy with everything except the stomach surgery research that had led him to study under OHW.<sup>[23] [25]</sup>

A meeting had been scheduled for the leaders of the world to present papers on stomach physiology in Edmonton, Canada in August 1965. Mason had a problem with hay fever during this time of year. So he took a 2-week vacation in Edmonton and used their student housing, swimming pool (his favorite sport), and medical library for his retreat. By the end of the meeting, he had mapped out experiments that would determine whether it was possible to bypass most of the stomach, instead of removing it as OHW and many other surgeons had done. He believed these experiments would show that ulcers would not result from his gastric bypass surgery.<sup>[26]</sup>



Edward Eaton Mason demonstrating a surgical scrub in 1956.



Edward Eaton Mason with volumetric flasks in his research laboratory

When he returned to Iowa City in 1965, he met Dr. Chikashi Ito, who had just arrived from Sapporo, Japan with his wife and 2 daughters. Drs. Robert T. Tidrick and Sidney Ziffren, <sup>[27]</sup> heads of the surgery department, had hired Chikashi Ito to work in the animal laboratory for 3 years, to help develop a more robust research program. Ito was a fully trained surgeon who wanted to spend all of his time in the animal laboratory, learn the English language and customs and live with his family in Iowa City. Mason and Ito proceeded with the project supported by a departmental trust fund that was part of a compensation plan that Tidrick had helped establish for the College of Medicine. <sup>[28]</sup> <sup>[29]</sup>

## **Gastric Bypass Treats Obesity, not Ulcers.**

After the animal experiments, Mason was satisfied that it would be safe to use gastric bypass in human patients and to begin treating patients with duodenal ulcers. In 1966 Mason did not have stapling devices for the stomach. An index of difficulty was the six-hour operation time. It soon became apparent that peptic ulcer disease was not helped by gastric bypass, but the obese patients lost weight. <sup>[30]</sup> Not until 1982 did Professor Marshall and Dr. Warren discover that a bacterium, Helicobacter pylori, was linked to peptic ulcer disease, opening the way for a simple cure with oral medicines. <sup>[31]</sup>

In 1966 Mason began using the gastric bypass operation on a few patients who were extremely or morbidly obese and some of whom had giant inoperable hernias from earlier operations on the gall bladder or other organs. Patients began referring their relatives and friends and the physicians joined in the referrals. At the time intestinal bypass was in widespread use for the treatment of morbid obesity and Mason was told by those other surgeons that the severely obese patient would not be able to tolerate an inability to eat all that they wanted. <sup>[32]</sup> <sup>[33]</sup>

His stomach operation created a small meal-sized pouch and bypassed the rest of the stomach, duodenum, and a short segment of the small bowel. Patients frequently volunteered that they were pleased to no longer feel a need to overeat and that for the first time they felt like a normal person. <sup>[34]</sup> <sup>[35]</sup> Later it was discovered that gastric bypass causes a marked decrease in the secretion of ghrelin, a hormone that normally causes a feeling of hunger. Ghrelin is normally secreted in the upper (fundus) part of the stomach, which is bypassed. This results in less hunger. <sup>[36]</sup> <sup>[37]</sup>

## **Gastric Bypass Treats Diabetes**

Gastric bypass surgery was shown to treat type-2 diabetes through weight loss and the release of GLP-1 (glucagon-like peptide-1) hormones. The gastric bypass operation resulted in rapid movement of food or dumping of food into the lower end of the small bowel where it stimulated the secretion of GLP-1 hormone. GLP-1 stimulated neurons in the hypothalamus to signal satiety. Also, GLP-1 stimulated the secretion of insulin and improved insulin receptors on cells throughout the body to help prevent and treat type-2 diabetes, which is the most common type of diabetes and occurs as a complication of morbid obesity. <sup>[38]</sup>

## **Dr. Ito Returns to Japan.**

Dr. Chikashi Ito, Dr. Mason's most valuable research assistant, returned to Japan after 3 years in Iowa. He never performed operations for obesity in Japan. This was because morbid obesity was not a serious problem in Japan at that time. Later, obesity became a problem in Japan when western style food was more available. In 1977, Dr. Mason visited Ito in Japan and helped him remove a small stomach cancer that was

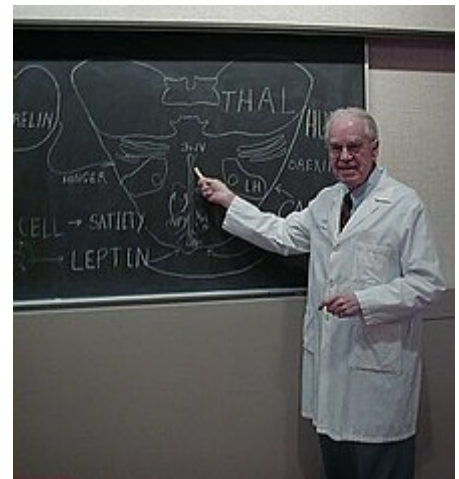
found by an x-ray machine equipped truck that screened adults for stomach cancer. There was a high rate of stomach cancer in Asian countries with high rates of infection with *H. pylori* and the increased consumption of salted and smoked foods. [39] [40] [41]

## Vertical banded gastroplasty

In 1971 Mason began work to simplify the operation and to avoid bypass of the stomach and duodenum to avoid other complications that sometimes occur besides the weight reduction. These efforts led to the development of Vertical banded gastroplasty surgery (VBG), a restrictive surgery, which was first performed at UIHC in November 1980 by Mason. [42] [43] [44] Patients were arriving heavier and wanted more weight loss, which gastric bypass provided better than VBG. The widely used RYGB (roux en y gastric bypass) was both restrictive and malabsorptive surgery. It reduced the size of the stomach and limited the amount of nutrients the body absorbed by bypassing a portion of the small intestine, resulting in better long-term weight loss. [45]

## American Society for Metabolic and Bariatric Surgery

In 1976 he began postgraduate courses at the U. of Iowa for 50 or 60 surgeons interested in the surgical treatment of obesity. In 1983 these meetings were incorporated in Iowa as the American Society for Bariatric Surgery. Ed was the founding president of the society. The word bariatric comes from “baros” meaning heavy. [46] This society was eventually incorporated as the American Society for Metabolic & Bariatric Surgery to reflect the effectiveness of surgery on metabolic disease particularly type 2 diabetes. By the year of Ed's death, the society had grown to 4,000 members and the estimated number of bariatric surgeries in the US was 198,651. [47] [48]



Edward Eaton Mason teaching at the University of Iowa

## American Bariatric Surgery Registry

In 1986 Mason started the American Bariatric Surgery Registry (ABSR) which was later changed from American to International (IBSR). [49] At the present time (2022) 45,000 patients' data are available for study. This helps surgeons and patients learn more about specific obesity operations and the lifelong effects of the operation they choose. [50]

## Laparoscopic Obesity Surgery

Operations that were performed with an open incision, started being performed laparoscopically with small incisions in the 1990s. [51] This was more comfortable for the patient with a speedier recovery time and fewer complications. On a trip to Taiwan in 2001, Dr. Mason observed Dr. Wei-Jei Lee perform a laparoscopic VBG, that was done efficiently and safely and finished in one hour. Soon after this, the laparoscopic approach began in Iowa. [52] [53]

## Treating Type 2 Diabetes with Glycomimetics



In 1998, toward the end of his career, Mason became aware of the common denominator between gastric and intestinal bypass in treating type 2 diabetes. This was the exposure of the distal bowel to glucose and other stimulants or glycomimetics that resulted in the secretion of GLP-1 hormones. The GLP-1 hormones could help treat diabetes type-2 disease. <sup>[54]</sup> For treating many diabetes-type 2 patients without surgery he recommended weight reduction with proper diet, increased physical activity, and possibly the use of a form of glucose or glucose substitute that would reach the distal ileum before it was absorbed. <sup>[55]</sup> He thought that the sweetener d-tagatose might be effective in treating type-2 diabetes and could be a simple and cost-effective treatment. <sup>[56]</sup> However, even though trying to take the d-tagatose personally (since Dr. Mason developed type-2 diabetes himself at age 89) the treatment was insufficient. He then personally continued a diabetic diet, exercise, metformin, and sitagliptin which is a DPP-4 inhibitor that slows the inactivation of GLP-1 hormones.

## Personal life

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Dr. Mason was a hard worker and dedicated teacher of thousands of medical students and surgical residents. He worked his entire life after his training years and service in the military, in Iowa City as a professor of surgery at the University of Iowa Hospitals (from 1953 until 1991, when he became an emeritus professor). He would go out to see his patients in the middle of the night until his early 70s and listen quietly to their complaints. His humble attitude was opposite to that of most surgeons. <sup>[57]</sup> He met the love of his life Dordana Fairman in 1944 while canoeing on the Iowa River at the U. of Iowa during medical school. Dordana was a dietitian studying for her M.S. Degree under Dr. Kate Daum. <sup>[58]</sup>

Ed said she also received her MRS. degree when they married on June 18, 1944. They were married 71 years until she died at age 93 of heart failure on Sept. 17, 2015. Ed and Dordana had 4 children Dan (1946), RoseMary (1947), Richard (1950), and Charles Henry (1953). <sup>[59]</sup> Ed could not have accomplished all that he did without the help and love of his wife Dordana. When the children were young, she was a stay-at-home mother. When her children were in school all day she gave up her volunteer jobs for the PTA, League of Women Voters, P.E.O., and Presbyterian Church and worked as a dietitian for the U. of Iowa Hospitals. She started a state-wide series of conferences, called "Diet Therapy USA" for continuing education for dietitians. She was editor of the U. of Iowa Hospitals' "Diet Manual". Eventually, she worked at the Psychiatric Hospital counseling patients with anorexia nervosa, while her husband treated the morbidly obese. <sup>[60]</sup> She spoke (along with her husband at conferences) on the dietary treatment of obesity. <sup>[61]</sup> She was interviewed by local newspapers on how to control obesity with diet. <sup>[62]</sup>

Ed had many hobbies including swimming, gardening, photography, camping in the North Woods of Minnesota and Canada, writing, and keeping up with new computers for his research. His grandson, Matthew Edward Tan Creti, a professor of computer science at Iowa State University, helped him to recover his database from outdated computers. He had 4 children, 9 grandchildren, 13 great-grandchildren, and 1 great, great-grandson on the way at the time of his death. He swam a half-mile every day at noon at the Iowa Field House or Mercer pool in Iowa City until he was 96 years old. He was the oldest member of the First Presbyterian Church in Iowa City before he died. <sup>[57]</sup>

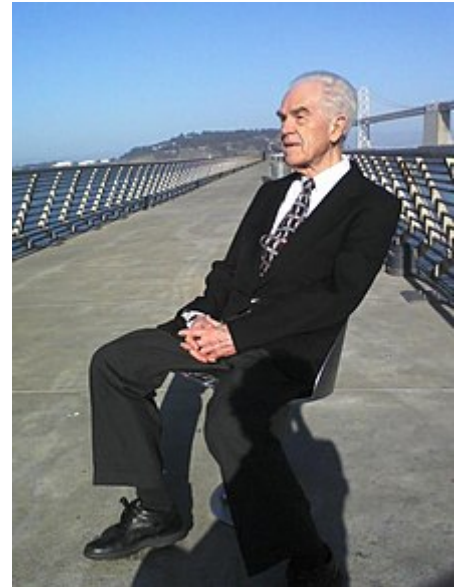
## End of Life and Death

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Dr. Mason remained productive into his 90's traveling to meetings around the U.S. to speak about obesity surgery and the treatment of diabetes. In 2011 he was a keynote speaker at the 97th Annual American College of Surgeons in San Francisco. <sup>[63]</sup> In 2014 he gave the 26th Annual Mason Lecture at the American Society for Metabolic and Bariatric Surgery Annual Meeting. <sup>[64]</sup> He wrote many articles for the Bariatric Times, a monthly magazine intended for surgeons, physicians, nurses, and other health care professionals in the field of bariatrics. <sup>[65]</sup> He would get e-mails and phone messages daily by doctors and

patients asking for advice. He worked on his autobiography and wrote the following: "We need to work together to save our small world for humans and other life forms. We can afford health care if we take responsibility in living healthy lives and finding ways of assisting others in healthy living." [66]

After his wife Dordana died in 2015 he wanted to continue living in his home one block from the University Hospital. In 2017 when it became apparent that it was no longer safe, he moved to Walden's Place, a senior living community in Iowa City. He remained there with the help of caretakers until his death. He never had a COVID-19 infection, but the restrictions placed on him from Covid in 2020 hastened his decline. He had poor hearing and couldn't understand what others were saying because they wore masks. At the beginning of the pandemic, he was confined to his room. He couldn't do his usual exercises or socialize. He died under hospice care on Dec. 29, 2020 two months after his 100th birthday. [57] The cause of death according to the death certificate was stroke as a consequence of hypertension and type 2 diabetes mellitus. [67] His body was cremated and buried with the cremated ashes of his wife Dordana at the Oakland Cemetery in Iowa City. According to Dordana they always did everything together. [59]



Edward Eaton Mason contemplating at San Francisco-Oakland Bay Bridge 2011

## Legacy

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His papers, books, and films of his early surgeries will be archived at the U. of Iowa Library. [68] As the "father of obesity surgery" he traveled to countries around the world including Japan, Taiwan, Tasmania, England, Italy, Sweden, and Germany to speak about the safe and effective treatments for the morbidly obese. [69] Edward and Dordana Mason established a Professorship in the UI Department of Surgery in 2006. He and his wife Dordana, a retired U. of Iowa dietitian, devoted their lives to a fight against obesity. They wanted to support the research of a UI faculty member in the field of obesity. [70]

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- University of Iowa College of Medicine Edward E. Mason's research works, 96 Publications [71]

## Awards, Honors, and Accomplishments

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- First gastric bypass surgery—1966



- Host of first Bariatric Surgery Colloquium in Iowa City—1977
- Founded the National Bariatric Surgery Registry (NBSR) in 1979

which became the International Bariatric Surgery Registry (IBSR) in 1996

- First vertical banded gastroplasty—1980
- Head of Surgery Department U. of Iowa Hospitals—1981-1982
- Founded the American Society for Bariatric Surgery (ASBS)-1983

which became the American Society for Metabolic and Bariatric Surgery in 2007

- Distinguished Alumni Award at the University of Iowa Roy J. and Lucille A. Carver

College of Medicine—2003

- Distinguished Alumni Award at the University of Minnesota Medical School—2003
- The ASMBS Foundation Outstanding Achievement Award—2005
- Edward & Dordana Mason established a Professorship in the UI Department of Surgery

to support a UI faculty member in the field of obesity—2006

- Awarded the Medallion for the Advancement of Surgical Care by the American Surgical

Association—2013

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