## Jonathan James Drummond-Webb

ITHIN AND OUTSIDE THE PAEDIATRIC cardiac fraternity, we were shocked by the tragic and sad death of Jonathan in the small hours following Christmas Day, 2004. Jonathan was born in Johannesburg, in 1959, being the son of the late Errol Praine Drummond and Anne Drummond-Webb. He is survived by his wife, Lorraine DeBlanche. He gained his medical degrees at Witwatersrand Medical School, Johannesburg, in 1982, after secondary schooling at Damelin College, and Marist Brothers College. He moved through his residencies mainly in Johannesburg, and became a Fellow of the South African College of Surgeons in 1991. He spent four months as a Cardiothoracic Surgeon at Johannesburg Hospital, and then moved to a position as Head of Cardiothoracic Surgery at Pelonomi Hospital, Bloemfontein, until midway through 1993. Jonathan then left South Africa with Lorraine, undertaking a Fellowship in Cardiovascular and Thoracic Surgery of two years at the University of Utah, working at the Hospital of the Latter Day Saints in Salt Lake City. During that time his focus was on adult cardiac surgery, extracorporeal membrane oxygenation, and other devices for ventricular assist. In 1994, he secured a position as Fellow in Pediatric and Congenital Heart Surgery at the Cleveland Clinic, and two years later he accepted the position of Clinical Associate. In June, 1998, he was promoted to Assistant Staff Surgeon. Soon thereafter, he was given the job of Surgical Director of the Paediatric and Congenital Heart Transplantation Service. In early 2001, he took up a position as Chief of Congenital Heart Surgery at Arkansas Children's Hospital in Little Rock. He recruited Michiaki Immamura from Sapporo, who had also undergone training for 21/2 years at the Cleveland Clinic. Between them, they built on the basis of the solid programme established by Steven VanDevanter, and increased their surgical numbers from about 400 to 600 per year. There was a strong accent on transplantation, which flourished under Jonathan and Michiaki. Their 30 day mortality was down to 1.4 per cent by 2003, which is an outstanding



Dr. Jonathan James Drummond-Webb 1959–2004 Rest In Peace

achievement. At the Cleveland Clinic, we have some fond memories of Jonathan and Lorraine. We remember Jonathan's enthusiasm, his energy, his rapid assimilation of the morphology, physiology and management of congenital heart disease, his devotion to the wellbeing of his patients, his excellent relationship with the families of his patients, and of his occasional mischievousness.

By all accounts, he carried these attributes to Little Rock, Arkansas, and built on them. We knew Jonathan as a driven man, with a stated ambition of being recognized as the best congenital cardiac surgeon. He had charisma and flare, and understood that, in this competitive day and age, publicity was

important to growth of his programme. Name recognition was coming to him rapidly.

When we emerge from the shock of his death, we ponder on those things that may have contributed. Certainly, high volume congenital cardiac surgery is a very emotionally, mentally, and physically taxing occupation, all heightened by the depth of caring embraced by a particular surgeon. Those left behind by Jonathan's death, Lorraine, his surgical team, those of his patients still scheduled for surgery, and those families that loved him for what he had done for their children, are all suffering deeply. So many future babies and children could have

benefited from his great skills. His passing is truly a real tragedy.

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