Dr Thomas George Pickering, physician, clinical scientist, professor and mentor, editor, husband, father, and grandfather, died on 14 May 2009 at the age of 69 years from the complications of brain cancer, an illness that he had fought with dignity and courage for over a year [1].

Tom was educated at Bryanston School in Blandford, England where he won state and entrance scholarships. He went on to study medicine at Trinity College, Cambridge and the Middlesex Hospital Medical School, London where he graduated in 1966, being awarded the first Broderip Scholarship [2]. His early postgraduate years were spent at the Middlesex and the Radcliffe Infirmary. He sat the membership of the Royal College of Physicians of London in 1968 (becoming a fellow in 1980) and went on to take a PhD degree at Oxford University in 1970. In 1972, he went to New York to take up appointments as Associate Physician at the Rockefeller University Hospital and Assistant Professor at Cornell University, and he spent 2 years as Assistant Professor at the Rockefeller University working with Neal Miller on biofeedback mechanisms. He was appointed Assistant Physician to the New York Hospital in 1974. He returned to the Radcliffe Infirmary in 1974 to work with Peter Sleight. His earliest hypertension research at Oxford focused on baroreceptor function, the autonomic nervous system, and the emerging class of cardiovascular medications, known as the adrenoreceptor blockers. Although he returned to Oxford from 1974 to 1976, the possibility of being able to work as both a practicing physician and a clinical investigator drew him back to New York City and Cornell University Medical College, where he spent more than 20 years in a productive career in behavioral cardiovascular medicine, clinical hypertension, and blood pressure measurement research.

In 2000, Tom became Director of Behavioural Cardiovascular Health and the Hypertension Program at the Cardiovascular Institute of Mount Sinai Medical Center and in 2003 he moved to Columbia University Medical College as Professor of Medicine and Director of the Behavioural Cardiovascular Health and Hypertension Program.

Tom practiced ‘translational research’ long before the term became fashionable; he translated his clinical observations in medical practice to research endeavors throughout his career. Striking examples of his ability include important observations on the relationship...
between renovascular disease and cardiovascular complications, and the impact of renal revascularization, as well as his astute observations that anxiety, perceived stress, job strain, and the medical care environment itself induced hypertension in some individuals who otherwise would not have been classified as hypertensive. He had a deep belief that psychosocial mechanisms played an important role in the pathogenesis of cardiovascular disorders.

His research interests also focused on new methods of blood pressure measurement, particularly the use of 24 h ambulatory monitoring and self monitoring; his identification of the importance of the circadian variability of blood pressure led him to study the psychological influences of work and stress in hypertension and heart disease, a field in which he was regarded as the world authority. At a clinical level he studied the influence of sleep in hypertension, methods of improving adherence to medication so as to obtain better control of elevated blood pressure and he also studied the application of nonpharmacological approaches to the management of hypertension. He published prolifically in these areas (for those interested in numbers, a PubMed search at the time of this writing shows 485 original research articles by Thomas G. Pickering) and always in a style that was clear and concise. He was at his best when released from the constraints of editorial restrictions of style and format. We think it is fair to attribute him with priority in coining the terms ‘white-coat hypertension’ and ‘masked hypertension’, conditions which he not only described, but did much to explain with well-designed studies.

Tom was cautious not to overinterpret his findings and built on each observation over the years. Examples of his work systematically investigating aspects of his findings included studying whether white-coat hypertension was benign and whether masked hypertension enhanced risk. Instead of prematurely drawing conclusions, Tom always felt it was important to pursue knowledge and to continue to thoroughly study these problems. He was both remarkably tenacious as well as careful in his academic pursuits.

Conscious of the fact that hypertension affected over 50 million Americans, he wrote reassuringly to the public in a book for lay people, Good News About High Blood Pressure, which deservedly became a popular resource for many. If we were to focus on one outstanding achievement it would have to be his Franz Volhard Award lecture ‘Should doctors still measure blood pressure? The missing patients with masked hypertension’, which he delivered to the International Society of Hypertension in Berlin in June 2008, and which was published in the Journal of Hypertension in the December 2008 issue. At that time Tom had already undergone brain surgery for the astrocytoma that was later to claim his life; despite bearing the burden of the diagnosis and being on complex medications that necessarily slowed his active mind, he gave what many regard as his finest lecture, but more importantly he redefined the meaning of the words courage and fortitude.

Tom was an unusually unselfish mentor, even with his competitors (or perhaps he did not really have any competitors!). One of us recalls sitting next to him 23 years ago at a plenary session of the American Society of Hypertension: ‘despite the fact that I was virtually an unknown entity in the research world, he treated my work with respect and gave support and advice to me for many years to come. In 1994, when asked to collaborate as an editor to start a new journal in the field of blood pressure measurement, he did not hesitate for a moment, and used his contacts at Current Science in London to facilitate the development of the publication’ [1]. This journal allowed those of us in blood pressure measurement research to publish consensus articles on timely topics, such as white-coat hypertension, as well as providing a resource in which to publish blood pressure device assessments.

During his entire career, Tom taught and supervised young researchers from all around the globe and, in particular, Japan. Many of these individuals went on to become independent and successful investigators in a variety of institutions, and made Tom proud. In this Issue of Blood Pressure Monitoring, some of these physicians have written tribute articles, vignettes, and contributed photographs that depict Tom’s ever attentive demeanor at scientific meetings at which his younger colleagues were presenting their work. As testimony to Tom’s influence we need only look to the collaborative articles that continue to be published in high-quality journals in cardiovascular medicine.

Tom served on many governmental and academic bodies including the American Society of Hypertension, the National Heart, Lung and Blood Institute, the International Society of Hypertension, the American Heart Association, the Cardiorenal Advisory Committee for the US, Food and Drug Administration, and the Committee on Gulf War and Stress of the Institute of Medicine. During the past decade, he became an editorialist as well as an organizer of policy documents. As a senior editor of the Journal of Clinical Hypertension, he took on a surprisingly diverse set of topics. For many of these topics, he had no personal involvement as an investigator, yet he was able to critically review the literature. His numerous editorials were concise, clear, and without conflict. During the last few years, Tom became a bit more of an activist, because he felt strongly that self-monitoring of the blood pressure, as well as ambulatory blood pressure monitoring, should be covered by third-party insurance companies for patient hypertension care. In 2002, after 19 years of being turned away, we
finally had success in calling a scientific meeting of the Center for Medicare and Medicaid Services to develop a national policy for coverage of ambulatory blood pressure monitoring for patients with white-coat hypertension. Tom suggested that not only should we present evidence of the benefits of ambulatory monitoring at this meeting but we should bring some of our patients who benefited as well. This turned out to be a stroke of genius, as our five patients told their stories and had a substantial impact on the audience (which was peppered with media representatives) as well as the advisors, who voted unanimously to approve national coverage for ambulatory monitoring.

So much for Dr Pickering, the scientist, what about Tom the man we came to love and admire? One of us has recalled that his first contact with the Pickering family was with Tom’s father, Sir George Pickering when presenting a manuscript on the emerging role of β-blockers in hypertension at a session chaired by Sir George in Malta in 1975 [2]. His kindness when the projector failed is an abiding memory. Tom’s mother, Lady Carola, was a regular attender during her lifetime at the British Hypertension Society memorial lectures named after her late husband. The most memorable of these was the ninth Pickering Lecture delivered in Dublin by Tom in September 1991 on ‘Ambulatory monitoring and the definition of hypertension’. At dinner in the Royal College of Surgeons she remarked ‘Eoin, I am so pleased; I never thought Tom had it in him. How little mothers know their sons and how much more science Tom had in him’!

Tom was the quintessential Englishman, mannerly, gentle and gentlemanly (the two must not be confused) whose enquiring mind was tinged with that spirit of philosophy whereby he knew nothing was new under the sun, but that what was fundamental to science was the expression of fact and the style of that expression; he was aware that each small brick added to the edifice of knowledge would enhance our understanding of hypertension, and ultimately benefit those we graduated to serve as doctors – our patients. And then the pleasure of coming to know Tom’s wife, Janet, a delightful and charming person, who could discuss literature and world affairs with equal erudition. We can only suspect how much Tom relied on her wise judgment; how much encouragement she gave him on the lonely road of science, where material considerations have to be sublimated in the interests of leaving a footprint in the sands of time, can only be sensed, but her influence shone through the love they both shared with each other and with their friends.

At the memorial service celebrating his life on 29 May 2009, at Columbia University, it was evident that Tom was a devoted husband, father, and grandfather. There we heard poignant stories that showed that he was a constant influence, not only in the lives of his two sons, William and Robert, but his daughter-in-laws Roberta and Sarah as well. In the late 1970s, Tom and his wife Janet purchased a house in upstate New York to spend time away from the city with their children and to cultivate the land and, when possible, he worked on the land with his tractor and chain to develop an eccentric ‘American’ garden. This hobby was an ideal means for him to relax and clear his mind of the usual concerns and worries of physician investigators. According to Janet, Tom, always an early morning riser, worked a great deal on his articles and grants at this house in Wingdale, using the kitchen table at 5:00 a.m. rather than an office while the rest of the world around him was sleeping.

Tom Pickering has left us a legacy, not only in his numerous research and review articles, but in the integrity and human warmth of his gentle and kind personality that has been such an example to us all. We predict the many young (and indeed also those now not-so-young) scientists, many from distant lands, who were fortunate enough to work with him, will see that his memory and the science he espoused is perpetuated in a fitting way at some future time. This memorial issue will, we hope, be the start of this process.

References