

## Commitment and Fulfillment: The Life of John H.C. Ranson

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John H.C. Ranson, M.D.  
October 28, 1938–November 30, 1995

It was a time of sadness and mourning for all of us in The Society for Surgery of the Alimentary Tract when we heard that our President, John Ranson, S. Arthur Localio Professor of Surgery, had died on November 30, 1995, while undergoing treatment of multiple myeloma in Little Rock, Arkansas. It was to have been my honor to introduce him at our Annual Meeting. Instead I am here today to talk about his accomplishments and commitment to his profession, patients, and family.

In hope of giving as accurate a characterization of John as possible, I have spoken with his loyal assistant Helena Logan, his colleague and friend Kenneth Eng, his chairman and friend Frank Spencer, his student

Bill Nealon, other pancreatic surgeons including Edward Bradley, John Cameron, Howard Reber, Andrew Warshaw, and—most important—his sister, K. Anne Ranson, and his beloved wife, Patricia, who are here with us today and to whom I am greatly indebted for much of the information about John's early life, education, and significant events in his life. As those of you who attended the President's Dinner last night know, Patricia has faced the aftermath of John's death with grace, courage, and strength. Her gallantry and presence in the face of adversity were an inspiration to us. I have also reread some of John's landmark papers, which are as valid today as when they were published 22 years ago.

### Chronology

John was born on the eve of World War II, October 28, 1938, in Bangalore, India, the son of missionaries—the Reverend Dr. Charles Wesley Ranson and Jesse Grace Margaret Gibb. John's father, Charles, was a tall, charming, jovial Irishman. He dominated every room he entered by his presence and conversation. He lived to be nearly 85 and took great pride in John's accomplishments. John's father was held in high regard by the Indian government, which awarded him a medal for public service. John's mother, a quiet, self-effacing woman, also achieved distinction. A professor of history, she was commissioned to write a history of England for Indian students. Grace Ranson was also a champion tennis player and played with the Royal Family when they visited India. The Ranson family left India and returned to England in 1945, when John was 6 years old. Then, when John was 9, the family moved to the United States, where his father worked for an international missionary organization based in New York City. At age 11, in the English tradition, John went

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away to boarding school, but not in England. He attended the Groton School in Massachusetts. He maintained throughout his life many of the friendships developed during these formative years at Groton. Two years later, when John was 13, his family returned to England. John continued his studies at Groton and commuted back and forth across the Atlantic during his summer holidays on the Queen Mary. On graduation from Groton, he faced the choice of attending undergraduate school at Harvard or returning to England, where his family now resided, and attending Oriel College, Oxford, which was his father's alma mater. He chose Oxford. Shortly after John's return to England, tragedy struck. His beloved mother was killed in a car accident on New Year's Eve 1957. She was only 50; John was 18.

A few years after his wife's death, John's father returned to the United States as a professor and dean of the Theological Seminary of Drew University in New Jersey. He was to live in the United States for the rest of his life. John had two sisters. His older sister, to whom he was very close, lived in Scotland, where she was a high school teacher of French and Spanish. Mary, who had three children, died prematurely of a brain tumor at age 48. John's younger sister, Anne, lives in New Milford, Connecticut, and is Editor-in-Chief of the *Academic American Encyclopedia*. Anne donated her bone marrow to John during his multiple myeloma therapy. John's Uncle Fred may have influenced John's choice of profession. Fred was a surgeon in Shanghai before World War II. He was interned by the Japanese, during which time he contracted tuberculosis. No longer able to perform surgery after the war, he retrained as an ophthalmologist.

John obtained his undergraduate and graduate degrees from Oxford University in England, an M.A. in physiology, B.M., B.Ch., and then trained at St. Bartholomew's Hospital in London, England. He completed his surgical residency training at Bellevue Hospital and New York University Medical Center. He then joined the faculty of New York University, where he prospered under the leadership of Frank Spencer and S. Arthur Localio. He became Director of the Division of General Surgery and Director of the Residency Training Program at the New York University Department of Surgery, the S. Arthur Localio Professor of Surgery, and Chairman of the House Staff Committee.

John met his bride-to-be, Patricia Vignolo, in New York. She was a native of California and a graduate of Northwestern University. She worked in advertising and marketing and by the time they met, she had achieved distinction as an account supervisor in a large advertising agency in New York City. Their attraction

was mutual and romantic. They were married in 1982. She and John were devoted to their two children, Elizabeth, now age 12, and Gibb, age 9, and derived much joy from their joint activities. John never missed a conference with his children's teachers.

### Professional Achievements

John's clinical and research interests were in gastrointestinal surgery and focused on the liver, biliary tract, and pancreas. He was the author and coauthor of 79 original publications, eight selected summaries in gastroenterology, 47 book chapters, two books and one film in the American College of Surgeons library. His skills as a surgeon and surgical educator were recognized by Dr. Spencer. Only 10 years after joining the faculty, he was appointed a full professor. He was the recipient of many honors. He was an Alpha Omega Alpha fellow, treasurer of the James the IV Association of Surgeons, and served successive terms as Secretary and President of The Society for Surgery of the Alimentary Tract. He received the Hammond Citation for Distinguished Service from the New York State Medical Society and the Rousing-Tschering Medal of the Danish Medical Society. He was a vestryman and lay reader of St. James' Church of New York and a Knight of the Order of St. John of Jerusalem. Over a period of 20 years, he touched the lives of many surgeons. He was in great demand as a guest lecturer, as an invited speaker at symposia, and as a member of various postgraduate course faculties. He was a member of every important surgical society in the United States, including the American Surgical Association, the Southern Surgical Association, and The Society for Surgery of the Alimentary Tract, as well as the Royal Society of Medicine in London. He was on the editorial board of the *American Journal of Surgery*, the *British Journal of Surgery*, *Pancreas*, and the *International Journal of Pancreatology*.

John made many original contributions to our knowledge of gastrointestinal disease. He was a pioneer in our understanding of severe pancreatitis. In clinical studies he noted the frequency and severity of pulmonary insufficiency, the incidence and nature of coagulation deficiencies, the optimal timing of biliary surgery, and the role of the CT scan in managing pancreatitis. In the research laboratory he and his colleagues studied complement metabolism and chemotaxis. Additionally, he examined the relationship of pseudocysts, splenic vein thrombosis, and portal hypertension.

Although John made many other contributions to the management of gastrointestinal disease, his best-known contributions relate to long-term therapeutic

peritoneal lavage in patients with severe pancreatitis, which reduced the incidence of infection and death, and the grave prognostic signs of pancreatitis, better known as the Ranson signs. There is a belief that in all matters of scientific achievement, we stand on the shoulders of those who preceded us. In the case of therapeutic lavage, there is an unresolved issue for someone in this audience to take up—an issue that John and I discussed on more than one occasion. Does the benefit of long-term therapeutic lavage derive from the removal of noxious substances from the abdominal cavity or is therapeutic lavage simply an improved form of fluid resuscitation?

The Ranson signs of severity applicable to patients with acute pancreatitis constituted a remarkable achievement. Twenty-two years after their publication in 1974, the Ranson signs are still in use around the world and are still valid. Ed Bradley described an experience he had while making ward rounds in a remote third world country years ago. He was asked by one of the few English-speaking physicians if he knew Dr. Criteria. “Dr. Criteria?” he questioned. “Yes,” was the reply, “Dr. Ranson Criteria.” Based on astute clinical observations and later validated statistically in 1977, the Ranson signs stand as a monument to John’s brilliance as a clinical investigator.

In the context of the early 1970s, there was little precedent for the development of grave signs for acute pancreatitis or any other disease, with the exception of the New York Heart Association classification of heart disease developed in the 1950s and the Child classification for patients with cirrhosis of the liver in the 1960s. However, John was faced with a large number of patients with acute pancreatitis in whom the clinical assessment of severity was often inaccurate. He saw the need for a tool that could predict severity within hours of the onset of acute pancreatitis. Identifying the physiologic and laboratory tests that could be used to indicate severity required many observations, hard work, and sophisticated knowledge of statistical methodology. John was far ahead of his time. In developing the Ranson grave signs of acute pancreatitis, he developed a tool that was helpful in patient triage, allocation of scarce resources, evaluation of the quality of care, interhospital comparisons, assessment of alternative therapies, and a predictor of death.

While John influenced surgical practice of pancreatic disease throughout the world with his publications and research, he was a very effective teacher and educator and role model for house staff and medical students at New York University. John did not have to shout, stamp his feet, threaten, or use other histrionics to gain the attention of the medical students and house staff. His intellectual curiosity and the enjoy-

ment he derived from teaching were conveyed to his listeners. He was always helpful and always responsive to questions. He taught by the Socratic method. His remarks were expressed quietly, they were pithy and cogent, and were often based on his own observations in which he demonstrated the relationship between function and structural abnormalities of gastrointestinal disease. A simple raising of the eyebrow or a wry smile could express his disdain for a foolish notion. Sometime John’s colleagues found it hard to emulate their teacher. Kenneth Eng, John’s partner for many years, described his experience on becoming a faculty member at New York University and trying to arrange an on-call schedule with John. John was said to have replied, “Oh, that’s not necessary. I’m around all the time.” Dr. Eng felt if John was around all the time, then he ought to be too. Mercifully, for Dr. Eng, after 3 years of both of them being on call every night, weekend, and holidays, a call schedule was established when Tom Gouge joined the group.

John was a master surgeon with good judgment and technical virtuosity. The house staff turned to him for help with the most difficult gastrointestinal procedures. They say power corrupts and absolute power corrupts absolutely. John never corrupted the authority he derived from his position as Chief of General Surgery. The power he had in the operating room stemmed from the knowledge that he was a master surgeon. He was not arrogant, he was not a bully, he was not obnoxious or aggressive, he did not cast blame on others when problems arose—unfortunate traits we may recognize in ourselves or other surgeons lacking in self-esteem and talent. Instead John whistled while he worked: he enjoyed being in the operating room. He was unflappable and imperturbable in the face of surgical peril and adversity not infrequently associated with some operations on the pancreas.

At surgical meetings when John and I met with his colleagues, he was quiet and reserved. When disagreements arose during a discussion, he never personalized the discussion; he never used hyperbole or discredited those who disagreed with him. In fact, those who disagreed with John held him in high regard because he dignified his adversaries by listening carefully to their views and incorporating their concerns into his reply. John’s equanimity and focus on the issues and his scholarly approach brought reason to heated debates or controversial issues.

## Character

I turn from what John achieved to the factors in his life that were instrumental in developing his character. I confess this is speculation, although I have had

guidance from Patricia Ranson, Anne Ranson, and others. The influences I see were his religious background, his parents and their surrogates, his commutes across the Atlantic, and his mother's untimely death.

John's commitment to surgery was, I believe, more than that to a profession. Surgery to John was a vocation—a calling to which he would dedicate his life and energy. Surgery is a noble cause to which a Christian could give himself fully and in good conscience, much as his father had given himself to missionary work. John's long hours in the hospital and on call, along with his dedication to patient care, research, and education, support the view that John believed surgery was his vocation. John gave a talk on ethics in medicine to the laity at St. James' Episcopal Church in New York in which he revealed some of his feelings about his chosen vocation. His address on the topic of being a surgeon and a Christian left an extraordinary impression on his audience. Several of them wrote to Patricia after his death to express their feeling that they had seen God in man—this man who was a surgeon.

As devoted as John was to his vocation, he never allowed ambition to be his master. He never allowed the end (the goal of being a professor or Chief of General Surgery) to justify the means. The demands of academic surgery, particularly early in one's career when we are in what Joe Fischer describes as the "academic tunnel," can be overwhelming and destructive to family life. Perhaps John knew this and made a conscious decision not to marry until he was in his forties, or at least until he found Patricia. Once married, John was a devoted husband and father to his children, Elizabeth and Gibb. Patricia and John shared many common interests including travel, antiques, gardening, theater, religion, and paintings.

John grew up in a religious family accustomed to having to make personal sacrifices for the greater good. His mother, steady and serene, was a woman of uncompromising character who expected the best from her son and supported him in achieving it. Quiet and reserved though John was, he was unflinching when it came to principles. Patricia relates that John had asked to meet with black medical students while on a visit to South Africa. His request was ignored. He insisted until his hosts were reluctantly coerced into meeting his demands.

### **Influential Events**

Family moves from one continent to the next, consistent with his father's role as a missionary, left John in the care of surrogates as well as his own parents during his formative years. While John was at Groton and his

family primarily in England, he spent many school holidays with a family, close friends of his parents, in Chatham, New Jersey. Later, a family of old friends in Belfast, Northern Ireland, provided yet another home. There the man of the house was a physician, a recognized pioneer in industrial medicine. John could not help but be changed by this variety of experience. He became accustomed to differences in living styles. When we see something done differently from what we are used to, the contrast forces reflection.

The summer commutes from the United States to England and back on the Queen Mary were quite different from our experience of flying to Europe today in which the time is measured in hours rather than days. The days spent rocking to the rhythm of the waves, the seemingly limitless exposure of blue water encourage contemplation and provide a time for sorting things out, making decisions, resolutions, and commitments.

The untimely death of his mother—with whom he shared so many qualities—must have been an immense shock to an 18-year-old, and perhaps a time of rededication and commitment in her memory.

### **Accomplishments**

How do we measure John's accomplishments? Certainly in the world's eyes he was a remarkable man of great talent, superior intellect, and technical ability, with a penchant for hard work.

He was a preeminent surgeon, a member of all the important surgical societies, on the editorial board of many journals, acknowledged master of pancreatic disease, father of severity assessment of acute pancreatitis, and President of The Society for Surgery of the Alimentary Tract, the most prestigious society in the world devoted to the study of diseases of the alimentary tract.

He was a good friend with a wry sense of humor, a good conversationalist, and a fun person to be with while traveling, in meetings, or in the operating room. He touched many lives. His funeral at St. James' Episcopal Church was officiated by 14 vested clergy and attended by close to 1000 persons. Patricia received hundreds of letters of condolence, for which she is most grateful.

### **Fulfillment**

How did John feel about his life and accomplishments? Did he feel fulfilled as he faced his disease and the risks of the treatment for it? John was working on adding the final touches to the program for this year's meeting of the SSAT. He had already organized the entire postgraduate course, a labor of love, for which we are grateful, and which proved to be such a suc-

cess this past Sunday. He was concerned about an upcoming visit of the Residency Review Committee to New York University to review the surgical program, about which he had discussions with Frank Spencer. From Arkansas he had done much of the paperwork in preparation for the Residency Review Committee visit. He was looking forward to working in the new surgical research unit that he had fostered and brought to fruition at New York University. He was in the throes of preparing his presidential address. His topic, based on the information he had gathered in preparation for the talk, likely would have dealt with the need for quality assurance in the managed care environment. Perhaps, if he had lived, we would have heard about a new set of Ranson criteria to audit

the quality of surgical care. He was reveling in a happy marriage and watching his children grow up. All this was cut off by his untimely death.

However, I believe John felt he had fulfilled his commitment to his wife and family and vocation in the sense that he had given full measure of himself to them. His goodness, exemplified in the way he lived his life, and his unwavering faith that good will prevail have affected his family and all of us, and we are the better for it.

I know in my heart that John made a commitment to do good and be of service to others. He made it early in life before he was 20 years of age. He died, as we all know, with much more to offer. But he had fulfilled his commitment and knew that his example would light the way for his family and the rest of us.