

Sir Gordon Arthur Ransome (1910-1978) – His Teaching Style and His Legacy

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Sir Gordon Arthur Ransome was born in Salop, England, in 1910.¹ He came to Singapore in 1938, where he taught and practised medicine for 33 years before his retirement in 1971. Apart from the 4 years in the Burma campaign during the war, he spent the best part of his life in Singapore. It is calculated that in his lifetime, he taught 2000 or more medical students and served to bridge two generations of doctors.²

His Teaching Style and His Greatness

In December 1936, the creation of a new post of Associate Professor of Medicine, College of Medicine, specialising in Neurology, was approved. Gordon Arthur Ransome, MRCS, LRCP, MRCP, London, was appointed in 1937. He was also to be responsible for the teaching of Pharmacology and Therapeutics.³

It was not until after the Japanese Occupation that the Unit System was adopted in Singapore hospitals. Under this system, patients were grouped according to their sickness, regardless of economic or social class. The first Medical Unit in Singapore General Hospital was formed in 1946, consisting of 1 female and 2 male wards, and was headed by Professor Ransome. Teaching became personal and thorough. The Unit system proved successful and in 1947, a second unit – Medical Unit II was initiated.⁴

Gordon Arthur Ransome rose to the rank of Professor of Medicine in 1947. To Professor Woo Keng Thye, who was then a medical student in 1963, “*He left an indelible impression: a distinguished looking Professor in his white coat with a stethoscope, genial smile and kind face, referring to us as ‘medical embryos’.*”⁵ Professor Woo also recalled the following: “*Han Seong and Richard Ng were the fellows carrying his bag and Kim Swee was his butler. He also smoked Pigeon brand cigarettes.*”

He taught from first principles and emphasised the importance of the use of the 5 senses in the practice of medicine. He placed importance on the art of listening, the essence of the artistry of bedside medicine. Effective listening involves all the senses, not merely the ears. To succeed in healing, a doctor must be trained, above all else, to listen. His skills as a diagnostician were renowned. He

believed that X-rays findings tended to lag behind the physical signs. Without any laboratory tests, he was able to arrive at an accurate diagnosis just by taking a comprehensive history and examining the patient skilfully. He was nicknamed “*kosong*” (meaning “zero” in Malay) as he would give a student zero marks for poor performance in clinical examination.⁶

Professor Ransome believed that a doctor is placed in a special position to gain the patient’s trust. A doctor needs to be a student of human nature and therefore William Osler’s works are compulsory readings – he teaches about life. A man ahead of his time, Professor Ransome thought that it is necessary for medical students to embrace history and philosophy. He was a collector of old books and he loved to quote from them, which made his lectures interesting.

He was an epitome of perseverance. Professor Lim Pin said this of the great teacher: “*He was an Englishman who did not speak any local dialect, but when he was with a patient, he was transported into a world where only the patient mattered and the patients knew that. He was a veritable Sherlock Holmes, a bulldog who would not let go until he knew exactly what was wrong with the patient and how to treat it.*”⁷

Dedicated and enthusiastic, Professor Ransome had been known to be so swept in his discourses that he often forgot time and schedules.⁸ Students who often had to rush from clinical sessions at Tan Tock Seng Hospital to attend lectures at King Edward VII College of Medicine found it necessary to point out to Professor Ransome that his sessions were eating into their much awaited lunch break.⁸

Cheah (1979) recounted how generous a person Professor Ransome was.⁹ The saga of the building of Mistri Wing in Singapore General Hospital illustrates the wit and generosity that was so typical of Professor Ransome. In the early fifties, the late Mr NR Mistri was admitted to Medical Unit 1 in Norris Block under the care of Professor Ransome. Noticing how old and dilapidated the buildings of MU I were, Mr Mistri asked Professor Ransome how much it would cost to rebuild MU I, to which Professor Ransome replied jokingly that it would cost \$1,000,000. The following

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week, Mr Mistri sent a cheque for \$950,000; the money was to be used by Professor Ransome in any way he deemed fit. At that time, there was a need to build a children's wing and when Professor Ransome was approached, he gave away all the \$950,000 to the building of Mistri Wing.

Another impressive feature of Ransome was his honesty.⁹ Whenever he missed a diagnosis, he would openly admit it to his junior and senior staff. Whatever that he did not know, he would not try to hide or conceal; like a true great man, he would admit his ignorance.⁹

Remembering Professor Ransome

Professor Ransome was the Founder Master of the Academy (Fig. 1) and a former President of the Medical Association of Malaya.¹ He is warmly remembered as the founder of modern medicine in Singapore. Always available to the rich and to the poor, to the mighty and to the lowly, he was an outstanding and masterful clinician.² He was fascinated with the magical art of healing as espoused by the great twelfth-century philosopher-physician Moses Maimonides, who prayed,

*“Endow me with a strength of heart and mind
So that both may be ready to serve
The rich and poor, the good and wicked, friend and enemy
And may I never see in the patient
Anything else but a fellow creature in pain.”*

In 1970, a sum of over S\$5,000 was donated to the Academy by friends and colleagues of Sir Gordon Ransome for the Oration, which is to be delivered biennially at the Academy's Singapore-Malaysia Congress of Medicine. The scope covers any subject related to Medicine, be it academic, philosophical, political, ethical or educational. The Orator is appointed by the Council from among nominations by Members of the Academy. Nominees must be distinguished members of the medical profession or of the community. The first oration was delivered in 1971.

In addition, G A Ransome Gold Medal was established in 1978 in memory of the late Emeritus Professor Sir Gordon Arthur Ransome. The Medal is awarded annually to the candidate who has distinguished himself/herself in the M Med (Internal Medicine) Examination. A special issue of the *Annals of the Academy of Medicine, Singapore* was published in January 1979 to commemorate Professor Ransome.

The late Professor Chan Heng Leong was one of his favourite students.¹⁰ When he left office he gave Professor Chan his tendon tapper with the red rubber head and the rattan handle (which Professor Chan had since donated to the SGH museum). Professor Chan wrote this about Professor Ransome: *“He was an astute student of medicine*

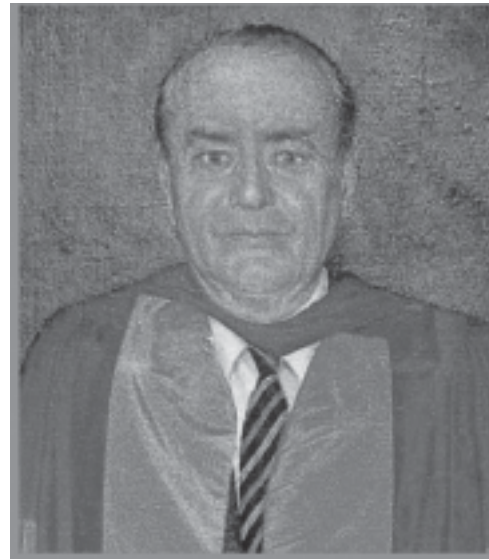


Fig. 1. Sir Gordon Arthur Ransome.

*and an example par excellence of someone moulded in the 'old school', at a time when the practise of medicine was as much an art as a science. He was truly physician, philosopher and friend”.*² Interestingly, in a tribute to Professor Chan, Professor Woo Keng Thye wrote this: *“Heng Leong is the epitome of the Physician, a Physician par excellence trained in the tradition of Professor Ransome.”*¹⁰

A Post-retirement Letter to Dr Puvan

After his retirement, Professor Ransome wrote to neurologist Dr Puvanendran and we hereby reproduce the two-paged letter dated 24 June 1976 (Fig. 2), where he wrote from The Grove, New Radnor, Powys, Radnorshire, Wales, UK. The letter illustrates his strong grounding in neurology and clinical medicine and his great appreciation of German history, and how he managed to merge the two in coining a new term (and a pun) for the neurological condition. Dejerine's (1914) described the human corticobulbar tracts as five bundles of aberrant pyramidal fibres which separate out as leashes from the corticospinal fibres at different levels and each had its territory of bulbar nuclei (like the Reich which is the territory of the German empire of which there were only three).¹¹ The 3 authors (Dr Puvanendran, Dr PK Wong, Professor Ransome) went on to describe 5 patients who presented with upper motor neurone lesion of the 7th, 10th and 12th cranial nerves without evidence of involvement of the pyramidal fibres to the limbs. The authors described the cases to illustrate Dejerine's anatomy of the corticobulbar system, all showing probable lesion of the 4th Reich.¹¹

New Raster
Post

Mid June day. 24 June '76

My Dear Pusa.

Thank you very much for your letter of the 11th June. I was very glad to hear from you. It was very nice of you to suggest the Co Author. I think you can mention that from the University they are that he helped by Dejerine was published in 1914 in a French journal so that Dejerine died in 1917 at the time of the Invasion in the French Army so that he couldn't former Empire or American have reached his work a long time later. The Chinese Navy is all mentioned. The constant house of the best. The history that he have in your Terry & Riley. The word 'Reich' in my case is have a Role in a search (SEARCH & REICH) in 'Reich'. The original article obviously was all

read by Chinese Navaraja is very difficult to get hold of but I believe there were associated studies. The degree of this is from Terry & Riley was taken from Dejerine article. I should be very interested to read your article so that possibly it should be published in the *Journal of Neurology*. As you will see Chinese Navaraja are all in to it. The first case of writer there was a description of the IV. I think the form may have the P. 110. I think P. 110 was very glad to see him. I think you brought back many pleasant memories. If you can get hold of Dejerine article in work of of this would do very well for M.D. thesis. I would be most grateful if you could send me a copy. I am enjoying myself very much at the moment. I am sorry to hear of your illness. I am sorry to hear of your illness. I am sorry to hear of your illness. I am sorry to hear of your illness.

With kindest regards
Gordon Ransome

Fig. 2. Letter from Sir Gordon Arthur Ransome dated 24 June 1976.

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