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## NICHOLAS S. RANSOHOFF

1896-1951

After a gallant struggle lasting for more than two years, Dr. Nicholas Ransohoff died on April 25, 1951, at his home in Long Branch, New Jersey. His death is mourned not only by his immediate family and close friends, but by hundreds of patients, many of them victims of poliomyelitis, who regarded Dr. Ransohoff with a love and veneration seldom accorded to any human being.

Born in Salt Lake City, Utah, fifty-five years ago, Dr. Ransohoff received his medical degree from the Columbia University College of Physicians and Surgeons in 1919. He served as an intern at the Lenox Hill Hospital in New York; and, following his graduation, he became attached to the general surgical staff of that Hospital.

It was not until 1925 that he became interested in orthopaedic surgery. At that time, severe pain developed in his feet, and for months he was unable to obtain any relief. When eventually, through an accurate orthopaedic examination, the cause of his disability was discovered and his pain was promptly relieved, his eager mind was stimulated to study orthopaedic problems. He began intensive work at the Hospital for Joint Diseases and in private practice with Dr. Leo Mayer.

After a year, he continued his studies abroad, in Italy under Putti, in Germany under Biesalski, Lange, and Hohmann, and in England under Sir Robert Jones. There he became friendly with Reginald Watson-Jones, Harry Platt, Osmond-Clarke, and other rising British surgeons. On his return he was made an Associate Attending Surgeon at the Hospital for Joint Diseases, a position which he held for about fifteen years. During this period he did much to help develop the concept of paralytic pelvic obliquity, and his thesis for admission to The American Orthopaedic Association was devoted to a critical evaluation of the first twenty-five cases in which fascial abdominal grafts were used for the correction of this condition.

He was also fascinated by the problems of tendon surgery of the hand; and, with Mayer in 1936, he evolved the method of implantation of celloidin tubes to reconstruct the gliding pathway within fingers where the digital sheaths had been completely destroyed. Because of his general surgical training, he was able to develop an outstanding technique for orthopaedic operations.

In addition to his activity at the Hospital for Joint Diseases, he inaugurated an orthopaedic and traumatic service at the Monmouth Memorial Hospital in Long Branch, New Jersey. This service developed so rapidly that in 1942 he resigned from the Hospital for Joint Diseases in order that he might concentrate on his activity at the Monmouth Memorial Hospital. It was there, during an extensive local epidemic of poliomyelitis, that he first began to treat the muscle spasm of this disease with injections of curare. A patient showing unusually severe painful spasm could not be relieved by the application of hot packs. The thought occurred to Dr. Ransohoff, who at the Hospital for Joint Diseases had had frequent occasion to observe the beneficial relaxing effect of curare in cases of cerebral palsy, that the drug might be equally effective in relieving the spasm of poliomyelitis. The first injection had an amazing effect: the child who had been screaming with pain was within ten minutes completely relieved. This dramatic result led Dr. Ransohoff to a systematic use of the drug in all the early cases of poliomyelitis admitted to his Service. He never claimed any therapeutic properties for curare, but he felt very strongly that it was a much more potent form of giving relaxation than the Kenny method. To study the physiology of paralyzed, spastic, and normal muscles, he developed a machine for measuring and recording their electrical reactions. This machine was housed in a special room, carefully insulated, into which no one was admitted except by Dr. Ransohoff's permission. This was his "Holy of Holies"; here he spent every available spare hour. Thousands of electromyographic records were made, which he studied night after night. He had the conviction that electromyography would develop an importance for the orthopaedic surgeon equivalent to that of the electrocardiogram for the heart specialist. Death interrupted this work before its goal could be reached.

Dr. Ransohoff was President of the New Jersey Orthopaedic Society, a fellow of The American Academy of Orthopaedic Surgeons, and a member of The American Orthopaedic Association. In addition to being Director of Orthopaedic Surgery at the Monmouth Memorial Hospital, he was Consulting Orthopaedic Surgeon to the Children's Country Home, Long Branch; the Betty Bacharach Home for Crippled Children, Atlantic City; Fitkin Memorial Hospital, Neptune; Riverview Hospital, Red Bank; and the Paul Kimball Hospital in Lakewood.

To his friends, Dr. Ransohoff was always "Nick". They loved him for his charm, his enthusiasm, his outgoing warmth, his eager desire to learn and to contribute to orthopaedic advance, his rectitude, and his kindness to little children and to the crippled adult. By his death they have lost a comrade whose place can never be filled.