

Dr. L. E. Ranta
August 6, 1973

Interview ____, Tape 1, Track 1.

Mr. Specht: Mr. Ranta, could you tell me where and when you were born?

Dr. Ranta: I was born in Toronto in 1910.

Mr. Specht: 1910. Were your parents a Toronto family also?

Dr. Ranta: No, they were both born in Finland and came to the United States about 1891. Then they moved up to Toronto in 1893. They came singly to the United States and they were married in Ann Arbor, Michigan and a couple of years after that they moved up to Toronto.

Mr. Specht: What was your father's occupation?

Dr. Ranta: He was a tailor. He and my uncle ran a clothing company in Toronto and had had one in Ann Arbor. When they came to Toronto, they continued on in that business for some years.

Mr. Specht: Did your father participate in the First World War?

Dr. Ranta: No, he didn't.

Mr. Specht: A little too old, was he?

Dr. Ranta: Yes, I think he was a little too old and he had a lame leg which would have kept him out in any event.

Mr. Specht: You went to high school in Toronto then?

Dr. Ranta: Yes.

Mr. Specht: Toronto was really your home city.

Dr. Ranta: That's right. I went to public school in Toronto too. That's the ordinary grade school. In fact that's where I started off in Cadets.

Mr. Specht: You joined high school Cadets, did you?

Dr. Ranta: No, in public school. We used to have Cadets starting

off at about the 6th grade or something like that. I was in Cadets from the time I could get into them until I left public school and then I continued in Cadets in high school.

Mr. Specht: What were your major interests in high school? Did you have any idea that you would go into your extensive medical career?

Dr. Ranta: Yes, pretty well. I decided quite early to go into medicine. A favorite brother of mine was already in medicine. He had graduated in 1923. He was 10 years older than I and was going through medicine when I had very close contact with him. I learned a lot even at that time, from him because he was a good conversationalist and we used to talk a lot together. I guess that's the main interest I had although the other effect I suppose was our old family doctor who was a person that I did and do very much admire. He died several years ago now, but he died when he was about 96, Dr. Cuthbertson. I used to think that he was a great God really.

Mr. Specht: Did your family support the idea of you going into medicine?

Dr. Ranta: Yes. My father died when I was 17 and my brother was the one who was then practicing in Pittsburgh. He helped me financially and my father's estate helped me as well.

Mr. Specht: You had an early interest in Art, as well, didn't you?

Dr. Ranta: Yes, I had carried on some training in Art both in high school and at The Grange Gallery in Toronto.

Mr. Specht: But that never deflected you from medicine...?

Dr. Ranta: No, because I've always felt that Art is sort of a part of medicine. I suppose it's well known that occupationally and from the point of view of avocation, individuals in medicine have a high interest in Art, in Literature and so on. Many doctors practice these as side activities.

Mr. Specht: You joined the Mississauga Horse Guards in 1926. You would still have been in high school when you joined.

Dr. Ranta: Yes, that's right.

Mr. Specht: How did they come about anyway? What are the Horse Guards?

Dr. Ranta: Well, I joined up there largely out of the fact that I was an officer in the cadets in high school as I had been in public school. One of my close friends who went to both public school and high school was also an officer and he had joined the Mississauga Horse Guards and he was the one who introduced me to it. We used to parade in the Armouries on University Avenue and it was a regular Cavalry Unit, a Militia Cavalry Unit.

Mr. Specht: You got paid for it?

Dr. Ranta: Yes, a small amount. I was a trooper whatever we got in those days....a dollar and a quarter or something like that. We went to summer camp for two weeks in the summertime at Niagara on the Lake which was mainly a horsey summer camp. Although we did have horses one evening a week or maybe 10 or 15 times in the course of a year, the main cavalry exercises took place at Niagara on the Lake.

Mr. Specht: Were these cavalry exercises military exercises

or were they more ceremonial?

Dr. Ranta: Oh no, they were military exercises, yes.

Mr. Specht: Wasn't cavalry by this time regarded as obsolete in modern warfare?

Dr. Ranta: No..no. At least it wasn't in our unit. It was considered still to be a mounted light infantry. That's really what the Mississauga Horse Guards were in the same way that the Dragoons at that time were, mounted light infantry.

Mr. Specht:Firing rifles from the horses?

Dr. Ranta: Nope...no the purpose of it was to give mobility to the man and get him to a strategic place either for observation....and we were trained a good deal in field craft because our purpose was observation.....or reconnaissance plus the mobilization of fire power at some strategic point. It was the faster movement of the horse.

Mr. Specht: Field craft...what crafts?

Dr. Ranta: Well field craft was mainly on the basis of observation of terrain, the features of the terrain that may be of use in a military sense on smaller manoeuvres not on the basis of the main strategy of battle or anything like that. Just the unit tactics that may be needed to probe a particular area. The purpose there was to observe terrain. I guess ever since Waterloo the importance of terrain has been considered the job of the cavalry as it is in tank warfare now. The terrain in covering, in causing difficulties for advancing troops is something that you can't do without. You have to have that kind of reconnaissance. This was the task that was given to

cavalry in those times. Truly not a very good thing in the face of modern warfare but certainly something that in those days was considered to be worthwhile exercising.

Mr. Specht: Did you change your rank?

Dr. Ranta: Yes, I became a corporal, that's right.

Mr. Specht: Did you contemplate a career in the armed services at that time?

Dr. Ranta: No, I didn't.

Mr. Specht: Did you have any associations with the military after Cadets or after the Horse Guard?

Dr. Ranta: No, I didn't not until I started to work with the C.O.T.C. I didn't belong to the C.O.T.C. in the University of Toronto and I guess the reason of that was that during my last year in high school and my first couple of years in university I was with the Mississauga Horse Guards. I never did get around to going into the C.O.T.C.

Mr. Specht: Were you interested in military though?

Dr. Ranta: Sure, yes I was interested but not in a career sense.

Mr. Specht: What year did you enter the University of Toronto?

Dr. Ranta: In 1929.

Mr. Specht: '29. You were determined at that stage to go right through and become a doctor?

Dr. Ranta: That's right, yes. I started off in the Medical School you see. In those days you didn't go to Arts to start off with. The course for the first two years combined an arts course with the pre-medical courses. It was a 6 year program

rather than the 4 year program such as it is at the present time.

Mr. Specht: When you graduated from the 6 year program, you didn't practise medicine though, did you?

Dr. Ranta: No, I went directly from there to the Riverdale Isolation Hospital. This was because I had an interest in bacteriology and I had been taking special courses in the course of my studies. I maintained a special interest in infectious problems during the time that I was a medical student. In my last year as a medical student I started to ^{work} out at the Riverdale Isolation Hospital largely to run their laboratory. They had a small laboratory there. While I was taking the occasional classes that we had at Riverdale Hospital in my fifth year in medicine, during my sixth year of medicine I actually lived out at the Riverdale Hospital and did some work as a clinical clerk. I worked with patients, serving as sort of the admitting officer when the regular house staff were off duty. Then I was invited to go there for my first year after graduation which I accepted because of my interest in infectious diseases and also because it was the highest paying job that a recent graduated could get.

Mr. Specht: This was was set you on the road to research then, as opposed to actual practise.

Dr. Ranta: That's right, yes. By this time I had a lot of friends in the research field because I would spend my spare time investigatin^g little projects and I would haunt their laboratories and use a corner of their laboratories for my own activities.

Mr. Specht: That was in the depression, too? Was money hard

to come by?

Dr. Ranta: Oh, sure it was, yes. It was hard to come by. The cost of living had been going up during that period of time and just prior to the depression. My brother had, however been assisting me and he already was a pretty successful practitioner in Pittsburgh. I really can't say that I suffered. I was strapped, but not suffering which I regard sort of as the usual life of a student. You're not suffering but strapped.

Mr. Specht: Did you have any interest in international affairs in the thirties?

Dr. Ranta: I came from an interesting ethnic group and therefore I had contacts with people who were coming in. I was aware of a Europe, you see and largely because my parents had been very closely associated with the Finnish in Toronto. After my father died my mother's interests were mainly in the church. I used to help out there. I taught English for years there in the church. My parents had been largely responsible for the development of three of the Finnish language churches in Toronto. At one of those, the Church of All Nations, I taught English for maybe 6 years. I taught English to new Canadians....Finnish new Canadians.

Mr. Specht: You were quite fluently bi-lingual? You could read in Finnish as well as speak it?

Dr. Ranta: Yes. I was the youngest child in the family but a pattern had already developed at home by the time I was born. We spoke each language at a different time of the day. My parents spoke Finnish in the morning and^d at lunch time and English

in the evenings. This pattern had been set up long before I arrived on the scene so that I just fell customarily into that. I remember on a number of occasions when the kids were coming home from school they'd have something exciting to say. They were now used to speaking in English and they'd start telling my mother some happening and my mother would say in Finnish, "I'm sorry, I don't understand you. I only speak Finnish in the mornings." (chuckles)

Mr. Specht: How about the international situation that was developing? Were you aware of the situation in Europe and Germany and Italy? Did you feel there was a threat to international peace, do you remember?

Dr. Ranta: Yes, I suppose I was more aware of the Eastern European threat than of anything else. This was largely because the news that we were getting, which was largely first hand news, was Finnish-Russian, Russian-Polish kinds of pressures. I remember quite a considerable concern I had and a number of students had as well, about the Polish corridor that took place.....recognizing this as something that held threats of real problems arising in the Eastern part of Europe.. And indeed that's where they started. I think that among the Finnish people we had an awareness of this problem. But we were as people who were looking on at something that was much bigger than any Finnish National could recognize...but seeing a real hazard developing in that area.

Mr. Specht: What did you see as a major threat then, from a Finnish point of view? Would you be more worried about Finland being absorbed by Russia or possible German aggression and

expansion.

Dr. Ranta: I guess more in terms of what might happen.....not from the Russian point of view because I think that Fins are aware that the Russian find the Fins pretty unpalatable to absorb. The same holds true as far as the Swedes are concerned. The Germans never did learn that lesson.....certainly not during the First World War. The Russians have always found the Fins quite unpalatable. I don't think that the Fins really feel that there is any major threat. Certainly when I was in Finland not very long ago..I found that attitude to prevail even yet. They are very wary of this giant that they have beside them but they are not overly concerned about being absorbed.

Mr. Specht: I wonder if you personally felt any conflict when Britain declared war on Germany because Germany was helping Finland...?

Dr. Ranta: Oh no. I don't think so because having been raised in a Toronto environment which had Germany as the enemy between the wars, I don't think that I had any feeling of tearing between the two. I was fully Canadian although I did have these other interests. I would call them interests and not nationalities.

Mr. Specht: In 1939 you moved to Vancouver. How did that come about?

Dr. Ranta: After I graduated I did another year of training at St. Michael's Hospital and during that period I still continued to work doing my own small research projects in the lab of St.

Michael's Hospital. Somehow, I don't know how this particular part of it occurred but I was invited then to go back to university to take my Public Health degree in association with some additional work that they wanted me to do in the course of a summer project after I got through my training year. I left directly from St. Michael's Hospital at the end of June and then worked the summer until the beginning of September on a special project with DR. Des Vries. He subsequently became the director of the School of Hygiene and this was at the School of Hygiene which was associated with Connaught Medical Research Laboratories. I then went back to school again for the following year in the School of Hygiene but still continued to do research projects in the School of Hygiene section. It was toward the end of that year that Dr. Des Vries one day invited me into his office. He asked me if I'd ever consider moving from Toronto and if I'd like to take a job at the University of British Columbia.....part time teaching and continue on with research with the Connaught Medical Research Laboratories. There was a division of it at the University of British Columbia. An individual was here, a Dr. Claud Dalton, at the university whom I knew by reputation. He was working on one of the interests that I had in Toronto. I thought that this would be a great opportunity of continuing my research in this particular area. He was quite a noted authority in the kinds of infectious diseases that I was interested in. So I came out here and had a half time appointment with the University of British Columbia and a half time with the University of Toronto as a member of Connaught Medical Research Laboratories.

I did my research for Toronto and my reaching for U.B.C.

Mr. Specht: What particular types of bacteria and infection then were you really interested in?

Dr. Ranta: I was interested in streptococcal disease when I first came out here and staphylococcal disease. It was the staphylococcal disease that was the area that Dr. Dalton had been working in. I was working on the exo-toxins, the released poisonous materials from both of these organisms but mainly concentrating on the streptococcus. I was trying to co-

relate the ability of the organism to produce disease. This of course was in the days prior to the development of anti-biotics or even the sulfa drugs. I was trying to co-relate the way in which the toxins released by the organisms produced disease in man. I was particularly interested in the streptococcal organism's ability to pick out certain elements of the kidney as the place that it would attack.

Mr. Specht: The war broke out then pretty well when you were arriving.

Dr. Ranta: September, that's right. I'd arrived in June and war started in September.

Mr. Specht: You were quite heavily involved in wartime research, weren't you?

Dr. Ranta: Yes. This is what we were directed to do....through our association with Connaught Medical research Laboratories. Connaught became one of the basic arms of research in the bacteriological field. I got involved with this research in a number of capacities. My main area was in those diseases that

are of significance to armed forces people, namely the diseases that attack the intestinal tract. That moved me then into the area of cholera infection. We were really the only people in North America at the time of the outbreak of the Pacific War to be working in this particular field. I remember we had just developed a cholera vaccine at that time, a new kind of cholera vaccine which was much more effective than the old cholera vaccine. This had been given to us as a task. Our main contribution there was in devising a test to determine whether the cholera vaccine was any good or not.

End of track II

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Interview ____, Tape 1, Track 2.

Mr. Specht: Would this reasearch into cholera vaccine be useful to the Canadian troops who went to Hong Kong and Singapore?

Dr. Ranta: Yes. We had just developed a 'prooven' kind of vaccine. In other words, we had a small production that was going on in our laboratories. I was producing 1500 doses a week and within days of Pearl Harbour we received a wire from headquarters in Toronto. That's the headquarters of Connaught Medical Research Laboratories. It was telling us that they had an order from the United States Army about several million doses of cholera vaccine. How long would it take us to produce them? Well working at 1500 doses a week it was going to take until 1980 or something to do. (chuckles) So we developed a technique then for large scale production for cholera vaccine which was done in Toronto. We continued to do the testing and the release of batches as they were produced in Toronto. By the time our people began to go to the Pacific front, most of them had cholera vaccine as part of their immunization series. We had a number of instances in which civilians going over as well, prior to the time of the actual Japanese invasions of the southern part of the Pacific Rim, required doses of cholera vaccine. Now this doesn't have a very long immunization. It probably doesn't immunize for longer than 6 months to a year but it may set the pattern of the anti-body reaction that will speed it up in case an individual gets contaminated with the organism.

Mr. Specht: How about malaria? Were you involved with it at all?

Dr. Ranta: No, I was never involved with malaria.

Mr. Specht: Was your research under the Department of National Defence?

Dr. Ranta: No, it was under the Connaught Medical Research Laboratories. We did alot of work for defence. I was responsible for the bacterial study of the Japanese balloon bomb that came over to the Pacific coast here from Japan. This was a great hush-hush business that was going on. They were afraid that they might use them for bacteriological warfare or something like this. We were tied in with that particular aspect of the studies that were going on in various parts of the world.

Mr. Specht: Luckily in World War II no bacteriological warfare was ever applied was there?

Dr. Ranta: No, but everybody was ready for it. I suppose in the major pattern of things, our work was all devised along these lines as well. We had mechanisms of mass production of organisms and we knew the limitations of the organism. We also had an improved defensive mechanism for it which had not been published during the war but which was published following the war.

Mr. Specht: Do you think that the terrible consequences was the deterrent to both sides from using it?

Dr. Ranta: Oh yes. I don't think that any serious minded bacteriologist, on our side or on their side, would ever suggest that bacteriological warfare was a particularly healthy sbusiness to get into.....because you can't control the boundaries of it. Even the boundaries of an atomic bomb are much more defined than the boundaries of bacteriological warfare.

Mr. Specht: In your opinion then, bacteriological warfare was really out of the question because of that problem?

Dr. Ranta: Yes....but we also felt that it was an agency that could be used. Our work was not, by any means in the area of the worst possible things that could be done. But we studied typhoid and all the diseases, cholera, which is a dreadful disorder. Fortunately it's not one that is likely to be used in biological warfare but something that we had to learn about. We had to know how to handle it in the laboratories so that everybody doesn't get infected which was at one time the fate of people who worked with

Mr. Specht: Did you ever give advice to people in the military or their associated agencies with regard to hygiene for soldiers?

Dr. Ranta: Yes, one of the projects that I had referred to an epidemic that occurred among some soldiers. It was traced to cheese. Because of the high demand for cheese, the cheese makers were turning out cheese that was still fairly green. We defined the storage period that was necessary before the armed forces would purchase cheese. In other words it had to be dated when it was set up and the cheese had to be aged to a certain age... 6 months before the armed forces would buy them or use them. The reason for that was that in our studies of Canadian Cheddar Cheese which was the main thing bought by the armed forces, we discovered that the typhoid organisms die off in that period of time, in cheese. This was on the basis of actual experiments that we carried out using the University of British

Columbia Cheddar Cheese. It was produced right on the campus. The interesting problem there was that it turned me off cheese for about 4 or 5 years after I'd worked on that for 6 months or so. (laughing)

Mr. Specht: Was this just sort of ad hoc research or were you part of any regular military....any sort of a council that would..

Dr. Ranta: No, not part of the council but we were tied in with Connaught Medical Research Laboratories whose total energies were directed toward the military benefit or the national benefit associated with the war effort. Even when penicillin started to be produced, well, Connaught Laboratories was the laboratory that was called upon to produce it. Now it was done in Toronto but we were associated with those conferences that went on and had our in-put into those conferences in terms of production methods.

Mr. Specht: What year was penicillin used.

Dr. Ranta: 1945.

Mr. Specht: '45, so it didn't really play any part in the war then?

Dr. Ranta: Well it did early in that year. I guess it was '44 that it was starting to be used experimentally. But it was in huge production by the end of the war and these production methods had been developed in the course of the war.

Mr. Specht: Do you think it would have made a lot of difference in terms of saving life if it had been discovered in 1939?

Dr. Ranta: Yes, in the early part of the war it would have had quite a considerable influence. It's main influence would be

in preventing complications that arose from surgery. Where extensive surgery had to be attempted the anti-biotics are really the thing that gives the surgeon his safety factor....even as it is today.

Mr. Specht: Did you have any liason at all with the C.O.T.C. prior to when you joined them?

Dr. Ranta: For two years prior to 1944 when I joined them, I had been on their field craft instructional staff as a lay instructor. This was largely because of my previous familiarity with it having been a cavalry man.

Mr. Specht: How about in terms of your time available. Obviously you were very deeply into research....

Dr. Ranta: Well yes, I didn't have a great deal of time to devote to it. However, I got out once a week during those years. This could only be done during good weather, you see. So it was limited to a bit in the Spring, some in the Summer and some in the FALL.

Mr. Specht: How did it come about that you offered your services?

Dr. Ranta: I didn't offer my services at all. (chuckles) I was asked to give my services.

Mr. Specht: Who asked you?

Dr. Ranta: Gordon Shrum.

Mr. Specht: How was he aware of your experience?

Dr. Ranta: Well, I suppose we had talked of it. I'd been there since '39 and the faculty was fairly small. Everybody knew one another. He was a Toronto grad and I supposed he'd heard that

I had been in the cavalry before. He knew that I had some interest in field craft and out door activities and he said, "Why don't you come and do some instruction?" So I devised a little course and adapted it from what I remembered of the field craft side of cavalry. We devised methods of expressing terrain and observation of topographical things and measurements and estimates of measurements and this sort of thing.

Mr. Specht: April of 1944 you joined the C.O.T.C. How did that come about?

Dr. Ranta: That's right. George Lamont asked me to join.

Mr. Specht: He was what? Senior medical officer.

Dr. Ranta: Senior medical officer. Now I had become acquainted with him. He was the only person in Vancouver that I had an introduction to, other than Claud Dalton whom I was going to be working with, at the time that I arrived. Bob Wilson was a contemporary of mine at Connaught Medical Research Laboratories and he was being put through medical school by Dr. George Lamont . He was working in Toronto during the two years that I had been associated with Connaught Laboratories. When I was sent out here I was actually sent on loan to U.B.C. and the Western Division of Connaught here. Some days before I left Bob Wilson said, "Well, George Lamont is there. Be sure to get in touch with him." I contacted him a month or two after I got to Vancouver and we became quite good friends over the years. He asked me one day; he said, "I'm looking around for medical officer." The unit was large and a couple of his people who were in the Public Health Department here had been sent overseas and he asked me if I had time to give him

a hand. So that's the way it happened.

Mr. Specht: What rank were you taken on as?

Dr. Ranta: Captain.

Mr. Specht: Captain! How come you were given such a high rank, starting?

Dr. Ranta: Oh, that was the regular rank for a medical officer.

Mr. Specht: I see. What were your duties then?

Dr. Ranta: Doing physical examinations for all of the recruits coming in, taking care of people at summer camps. In fact the main reason why I went was because the unit was going over to Courtenay to the combined operations school for training. George was overburdened with the number of people there besides going to a combined op. school he was concerned as to just what problems he would be facing. He was a pediatrician and he wanted to have a few more people around. He got a chap who was an orthopedic surgeon and myself. We were the three medical officers responsible for the whole camp and we sure had lots of problems too! Yeah, we would sometimes have 8 or 10 patients in the little Courtenay Comox Hospital there with a variety of problems. We sure used our orthopedic surgeon too.

Mr. Specht: That would take you away from Vancouver for about three weeks.

Dr. Ranta: Three weeks.....yep. Well, we were in and out of Vancouver on a number of occasions as far as Connaught Laboratories business was concerned. But that was the longest time, really, that I had been away from Vancouver since the time when I first

came.

Mr. Specht: Why was the orthopaedic surgeon especially used at the camp?

Dr. Ranta: Well, it was a combined operations school which meant obstacle courses and water landings. You know, they're really training for the Pacific by that time. They thought they were going to have to take H again or something like that. The whole training system was based on amphibian landings. We went into the camp after a unit from Quebec had been there and the instructional staff had pushed them very hard. Whether they ought to have been pushed hard, I don't know. But they continued to push our people and our people were more willing than they had strength to be willing. In the first two or three days we had a broken leg, a dislocated hip, a couple of broken arms, a broken collarbone.....various bruises and cuts and this sort of thing. Just because you know, they'd sat in school for a whole year and then they moved out there to go over obstacle courses and this kind of thing. They were really combat obstacle courses. Some of them just didn't have the strength and they'd fall off the obstacle course. The fellow that dislocated his hip fell into a barbed wire from about 16' up. Unfortunately in falling into the barbed wire, he pulled his leg up and he landed with all his weight on one leg and it was twisted over. He lost his hip on that. That was the most difficult problem that we had to cope with really. The fracture wasn't nearly so difficult.

Mr. Specht What were your more routine duties during the year?

Dr. Ranta: Physical examinations and medical counselling. Less than a year after I joined the unit I was P.M.C. and I did alot of work associated with that in running the maps.

Mr. Specht: Did you give talks to the men on hygiene or anything like that?

Mr. Ranta: Yes.

Mr. Specht: You did give lectures.

Dr. Ranta: Yes, hygiene, venereal disease, all the things associated with military affairs plus the safe guarding of food and water and everything that an officer ought to know in looking after his men.

Mr. Specht: Would you sometimes take a group for special counselling before a special exercise or before they go out on something and say, "Here are the problems that you are going to run into as far as your health is concerned."

Dr. Ranta: We would with the officers prior to going to camp when we were aware of any particular problems that one might be associated with. Our camps were pretty civilized places. We did call a special meeting, it wasn't before camp, it was about 3 days after camp started at Courtenay. We had the Commanding Officer call a meeting of the instructor plus our officers and we were the ones who had recognized that the instructors were pressing our people too much. They perhaps didn't understand that these were willing kids and didn't have to be pushed. They would do more than they really ought to do at that stage of their development. Our problems almost promptly disappeared at that stage. I remember George Lamont and Bruce Reid were particularly the ones that spoke at that time because one was

Senior Medical Officer the other the orthopaedic surgeon. They defined the difficulties that we were encountering because really of the kind of training that they were being put into so early in the week. All that we were asking for was that they wait until the last week to push them when they had developed a little bit of muscle.

Mr. Specht: You rose from the rank of Lieutenant to Major during the war.

Dr. Ranta: That's right.

Mr. Specht: Did you take courses for that?

Dr. Ranta: Yes.

Mr. Specht: What kind of courses?

Dr. Ranta: Well, these were the regular courses for moving to a field officer. I think this was what it was called....Captain to Field Officer Course.

Mr. Specht: Not along medical lines or anything?

Dr. Ranta: Oh no.

Mr. Specht: General military training.

Dr. Ranta: This was a general military course that everybody had to take who moves to a field officer position.

Mr. Specht: I see. Why did you take this direction then of advancing your rank with the Corps?

Dr. Ranta: Well, I guess because it was expected. George Lamont was leaving and I'd been selected then to stay on as medical officer for the unit. In order to get the promotion that I needed to have I had to take the course.

Mr. Specht: Who selected you and why did you choose to stay?

Dr. Ranta: The Commanding Officer.

Mr. Specht: Col. Shrum asked you if you would?

Dr. Ranta: That's right because Lamont was planning to retire.

Mr. Specht: Why did you accept?

Dr. Ranta: Well, I was interested. Yes, I was interested in the unit and felt that it was a good thing. I had a very, very positive attitude toward the C.O.T.C. I thought it was a great unit for students to belong to. I had seen many examples of people who had been benefitted by the unit both in a personal sense as well as in their awareness of the world around them. By personal sense I mean in their ability to conduct themselves as social/^efeatures as well as their ability to be aware of the world outside of the university environment. This was a concern that I had all along in my university career. Students often stay only on the campus and are only interested in what the campus has. They don't have an awareness of the world outside of the campus. This is still my argument with the university.

Mr. Specht: The C.O.T.C. is another institution then.

Dr. Ranta: That's right. As I look at my own associations, there are all kinds of associations and people that I would not have met and become closely involved with if I hadn't belonged to the C.O.T.C.

Mr. Specht: Do you make it a point in your own personal life to associate with people in other fields than medicine?

Dr. Ranta: Yes, other than the ones that I have to work in, you know. I belong to many voluntary agencies. I've served on the executive of agencies and I've actually created agencies where they didn't exist before and there was a need.

Mr. Specht: In accounting for your very long interest, over 20 years, then this was the main thing. You really believed that as an institution, it was a very great benefit. You got a lot of satisfaction from being part of it.

Dr. Ranta: Yes indeed, I got a lot of satisfaction in being part of it and I felt and still feel that it was a serious mistake on the part of the country to abandon the C.O.T.C.

Mr. Specht: Could I get some of your impressions of the C.O.T.C. during the war. Was morale good? Was it efficiently running in your opinion?

Dr. Ranta: Yes, I learned about administration from the C.O.T.C., I think. I had been trained in my public health course as the training was to a large extent administrative because this is what public health was all about. But I learned the details of administration I guess in a sense from Gordon Shrum....watching him command the unit and the kinds of decisions and the ways in which he reached decisions. I've done a lot of work with him over the years but it started at that point. From my own personal point of view that was my own growth that was taking place and I attributed it to the association I had in the C.O.T.C.

Mr. Specht: Would you describe Gordon Shrum's style, as commanding officer?

Dr. Ranta: His style of administration was one that places an indivisible kind of relationship between responsibility and authority, up to a point. He gives an individual a task to do....

End of Track II