Dr. Gumaer and his mules became part of a long range penetration special forces unit that traversed the 6,000 foot Kuman Mountain range behind Japanese lines, finally defeating their enemy at the Myitkyana airfield. Dubbed Merrill’s Marauder’s, they advanced 750 miles through some of the harshest jungle terrain in the world.

These men and mules were not only greatly outnumbered by the enemy with whom they fought several major engagements, but they also faced hunger, disease and unspeakable hardship. In addition to being awarded the Bronze Star, Dr. Gumaer and the 5307th Composite Unit (provisional) were awarded the Distinguished Unit Citation for:

“accomplishing its mission under extremely difficult and hazardous conditions as to set it apart and above other units participating in the same campaign.”

Born April 2, 1920, he was the oldest of four children of Peter and Carrie Gumaer of Kingston, New York. His passion to become a veterinarian led him to Cornell’s College of Agriculture in 1937 and, after two years of pre-veterinary courses, to the New York State Veterinary College.1 As with many students of that era, he worked his way through college. In Ken’s case, he developed a strong affinity for pathology by working for the legendary Cornell pathologist, Professor Peter Olafson.2

Following graduation, Dr. Gumaer pursued his interest in reproductive pathology at the University of Kentucky where he worked for Dr. W. Dimock ’05. However, those heady days were interrupted when he was called into wartime service and assigned to meat and

---

1 Name later changed to College of Veterinary Medicine.
2 Peter Olafson ’26, MS ’27, professor of pathology.
food inspection duties at the Brooklyn Army Base. He detested that assignment, however, choosing instead to venture into the front lines of the war effort.

Charged with the care for the 267 mules bound for Calcutta, Gumaer’s ship departed from New Orleans in December 1943. During the first week, they were torpedoed by a German U-boat, and had to be hauled into port in Miami for repairs. Though their transatlantic trip was rough and many of the mules developed large hematomas, he only lost one animal during the 87-day passage. The mules were unloaded in Calcutta and placed on rail cars for the trip into the interior, eventually arriving in Deogarh, India, for training and final preparations for combat.

Though Dr. Gumaer and the rest of Merrill’s Marauders engaged in one of most treacherous assignments of the entire war, Ken’s most remarkable encounter with death occurred following the campaign. While examining the carcass of an officer’s horse in China during the waning months of the war, he contracted Anthrax on his arms. He was hastily driven through the night in a jeep to a general hospital where he was placed in a rudimentary ward separated only by a bamboo curtain from the morgue. The supply of anthrax antiserum exhausted, he was treated experimentally with a new drug, aqueous penicillin. Gumaer survived, and in later life he was occasionally introduced as the world’s longest anthrax survivor, a distinction he carried with equanimity.

Returning home after the war, Dr. Gumaer began a veterinary practice in his home town of Rhinebeck, New York. Farm animals were the dominant patients in the late 1940s and 1950s,

Photograph provided by Gumaer family member, 2009
including show cattle and draft horses. However, his recurring back problems forced him to move gradually into care for the growing number of companion animals in the area.

He sold his practice in 1965 and joined Sterling Winthrop Research Institute in Rensselaer, where he worked as a pathologist until his retirement in 1982. Always faithful to his alma mater, Ken and his wife, Catherine, became major contributors to the Cornell and to his beloved veterinary college. In 1998, they were named foremost benefactors of the university, the highest honor awarded to Cornell’s donors.3

Several years later, during reunion 2005, a remodeled pathology diagnostic and teaching laboratory was named for Dr. Gumaer. This recognized his abiding appreciation for the field of pathology and for the professors who had given him so much assistance both as a student and as a research pathologist. As a special tribute, the necropsy knife that Professor Olafson had used during his illustrious career years earlier was used by Dr. Gumaer to cut the ceremonial ribbon.

Throughout Dr. Gumaer’s retirement years, he continued to attend national veterinary meetings, staying up to date on advancements in pathology and medicine. He regularly joined fellow alumni at major university functions in New York City and Ithaca. He loved Cornell, and his smile and gracious demeanor warmed each event he attended. Beneath the surface, however, was the quintessence of a man whose fierce loyalty to country and respect for learning inspired all he encountered.

Dr. Gumaer died September 25, 2008, five years after his wife. They have three children: Dr. Kenneth I. Gumaer, Jr., DVM ’76, William Gumaer, and Holly Clemens, B.S. ’71.

3 John D. Murray ’39 and Isidor ’39 and Sylvia Sprecker, whose biographies are in this collection, are also foremost benefactors of Cornell University.
Interview

Subject: Kenneth I. Gumaer, Sr., DVM
Interviewer: Donald F. Smith, DVM, with Richard H. Drumm, DVM
Interview Date: October 15, 2007
Location: Stuyvesant Falls, New York

Interviewer’s Note:
Ken Gumaer became one of my dearest alumni friends during my term as dean. His warm and engaging personality, and his enthusiastic embrace of the veterinary profession, was so inspiring that one could not help but be drawn into his broad circle of friends. Dr. Gumaer was affectionately devoted to Cornell and, especially, to the discipline of pathology. He had an almost reverential respect for the legendary Peter Olafson (who had taught him pathology), and for one of Olafson’s successors, Professor John King. It was with a sense of deep respect that I joined Ken’s friend and colleague, Dr. Richard Drumm ’51, at the Gumaer home in October 2007 where we recorded this interview. (Dr. Donald F. Smith).

Dr. Donald Smith:
Good morning. This is Donald Smith. We are in Stuyvesant Falls at the home of Dr. Ken Gumaer, Class of 1943. Also here is Dr. Richard Drumm, Class of 1951. We’re here to record some of the experiences of Dr. Gumaer. Good morning, Ken, good to see you.

Dr. Kenneth Gumaer:
Good morning. It’s nice to have you visit me. As usual, you have been very kind to me. I remember when my wife passed away, you came all the way down here from Ithaca to attend the services which I was very appreciative of, and impressed by, as I thought that was going the extra mile. You did a beautiful service there.

Dr. Gumaer and Dr. Drumm, 10/15/07
Dr. Smith:
Would you like to tell us your experience in veterinary college and after you graduated? Just tell us whatever you’d like to, Ken.

Dr. Gumaer:
[I graduated from Poughkeepsie High School, then] entered Cornell in 1937 as a two-year Ag student. My primary goal had always been to get into veterinary medicine. I was trying to accomplish that and I did very well scholastically.

I was requested to plan my curriculum to work in research—they wanted me to work in the agricultural department. I thought if I could get into graduate school in agriculture I ought to be able to get into veterinary college. So I went through the [veterinary admissions process] and they suggested I go to Syracuse University for summer session. I took some courses in physics to qualify to be acceptable as a candidate for veterinary college, and I was accepted fortunately. That was my goal in life: to get into veterinary college.

Starting as a freshman in the veterinary college, I had a problem with finances so I worked my way through. I had saved up $700 as a pre vet along with WPA and the work that they gave to students at that time.1 They paid $.50 an hour, it seems to me; it was a pretty high wage. I got a job with Dr. Peter Olafson in the postmortem room. That was at the time they converted to a new laboratory in the Moore building.2 That was a beautiful set-up, such a contrast from the old sheds where they had the wooden tables to do all the autopsies. I took a lot of pride in trying to keep that place in good shape.

I gained all the extra knowledge going over all the material that was left at the end of the day, to be able to write the good review [describing the] pathologic changes in these animals. It was quite an opportunity and it gave me a head start in my academic work.

I worked there until I graduated from college. I was in the first accelerated program after the onset of World War II. They accelerated our class for one summer session and we graduated in January [1943].3

I got a job with Dr. W.W. Dimock at the University of Kentucky as an assistant pathologist, which was a very good opportunity.4 But I had taken R.O.T.C. and I had a reserve commission in the infantry. Unfortunately, after I had been at the University of Kentucky for several months, I got called to active duty.

They assigned me to the Veterinary pool at Brooklyn Army Base in New York City. That was a step towards my goal but it wasn’t the kind of job that I liked—doing meat inspections and that sort of thing, food inspections, butter inspections for the market for the army. So,

1 Work(s) Progress Administration, a New Deal employment program instituted by President Roosevelt for rural areas.
2 Part of the veterinary complex when it was located on central Cornell campus, prior to 1957; named for Veranus Moore, one of the original faculty and second dean of the college.
3 Intervals between semesters—especially the summer breaks—were cancelled during WW II to allow students to graduate in an accelerated manner so they could join the war effort.
4 William W. Dimock ’05, equine pathologist and reproductive expert at the University of Kentucky.
another veterinarian from Pennsylvania, Dr. Waple\textsuperscript{5}, and I saw a notice on the bulletin board requesting volunteers for combat tactical dangerous mission. [We accepted the challenge rather than continue doing meat inspections].

They sent us directly to remount training school in Fort Robinson, Nebraska, and we were assigned to the Quartermaster Pack Troops. I was assigned to the 31\textsuperscript{st} Quartermaster Pack Troop and [Dr. Waple] was assigned to the 33\textsuperscript{rd} in Fort Bliss, Texas.

We were assigned a shipment of mules and brand new Liberty ships\textsuperscript{6} and transported over to the area of combat training under the general. [Corporal Floyd Sager ’17 of the Veterinary Corps] was commander of that remount depot. He had 20,000 head of mules there so it was a real intense effort to get through the training there.

We departed with our mules. I had 267 head of mules on board that Liberty ship and there were about 60 soldiers that made up the pack troop. These guys were volunteers, too. A lot of them came from Guadalacanal and had quite a bit of combat experience so they were well-qualified [for this new type of combat infiltration forces which evolved into the Ranger Battalion].

We joined up in Deogarh, India, to train with the British Chindits. They were the British-Indian troops that were doing the fighting in North Burma at the time against the Japanese invasion [through China,] into Burma and India.\textsuperscript{7}

\textit{Dr. Richard Drumm:}

You had a little bit of trouble with the boat going over.

\textit{Dr. Gumaer:}

Going over, three days out of New Orleans, Louisiana, the boat was hit by a torpedo. But they had devised a devise on each side of the ship to cancel out damage that the torpedo would do to the ship.

That was just off the coast of Key West, Florida. We got hit at night. It didn’t sink the boat, but the concussion from the detonating of those torpedoes caused the castings on the drive shaft to be fractured and the boat lost complete power.

It was one of those nights when the clouds were over and every once in a while the sky would clear up and there would be a lot of moonlight. It was ideal for the German subs that were doing a lot of damage off the coast of the US at that time, particularly down in that area.

We sent out an SOS and they sent PBY planes over to scare the subs away.\textsuperscript{8} Then they sent an ocean-going tug to pick us up and they hooked onto us and towed us into the port of

\textsuperscript{5} Marshall J. Waple, Jr., VMD (U Penn) ’43. Like Kenneth Gumaer, he accompanied a shipment of mules to the China-Burma-India theater; however, his ship was destroyed en route and all the mules were lost. Waple later met Gumaer along the Burma Road.

\textsuperscript{6} Cargo ships built for the war effort.

\textsuperscript{7} Long-range British and British-Indian troops who penetrated deep behind the Japanese lines.

\textit{A Biography of and Interview with Kenneth I. Gumaer, DVM}
Miami. We spent a week in Miami getting major repairs, with the mules still on board. From there, we went to Newport News, Virginia, to get final repairs.

Since we had to pitch manure overboard every night, they didn’t want us in a convoy, so we had to go over across the North Atlantic without a convoy. We were, I think, one of the first ships to go through the Suez Canal. Fortunately, there was a real bad northeaster—a lot of storm—the ocean was real rough so there was very little opportunity for a sub to operate. So we were lucky that way—we didn’t get any torpedo activity going across.

The mules were put on top of the deck covers and in the hold, and there was another bunch put up on top of the deck. They made sheds for them so they were stabled on the upper deck. The soldiers would take them down and exercise them on the deck boards down below so they did get some exercise.

Unfortunately, it should have been a couple-week trip, but it took us 87 days from the time we loaded in Westwego, Louisiana where we departed from, until we got to Calcutta. Eighty-seven days to get to Calcutta, India with those mules!

Going across, all that rough sea cause a lot of trauma. Hematomas were very common—we had massive hematomas—some as big as bushel buckets. Captain Craig, who was our troop commander told me, “If you can get those mules in active duty shape when we get into Calcutta, I am going to put you in for a commendation”. But unfortunately, he was killed during the campaign.

Anyway, the mules really did well. They had a couple weeks to recuperate and we were able to drain most of the big hematomas. We only lost one mule on that whole trip due to a fractured femur. He got down and got his leg caught in the side board, so we had one mule to pitch overboard.

When we got into Calcutta with all those mules, it was interesting. All the native British-Indian forces had fled the area and it was pretty much abandoned so there was nobody there to help us unload the boat. We had to put them on small railroad box cars and took a train trip to Deogarh where we trained with the British Chindits.

Dr. Smith: How did you get them off the boat to the box cars?

Dr. Gumaer: They had slings—we put them in slings and then dropped them on the shore. We had four of them we put in each one of those cars and we made bamboo poles and we would pry them between the sides of the box cars. We had four mules [per car], two on each side, head to head. It was quite a train trip to take them from there to Deogarh—it took several days to get there. We got there just as the troops were getting ready to move down the [Burma] trail.

---

8 Patrol bomber planes, usually Catalina design.
9 Large blood clots under the skin, often between layers of muscle; caused by physical trauma in the ship’s hold.
10 Lancing the swelling allowed the serum to be removed from around the clotted blood.
Unfortunately, [on the Ledo Road] I got dysentery bad—real bad. We didn’t have any American medics with us, so the British-Indian officer took me and dropped me off at one of their Indian hospitals there for a day and I got behind a compound and I got over that. All in all, we went right from there, right into combat, behind the Jap lines.

It was a real surprise [to the enemy]. I don’t think the Japs expected our troops to be so experienced and [our troops] killed a lot of the Japanese soldiers that were used to frontal assault—they’d just walk right into the fire. We had Japanese interpreters with us. They were very, very patriotic and very loyal to our group and they got us a lot of good information, which made a lot easier for us to know what to expect.

In that kind of warfare—in a tight jungle—you are more or less confined to the trails. To get out into the jungle is almost impossible; you have to cut down all the bamboo and stuff.

Dr. Smith:
How long were you in combat on that trail?

Dr. Gumaer:
We got over there on Christmas Eve ’43, and then we got into Myitkyina [on May 17th], 1944. I’ve got a picture of one of the guys that was taken at the same time I was going down into Myitkyina. He was an infantry soldier—he was one of our heroes—killed quite a few Japs, and got hit with a bullet in the wrist. He had a wrist fracture and splattered metal all over his face. They reported him as being killed in action and his folks didn’t know for a month that he was still alive.

Dr. Smith:
You were afflicted with anthrax.

Dr. Gumaer:
That happened after the campaign was over. I was then assigned as a liaison officer with the Chinese animal transport under the jurisdiction of General Chiang Kai-shek. [I acquired anthrax] on that trip while taking mules into China.

Dr. Drumm:
Were these the same mules that you had taken across on the boat?

Dr. Gumaer:
What were left of them, yes. There was a high rate of casualties [amongst the mules]. The biggest problem was that those who survived had sores so bad and I don’t think that the army was really aware of how severely diseased they were.

---

11 The beginning of the route into Burma.
12 Nisei were Japanese-speaking American citizens used as interpreters.
13 The final goal of the campaign was to overtake and secure the airfield at Myitkyina, which was the major transportation hub to the interior of Burma and China.
Tell us about the anthrax situation.

Well, I was accompanying the Chinese and we were going over the old Burma Road, back into China from Burma. The trails were very treacherous and they were more or less along the top of the peaks. There were villages along the way. The Chinese soldiers, particularly the officers, would like to biviwak in the villages, and put their horses and mounts in these native barns.

One morning they came over to me because [the officer’s] horse was dead. I autopsied it. It had typical edema of the spleen and celiac area, so I got a blood sample and took it to an Army ordinance outfit on the road. They had a medic attached to that and I got them to make a smear of it, and it was loaded with sporulated rods.

They had me go immediately—as fast as I could—to a hospital. There was no way to get an airplane, so we drove on a jeep. We got there at night, into Karmee, to the general hospital. They supposedly had treatment for anthrax.

The treatment at that time was anti-anthrax antiserum of equine origin. They only had one dose of the serum. They said there was no use in giving me that because it takes several treatments to be effective.

So they entered me into the isolation [unit] there. Actually, it was right next to the morgue there in the hospital, and they put me on penicillin, every four hours. That was before penicillin had been therapeutically used for treating anthrax.

That was aqueous [water-based form of penicillin]?

Aqueous, yes. And of course they also used moist packs, probably peroxide or something like that. I had the cutaneous form of anthrax. It creates boils but they have big black scabs on them. They’re hard and they keep discharging; they don’t heal. I kept putting those moist packs around my wrist.

It started to regress right away on the penicillin, so I was only there a couple of weeks and got discharged. I was an interesting specimen. All of the personnel at the hospital were coming over looking at the lesions. Fortunately, they did the right thing for the anthrax [using penicillin].

I got the lesion on my wrist from blood that got on my [arm, during the examination of the horse]. I wore rubber gloves but they were not full length, and blood got on the sleeve of my

---

14 Typical appearance of anthrax.
15 Appearance of the Anthrax bacteria.
field jacket. Rubbing over my wrist apparently started [the infection], because it's very contagious.

Dr. Smith:  
So you came home shortly after you were discharged?

Dr. Gumaer:  
I was there for over two years. But I didn’t come home as soon as the campaign was over. I was put as a liaison with the Chinese. We didn’t come home until after the bomb went off and the war ended. We were supposed to come home earlier based on our time being there, but we searched for personnel [for replacements]. There was quite a bit of controversy. A lot of the guys, when they came out of the hospitals, they were still not battle-ready, but they sent them back. That created quite a bit of discord between General Stillwell and local officers.

General Merrill was our commanding officer. He was a very soft-spoken guy from New Hampshire—a New Englander—but he was a West Point graduate. He was a very knowledgeable guy. But you wouldn’t expect him to be that kind of a combat officer. He had the will power and the guts to stick with it. He made the march down the mountain back into Myitkyina.

Dr. Smith:  
How did he treat you as a veterinarian?

Dr. Gumaer:  
Well, actually, he had a heart attack after I joined the unit. When I came there with mules—to Deogarh to train with him—he was right there to greet us all and actually gave each one of the officers a bottle of [whiskey]. I forget what kind of whisky it was, but it was good whiskey. Good cordial meeting.

Dr. Smith:  
You came back to the States and practiced [veterinary medicine].

Dr. Gumaer:  
I had picked up some Typhus when I was there, so I was recuperating from that. They put me on Governor’s Island in the hospital and I was there for a couple of months. I was there until I got rid of all the associated parasites. I had dysentery, hookworm.16

From there, I worked as a field veterinarian for the veterinary college, then I went into practice. I was in the reserves for about six months. I didn’t go on any active duty.

Dr. Smith:  
And later, you worked for Sterling Laboratories.

---

16 An intestinal parasite.
Dr. Gumaer:
Well, I practiced for about 15 years in Rhinebeck. I started out with mostly large animal. There were a lot of Angus in that area, a lot of truck horses, work horses, Clydesdales. They were more-or-less show herds, but there were a lot of them there. I used to make the fair circuits, and they were quite popular.

After being there for that length of time, I was developing a lot of back trouble and my local [physician] told me I should get out of the large animal business, and not do any more of the foot work that I was doing a lot of.

After I got out [of practice], I went to the hospital and they found out that I had the gout and it was primarily the gout that was causing a lot of the acute pain. In the meantime, they had done back surgery on me which didn’t cure anything but I did go down to the hospital in New York. I spent a month down there. They did a fusion on me, so I was tied up for a while.

After I got that word from my doctor to get out of the large animal business, I sold my practice and took a job with Sterling Winthrop. That was in 1960. That’s when I left Rhinebeck and went to Sterling. I worked there for 15 years before I retired. I was a pathologist with Sterling Winthrop.

Dr. Smith:
You are a Foremost Benefactor of Cornell University. What does that mean to you?

Dr. Gumaer:
Well, I always wanted to improve the environment for veterinary practice for all veterinarians. And Cornell had been so gracious to me. I feel their training and salvaging me by giving me the opportunity to get that education, I was able to give some of my benefits back to the college. I was very grateful to Cornell for all that they did and for the good work that the professors did to make it so I was well-trained. We had the opportunity, and I just wanted to do what I thought was best for [Cornell]. That was the way I wanted to show my appreciation. I was very pleased that I was able to do that. My wife and I started a scholarship fund.

Dr. Smith:
The people who had an impact on your life at Cornell were Dr. Olafson and, more recently, Dr. King. Is that right?17

Dr. Gumaer:
Yes, John King. Well, Dr. King worked with me, assisting my diagnostic work with the research animals I worked with there because he was not only an excellent teacher but he had a good knowledge of subtle changes. He came at it from a different approach from the type of education that I had in pathology at the time I was a student. He was an excellent teacher.

Dr. Smith:
You have a son who is a veterinarian?

17 John M. King, DVM, PhD, professor of veterinary pathology.
Dr. Gumaer:
My son’s a veterinarian.¹⁸ He still practicing. He had a partnership in Middleport. Now, he does strictly cattle and horses, mostly cattle. As a matter of fact, his hobby is beef cattle, he has a big herd of Simmentals. He and his wife take care of them. He did it for the love of the work—he was like me. If you love the type of work you are doing, it’s a pleasure, and I think I instilled that in his way of thinking.

Dr. Drumm:
You had some real close calls over there in Burma, Indo-China. Are there any of them that stand out in your mind? You said that the Japanese were sometimes only 30-40 feet—sometimes a few hundred yards—away, and you were very lucky you never got injured.

Dr. Gumaer:
Well, I was fortunate. I had a hand grenade land right next to me, but fortunately it was a dud and never went off. I had some close calls being transported from one town to another in one of those little L-1 planes when we were fired upon.

But in the jungle areas, the Japs were usually on one side of the trail and we were on the other side. I walked out one night into a column of the Japanese, actually within eye sight of them. They never fired at me and I never fired at them. That was after dark, during the nighttime.

There was quite a problem with identifying your own troops. One veterinarian—unfortunately during the night—his assistant got out of the foxholes to urinate and when he came back in, the veterinarian fired at him and killed him. These were accidents that happened. They happened more than you realized. So, it was a dangerous place to be.

We didn’t have any artillery at the time. They finally dropped some artillery pieces—pack artillery—we were able then to make much better headway because artillery was a big help. All we had before that was mortars. When you’re up against an opponent who has artillery, you’re at a disadvantage.

Dr. Drumm:
You went back for a revisit, maybe 10 years ago.

Dr. Gumaer:
At the 50th anniversary of the campaign, the Burmese government invited about 25 of us back as their guests. They took us around in their old airplanes, the same one they used during the combat—they were German planes, Volkers. They are still using them. They flew us over the old area. Most of the places they took us to were places we were in the campaign against the Japs.

They treated us very royally and gave us banquets and food. They were very cordial, but they were looking for the support of the U.S. They still have that problem over there with the communists. They are still trying to take everything over.

¹⁸ Kenneth I. Gumaer, Jr. ’76, currently resides in Middleport, New York.
Dr. Gumaer:
Is there anything else?

Dr. Drumm:
I don’t think so. You’ve covered it very well. A very nice interview.

Dr. Smith:
Thank you very much.