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**A PENINSULAR SURGEON
- GEORGE JAMES GUTHRIE (1785-1856):
Michael Crumplin**

It would take almost six years to shape and hone Wellington's Peninsular army into a fighting machine that could eventually match any other force in the world. From August 1808 on however, Arthur Wellesley's soldiers and their allies had much to learn. Success would depend on sound logistics, good morale, strong discipline and attention to great detail – also on appointing the right men for the tasks in hand. So it had to be for the Army Medical Department.

Much has been written of the Spanish and Portuguese campaigns long since these fascinating episodes took place. The mettle of men was tried by climate, hunger, disease and two difficult retreats. Apart from the odd personal injury of a diarist, the occasional bizarre account of an injured soldier or the rare survival of army case records, too little is remembered of the contributions of the medical men and their unfortunate and stoic patients. Dismissed as “gruesome” and “ghastly” or even labelled as sensational, it is easy to pass over such difficult events and just sit back and enjoy the campaign stories, personalities and habits of the various armies and the impressive achievements of Wellington's soldiers. To ignore harsher aspects of these campaigns is surely to have a rose-tinted and incomplete vision of the true nature of the Peninsular War.

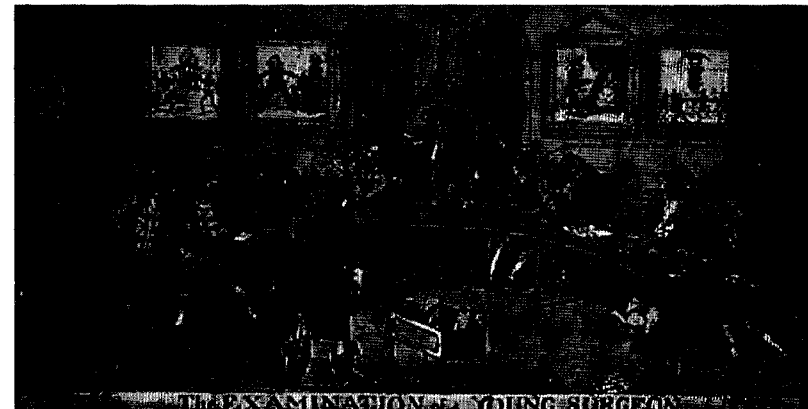
Just as in any profession or trade, there was a significant diversity of natural ability, commitment to learn and dedication to the task in hand, amongst Britain's army surgeons. We have little insight and data to peruse the general quality of medicine and surgery carried out in His Majesty's armed forces in

the prolonged conflict against the French republic and empire. There are, however, some certainties about the training and practice of surgeons and the small cadre of physicians, employed during these campaigns. Firstly, the education of medical men was founded on a significant degree of ignorance of basic physiology and pathology. Secondly, little civilian training at home was appropriate to the field of battle or to the overwhelming spread of contagion and sepsis. Thirdly, the battalion and staff surgeons had to be multi-tasked, treating "internal" as well as the more evident external disorders. The role of service physicians was essentially to act as administrators and public health advisers. Their job was to counsel on staffing, sanitation, campsites, logistics, transport, cleanliness, diet and clothing and also to have influence on senior military figures and politicians as might bring about change.

The successful surgeon was the man who had a good knowledge of anatomy, learned the best points of practice from his masters, was devoted to his unit and scorned risk during epidemic or combat. He rapidly had to learn what worked and what didn't – also at what stage to intervene surgically. He also had to master technical skills, which could be neat, yet were crude and heart-rending to perform - eschewing delay and short cuts in his surgery. As he became more senior, he had to teach younger men assess their abilities and to keep good data on his own work.

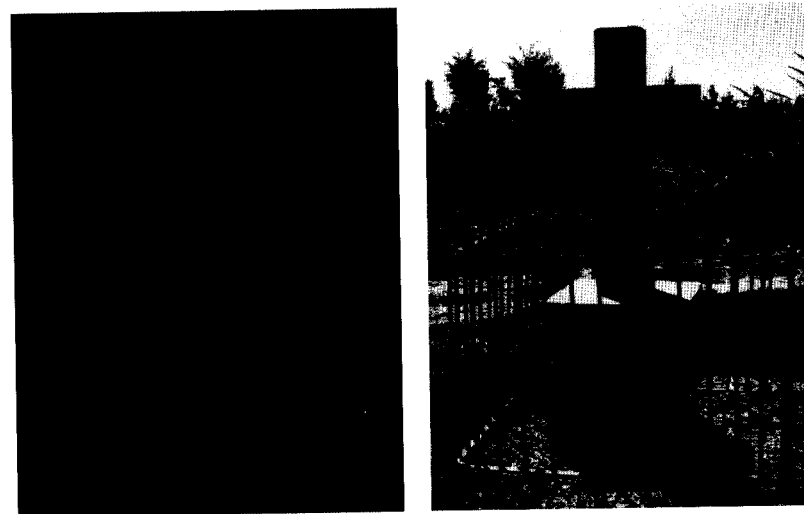
Unfortunately it is often only the successful men who can tell us of their results and of the average medical man, we have scant knowledge. One such vigorous and able surgeon was George James Guthrie, who largely through his robust efforts in Iberia, became an emblem of medical distinction. Also, the achievements of such immensely capable medical administrators as Sir James McGrigor ought not to be forgotten.

George James Guthrie was born in the spring of 1785, grandson of a Scot and son of an Irishman. Guthrie's early life was coloured by a French teacher-emigré, a certain Monsieur Noël, who taught him many skills, particularly scientific essentials and languages. An accident at the age of thirteen brought Guthrie to the attention and care of a Mr Rush (Inspector of Regimental Hospitals), who patronised him. Guthrie was then apprenticed to a notable surgeon and a well-known physician and author. After a shorter than usual apprenticeship - two rather than five years - Guthrie was appointed hospital mate, serving under a Mr Carpue, at the York military hospital in Chelsea, when there had been a deluge of patients from the abortive expedition to the Helder. In 1800 Mr Keate, the Surgeon General, had issued an edict that no hospital mate could be employed without examination at the licensing corporation – the Royal College of Surgeons of London (later England). Guthrie wished to persevere in his career and, despite being the youngest candidate ever to sit the examination, passed and achieved the diploma at the subsequently illegal age of fifteen! This was the usual time at which trainees terminated their apprenticeship.



The examination of a surgeon at the Royal College of Surgeons

Mr Rush then eased Guthrie's commission into the 29th (Worcester) Regiment, whose commander was Colonel Byng (later Lord Strafford). The battalion was commanded and doctored by very youthful men and seemed to be a contented and well-disciplined unit. Posted to Halifax, Nova Scotia in 1802, the regiment enjoyed a quiet and pleasant tour of garrison duty. Here Guthrie concerned himself with the ailments, injuries and family problems inherent in a peacetime garrison. Five years later, the 29th returned home and narrowly escaped the expedition under Lord Cathcart to Copenhagen. It then formed part of General Spencer's force, sailing with some delay and maritime adventures, in which Guthrie saved his transport from Spanish shore battery fire, to Cadiz, then onto Mondego Bay to land with Arthur Wellesley's men. On the 17th August 1808, the first small action of the war took place against General Delaborde on the heights above Roliça. Outmanoeuvred and outnumbered by Wellesley, the French fought a spirited withdrawal, leaving Guthrie with around 150 casualties of the 29th Regiment. He set about tackling his first deluge of injured men. He could do nothing for his colonel, the Honourable George Lake, mortally wounded by a musket ball in the chest, fired by a French sous-officier who had failed to kill the gallant colonel with six previous shots, grazing his neck with the sixth. Lake was the first field officer to die in battle during the Peninsular War.



Colonel George Lake and the memorial to his death - Roliça

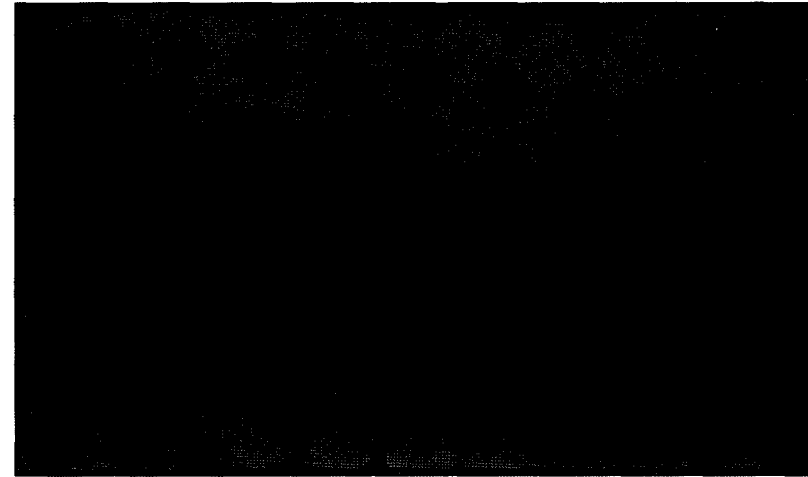
After watching Lake's colour sergeant expire from 19 wounds, inflicted whilst guarding his commanding officer, Guthrie's first profound lesson was that of digital control of bleeding arteries. Whilst amputating a limb, Guthrie's tourniquet snapped and the patient bled furiously from his femoral artery. In a characteristic cool manner, Guthrie pressed his thumb firmly but gently on the groin to control the torrent. While an assistant took over the compression, Guthrie completed his surgery. From that day on, Guthrie always avoided the use of a tourniquet whenever feasible.

On the 20th August, Guthrie moved on south to the village of Vimeiro, near the estuary of the Maceira River. Here Wellesley, reinforced by two further infantry brigades, inflicted a second victory over the French. Guthrie was shot in both legs, but the wounds cannot have been severe, since he was shortly back helping with the French and Allied casualties. His ability to

converse in French brought considerable relief to several of his captured patients.

Guthrie's battalion marched to Lisbon, where it remained in garrison during the notorious convention signed near Sintra. Following the departure of Burrard, Dalrymple and Wellesley, the depleted 29th was not part of Sir John Moore's difficult expedition out into Spain. Wellesley returned to Lisbon in February 1809 and on the 12th May, captured Oporto, which had been taken by Marshal Soult. Guthrie and his horse and equipment were amongst the first over the Douro and he subsequently saved the 16th Portuguese battalion and himself from certain death and injury. The brown-coated Portuguese soldiers had been mistaken for a French unit by Sir John Sherbrooke's men (Sherbrooke commanded the Guards and the 29th). Guthrie threw open his boat cloak to display his scarlet coat, and shouted that it was, "... the doctor and the Portuguese"! He then proceeded, much to Sherbrooke's amusement, to single-handedly capture a piece of French ordnance after purloining the best mule in the team.

Guthrie next faced a plethora of casualties on the fields of Talavera on the 27th and 28th July 1809. The 29th was part of Stewart's brigade and the artillery-park and field hospital were behind



The charge of the 29th against the 24th Ligne at Talavera

This severe contest resulted in around 13,000 casualties - about 800 Allied soldiers killed and 3,913 wounded (650 missing), many of them lying out in the scorched shrub-covered rocky ground. A considerable number of wounded men were burned to death by fires in the tinder-dry grass caused by the hot wadding from the guns. Guthrie had 104 casualties to treat and commandeered a house for his own wounded, shunning the general hospitals in the town. He believed in separating patients into smaller units to focus therapy and limit contagion and sepsis. After crossing the Tagus on the retreat from Talavera, back towards Portugal, the route took him to a temporary hospital at Deleitosa, where he gained a reputation as very competent surgeon. Here, he was robustly critical of the excessive use of amputation of the upper limb by some of his colleagues. In these cases, he felt many wounded arms might have been preserved and rarely required ablation. This opinion made him a few enemies but his surgery, in appropriate cases, and as the

war progressed, became increasingly conservative. At the convent hospital at Deleitosa, his row of graves was noted to be significantly shorter than others.

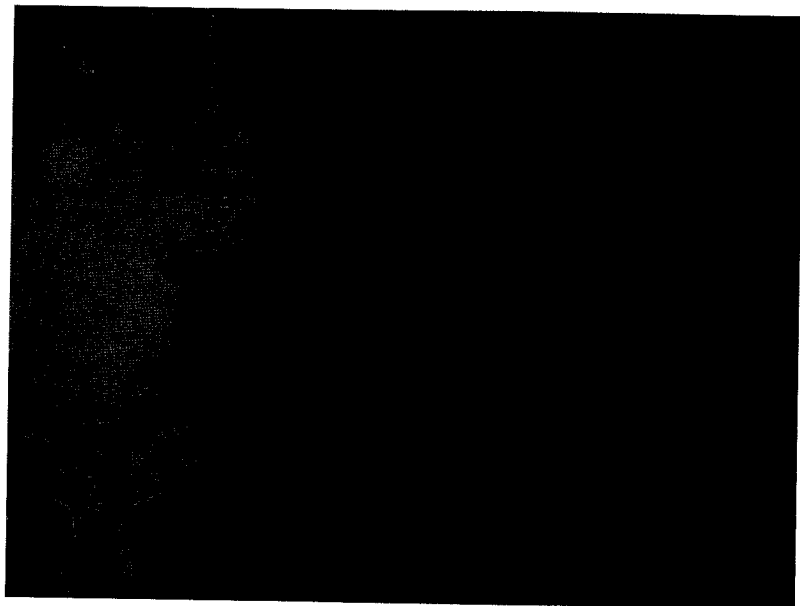
Guthrie sickened with either tertian malaria or typhoid on the plains of the Guadiana, somewhere between Merida and Badajoz and was shipped home to convalesce in the spring of 1810. Good news arrived around this time. He, at long last had received promotion to Staff Surgeon, to be attached to the 4th Division, under Sir Lowry Cole.

Having returned early in 1811, Guthrie next had a murderous time on the 16th May, at Albuera, where he was exposed to fire on Beresford's right flank and his assistant staff surgeon was fatally injured with a round shot through the thorax. He treated many chest and abdominal injuries, several punctured by lances. He promoted stitching up of open chest wounds and draining collections of blood and infected material from the chest cavity. After this severe battle, characterised by an unusually high kill to wound ratio, he emphasised that to explore the site of a wounded artery and to directly tie off the blood vessel both above and below the injury was essential practice. This principle was to condemn the less certain outcome associated with merely tying off the injured artery above (upstream of) the site of wounding.

Many of the 6,000 Allied casualties lay out on the damp fields for three or four days and Guthrie and the battalion surgeons, having only four wagons at their disposal, later cared for around 3,000 casualties at Valverde, about seven miles away. Guthrie and his colleagues worked tirelessly for 18 hours each day for three days. One senior staff officer criticised the inevitable shambles and apparent neglect. This thoroughly incensed the exhausted surgeons and Guthrie duly rectified the error with his

seniors. All the surgeons had in fact received much adulation and gratitude from their patients after Albuera.

In January 1812, a notable event occurred around the time of the siege at Ciudad Rodrigo - the arrival of Guthrie's new Chief, Dr (later Sir) James McGrigor - who was to have such a massive impact on the medical care of Wellington's forces in Iberia. After the siege, Guthrie was asked to take charge of around half of the wounded. He again disobeyed a directive to keep his patients in the larger or general hospitals in the town and distributed them in smaller infirmaries under his personal charge - as he had done at Talavera. He consulted the mortally hurt General "Bob" Craufurd, who had been shot in the right armpit and succumbed days later from sepsis in his chest. Guthrie performed the dissection (post mortem) on this meritorious and fascinating soldier. Why Guthrie or his colleagues failed to introduce a drain into Craufurd's chest remains a mystery. Guthrie was also consulted over Colonel Colborne's shoulder injury and it was he who amputated Major George Napier's arm.



General Robert Craufurd encouraging his men at Ciudad Rodrigo

The second siege of 1812 Wellington knew would be costly. Guthrie served assiduously at the final sanguinary assault on Badajoz on the night of the 6th April. With around 4,000 casualties (600 died), Guthrie worked with colleagues in tents, pitched near the take-off point of the 4th and Light Divisions. He had 600 casualties from the 4th division alone. The town remained insecure and it was several days before buildings such as the convent of Santo André could be used as hospitals. Many cases were soon transferred to Elvas, Estremos, Lisbon and the "incurables" to Ciudad Rodrigo. At one of the earlier sieges of Badajoz, a piece of French ordnance in the town had fired at Guthrie. The ball hummed past Guthrie's back, over his steed's rump. He doffed his hat and cantered off.

Now that the two keys of Spain had fallen to the Allies, Wellington moved out towards Salamanca, where he was to defeat Marshal Marmont's army on the 22nd July. Prior to the action on the scorched fields, the forts on the outskirts of the city had to be reduced. Guthrie, accompanied by a young infantry officer of the 23rd Foot, mounted on a white horse was almost killed by a round shot which slammed into the dirt in front of the two officers.

After the action, Guthrie treated the wounded Sir Galbraith Lowry Cole and hundreds of others, once again remaining on the field for several days. Back in Salamanca, he angrily berated the local Spanish junta over their refusal to treat 3-400 wounded Frenchmen, lying in squalor in Salamanca. Threatening to inform the French army, who would take great retribution should they return – which they ultimately did – Guthrie had his forthright way. Here, he had great success with one case. A soldier had a grossly swollen leg after infection from a wound (erysipelas). The pressure from the swollen limb threatened to cut off the blood supply to the man's leg. Guthrie boldly cut down along the limb, so releasing the tension – the man's leg was duly salvaged.



A relieving incision in the leg for erysipelas

Following Wellington into Madrid, on October 11th 1812 whilst in charge of Hill's Division in the city, Guthrie was at long last brevetted Deputy Inspector of Hospitals. Whilst Wellington suffered his difficult retirement from Burgos, Guthrie shepherded his 2,000-odd patients westwards back to Salamanca, thus joining Wellington on the way back to Portugal. McGrigor laboured tirelessly with his staff to house and treat the sickly British Army during the harsh winter of 1812/3. During this time, by segregating and adequately accommodating the sick soldiers, often in portable wooden hospitals, McGrigor and men like Guthrie were able to inject nearly a division of infantry back into Wellington's army. At this time, Guthrie described his meritorious long leg splint for fractured thigh-bones, which was instrumental in preventing deformity.

Whilst the army prepared to move out northeast to again en-

gage the French before attempting the Pyrenees, Guthrie was transferred to Lisbon to become senior surgeon to the garrison and hospitals. Thus he missed Vitoria, the fall of San Sebastian and the early advance into the mountains. During his Lisbon sojourn, he caught up with his work and wrote about removal of the arm at the shoulder joint, the treatment of syphilis, without the use of mercury and discussed the management of tuberculosis.



Excision (disarticulation) of the arm at the shoulder joint.

He cared for many long-term sick and wounded men, many of whom were suffering from chronic infections. He had a good number of French patients. On a visit to the Portuguese capital, Wellington publicly praised Guthrie, who was soon required in the north, as Lisbon ceased its major role as medical base. Guthrie was posted to Santander, where he superintended a gen-

eral hospital from September to December 1813. This meant caring for around 1,400 patients, many of whom had come in from Vitoria. He took in 600 cases from Vera and Lesaca after early Pyrenean battles. He had one soldier who remarkably survived a musket shot in the liver. His practice of conservative limb surgery and the management of head and chest wounds flourished. With regard to the latter injuries, Guthrie had two illustrious patients after the combat at Orthez on the 27th February 1814. The first was the Earl of March, a close family friend of Wellington and who had been desperately wounded at Orthez with a musket ball entering his chest. He was fortunate to survive after profuse haemorrhaging and an air leak into his chest. Guthrie advised a vigorous antiphlogistic (anti-inflammatory) regimen, which included bleeding seven times (around 2,000ccs). The second case, again fortunate to survive was Major General Broke, ADC to Sir Henry Clinton, who had a through-and-through wound from a French ball in his chest and was back with the army in ten weeks.

The last great combat of the war was rolled out at Toulouse on the 10th April 1814. Guthrie was responsible for most of the casualties on the field. One witness standing on the Calvinet ridge outside the city saw the mass of scarlet-coated corpses lying out on the wet green fields and called them, "the Poppies of Toulouse". Guthrie whilst sheltering during a severely contested assault, failed to save the life of an infantry officer, whose leg had been severely damaged by a round shot. Whilst waiting the outcome of the attack, he dissected the dead man's leg to inspect the type of injury the main artery of the limb had sustained! In addition to his field-work after the final battle of the war, he also had charge of a large general hospital in the city. The results of his team's work were astounding. Of 1,359 casualties (including 117 officers) admitted, only 149 men died

- a survival rate of 89% - despite the lack of antibiotics, blood transfusion, anaesthesia, sanitation, hygiene and nursing. Such results beggar belief and perhaps show that little further progress could be made in battle surgery before the essential discoveries of antisepsis (1865-70) and anaesthesia (1846), which made their blessed impact on medical care.

The war was over and Guthrie left Bordeaux for home and his beloved family in July or August of 1814. He had been away for most of twelve years. He had a meagre income, no private practice and merely a foreign, military reputation. These deficits however were in no way to deflect the robust, outspoken, able and experienced surgeon, who was to apply integrity and commitment to his future civilian career.

When Bonaparte returned to France, Guthrie declined a temporary commission but after due consideration decided, amongst other civilian clinicians, to visit some of the 50,000-odd casualties which had been dragged off the fields of Brabant following Waterloo.



The aftermath of Waterloo

He arrived in Brussels as a civilian consultant to the army and gave much valuable advice, concerned at how many valuable surgical lessons seemed already to have been forgotten since the Spanish and Portuguese campaigns. Bearing this in mind, he later wrote a major work on battle trauma, which would be widely used in the American Civil War and during the Crimean campaigns and which went into six editions. Widely respected and consulted in Brussels, he actually only operated on three patients – two in the Belgian capital and one back in the York Hospital. The first case he treated in Brussels was a soldier of the King's German Legion, who was had an intermittent and troublesome haemorrhage from a musket ball injury of his leg. No one could control the recurrent bleeding, so Guthrie cut down on the calf muscles and tied off the inaccessible peroneal vessel – one of the three arteries below the knee – after which

the bleeding ceased. The patient fared well. The second case, perhaps Guthrie's most illustrious, was that of François de Gay, a wounded French infantryman of the 45th Ligne. He had been shot from the rear and a case round had passed through his hip joint, shattering off the top part of his thigh-bone. Guthrie had once failed with a disarticulation of the leg at the hip-joint, after Ciudad Rodrigo. The operation was a massive surgical insult, but Guthrie felt de Gay justified the risk. The patient was brought along to him and, assisted by two capable surgeons, John Hennen and Charles Collier, the surgery was boldly performed and borne remarkably well by the patient. De Gay lost around 720ccs of blood and progressed in a predictable fashion. The wound became septic and the patient had acquired a bedsore, but was soon allowed mutton-chops, jellies and wine.



François de Gay's injury
– the shattered upper thigh
bone and his scars

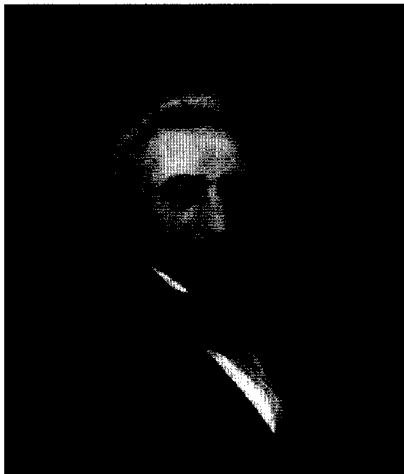
While convalescing back in London, at the York Hospital, the stoic Frenchman was visited by the Duke of York, who pressed Marshal Soult for de Gay's continued care at Les Invalides, Paris and also for a justly earned pension. How Guthrie must have secretly delighted in the case. The only demonstrable survivor of this operation, now in France, carried out on a prisoner of war, by a British surgeon! The third case that Guthrie whisked away from Brussels was a Hanoverian soldier, who had survived a wound from a now-encrusted musket ball in his bladder. Before a distinguished medical audience at the York, Guthrie extracted the missile through the perineum in just a few minutes. The patient went home to Germany and apparently was a source of much-interested enquiry.

The wars were over and Guthrie had no immediate employment. Sir James McGrigor allowed him to work with no salary (Guthrie was on half-pay) in two surgical wards at the York, until it shut down two years later. Now was the time to slowly build up private practice in a competitive metropolis. He attended lectures and studied civilian surgery assiduously. Soon he was embroiled in the surgical politics of the Royal College of Surgeons, decrying the fact that there was no national military medical school. So distressed was he on this latter issue that he started a course of gratis lectures to prospective members of the armed forces and the East India Company. When elected as a Council member, he was young and forthright. He was used to speaking out to people of rank and influence. He brought about just and fair measures in the governance of the College and although making some enemies, he was well read and always adequately prepared for difficult debates.

Guthrie lecturing at the Royal College of Surgeons of London



He was instrumental in bringing about the Anatomy act in 1832, which dramatically reduced the practice of grave robbing and also in the way that new Fellows of the College were elected (1844). He worked hard for the sick poor of the city and naturally, fought hard for the proper recognition and recompense of members of the Army Medical Department. He was President of the Royal College on three occasions, was elected an FRS, but turned down a knighthood and the award of the Order of Guelph.



George James Guthrie.

Somewhat appropriately nicknamed the “English Larrey”, this great master surgeon was undoubtedly one of the great contributors to Wellington’s campaigns in the Peninsular War. He died of cardiac failure on his 71st birthday, the 1st May 1856. He had certainly been as much a soldier as a surgeon.