

Surgery at the Battle of Waterloo

The battle of Waterloo, one of the most famous and most bloody in history, was fought 200 years ago, on 18 June 1815, and signalled the end of 23 years of intermittent warfare between France and most of the rest of Europe, stretching from Portugal to Russia.

The battle takes its name from the little village of Waterloo, situated some 10 miles south of Brussels. The opposing forces comprised the allies, under command of Arthur Wellesley, the Duke of Wellington; 68 000 men, mostly British, but with units from Holland, Belgium and Germany. They were to be joined later in the day by 45 000 Prussians, commanded by Marshal Blücher, which swung the battle decisively to the allies. Napoleon commanded a force of 72 000. The casualties were enormous. Wellington lost 15 000 killed and wounded, Blücher another 8000. The French losses were 25 000, with another 9000 captured.

Four days later, Napoleon abdicated for the second time and ended his days exiled to the island of St. Helena.

How did the medical staff evacuate and deal with these enormous numbers of wounded? As in every war, before and since, transport of the injured was a serious problem and received a lower priority than movement of troops and essential supplies. Surgeons would carry out essential treatment on the field of battle, and this included major amputations, performed, of course, without anaesthetic. (Ether was introduced by Dr William Morton in Boston in 1845 and chloroform by Dr JY Simpson in Edinburgh in 1847.) The wounded were then evacuated in carts, on horse back or by foot to the six hospitals in Brussels, which soon filled to overflowing, and were then accommodated in private homes. Many of the wounded were then transported by carts and canal barges to Antwerp.

Charles Bell (see below) records the case of a sergeant of the German corps who had

his left arm taken off just below the shoulder joint by a cannon ball. The axillary artery was tied on the field of Waterloo. The sergeant then purloined a horse and managed to ride himself back to Brussels. On admission to hospital, he fainted. The humerus was trimmed just below the humeral head and the sergeant recovered. A vivid painting by Charles Bell of the patient and his wounded stump is preserved today in the Royal College of Surgeons of Edinburgh.

Many of the wounded lay untreated on the battlefield for days, with little if any food or water, tortured by the summer heat and by the stench of the decomposing bodies of

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dead soldiers and horses. Eventually, the Prussian soldiers got the local peasants, at bayonet point, to bury the dead in large pits.

On the British side, the experienced surgeons of the Peninsular War had returned to civilian life and most of the regimental surgeons were young tyros. They were reinforced by the arrival of veterans from England. Charles Bell, of the Middlesex Hospital, in London, had previously treated wounded from the Peninsular campaign evacuated to Portsmouth. On hearing of the battle, Bell collected his assistants and instruments and set off for Brussels, arriving there on 28 June. He operated 12 hours a day until, as he wrote later: ‘my clothes were stiff with blood and my arms powerless with the exertion of my knife.’

George Guthrie, who had been a senior surgeon in Spain, had returned to civilian practice in London, at Westminster Hospital. On the outbreak of new hostilities, he had been invited by his old friend Sir James McGrigor, who had just been appointed Director General of the Army Medical Service, to rejoin as senior surgeon for a period of 6 months. Guthrie regarded this as too long a time away from his new practice and offered to serve for 3 months;

this offer, in turn, was rejected as too short a time. On hearing news of the battle, however, Guthrie and other surgeons embarked from Dover on 28 June and arrived in Brussels 2 days later. For 3 weeks he acted as consultant advisor in Brussels and Antwerp, visiting only the severest cases. Here he performed probably the first successful disarticulation at the hip, on a soldier whose thigh had been shattered by a musket ball.

On the French side, better facilities were available. These had been organized by Pierre Percy, senior army surgeon and by Baron Dominique Larrey, surgeon to the Imperial Guard. This was the ‘Flying Ambulance’ system; well-sprung light vehicles that could transport surgeons and orderlies, keep up with the troops and allow the surgeons to work as close as possible to the fighting. They were also used to transport the injured. The French military hospitals also

had trained orderlies, in contrast to the unskilled assistants working in the allied facilities. Although the French surgeons worked bravely on the field of battle, the careful evacuation system broke down in the chaotic conditions of the defeat.

Larrey himself was present on the field of Waterloo, attached to the Guards and, as usual, in the thick of the fight. Among the operations he performed was an amputation at the shoulder of a French officer, who he advised to travel home by horse without disturbing the dressings and who recovered.

Larrey was wounded and captured by the Prussians. Fortunately, he was recognized by the Prussian medical officer, who sent him to Marshall Blücher. Larrey had successfully operated on Blücher’s son, who had been wounded and captured in the Austrian campaign; Blücher had Larrey evacuated, first to Louvain and then to Brussels, where he helped with the care of the French wounded prisoners.

The anniversary of Waterloo 200 years ago; a time of horror, tempered by the devotion to and care of the wounded by medical staff on both sides of the conflict. **BJHM**

Conflict of interest: none.

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