

DR. GOODFELLOW: THE GUNFIGHTER'S SURGEON

by Michael A. Crane

Life on the American frontier was never easy. It was defined as much by physical risk as by uncomfortable living conditions. This was particularly true in the mining towns that seemingly blossomed overnight in the wake of gold and silver strikes. The promise of easy money and “gold nuggets as big as horse turds” were always magnets for the gamblers, crooked politicians, whores, card sharps, and con men who drifted from place to place relieving miners of their pokes. Arguments abounded over mining claims, property boundaries, the affections of a *soiled dove*, gambling losses, being cheated in a business deal, or from just plain meanness. As a result, anger and booze-fueled gunfights were prevalent.

Because it was the lawman's job to control such violence—but, not to eliminate it¹—he was just naturally a target for every gun thug who had a reputation to polish or some peawit who had taken on a load of 90 proof *who-hit-John*. To head off potential gunplay, Virgil Earp and his brothers, Wyatt and Morgan, popularized a sort of frontier come-along called buffaloing. As clearly depicted in the movies, *Tombstone* (1993) and *Wyatt Earp* (1995) it meant laying a swift, well placed blow with the Colt .45 hog's leg along side the trouble maker's skull. Since those good old days, police officers have been taught for generations not to use their sidearms in that manner mainly because: 1) you can render a pistol inoperative using it as a club, 2) it creates the occasion, and opportunity, for being disarmed by the ‘thumpee’, or, worse, 3) you might accidentally discharge the weapon into your partner and long experience has shown that partners

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detest being shot, even accidentally. But in the days before billy clubs, night sticks, saps or pepper spray, the ruggedly constructed, single action revolver with a five to seven and a half inch barrel, weighing approximately three pounds fully loaded, provided a convenient and highly effective law enforcement tool for the lone lawman.

Not surprisingly in such an environment, being fired upon was always a threat and being hit was a frightening prospect. Even though some wounds were much worse than others, it was common knowledge that an abdominal wound was nearly always fatal particularly as delivered by the popular .36, .44 and .45 caliber slugs. Once belly-wounded, the most that could be done was to make the wounded man comfortable until he died. Usually that meant praying with him, witnessing his will,² and pouring large amounts of alcohol or laudanum³ down his throat to ease the pain. Forget the admonition not to give a stomach wound liquid. He wasn't going to live long enough for it to make any difference. However for the gut-shot *pistolero* in Arizona Territory⁴ of the 1880s there was a glimmer of hope...he still had a chance at survival. That is, if he was in close enough proximity to receive timely treatment from one of the most remarkable surgeons on the western frontier.

Dr. George Goodfellow attended Tombstone, Arizona's wounded and dying shootists from 1879 until he moved to Tucson to become that town's physician in 1891. With good reason he became known as the gunfighter's surgeon. In his time he treated such notables as Doc Holliday, Morgan Earp, Virgil Earp and Billy Clanton and other less notable shootists.

The handsome, gun toting Goodfellow was known as an irascible, hard drinking, lady's man, a championship boxer, and possessed of surgical talents not commonly found among mining town doctors. In fact, as events would show, his skills were without equal in the medical profession of the late 1800s. Above all, as history tells us, he was a man light years ahead of his profession, particularly in his treatment of trauma patients. He possessed that blend of competence, arrogance and supreme self-confidence that made him the best of the best of frontier surgeons in 19th century America.

Goodfellow is remembered not only as a healer, but, from time to time, for inflicting the very stripes that would later call for his medical expertise. The same aggressive qualities that made him a top notch surgeon led him into frequent difficulties with the authorities. Being a hot-head only accelerated the process. As a young man of eighteen, he had been expelled from the U.S. Naval Academy for fighting. Temperamentally unreformed at thirty four, he got himself in brawl with unusually unfortunate consequences. This time he stabbed an adversary with such deadly effect that the wound put him beyond all earthly help. (Goodfellow's hide-out weapon of choice was a triple edged 4" Italian poniard—dagger—with a triangular base at the hilt tapering to a needle sharp point). The court found the death as a result of mutual combat but fined the good doctor \$25.00 for carrying a concealed weapon.⁵ In certain respects, this veneer of violence over a core of intelligent gentility, Dr. Goodfellow reminds us of his contemporary, dentist Doc Holliday, including the fact that each carried a concealed blade as back up to his six gun. As both men proved time and again, it was a dangerously mistaken belief on the part of their adversaries to regard them as being easy marks in a savage environment because they came from

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good families, were well educated and possessed professional status.

In the southwest of Wyatt Earp, Doc Holliday, and the Cow Boy gang, Dr. Goodfellow was ideally situated to refine his surgical techniques. Due in large part to a confluence of circumstances unique to the times and geographic location, he was performing frequent abdominal and thoracic surgeries in his Tombstone office and writing up the results.

This was an age when Goodfellow's eastern colleagues still probed a gunshot wound with bare, unsterilized fingers even though Dr. Lister's technique for "antiseptic surgery" by means of dilute carbolic acid had been known since 1865.⁶ Further, surgically opening the chest or abdominal cavities to repair gunshot wounds was not an accepted practice by prevailing medical standards. So, being gut-shot with a large caliber bullet was usually fatal: in a hurry if by hemorrhage, or, lingering if by peritonitis. By whatever means it occurred, death from such a cause was always painful, and as a consequence, much dreaded.

Tombstone of 1880-82 was widely regarded as a condensation of wickedness. This condition is reflected in the 1970 John Wayne hit, *Chisum*. In a signature line of the movie, Mr. Pepper (Ben Johnson) opines that "there is no law west of Dodge and no God west of the Pecos." Actually Mr. Pepper was echoing a popularly held belief portrayed in films since the 1939 Errol Flynn movie, *Dodge City*, when Dr. Irving (Henry Travers) observes there "was no law west of Chicago and west of Dodge, no God."

It is easy to forget, in this age of police professionalism, that almost everywhere on the frontier in the 1870s & '80s, controlling the tough, unpleasant and violent men who populated the west often called for the special services of equally as tough, unpleasant and violent men to

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wear the badge. Mining town lawmen were no better nor worse than the communities they policed. They reflected the same magnificence and malevolence, the same qualities of mercy and meanness, found among the frontier population at large. A pre-employment background investigation, if any was done at all on a prospective lawman, was a fast check of the wanted posters in the Marshal's office and the interview probably went something like this: "Where've you been, son?" "Can you shoot (pistol, rifle, shotgun)?" "Ever kill a man?" "Is the law after you?" There were no right answers. As a logical consequence, some men were given authority who never should have had a badge. The result often translated into unnecessary gun play.

The commercial success of most mining boom towns was defined by the wealth of precious metals removed from the ground; but, such towns are best remembered today not for nuggets and ore taken *from* the ground but by tales of the ferocious gunmen who terrorized those places and worked enthusiastically at putting men *into* the earth. Thanks to the countless gambling halls and saloons that served bust-head whiskey in quantities that would make a hamster fight an alley cat, Dr. Goodfellow never ran short of patients on which to perfect his surgical skills.

It is worth keeping in mind that Colt's very popular 1873 .45 caliber Peacemaker was designed for quick work at close quarters. Its 40 grain black powder charge could drive a thumb sized, 250 grain slug at 910 feet per second. The bullet itself, though moving at a relatively slow speed, was capable of smashing through a 3 ¾" pine board at 50 yards.⁷ In human terms, this translated into one horrendous wound whether the soft lead projectile struck bone or intestines. Wounds were usually of a nasty sort as most gun fights took place within a distance of 5 to 15

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feet.⁸ In fact, combatants were often close enough to set each other's clothes on fire from the muzzle blast of their pistols as marked the tragic end of Marshal Ed Masterson in Dodge.⁹

Decisive and timely action was always critical in a gunfight. Truly, he who hesitated was lost. The importance of when to shoot is underlined in the 1957 movie, *Tin Star*, when old time lawman, (Henry Fonda) saves a greenhorn sheriff (Anthony Perkins) from being ventilated by bad guy (Neville Brand). Afterwards Fonda counsels Perkins warning him that he had come within an angel's breath of experiencing time turned into eternity because "you were listening to what he was saying not watching what he was doing."

An 1876 honors graduate of Wooster University School of Medicine in Cleveland, Ohio, Dr. Goodfellow had, by 1879, already been published in the *Medical Record* on the procedure for treating internal hemorrhage and draining blood and other fluids from chest and abdominal cavities as the result of gunshot wounds.¹⁰ It was Goodfellow's strongly held belief that failure to surgically repair such wounds was an act of criminal negligence. But, for all the effect he had on his big city brethren, he could just as well have been shouting down a gopher hole or arguing with a saguaro cactus. Largely ignored by his eastern colleagues as just another frontier sawbones, Goodfellow's article on thoracentesis,¹¹ had it been studied, might well have given President Garfield's physicians critical insights in the fight to save his life after he was shot by an assassin in July of 1881.

Sadly, Dr. Goodfellow's work wasn't consulted; or, if so, wasn't taken seriously, and the 20th President of the U.S. died, two agonizing months later, while, presumably, under the best

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medical care available. Treatment of Garfield consisted largely of what was described as “watchful waiting” while it was recorded that the wound continued to “discharge healthy pus.”¹²

Some reports say the President died of infection—circumscribed peritonitis—caused by entry of a single bullet from a .44 caliber British Bulldog, fired from close range into his back, approximately midway between his waist and neck and about three inches to the right of his spine. The slug came to rest just below his pancreas. This led to an abscess cavity along the entire seven inch bullet track. It was this infection along with glandular swelling in his neck and jaw that led to the initial conclusion that the President died of peritonitis. However, the surgeon performing the *post mortem* ascribed Garfield's death to a different cause.¹³ He found that the bullet had nicked the splenic artery.¹⁴ That injury had weakened the artery wall which in turn became an aneurysm¹⁵ and that in its own turn ruptured. If this finding is correct, the President actually bled to death two months after being shot!¹⁶

It is debatable that even if Dr. Goodfellow had been in attendance he would have been able to change the result once the artery ruptured. However, it is very probable that had he opened the abdominal cavity immediately after the shooting, as was his practice, and located the bullet, he would have discovered the damaged artery and made the necessary repairs. As a practitioner of antiseptic surgery, he would have also taken steps to reduce the introduction and spread of infection. He certainly would have immediately stopped the practice of subjecting Garfield to the excruciating pain of repeated finger probings of the infected wound.

The President's physicians might have saved his life had they merely telegraphed Dr. Goodfellow in consultation and solicited his recommendations, if not his presence. In as much as

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Goodfellow had access to Southern Pacific's "special train,"¹⁷ he could have made it to the President's bedside in record time. But as history records, this was not done and more's the pity.

Sadder still, in two reported cases, nearly identical to the President's, and almost at the same time, Goodfellow successfully repaired abdominal gunshot wounds that involved multiple perforations of the small and large intestines and bowel with attendant infection. Typical was one involving miner Jack Smith who was gut-shot during a drunken hurrah over a bad turn of the cards. The bullet entry wound, from point blank range—propelled by a much hotter charge than that used on the President—was one inch below and to the left of the belly button with an upward track, exiting through his back. On July 13, 1881 Dr. Goodfellow operated on Smith. Audacious as his technique might have been for the time, it was the soul of simplicity. He made an incision parallel to the mid line and to the left of the bullet hole. Through this opening the intestines were extruded and overhauled to locate and repair each internal wound. The holes were trimmed and sutured, the cavity carefully and thoroughly cleansed with warm water and the wound closed. Recovery was slow but Smith lived. Which was ranked as a minor miracle given the usual results of such wounds.

So, the grim irony was: in a barely habitable frontier settlement in the remote southwest, Smith walked out of the hospital on August 19, 1881.¹⁸ He had been saved by the skill of a single courageous, highly skilled surgeon in shirt sleeves while the President of the United States with similar wounds struggled for life in the cradle of American civilization surrounded by the highest paid, frock-coated, medical talent available. Go figure! Himself, a survivor of the bloodiest single day of the civil war at Antietam, in 1862, Garfield would continue to suffer in

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the hands of his timid, hide-bound healers, his life ebbing slowly away until he finally called it quits on September 19, 1881.

In November of that year Dr. Goodfellow testified at the inquest into the slayings of Billy Clanton, Tom McLaury and Frank McLaury at the OK Corral. Specifically, with regard to the actions of Wyatt Earp and Doc Holliday in connection with those killings. It was Goodfellow's highly regarded opinion, based upon the *post mortem* exam conducted by Dr. Henry Matthews, that the wounds of the deceased thugs were consistent with their having been firing six guns at the lawmen, as the Earps and Holliday had stated, and not surrendering with their hands in the air as testified to by Cow Boy witnesses and their associates.¹⁹

When he wasn't performing surgery on shot-up gunslingers or crushed miners, delivering babies, performing appendectomies, lancing boils, setting broken bones, and managing the occasional epidemic, Dr. Goodfellow continued his research into treatment and cures for tuberculosis. He also published his medical discoveries on venomous reptile bites (which were all too common in the land of rattle snakes and Gila monsters) and the remarkable bullet resistant properties of silk fabric. Published in the *Scientific American* and the *Southern California Practitioner*, these studies give us fascinating insights into the man himself as well as the scientific principles he was exploring²⁰.

Like the men he treated, Dr. Goodfellow was well known for his bizarre sense of humor. Then as now, high jinks was an inoculation against depression and despair. It brought balance to a life frequently tattooed by violence, mayhem and death. That probably explains why Goodfellow would occasionally shoot out the candles at home with his pistol, taking enormous

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pleasure in the shocked reaction of his dinner guests to shattering glass and splintered wall boards. But the effortless shift from burlesque to the prosaic is best exemplified by one of his *post mortem* reports on a dead gunfighter, "...found the body to be rich in lead but not too badly punctured to hold whiskey." ²¹

Goodfellow remained in Tombstone until 1891 when he assumed the practice of Tucson's leading surgeon after that popular healer was gunned down. In 1898 he joined the U.S. Army as General Shafter's personal physician during the Spanish American War. He served in all the major battles in Cuba, and being fluent in Spanish, acted as interpreter and negotiator during the Spanish surrender. After establishing a successful surgical practice in San Francisco, Goodfellow would die of a lingering and unidentified illness in 1910. He was 54.²² As a sad historical footnote to Goodfellow's life, nearly all of his records, notes and unpublished work were lost to the fires that followed in the wake of the 1906 earthquake.

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His new novel, *A Fistful of Thorns*, about Doc Holliday and Kate Elder is currently available by visiting his web site at www.doc-holliday.com or through Amazon.com.

FOR FURTHER READING

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ENDNOTES

1. Much as it is in tourist destinations of today, rigid law enforcement was deemed to be bad for business in frontier mining and cowtowns along the frontier.

2. A nuncupative will is an oral one made during a final illness in contemplation of imminent death, in the presence of one or more witnesses. Although, not to be confused with a dying declaration, the dying lawman's last statement might contain the elements of both oral will and dying declaration. For example, "Buckskin Willie's the one what used me up. I know I'm finished. When I've gone over, give my six gun, horse and saddle to my sister's boy, Philo."

3. A horrible tasting concoction of opium and alcohol which was the most potent pain killer known at time. It figured prominently in the 1976 movie, *Shootist*, when Doc Hostetler (Jimmy Stewart) prescribes it for gunfighter John Bernard Books (John Wayne) who is dying from advanced colon cancer. It is also the drug to which Wyatt Earp's common-law wife, Mattie, was reputedly addicted, as depicted in the 1993 movie *Tombstone* and in the 1995 production, *Wyatt Earp*.

4. Arizona wasn't admitted to the union as the 48th state until February 14, 1912.

5. Don Chaput, *Dr. Goodfellow*. pg.90.

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6. It was the sense of hopelessness attached to the stomach wound that gives us so many western movies where the seemingly helpless physician simply stuffs strips of bandage—or, my favorite, the hem of the heroine's petty coat that has been dragged through corral and street dirt—into the bullet hole to stop major arterial bleeding. How internal hemorrhage could have remained a medical mystery after this country's experience of nearly 1 million casualties during our 4 year long civil war 20 years earlier is the *real* mystery!

7. Phil Spangenberg, "Colt .45 Peacemaker," *Guns and the Gunfighters*, pg 38.

8. This was due mainly to three factors: 1) most gunfights were spontaneous eruptions fueled by 90 proof courage. It usually happened where one, the other, or both combatants, in the idiom of the day, "let his bulldog mouth overload his Chihuahua ass;" So, "getting with it" meant just that...drawing and shooting without further palaver or planning; 2) both parties were usually well and truly drunk and required propinquity to keep their respective targets in focus; 3) the clouds of acrid, blue smoke produced by firing the fixed .44 and .45 cal. ammo of the day in a confined space would, after a couple of shots, tend to obscure the target at any greater distance.

9. C. Robert Haywood, *Cowtown Lawyers: Dodge City and Its Attorneys, 1878-1888*, pg 81.

10. George E. Goodfellow, "Cause of Sudden Death in Thoracentesis," *Medical Record*, XVI (November 15, 1879), 476.

11. The surgical procedure for removing fluids from the chest and abdomen caused by penetrating wounds.

12. John Duffy, *The Healers*. pg. 249.

13. Incredibly, at least six of the principal surgeons who were actually involved in the examination and treatment the dying President also conducted in the *post mortem*; namely, Drs. Agnew, Barnes, Bliss, Hamilton, Reyburn, and Woodward. The actual dissection was performed by Dr. D.S. Lamb of the U.S. Army Medical Museum.

14. This artery branches off the aorta and feeds the spleen.

15. This type of aneurism—there are several—is caused when the artery balloons out at the point of injury and the bubble created thereby fills with blood. It ruptures when arterial pressure becomes too great for the weakened wall to withstand.

16. Handwritten record of the President's autopsy by U.S. Army surgeon, Dr. J.J. Woodward. On file at the National Museum of Health and Medicine, Armed Forces Institute of Pathology, Washington, D.C.. Also, see John Moses, *Presidential Courage*. pg. 120.

17. Don Chaput, *Dr. Goodfellow*. pg. 102

18. Don Chaput, *Dr. Goodfellow*. pg. 40.

19. John Myers Myers, *Tombstone's Early Years*. Pg 172.

14. Dr. Goodfellow is also known to have pioneered one of the 1st successful prostate surgeries in America. In addition he performed a series of reconstructive surgeries on the severely injured face of George Parson after he had nearly been killed in a hotel fire and building collapse. Goodfellow's surgical skill left the patient with, in Parson's own words, "a fine Roman nose, free from disfigurement." Chaput, Don. *Dr. Goodfellow*. pg 36.

15. Richard Dunlop, *Doctors of the American Frontier*, pg. 151.

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22. Don Chaput, *Dr. Goodfellow*. pg 160. Dr. Fish, Goodfellow's physician, for lack of a specific diagnosis, simply referred to the malady as "multiple neuritis."