

THE ILLNESS AND DEATH
OF
NAPOLEON BONAPARTE
BY
ARNOLD CHAPLIN, M.D.

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THE ILLNESS AND DEATH
OF
NAPOLEON BONAPARTE
(A MEDICAL CRITICISM)

BY
ARNOLD CHAPLIN, M.D. (Cantab)
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS

WITH THREE ILLUSTRATIONS

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P R E F A C E .

IF an apology be needed for adding to the somewhat overloaded bookshelves of Napoleonic literature, it may be urged that the consideration of the fatal illness of Napoleon from a medical standpoint is necessary on account of the complexity of the subject and the difficulties encountered in arriving at a correct interpretation of the facts.

While writing for the professional reader the requirements of all students of the St. Helena period have been kept in mind, and an attempt has been made to cast the views expressed in a form which, it is hoped, will be comprehended by all.

Thanks are due to Dr. H. D. Rolleston for many valuable criticisms and suggestions, and to Dr. H. G. Adamson for having drawn the diagrams.

LONDON.

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CHAPTER I.

THE HISTORY OF THE ILLNESS.

The eagerness with which all details connected with the life of Napoleon Bonaparte are read by civilised mankind has led to the accumulation of a vast amount of literature dealing with that short but exciting career. Public records, private correspondence, and the innumerable testimonies of eye-witnesses have been ransacked with such exhaustiveness, that scarcely a deed or a conversation has escaped observation. Some of the highest authorities have laboured in this interesting field of history and biography, and the results have been of immense value in vindicating truth and exactitude. Important and valuable though the work of historians, biographers, and memorialists has proved, yet when it has approached the last illness and death of Napoleon, the

medical reader cannot but be struck with the want of accuracy and proportion. For this the historian must not be blamed, for he rarely possesses the equipment necessary for dealing adequately with a complicated medical problem, rendered more obscure by the mis-statements (made either in ignorance or by design) of those physicians who attended the great patient.

In these pages, therefore, an attempt will be made to present a true account of the fatal illness of Napoleon which will include a criticism of the diagnoses made and the treatment administered.

The problem presents many difficulties apart from the obscurity of the main features of the illness itself, for although there is abundant material from which to glean details as to the course taken by the disease, yet the pall of unverity which hangs like a cloud over the whole period of the Captivity has penetrated even to the sick-room of the stricken Emperor.

From the date of the landing of Napoleon in St. Helena to his death in

1821, every day is accounted for, and all those physicians who played a part in the drama have left behind them either complete accounts or fragmentary depositions. O'Meara, Stockoe, Antommarchi, and Arnott have written down their narratives of the respective periods of the last illness during which they were in attendance, but on these statements implicit reliance cannot be placed, for they were published *after* the death of Napoleon, and after the cause of his death was evident to the world. For the real opinions of these doctors, and the errors they committed, search must be made in that mine of information concerning St. Helena, the "Lowe Papers" in the British Museum. These volumes contain the daily reports of the physicians responsible for the treatment of the patient, and in many respects they are completely at variance with the published statements.

Political considerations were responsible also for much of the misconception which arose as to the nature of the malady.

On the one hand, were the British Government and its instruments ever anxious to proclaim to the world that Napoleon was in good health, and was enjoying, as far as was compatible with his position, the "bracing airs and salubrious climate" of St. Helena. On the other, was the entourage of the Emperor ever insistent to prove the fact that the climate of St. Helena was slowly but surely sapping his strength, and that, as a result of residence on the Island, chronic hepatitis had laid its hold on him and had numbered his days. Two hostile camps were thus established, and any diagnosis which included the word "liver" was rejected and ridiculed by the one and applauded by the other. But in pursuing this policy both parties seemed to forget that, within two years after the arrival of Napoleon in St. Helena, symptoms made their appearance which, although not fitting in with the diagnosis of either party, should at least have given rise to serious apprehensions as to the grave

nature of the disease. Mainly owing to this attitude the case was completely misunderstood and reflected little credit on those entrusted with the treatment.

In extenuation of the errors of the Emperor's physicians it has been asserted that the signs and symptoms of gastric cancer, the disease which killed him, were little understood in those days, and that, therefore, no blame should attach to the doctors who were unable to make a diagnosis. But an examination of a number of text books,¹ previous to 1821, shows clearly that the main symptoms and signs of this disease were well known and taught in this country, in France, and in Italy. Indeed, some time before his death, Napoleon had diagnosed his disease

¹ Baillie, "Morbid Anatomy of some of the most important Parts of the Body." 1818. Morgagni. "The Seats and Causes of Disease." English translation, Letter xxx, section 2. Dr. W. Cooke, in an abridged translation, 1822, refers to the case of cancer of the stomach described by Morgagni in the above letter as being very similar to that of Napoleon, and quotes the official post-mortem account given by the British physicians. In letter xxix, section 14, Morgagni describes a case of gastric ulcer resulting in perforation.

correctly, but even with the patient pointing out the road the physicians were unable to follow.¹ It is, therefore, important to give an accurate account of the Emperor's historic case, a subject to which the writer has paid close attention for many years.

Up to the time of his detention in St. Helena, Napoleon had enjoyed the most uniform robust health. Although he had crowded into the space of twenty years mental and bodily activities far in excess of those of any other man, ancient or modern, yet these huge demands made on his nervous and physical energy had apparently left his constitution unimpaired. Neither the piercing cold of the Russian Campaign, nor the scorching heat of the Egyptian Expedition, seemed to have had

¹ Napoleon's father died of cancer at the age of 39, but, as no record of a post-mortem can be found, the exact situation of the disease is doubtful. The Emperor frequently asserted that he would die of the same disease as his father. See "Rutledge's account" in Forsyth's "History of the Captivity," vol. iii., p. 291, 1853, Murray; and Meneval, vol. ii., p. 384. Two sisters and an uncle of Napoleon are said also to have died of cancer.

any effect on that iron constitution.

There are, however, some facts of medical interest connected with Napoleon's health which, although they do not amount to actual disease, have, nevertheless, been thrust into undue prominence by historians. One peculiar characteristic of his temperament was an habitual slow pulse. Some observers, such as Corvisart, have stated that it rarely beat above 50 per minute, and Napoleon himself said that he had never been conscious of the beating of his heart and doubted if it did. O'Meara, on the other hand, says that he found the pulse to be generally from 54 to 60 per minute, but as Napoleon was rarely well during O'Meara's stay, the former average may be accepted as correct.¹ Records exist also of occasional attacks of vomiting followed by a state of lethargy and stupor, amounting almost to actual unconsciousness. These attacks occurred generally after prolonged physical exertion and mental strain, and outbursts of temper

¹ O'Meara, "Voice from St. Helena," vol. i., p. 165.

preceded them on more than one occasion. A particularly bad one is mentioned after the fatigue and disappointment incident on the battle of Aspern.¹ Now these attacks, observed for the most part by untrained witnesses, have given rise to the statement that Napoleon was the subject of epilepsy, and it is to be regretted that some text books of medicine when describing that disease boldly assert on such slender and doubtful data that Napoleon was epileptic.² It cannot be pressed too strongly that no evidence worthy the name exists in support of such a contention. Gusts of passion and severe vomiting followed by lethargy are poor facts on which to brand a man with the stigma of epilepsy. But in recent days the exponents of the new cardiac pathology have regarded the slow pulse and the attacks of stupor verging on unconsciousness as

¹ Alison, "History of Europe," vol. xvii., p. 40.

² Fagge, "Principles and Practice of Medicine." 1886, vol. i., p. 685. Osler, "System of Medicine." Allbutt & Rolleston 1909, vol. vi., p. 153.

indications that Napoleon suffered from partial or complete "Heart Block." It may be so, but in the absence of graphic records and any reliable evidence of the state of the heart and pulse at the time of the attacks, this view must remain a supposition only.

Séгур,¹ in his classic monograph, when describing the battle of Borodino, gives an account of the health of the Emperor. He states that in addition to fever he suffered from rheumatism and an aggravation of his habitual complaint, dysuria, and that the condition became so bad that riding caused considerable pain. Since Antommarchi found at the post-mortem small calculi in the bladder and the coats of that organ diseased, it is possible that cystitis was responsible for the discomfort at that time. Difficulty of micturition was a condition from which Napoleon suffered all his life. He told Antommarchi that he had always experienced this trouble, and that after an attempt lasting some minutes

¹ Ségur, "La Campagne de Russie." Edition Nelson, p. 124.

only a small quantity of urine was voided, and sometimes attended with pain. He also attributed his short periods of sleep to this weakness, saying that the irritability of his bladder would not permit him to sleep for more than a few hours at a time. To complete the previous history of the case of Napoleon it remains to be said that he was always subject to constipation, and had an invincible objection to taking medicine of any kind.¹

It may be accepted, therefore, that the medical history of the Emperor antecedent to his deportation to St. Helena was remarkably free from any indication of the commencement of grave disease. Not a day had been lost on account of illness, and the stomachic and other ailments from which he suffered had always subsided without special treatment.

The account of the health of Napoleon at St. Helena, for the purposes of convenience, may be divided into three periods.

¹ Antommarchi. "Les Derniers Moments de Napoléon," 1823, vol. i., p. 78.

The first dates from October, 1815, to July, 1818, and occupies the time during which O'Meara acted as physician. The second extends from July, 1818, to September, 1819, and accounts for the time in which, with the exception of the five visits paid by Stockoe, Napoleon was not seen by any medical man ; and the third, dating from September, 1819, to May 5th, 1821, includes the period of Antonmarchi's attendance, during the last thirty-five days of which Arnott was associated with him in the treatment.

Napoleon set foot on St. Helena on October 17th, 1815, accompanied by Barry Edward O'Meara, the late surgeon of the "Bellerophon," as his physician. Of O'Meara's medical record little is known beyond the fact that he had been in the Navy for some years. No unsatisfactory medical reports concerning him are in existence, and it may be assumed that he was not below the standard of medical intelligence in the Navy of his day. Of his ability as a writer there can be no doubt,

for he wielded a facile pen, and his "Voice from St. Helena" is written with more than ordinary skill in literary composition, whatever may be thought of its veracity.

Napoleon enjoyed fairly good health in St. Helena until June, 1817. He was able to go out and take exercise, either riding, driving, or walking. His former precise habits of activity, however, soon gave place to those of indolence and lethargy. Still there was nothing to suggest failing health and strength, and much of his laziness and peevishness was due, no doubt, to his refusal to take exercise, so long as the restrictions of limits so repugnant to him were in force. For twenty years he had lived mostly on horse-back, and the sudden cessation of this exercise brought in its train corpulence, slackness, and indifference.

As early as October, 1816, O'Meara, in his reports to Sir Hudson Lowe, describes Napoleon as being far from well.¹ Two or three carious teeth were giving trouble,

¹ "Lowe Papers," vol. 20,156.

slight oedema of the feet made its appearance, and some enlarged glands in the right groin were detected. But these conditions soon subsided and nothing worthy of record took place until May and June, 1817, when the patient suffered from headaches, and in July, he was laid up with a slight attack of bronchial catarrh. On September 25th, the oedema of the feet recurred, and gingivitis was troublesome, the gums being described as spongy and bleeding at the slightest touch. A tendency to nausea was also remarked.

O'Meara experienced the greatest difficulty in treating his patient, for Napoleon obstinately refused to take medicine, and demanded a satisfactory reason for every symptom and every step in the treatment. The inexact science of medicine was quite unacceptable to his mathematical mind, and he delighted in railing at the physicians who, he asserted, killed as many men as generals. For surgeons, however, he showed a decided preference since they did not work in the dark.

On September 30th, 1817, the first symptoms pointing to the situation of the malady are recorded. On that day Napoleon complained for the first time of a dull pain, a heaviness, a sensation of heat in the right hypochondrium, and numbness and pain in the right scapular region.¹ On October 3rd, O'Meara made a systematic examination of his patient and stated that the right hypochondrium felt firm to the touch, and that a tumefaction in that region was evident to the sight. On being questioned, Napoleon said he had himself observed the tumefaction two months ago, but had attributed it to corpulence.² From these appearances O'Meara feared hepatitis and prescribed frictions, calomel, anti-scorbutics, and sea-water baths.

From September 30th, 1817, to the end, Napoleon was never completely free from the symptoms just described, and, as will

¹ "Lowe Papers," vol. 20,156, f. 12.

² "Lowe Papers," vol. 20,156, and "Voice from St. Helena," vol. ii., p. 281.

be shown, with the exception of a short period of remission from October, 1819, to June, 1820, his health slowly but steadily deteriorated. Early in October, 1817, Sir Hudson Lowe objected to the title of "Emperor" being employed in O'Meara's official reports, and as Napoleon would not permit his physician to use any other form of address, and forbade any official report concerning his health to be made to Lowe, the services of O'Meara were dispensed with for several days. But on October 19th, Lowe agreed to accept reports from Dr. Alexander Baxter,¹ the Deputy Inspector of Hospitals, on the understanding that they were founded on verbal statements communicated by O'Meara. By this arrangement Napoleon allowed his physician to continue his visits, and at the interview told him that he was never free from a dull pain in the right side, attended with nausea, want of sleep, and depression of spirits.

A slight amelioration of the symptoms

¹ "Lowe Papers," vol. 20, 156.

took place at the end of March, 1818, but no complete cessation, and on several occasions vomiting of undigested material was recorded. Palpitation and dyspnoea were also present at this time. But the difficulties between Sir Hudson Lowe and O'Meara had now become so acute that the latter was removed from the Island at the end of July, 1818, and on the 25th of that month he paid his last visit to Napoleon and reported that he found him in much the same condition.¹

In the preceding account of O'Meara's connection with Napoleon nothing has been taken from "The Voice from St. Helena," unless it agrees with the written reports to be found among the "Lowe Papers." For O'Meara's evidence is not trustworthy in the absence of some form of collateral testimony. Furthermore, he was an enemy of the British Government, an adherent of the chronic hepatitis theory, and at times it looks as if a link

¹ Forsyth, "History of the Captivity," 1853, vol. iii., p. 47.
O'Meara, "Voice from St. Helena," vol. ii., p. 415.

or two in the chain of symptoms had been strengthened. In any case it is evident that any other diagnosis than that of chronic hepatitis had never crossed his mind. The tumefaction over the liver, which he claimed to have noticed, was never mentioned by any other observer, and it seems probable that stress was laid on that sign to support the theory of enlarged liver as the result of chronic hepatitis.

Baxter's reports to Lowe,¹ founded on the verbal communications of O'Meara, certainly give the impression of an attempt to discredit the belief that Napoleon was suffering from pronounced ill-health. This was the policy of the British authorities, and Baxter was, before all, Lowe's man. He was on terms of intimacy with him, and singular in addressing him sometimes as "Dear General" instead of the official "Sir" adopted by all others.

After the departure of O'Meara, the

¹ "Lowe Papers." Baxter's Reports. vol. 20,156.

arrangements for the medical care of the Emperor became chaotic and at times verged on comedy. Lowe appointed Mr. Verling of the Royal Artillery to the post of British physician at Longwood, and presumably with the chief duty of reporting on the health of Napoleon. But the prisoner steadfastly refused to see anyone appointed by the Governor, and from July, 1818, to September, 1820, Verling was in charge, lived in the same house, but never even saw the patient, except by ruse and subterfuge.

During this period but little is known of the health of the Emperor. Montholon, it is true, states that he was far from well and that he spent the greater part of the day indolently, with frequent recourse to hot baths in which he remained for hours at a time.¹ But there is no report by a medical man. One gleam of light did, however, break through the obscurity. On January 17th, 1819, Napoleon had a serious

Montholon, "Récits de la Captivité." 1847.

attack of vertigo followed by fainting which appeared so grave that measures were taken to summon medical aid at once. On representations being made to Sir Hudson Lowe, Dr. John Stockoe, the surgeon of the "Conqueror," was permitted to visit him. Verling was in attendance at Longwood but, for the reasons given above, his services were not requisitioned. Stockoe found Napoleon complaining of the same old pain in the right hypochondrium and shooting pains in the right shoulder. In the night he had been seized with an attack of vertigo and faintness lasting fifteen minutes, but a warm bath had brought relief with abundant sweating. The next day the headache and giddiness still continued and the heat of the skin was reported to be considerable. No action of the bowels having taken place for twenty-four hours, Stockoe recommended a slight bleeding and a purgative and, after some difficulty, the patient agreed

to be bled, and to take a dose of "Cheltenham salt."¹

Stockoe examined the region of the liver and "detected a degree of hardness." But during his visits to Napoleon he had seriously compromised himself with the authorities. He had broken the regulations laid down, absurd as they were, for the guidance of any British doctor who might be called in to render medical assistance to the Emperor, and he had agreed to conditions made by Napoleon which were at variance with those demanded by the Governor. In addition he had committed the two unpardonable faults of thinking his patient really ill and, following O'Meara, had diagnosed the case as hepatitis. This could not be endured

¹ "Lowe Papers." Stockoe's Reports. vol. 20,205. See also Frémeaux, "Napoléon Prisonnier."

"Cheltenham salt" was much used in the early years of the 19th century, and is composed of:—

5.6	per mille of common salt.
2.2	,, ,, sodium sulphate.
0.3	,, ,, magnesium sulphate.

See "Climatotherapy and Balneotherapy," H. & P. Weber, p. 493. 1907.

and, without regard to the preferences of the patient, his visits were ordered to cease.

As an example of the trend of the policy of the British authorities towards the illness of Napoleon the report of Dr. Baxter on Stockoe's bulletins may be quoted. The document exists in pencil among the "Lowe Papers,"¹ and is as follows:—

"Mr. Stockoe on his first visit could not
 "see the swelling or feel it as O'Meara
 "had described it. He said the greatest
 "danger to be apprehended was from
 "apoplexy, which may carry him off should
 "medical aid not be afforded. Yet a more
 "nourishing diet is recommended by
 "Stockoe instead of blood letting. A
 "nourishing diet generally means animal
 "food and wine. Such articles ordered
 "for a patient who is considered to be in
 "danger of a determination of blood to
 "the head would convey suspicion either
 "of the sincerity or professional talents of

¹ "Lowe Papers," vol. 20,214, p. 54.

“ Mr. Stockoe. On January 20th, Mr.
 “ Stockoe says he is fully persuaded the
 “ liver is diseased, having felt a hardness.
 “ Mr. O’Meara mentioned that there was
 “ an evident enlargement over the region
 “ of the liver, but could not ascertain
 “ whether the liver was diseased on
 “ account of the extreme obesity. So
 “ Mr. Stockoe cannot perceive the swelling
 “ and Mr. O’Meara is unable to feel the
 “ hardness. Mr. Stockoe on his first visit
 “ could neither find the hardness or
 “ swelling, although the complaint had
 “ been on the increase for sixteen
 “ months.”

These artful quibbles, coming as they did
 from Baxter, the faithful servant, satisfied
 Lowe, and the official view that Napoleon
 was exaggerating his illness gained addi-
 tional support. But, although Stockoe fell
 into the same error as O’Meara in supposing
 that the Emperor was suffering from
 hepatitis, his visits were of extreme impor-
 tance, for they proved that the pain and
 uneasiness in the right hypochondrium

were the same as when O'Meara had charge of the patient.

While these events were taking place in St. Helena, representations had been made to the British Government to permit a physician chosen by the family of Napoleon to proceed to the Island. The permission was granted, and the choice fell upon a young Corsican, Francesco Antommarchi, who was reputed to be a good anatomist. Accordingly he proceeded to Rome, and received there the reports of O'Meara and later those of Stockoe, both of whom insisted that the Emperor was suffering from hepatitis.¹ Antommarchi was only thirty years old and had but little experience in medicine, whatever may have been his skill in anatomy. He accepted without question the statements of O'Meara and Stockoe and, before he left London, had diagnosed Napoleon's illness as hepatitis. In London at his interview at the Colonial Office, he states that he was told, in effect, that there was

¹ Antommarchi, vol. i., pp. 7-19.

no occasion to hurry, that O'Meara and Stockoe were unworthy of credence, and that he might take it as true that Napoleon was very well. Whether true or not, this was at any rate in accordance with the official view, and it is not pleasant to observe the way in which the British authorities clung obstinately, throughout the whole course of the illness, to the opinion that nothing serious was taking place, in spite of the fact that definite statements to the contrary were being made by those in personal attendance. Baxter and Verling must have known that Napoleon's health was far from good, but they had their cue, and took frequent opportunities to disparage any account which mentioned illness.

Antommarchi arrived in St. Helena on September 20th, 1819, and remained in more or less constant attendance on Napoleon to the end. He published, in 1823, a book entitled "Les Derniers Moments de Napoléon," in which he described more fully than any other writer

the symptoms and progress of the malady. This information would be of immense value to the medical student of the last illness, did it not come from such a thoroughly untrustworthy source for, unfortunately, Antommarchi's book is highly tinctured with romance and without corroboration is of very little value. The book takes the form of a journal, and at the beginning of the record of the day's events, a short paragraph is given of the medical condition of the patient. It is known, however, that Napoleon early conceived a dislike for Antommarchi, which went to the length of ordering a letter to be written to him in which it was stated, that the Emperor had lost all confidence in him, and that his daily visits might be dispensed with. The "Lowe Papers" also contain an excellent criticism of the errors, to give them no worse name, in Antommarchi's book.¹ But his account of the progress of Napoleon's malady contains nothing improbable in it, and it is inconceivable

Lowe Papers," vol. 20,214, p. 208.

almost that Antommarchi's description of the case was specially "cooked" from day to day. Indeed his story of the illness, where it can be corroborated, has not been found to err to any considerable extent.

Antommarchi made his first examination of the patient on September 23rd, 1819, and found him with a pulse of 60, and a tongue coated with fur. Napoleon complained of constant pain or uneasiness in the right hypochondrium, in the right shoulder, and in the right breast. A dry cough was present, and from time to time nausea and vomiting had supervened. On examination of the affected parts, Antommarchi states that he found the region over the left lobe of the liver hard and painful to the touch. For these conditions he prescribed exercise, a calming potion, hot baths, and a liniment composed² of opium and ammonia.¹

The antipathy evinced by Napoleon to go out and take exercise was overcome with the utmost difficulty. At length he

¹ Antommarchi, vol. i., p. 75.

consented to resume somewhat of his former activities, and by the end of October, 1819, was out of doors nearly every day.¹ The charms of gardening began to appeal to his fancy, and for the space of ten months, the happiest he was fated to spend on the Island, he devoted as much thought and work to his poor little garden as to some campaign of Austerlitz or Wagram. The benefit to his health was soon manifest; he ate and slept well, and lost most of the gloom with which he had been affected. The pain in the right side did not cease entirely however, but if Antommarchi is to be believed it was rendered bearable. On December 19th, he had a sharp attack of colicky pains which soon subsided, and it may be inferred that he was in fair health from this date to July 18th, 1820, for there is a hiatus in Antommarchi's diary covering that period. Indeed Napoleon had so far recovered his health that in May, 1820, he resumed

¹ "Lowe Papers." Nicholl's Journal, vol. 20,210 and Lutyen's Reports, vols. 20,211 and 20,212.

exercise on horse-back, and this was rendered more easy by the relaxation of the limits assigned to him which took place on December 31st, 1819.¹

But a change for the worse manifested itself in July, 1820, and for the greater part of this month Napoleon suffered severely from the old pain, occasional vomiting of bitter bilious matters, a slight dry cough, sweatings, and constipation. The treatment appears to have consisted of enemas and frictions with liniments of various kinds. During August, and up to the middle of September, a remission of all the symptoms took place, but on the 15th, he was again attacked with increased abdominal pain, nausea, vomiting, and febrile disturbance. Fresh signs of serious import soon made their appearance. Fatigue after the slightest exertion became pronounced, the pulse was 80 and sometimes irregular, the extremities were often of icy coldness, and frequent fits of lethargy were noticed. But the more acute

¹ Forsyth, vol. iii., p. 204.

symptoms of this attack did not persist for long for, on the 18th, the Emperor rode round the limits, and returned in two and a half hours somewhat exhausted. On October 4th, he took his last ride in public, proceeding across the Island to the residence of Sir William Doveton, where he had breakfast, but on his way home he was so tired that he was compelled to complete the journey in his carriage.¹

Napoleon tried to "ride off" the ever-increasing weakness, but soon carriage exercise and short walks were all that could be attempted, and even these taxed his strength severely. A new sign of the progress of the disease was constipation alternating with diarrhœa, the motions consisting of mucus and undigested material, and to this was added flatulent distention of the abdomen. After September 15th, although the symptoms abated from time to time, there was no real improvement, and from thence onward to the end the history of the case is but a

¹ Forsyth, vol. iii., p. 242.

plain tale of gradually failing health. The increasing infirmity and an accentuation of the symptoms continued all through the end of 1820 and the beginning of 1821, and on March 18th, Napoleon went out in his carriage for the last time. It was now a melancholy picture, the greatest genius, and the most powerful energy of modern times, at the age of fifty-one, a prisoner, with strength exhausted, and body racked with pain, slowly creeping about Longwood, leaning for support on the arm of an attendant.

The chief symptoms of the illness previous to its final stage may be recapitulated here with advantage. They were:

1. Persistent pain situated in the right hypochondrium.
2. Pain, either dull or lancinating in character, fixed in the right scapular region and in the right breast.
3. Nausea and vomiting.
4. Constipation at times alternating with diarrhœa.
5. Flatulent distention of the abdomen.
6. Febrile disturbance attended with profuse sweatings.
7. A more or less

constant dry cough. 8. Increased pulse rate. 9. Coldness of the extremities. 10. Loss of appetite. 11. Marked and increasing prostration.

At no time was there any evidence of jaundice, and the motions always appeared normally coloured. It is true the complexion had a sallow appearance, but that had always been a marked characteristic of the Emperor. Now many of the symptoms given above pointed strongly to definite disease in some part of the alimentary tract, presumably the stomach, but this idea appears to have hardly crossed Antommarchi's mind for, as late as March 17th, 1821, he wrote to his friend Colonna re-affirming his belief that endemic chronic hepatitis was the correct diagnosis, and that as a result the digestive functions had become impaired. Dramatically he called all the world to witness that the malady of Napoleon was due to climatic influences and that, unless removal from St. Helena took place, death would soon close the scene.¹

¹ Antommarchi, vol. ii., p. 28.

To be physician to Napoleon was no sinecure, and it became almost impossible to prevail upon him to take a simple purgative. He held, perhaps rightly, that since Antommarchi was unable to indicate the exact nature and situation of the disease the drugs prescribed would be, therefore, equally uncertain in action and inappropriate. In the main, however, Antommarchi appears to have prescribed suitable remedies for the relief of the symptoms, with one important exception. On March 22nd, 23rd, and 24th, he administered a quarter of a grain of tartar emetic and says the vomiting was abundant. No doubt it was, with the stomach in a state of severe ulceration. But what must have been the agony of the patient who was made to submit to such treatment? No wonder Napoleon stigmatised his physician as "assassin," and consigned him and his drugs to the devil.

During the last half of March, 1821, Antommarchi frequently reports exacerbations of fever, followed by profuse

sweatings and extreme coldness of the limbs. These were of course rigors; but his view seems to have been that they were manifestations of the activity of the hepatitis which was supposed to be killing the patient. Constipation of a particularly obstinate type became prominent at this time, and the vomiting was more frequent and severe. The pain which before had remained localised now extended over the greater part of the abdomen, and the whole of that region became very tender on manipulation. Much of this tenderness was due to the excessive amount of gaseous distention which was partially relieved by frictions and hot fomentations. The appetite was very poor and capricious, and Madame Bertrand told Assistant Surgeon Rutledge that for some weeks Napoleon had contented himself, while the others were at dinner, with chewing small pieces of underdone meat, which he rejected after having extracted the juice.¹

¹ Rutledge's account. Forsyth, vol. iii., p. 291; and "Lowe Papers," vol. 20, 133.

On March 25th, 1821, the condition was so serious that Antommarchi deemed it necessary to consult with Dr. Archibald Arnott, the surgeon of the 20th Regiment, and, for the time being, the senior medical man on the Island. Arnott did not see Napoleon on that occasion, but was told by Antommarchi that the patient was labouring under great functional derangement of the stomach, with gastrodynia, vomiting, costiveness, and wasting, and that, on March 17th, he had been seized with a febrile attack. On hearing this description Arnott advised purgatives, a blister to the stomach, and saline draughts. But these methods were repugnant to Napoleon's desires, and they were not adopted. On March 30th, Antommarchi administered six grains of extract of rhubarb which produced abundant vomiting. On the two succeeding days the Emperor was much worse, and became somnolent and lethargic. Antommarchi now lost no time but insisted on the British physician being called in, and on

April 1st, Arnott saw Napoleon for the first time.

Before dealing with Arnott's treatment of the case it will be necessary to comment upon the documents in existence which disclose the attitude he took throughout the time he was in attendance. In 1822, Arnott published a little book,¹ now very rare, in which he describes his treatment of the Emperor. The book is a series of daily reports in which are recorded the chief symptoms, and the measures adopted for their relief. As a diary of a case, the book is concise, accurate, and in every way admirable, and from a perusal, one would suppose that the physician who wrote it understood perfectly the serious nature of the case he was called upon to treat. But the book was written *after* the death of the patient, and after the cause of death was known to the world. The "Lowe Papers" are rarely silent regarding any incident connected with the Captivity, and

¹ Arnott, "An Account of the Last Illness of Napoleon."
1822. Murray.

in volumes 20,157, and 20,214, in the British Museum, any one can read Arnott's reports made from day to day, also his verbal reports given to Lowe and Sir Thomas Reade, and carefully written down by that most accurate of military secretaries, Major Gorrequer. There, can be read as plainly as if they were written and spoken yesterday, the views of Dr. Archibald Arnott concerning the illness of his patient Napoleon. After a survey of these reports, a feeling akin to consternation is left, that any physician attending a man so obviously in a dying condition could misread the signs so completely, that on April 22nd, 1821,¹ that is eight days before Napoleon became moribund, he was able to assure the British authorities that there was no danger, that the disease was merely hypochondriasis, and that the cure would be tedious owing to the fact that the patient could not be given the thing he most desired, liberty. On April 17th,²

¹ "Lowe Papers," vol. 20,157, f. 12.

² "Lowe Papers," vol. 20,157, f. 9.

Arnott had already told Sir Thomas Reade that the disease was hypochondriasis, and that if a 74-gun frigate appeared in the bay to set him at liberty, Napoleon would be up and on his legs directly!

Now Arnott was the medical representative of the British Government at Longwood, and he was perhaps influenced by the official view that Napoleon was well or, at all events, that the reports of his ill-health were over-stated. It was in a sense his business to contest the view held at Longwood, that "liver" and climate had anything to do with the Emperor's illness, if illness there was, and it may be accepted as certain, that had he countenanced either the one or the other, his reign at Longwood would have been cut short promptly, and all hope of preferment in the future sacrificed. In minimising the illness of his patient he followed only in the footsteps of his predecessors Baxter and Verling. But there was a difference; they had never attended Napoleon professionally while Arnott was in constant attendance

for thirty-five days. According to all accounts Arnott deservedly held a high reputation for integrity which was shared equally by the Frenchmen at Longwood and the authorities at Plantation House. But, with the disasters which had befallen O'Meara and Stockoe ever in his mind, it is conceivable that he shrank from taking upon himself the responsibility of proclaiming the unpalatable truth, until it was patent to everybody, that Napoleon was a dying man. The only other view that provides an explanation of his attitude is equally unfortunate, for it convicts him of medical incapacity. Still if a choice must be made, it is hoped for the credit of Arnott that his mistaken diagnosis was made honestly, and not with a desire to accommodate himself to the official view. Well might Forsyth the apologist of Sir Hudson Lowe, with Arnott's reports before him, desire to draw a veil over the official accounts of the closing scenes of the illness, on the ground that decency

and good taste would be violated.¹ He refers very little to the reports, and contents himself with saying that Arnott did not at first understand the serious nature of the illness.

On account of these reasons, no use will be made of Arnott's book, except for the record of symptoms and treatment. For the true history of his views and diagnosis his reports in the "Lowe Papers" will be used exclusively.

The first visit of Arnott to Napoleon took place on April 1st, 1821, in the evening. The room was so darkened that he was unable to distinguish the features of the Emperor. As a result of the examination he could discover no tension or hardness of the abdomen, the pulse was tranquil, and the heat moderate. In his official report he is careful to say, "the room was dark, so that I could not see General Bonaparte, but I felt him, or some one else." However, on the following day Arnott saw his patient again, in broad day-

¹ Forsyth, vol. iii., p. 286.

light, and could no longer support the implied doubt as to his identity. He found the room and the bed-linen in a dirty state, for Napoleon had been allowed to expectorate anywhere at will.¹ The pulse of the patient was 72, the tongue loaded with fur, and complaint was made of an incessant gnawing pain in the stomach with more or less constant nausea and vomiting. The bowels never acted without assistance, and the treatment was, therefore, directed towards overcoming this condition, and allaying the pain and vomiting. Various purgatives were prescribed, but Napoleon could only with difficulty be prevailed upon to take them, and use was made of enemas. It was soon found that the vomiting and pain were always relieved after free evacuation, and the attainment of this result constituted the main principle of Arnott's treatment. The febrile attacks of which Antommarchi had spoken were frequent, and Arnott rightly viewed these exacerba-

¹ "Lowe Papers," vol. 20, 157, f. 3.

tions as true rigors. After several examinations of the patient, the physician was able to report to Sir Thomas Reade that the condition was "mainly mental," that there was no wasting of the body, and that, although Napoleon constantly said "le foie," and winced when the right hypochondrium was palpated, no induration or swelling could be detected. Montholon had asserted that Napoleon was as thin as he was in 1800, but Arnott would not admit any wasting, and said that his patient's wrist was as round as his. He was, however, much struck with the pastiness and the cadaverousness of the Emperor's countenance. On April 11th, Arnott made a more extended examination, and had to admit that the legs were much fallen away, or as Napoleon preferred to put it, "the devil had eaten his legs,"¹ and on April 16th, he stated that the wasting was considerable.

On several occasions Arnott told Lowe that he could discover no organic affection

¹ "Lowe Papers," vol. 20, 157, f. 8.

and that the disease was hypochondriasis. When Lowe appeared incredulous and instanced the pain, the vomiting, and the feeling of heat over the liver as hardly compatible with such a diagnosis, Arnott assured him they were all symptoms of hypochondriasis. But at the time he was making these airy statements he notes in his book, vomiting, pain in the stomach, rigors, and the pulse 84. When asked by Napoleon where he thought the disease was situated, he replied that "he conceived it to be in the digestive organs." Antommarchi always painted the events in the *night* in the most gloomy colours, and Arnott not unnaturally assumed that the reports were over-drawn. He had reason for suspicion for, on April 9th, an extraordinary occurrence took place. Antommarchi, who reiterates in his book his unremitting attention and whole-souled devotion to Napoleon, paid a visit to Jamestown, and requested Lowe to permit him to depart from St. Helena, alleging that he felt he could be of no

more service to his patient. On the following day he refused to visit Napoleon, and it was only at the earnest solicitation of Arnott that he could be prevailed upon to continue in attendance. What his exact motives were it is difficult to say. Possibly seeing the end approaching, he was anxious to be out of the way when the inevitable "clearing up" of diagnoses took place.¹

In the meantime Napoleon's condition was becoming daily more serious. The vomiting was incessant, on one occasion lasting from 9 p.m. to 5 a.m.; the pain and distention of the abdomen were severe, and the rigors of daily occurrence. The pulse was often irregular, and generally from 30 to 35 beats above the normal. After April 16th, he was comatose several times, and the progressive weakness made rapid strides. The mental condition showed considerable deterioration, and towards the end of the month he recollected everything of previous days, but made frequent

¹ "Lowe Papers," vol. 20,133.

mistakes with respect to present events. On April 17th, when Arnott made his customary visit he found the patient whistling and, on seeing the doctor, he stopped abruptly with his mouth wide open, staring vacantly.¹ He also mistook Arnott for Stockoe, or O'Meara. Yet in this deplorable condition, with death fast approaching, that indomitable will which had brought all Europe under its sway asserted itself. On April 14th and 15th, taking advantage of a slight remission of the symptoms, Napoleon summoned Montholon and Marchand, shut himself up in his room with them, and dictated in clear terms his last will and testament.²

But little advantage will be gained by detailing the symptoms of the illness from day to day during the month of April, for beyond the fact that they all became more and more accentuated there is little else to tell. The treatment of the patient by means of drugs appears

¹ "Lowe Papers," vol. 20,157, f. 9.

² Frémeaux, "The Drama of St. Helena," 1910. p. 284.

to have been appropriate. Various prescriptions containing stomachic sedatives, such as bicarbonate of potash, cinnamon, and gentian, were tried, and use was also made of the bitter infusions. But very few of the prescriptions were taken, and enemata, and occasional purgatives by the mouth were the only regular methods of medical treatment. When it is remembered that vomiting of a persistent and distressing kind was the main symptom, it may perhaps be wondered why no attempt was made to use bismuth and opium. On two or three occasions opium in the form of tincture was administered but was not persevered with. It is, however, possible that some of the pain and discomfort produced by the incessant vomiting might have been alleviated had the patient been placed under the influence of these drugs. But no medicines could do more than palliate such a grave condition and, on April 25th, two days after Arnott had asserted that there was no danger, symptoms made their appear-

ance which could not be disregarded. The prostration became extreme, the vomiting incessant, and the material thrown off the stomach for the first time was of a grumous nature, which changed on the 27th to distinct "coffee ground" vomit.¹ The alvine evacuations were also tarry in consistence and colour. The Emperor was now generally somnolent, or actually comatose, and on April 28th, he talked incoherently and became delirious. The pulse rose in frequency, varying from 100 to 108, and became perceptibly weaker. On May 1st, singultus made its appearance, and at 3 a.m. on the next day Napoleon was insensible. Arnott, who had become seriously alarmed when he saw the "coffee ground" vomit on April 27th, had some slight hope for his patient on May 4th, but on what grounds it is difficult to say, seeing that Napoleon had been comatose or delirious for three days previously. On May 4th, the pulse rose to 110, the patient was unconscious, the

¹ Arnott, "An Account of the Last Illness of Napoleon."

motions were passed involuntarily, *risus sardonicus* was present, and the eyes were fixed. Napoleon remained in this condition until eleven minutes to six on the evening of May 5th, 1821, when he expired.

CHAPTER II.

THE POST-MORTEM EXAMINATION.

The post-mortem examination was performed by Antommarchi at 3 p.m. on May 6th, 1821, in the presence of the surgeons, Shortt, Arnott, Burton, Livingstone, Mitchell, Henry, and Rutledge.¹ It must have been a dramatic proceeding. On the one hand were ranged Antommarchi and the French followers of Napoleon, all convinced that the autopsy would reveal to the world the fact that death had been caused by hepatitis induced by the climate of St. Helena; on the other, Arnott, who must have been apprehensive on account

¹ The official positions occupied by the British surgeons were as follows :—Shortt, principal medical officer; Arnott, surgeon to the 20th Regiment; Burton, surgeon to the 66th Regiment; Livingstone, surgeon to the East India Company; Mitchell, surgeon to H.M.S. "Vigo"; Henry, assistant surgeon to the 66th Regiment; Rutledge, assistant surgeon to the 20th Regiment.

of his oft-repeated belief that the Emperor was suffering from hypochondriasis merely; but all equally ignorant of the real cause of death. Henry, the assistant surgeon of the 66th Regiment, gives a most graphic account of the examination, and depicts the Frenchmen waiting expectant to see the incision made in the liver, from which was to gush forth the pus from the hepatic abscess.

Three accounts of the post-mortem appearances are in existence; the official one drawn up and signed by Shortt, Arnott, Burton, Mitchell, and Livingstone,¹ a semi-official one written by Henry in 1823,² from notes in his possession; and that of Antommarchi³ on behalf of himself and the French representatives. The official account is a short statement of the pathological conditions observed and does hardly more than define the cause of death. Henry's narrative, which was apparently drawn up at Lowe's instigation to confirm

¹ "Lowe Papers," vols. 20,133, 20,157, and 20,214.

² "Lowe Papers," vol. 20,214.

³ Antommarchi, vol. ii., p. 116.

and accentuate the chief statements in the official document, is a most interesting report, and is written with a sense of the importance of the occasion. Indeed, he alone of all the British medical representatives appeared to possess imagination enough to know that he was assisting at a function which was to become historic and he infused into his statement some life and vividness of description. The others contented themselves with a dry narration of pathological facts, as if they were drawing up an official report of the post-mortem of some obscure corporal. Antommarchi's account is full and complete in every detail, and whatever may be thought of his ability as a physician, unstinted praise is his right for his clear and minute description of the autopsy of Napoleon. He claimed a reputation as an anatomist and pathologist, and certainly the manner in which he performed his task fully supported his contention.

The official account and that of Antommarchi have often been reprinted, and a

brief summary of Henry's statement appears in his book "Events of a Military Life,"¹ but the original is in the "Lowe Papers." It may not be necessary perhaps to quote those portions of the account which deal with the external appearances, but in order to support the clinical and pathological deductions to be advanced presently, it will be better to give *in extenso* those parts which have a direct relation to the subject.

The Official Report says:—

"A trifling adhesion of the left pleura
 "to the pleura costalis was found; about
 "three ounces of reddish fluid were con-
 "tained in the left cavity, and nearly eight
 "ounces in the right. The lungs were
 "quite sound. The pericardium was
 "natural, and contained about an ounce of
 "fluid. The heart was of the natural size,
 "but thickly covered with fat; the auricles
 "and ventricles exhibited nothing extra-
 "ordinary, except that the muscular parts
 "appeared rather paler than natural.

¹ Walter Henry. "Events of a Military Life." 1843.

“ Upon opening the abdomen, the omentum
 “ was found remarkably fat, and on expos-
 “ ing the stomach that viscus was found
 “ the seat of extensive disease; strong
 “ adhesions connected the whole superior
 “ surface, particularly about the pyloric
 “ extremity, to the concave surface of the
 “ left lobe of the liver; and on separating
 “ these, an ulcer which penetrated the
 “ coats of the stomach was discovered one
 “ inch from the pylorus, sufficient to allow
 “ the passage of the little finger. The
 “ internal surface of the stomach to nearly
 “ its whole extent was a mass of cancerous
 “ disease, or scirrhus portions advancing
 “ to cancer; this was particularly noticed
 “ near the pylorus. The cardiac extremity
 “ for a small space near the termination of
 “ the oesophagus, was the only part
 “ appearing in a healthy state. The
 “ stomach was found nearly filled with a
 “ large quantity of fluid, resembling coffee
 “ grounds.

“ The convex surface of the left lobe of
 “ the liver adhered to the diaphragm, but

“with the exception of the adhesions
 “occasioned by the disease in the stomach,
 “no unhealthy appearance presented itself
 “in the liver.¹ The remainder of the
 “abdominal viscera were in a healthy
 “state. A slight peculiarity in the forma-
 “tion of the left kidney was observed.”²

(Signed) SHORTT, ARNOTT, BURTON,
 LIVINGSTONE, MITCHELL.

Henry's account is not so well-known, if indeed it has ever been printed in full. In the “Lowe Papers” it is in the form of a letter to Sir Hudson Lowe, and is dated Cavan, 1823. It is as follows:—

“The face presented a remarkably
 “placid expression, indicative of mildness
 “and even sweetness of disposition, which

¹ The last two clauses of this sentence were omitted in the original draft and in their place was: “The liver was perhaps a little larger than natural.” “Lowe Papers,” vol. 28, 157, f. 20.

² Henry states that he was directed by Shortt to take notes at the post-mortem examination and that these notes formed the basis of the official account. See “Events of a Military Life,” vol. ii., and “Lowe Papers,” vol. 20, 214, p. 195.

“afforded a most striking contrast with
“the active life, and moral character of
“the deceased. The features were regular,
“and even might be considered beautiful.
“The head was not opened, it was of
“large size, and must have been dispro-
“portionate to the body, even in youth.
“The forehead was very broad and full,
“the organs of combativeness, philo-pro-
“genitiveness, and causativeness were
“strongly developed in the cranium. The
“whole surface of the body was deeply
“covered with fat. Over the sternum
“where generally the bone is very super-
“ficial, the fat was upwards of an inch
“deep, and an inch and a half or two
“inches on the abdomen. The skin was
“noticed to be very white and delicate, as
“were the hands and arms. Indeed, the
“whole body was slender and effeminate.
“There was scarcely any hair on the body,
“and that of the head was thin, fine and
“silky. The pubis much resembled the
“*mons veneris* in women. The muscles of
“the chest were small, the shoulders were

“ narrow, and the hips wide. There were
“ two small cicatrices on the back, and a
“ scar on the left leg near the ankle.

“ On cutting into the thorax, a small
“ adhesion was observed between the left
“ pleura and the pleura costalis. About
“ four ounces of reddish fluid were found
“ in the left cavity, and nearly eight ounces
“ in the right. The lungs were perfectly
“ sound. The pericardium contained an
“ ounce of fluid, and was quite natural.
“ The heart was small, but proportioned to
“ the size of the body, at least, before it
“ became bloated and oppressed with fat.
“ This organ was very thickly covered
“ with fat. Its auricles and ventricles
“ were healthy, but the muscular parts of
“ the ventricles appeared paler than usual.

“ On exposing the contents of the
“ abdomen, the omentum was seen loaded
“ with fat of which the quantity was very
“ great. When the stomach was brought
“ into view, an adhesion of great extent was
“ perceived between its superior surface
“ and the concave surface of the left lobe

“ of the liver. On separating them, which
“ was a matter of very considerable
“ difficulty, the fatal disease at once
“ developed its seat and extent. The
“ whole internal superficies of the stomach
“ exhibited the appearances of a mass of
“ cancerous ulceration, or scirrhus thick-
“ ening fast advancing to cancer. It was
“ cut out and carefully examined. The
“ pylorus was the focus of the disorgan-
“ isation, where the disease had quite
“ eroded the substance of the stomach,
“ and a hole was formed through which
“ the writer put his finger. This was
“ stopped up by the adhesions to the part
“ of the liver immediately contiguous,
“ otherwise death must have taken place
“ when the stomach was first penetrated.
“ There were no indications of any injury
“ having been sustained by the liver from
“ contact with the various fluids passing
“ through the alimentary canal. A ring
“ surrounding the cardiac extremity im-
“ mediately adjoining the entrance of the
“ oesophagus was the only portion of the

“ organ which appeared capable of dis-
“ charging its important functions. It was
“ filled with dark-coloured fluid resembling
“ the grounds of coffee.

“ A very general expectation was enter-
“ tained that the liver would be found in
“ a diseased state, the illness of the
“ deceased having been so confidently
“ referred to an enlargement of the liver
“ and chronic inflammation of this viscus.
“ In consequence when the liver was next
“ examined, the countenances of the specta-
“ tors indicated much anxiety. When
“ M. Antommarchi made his first incision
“ into it, he expected to see a flow of
“ pus from the abscess which had been
“ anticipated in its substance, but no
“ abscess, no hardness, no enlargement,
“ no inflammation were observed. On
“ the contrary, the liver was of natural
“ size, and perfectly healthy in its internal
“ parts. There was a small adhesion of
“ the convex surface of the left lobe to
“ the diaphragm, which appeared to have
“ been a continuation and a consequence

“ of the adjoining adhesions between the
 “ liver and the stomach.

“ The gall bladder was of proper size and
 “ structure, containing no gall stones, but
 “ the usual quantity of apparently healthy
 “ bile. The spleen, pancreas, and intestines
 “ were sound. The kidneys were embedded
 “ in an immense quantity of fat. The left
 “ kidney was one-third larger than the right,
 “ this enlargement appeared to have been
 “ congenital.

“ The urinary bladder was small and con-
 “ tained a few gritty particles. The penis
 “ and testicles were very small, and the
 “ whole genital system seemed to exhibit
 “ a physical cause for the absence of
 “ sexual desire and the chastity which had
 “ been stated to have characterised the
 “ deceased.”¹

The chief points of importance in Antommarchi's long and careful report may be translated. For the account of the

¹ “Lowe Papers,” Henry's account, vol. 20,214, p. 200.

The last sentence of Henry's report is hardly in accordance with what has been asserted by those who have dealt with Napoleon's private life.

measurements and external appearances, reference may be made to his book. He says :—

“ The left lung was slightly compressed
“ by effusion, and adhered by numerous
“ threads to the posterior and lateral parts
“ of the chest and to the pericardium. I
“ dissected it with care, and found the
“ superior lobe sprinkled with tubercles
“ and some small tuberculous excavations.

“ The right lung was slightly compressed
“ by effusion, but its parenchyma was in
“ a normal state. Generally speaking both
“ lungs were crepitant and of a natural
“ colour.

“ Many of the glands of the bronchi
“ and of the mediastinum were a little
“ enlarged, almost degenerated, and in a
“ state of suppuration.

“ The pericardium was in a healthy
“ condition and contained about an ounce
“ of fluid of a citron colour. The heart
“ which was a little larger than the fist of
“ the subject exhibited, although sound, a
“ more than usual amount of fat at its base

“ and on its ridges. The ventricles and
“ auricles were healthy, but pale and quite
“ empty. The orifices did not show any
“ notable lesion. The great arterial and
“ venous vessels near the heart were empty,
“ but generally in a sound condition.

“ A soft, transparent, and diffluent exuda-
“ tion lined the whole extent of the
“ contiguous parts of the internal surface
“ of the peritoneum.

“ The spleen and the liver which was
“ hardened were very large and distended
“ with blood. The tissue of the liver,
“ which was reddy brown in colour, did not,
“ however, present any other notable alter-
“ ation in structure. Extremely clotted and
“ thick bile filled and distended the gall
“ bladder. The liver, which was affected
“ with chronic hepatitis, was closely united
“ by its convex surface to the diaphragm;
“ the adhesion extended over the whole
“ organ and was strong, cellular, and of
“ long standing. The concave surface of
“ the left lobe of the liver adhered closely
“ and firmly to the corresponding part of

“ the stomach, especially along the small
“ curve of that organ, and also to the little
“ epiploon. At every point of contact the
“ lobe was sensibly thickened, swollen, and
“ hardened.

“ The stomach appeared at first to be
“ in a most healthy state, with no trace of
“ irritation or phlogosis, and the peritoneal
“ membrane presented the most satisfactory
“ appearance. But on examining this
“ organ with care, I discovered on the
“ anterior surface, towards the small
“ curve, and three fingers' breadth from
“ the pylorus, a slight obstruction of a
“ scirrhus nature, of very small extent
“ and exactly circumscribed. The stomach
“ was pierced through and through in the
“ centre of this small induration. The
“ adhesion between this part of the stomach
“ and the left lobe of the liver closed up
“ this perforation.

“ On opening this viscus along its great
“ curve, I observed that a part of its cavity
“ was filled with a considerable quantity of
“ matters slightly consistent, and mixed

“ with much glareous substance, very thick,
“ and of a colour similar to that of ‘ coffee
“ grounds,’ which exhaled an acrid and
“ offensive odour. These matters being
“ taken away, the mucous membrane of the
“ stomach was found to be in a healthy
“ state, from the small to the large ending
“ of that viscus along the great curve.
“ Almost all the rest of the internal
“ surface of the organ was occupied by
“ a cancerous ulcer which had its centre
“ at the superior part along the small
“ curve of the stomach, while the irregular,
“ digital and linguiform edges of its
“ circumference extended before and be-
“ hind this internal surface from the orifice
“ of the cardiac end to within a good inch
“ of the pylorus. The rounded perforation,
“ cut obliquely on the bevel at the expense
“ of the internal surface of the viscus,
“ occupied scarcely four or five lines in
“ diameter inside, and at most two and a
“ half lines outside. The circular border of
“ the external opening was extremely thin,
“ slightly denticulated, and blackish, and

“ was formed only by the peritoneal mem-
“ brane of the stomach. An ulcerous,
“ greyish, and smooth surface lined the
“ walls of this kind of canal which would
“ have established a communication between
“ the cavity of the stomach and that of the
“ abdomen, if the adhesion between the liver
“ and the stomach had not prevented it.
“ The right extremity of the stomach, an inch
“ away from the pylorus, was surrounded
“ by a swelling, or rather an annular
“ scirrhus hardening, of some lines in
“ breadth. The orifice of the pylorus was
“ in a perfectly natural state. The edges
“ of the ulcer exhibited remarkable fungous
“ swellings, the bases of which were hard,
“ thick, and in a scirrhus state, and
“ extended as well to the whole surface
“ occupied by that cruel disease.

“ The little epiploon was contracted,
“ swollen, extremely hard, and degener-
“ ated. The lymphatic glands of this
“ peritoneal covering, those which are
“ placed along the curves of the stomach,
“ and those which are around the pillars of

“the diaphragm, were in part tumefied
 “and scirrhus, and some even in a state
 “of suppuration.

“The digestive canal was distended by
 “a large quantity of gas. I observed on
 “the peritoneal surface and in its folds
 “small spots and patches of a very light
 “red colour, of various sizes, and dis-
 “seminated. The mucous membrane of
 “the digestive canal appeared to be
 “in a healthy state. A blackish and
 “extremely viscous substance lined the
 “large intestine.

“The right kidney was healthy; the left,
 “displaced and thrown back across the
 “lumbar vertebral column, was longer
 “and narrower than the other, but seemed
 “to be sound. The bladder, empty and
 “very contracted, contained a certain
 “amount of gravel mixed with definite
 “small calculi. Numerous red patches were
 “scattered over the mucous membrane of
 “this organ, and its walls were in a
 “diseased state.”

These three accounts of the post-

mortem examination all agree in assigning the cause of Napoleon's death to gastric cancer, but political considerations rendered it almost impossible that complete agreement would be reached when the question of the state of the liver came to be decided. Antommarchi and the household of Longwood had been committed too deeply to the hepatitis theory to make it probable that they would give it up without a struggle, and so at the post-mortem table the question, as to whether the liver was diseased or not, had to be fought out finally. When the liver was removed, Shortt alone of the British surgeons maintained that it was "enlarged"; while his colleagues would admit no more than that it was a large liver. When Antommarchi made an incision in the liver, he remarked, "It is good, and there is nothing extraordinary in its appearance except that it is a large liver." Acting on the instructions of Count Bertrand, however, he refused to sign the report drawn up by the British

surgeons, although he expressed himself as satisfied with its correctness.¹ This was an unfortunate omission, for it left Antommarchi free to publish his own individual report, and to colour it in such a way as to lend some plausibility to the belief in the hepatitis theory. This did actually happen for, in his report quoted above, after stating that "the liver which was hardened, very large and distended with blood, did not, however, exhibit any remarkable alteration of structure," in the next sentence but one he goes on to say, "the liver, which was affected with chronic hepatitis, closely adhered to the diaphragm." Since he adduced no evidence of disease of the parenchyma of the liver, the sentence is obviously an artful interpolation and, moreover, contradicts the previous statement that the liver presented no alteration in structure. Antommarchi wrote his book for the general public, and he no doubt felt sure that skilful interweaving of un-

¹ Forsyth, vol iii., p. 293.

truths of this kind with pathological descriptions, couched in highly technical terms, would escape detection. It may be argued that he based his assertion of chronic hepatitis on the presence of adhesions of the capsule of the liver to the stomach and the diaphragm. But even then, his contention cannot be maintained, for he rightly attributes the adhesions between the concave surface of the left lobe of the liver and the stomach to the peri-gastritis set up by the cancer, and was too capable a pathologist not to know that the adhesions between the convex surface of the liver and the diaphragm were produced by the inflammatory process spreading along the capsule to that situation. It is more than possible also that he was fully aware of the fact that peri-hepatitis is almost invariably a condition secondary to some morbid process in neighbouring organs.

From a pathological standpoint, the hepatitis theory which loomed so large in St. Helena records finds no support in

any of the three descriptions of the appearances post-mortem, and must be dismissed from the domain of practical considerations. It is to be regretted that portions of the liver and of the stomach were not preserved for future microscopists to examine, and thus come to a final decision, but so far as is known everything was replaced and closed up in the coffin; and he would have been a bold surgeon who was ready to risk professional advancement by disobeying the explicit orders that nothing must be removed.

Soon after Antommarchi's book appeared a project was evidently being considered to refute his assertion that Napoleon had suffered from hepatitis and that the liver showed evidence post-mortem of that disease. Two letters exist in the "Lowe Papers,"¹ addressed to Sir Hudson by Dr. Robert Gooch, in which it was suggested that a criticism of the book, from a medical point of

¹ "Lowe Papers," vol. 20,214, pp. 204-206.

view, should be undertaken. Dr. Gooch (who is remembered to-day as the author of a classic monograph on "Spurious Hydrocephalus," and an account of "Laryngismus Stridulus") proposed to review Antommarchi's book. It is fortunate the plan fell through for, to judge from his two letters, the line Gooch wished to take up was, that Stockoe and O'Meara, with the agency of calomel freely administered by them, were much more responsible for the death of Napoleon than hepatitis, the climate, and cancer.

After the autopsy the body was prepared for burial which took place on May 9th, after lying in state for two days. In the light of the results of the post-mortem examination Arnott must have felt his position for, on May 11th, he made a report to Lowe,¹ in which he stated that previous to April 25th, he had apprehended some organic affection of the stomach, and that when the dark-

¹ "Lowe Papers," Arnott's Report, vol. 20,157, f. 32.

coloured blood was vomited on that day his fears were well grounded. What must Lowe have thought when he compared this specious piece of "hedging" with the records of Arnott's frequent assertions, that the disease was chiefly mental, merely hypochondriasis, and nothing organic!

When once the question of disease of the liver is disposed of, but few points of importance remain in which the three accounts of the post-mortem disagree, and all are found in Antommarchi's report. For instance, he states that the superior lobe of the left lung was sprinkled with tubercles and some small tuberculous excavations, and that the glands of the bronchi and of the mediastinum were enlarged, almost degenerated, and in a state of suppuration. Again, he describes the lymphatic glands of the small omentum as tumefied and scirrhus, and some even in a state of suppuration. Finally, he mentions definite calculi in the bladder and adds that the

coats of that organ were in a diseased state. There is nothing improbable in any of these assertions. Antommarchi was without doubt a most capable pathologist, and the inference is that he observed more minutely than his less expert British colleagues.

In all other respects the reports agree in substance, and if Antommarchi's appears to differ, it is owing to the fact that it describes accurately and in detail the morbid conditions present. Particularly is this noticed in his long and careful account of the state of the stomach. There, he gives all the information required on which to base an opinion as to the beginning of the disease which eventually killed the Emperor. After describing the ulcer, he states that "the lips exhibited remarkable fungous swellings, the bases of which were hard, thick, and in a scirrhus state, and extended also over the whole surface occupied by that cruel disease." From the description given of the situation of the cancer it is clear that the older portions

had their seat in and around the lips of the ulcer, and from that centre the process radiated in all directions over the greater part of the mucous membrane of the stomach, leaving only an inch around the cardiac orifice and a small portion along the greater curvature free from its inroads. The cancer was, therefore, situated in the region of the lesser curvature of the stomach; its point of greatest intensity was three fingers' breadth from the pylorus, and a little anterior to the line of the lesser curvature, and in the centre of this point of greatest intensity was the ulcer described above.

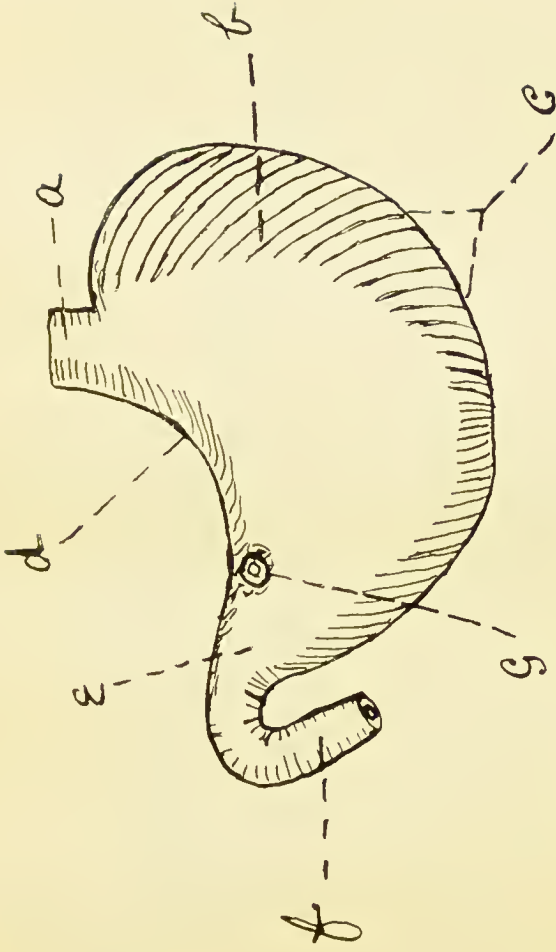
These facts allow an opinion to be formed with tolerable certainty that the cancer which killed Napoleon was secondary to a chronic ulcer, from which he must have suffered for some considerable time, and in the edges of which it originated. Such a sequence of events takes place with fair frequency, and authorities estimate that from six to nine per cent. of chronic ulcers

DIAGRAMS.

DIAGRAM I.



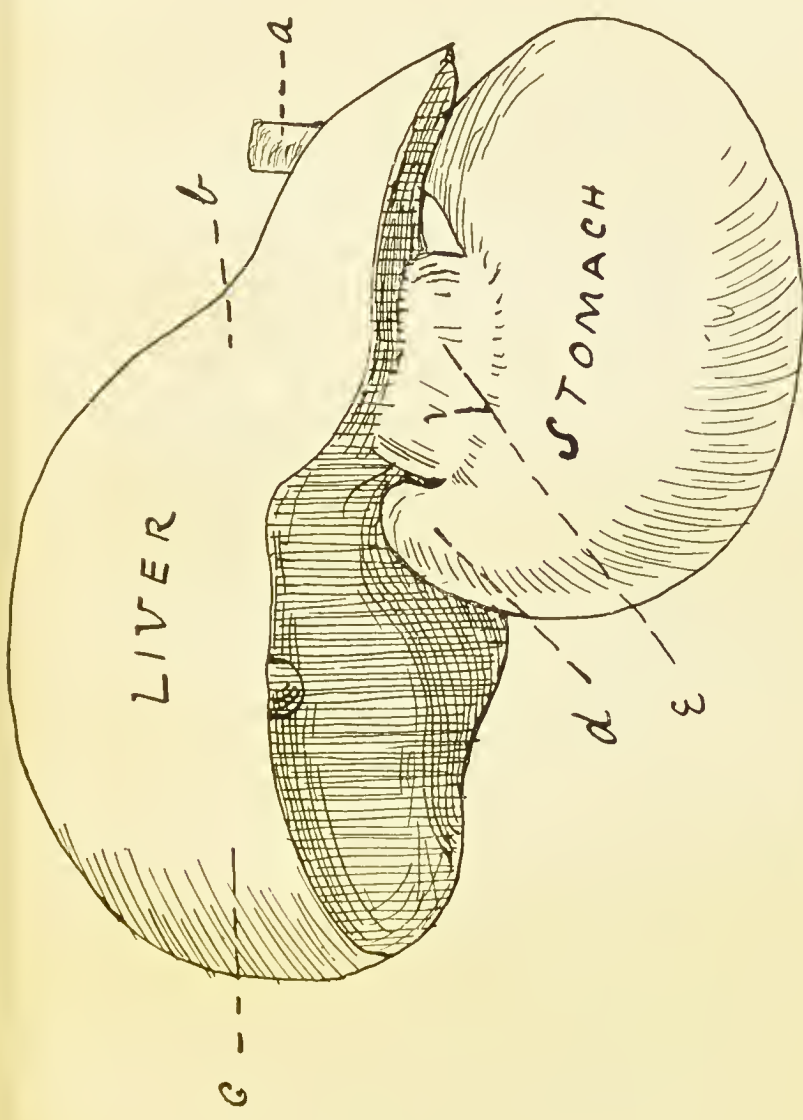
Conjectural view of the stomach showing the situation of the perforation.



a = oesophagus. b = cardiac end of the stomach. c = great curve of the stomach. d = small curve of the stomach. e = pylorus. f = duodenum. g = the situation of the perforation.

DIAGRAM II.

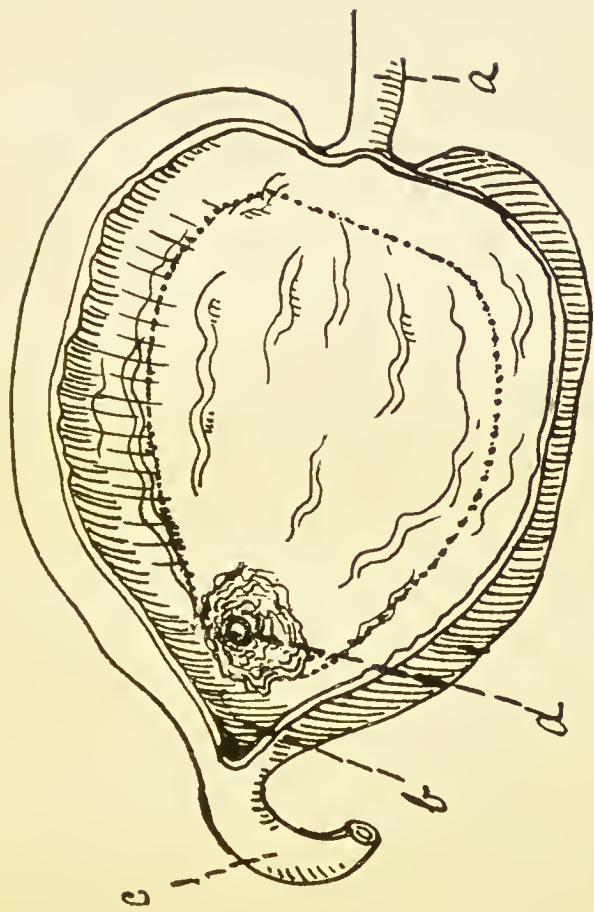
Conjectural view of the stomach and the liver showing the position and extent of the adhesions uniting the stomach and the liver which prevented fatal perforation.



a = oesophagus. b = left lobe of the liver. c = right lobe of the liver.
 d = pylorus. e = adhesions uniting the stomach to the under surface of the left lobe of the liver.

DIAGRAM III.

Conjectural view of the stomach laid open by an incision along the great curve and showing the perforation and the ulcer with cancer around its edges. All that part within the dotted line was occupied by cancer.



a=oesophagus. b=pylorus. c=duodenum. d=the ulcer with cancer around its edges. All that part within the dotted line was affected with cancer.

of the stomach develop into cancer.¹ On a future page it will also be shown that the symptoms to which Napoleon was prone were by no means incompatible with such a supposition.

When comparing the three accounts of the post-mortem, it should be remembered that Henry's version was evidently written with a copy of the official record by his side; for he sometimes incorporates sentences from that report, and elsewhere adopts the phraseology in which it is expressed.

The chief matters of importance in the post-mortem reports have now been dealt with; but it may facilitate reference if they are capitulated, as follows:—

1. The cause of Napoleon's death was cancer of the stomach.
2. The cancer was situated around the lesser curvature of the stomach,

¹ S. and S. Fenwick, "Ulcer of the Stomach," 1900. Mayo Robson, Mayo, Moynihan, and others, place the frequency of gastric cancers originating in chronic ulcers as high as from 57 to 79 per cent. Zenker also states that nearly all cancers of the stomach develop from ulcers.

and involved the whole of the internal surface of that organ, with the exception of an inch round the cardiac orifice and a small portion along the greater curvature. (See diagram III).

3. The point of greatest intensity of the morbid process was three fingers' breadth away from the pylorus and anterior to the line of the lesser curve.

4. In the centre of the point of greatest intensity was found an ulcer, which penetrated the coats of the stomach in an oblique direction, and the perforation was large enough to admit the little finger. (See diagram I).

5. The lips of the ulcer exhibited fungous swellings, "the bases of which were hard, thick, and in a scirrhus state."

6. The substance of the liver did not show evidence of disease, and was in a normal condition.

7. Strong adhesions united the concave surface of the left lobe of the liver to the stomach, and in this way

prevented fatal peritonitis as the result of the perforation of the stomach by the ulcer. (See diagram II).

8. The convex surface of the left lobe of the liver was united to the diaphragm by strong fibrous adhesions of long standing.

9. There was no obstruction of the pylorus.

10. No secondary growths were found in the intestines.

11. The lymphatic glands of the small omentum were "tumefied and scirrhus, and some in a state of suppuration."

12. The apex of the left lung contained small obsolete tubercles and tuberculous excavations.

13. The bladder, in addition to gravel, contained definite small calculi, and the coats of that organ were in a diseased state.

CHAPTER III.

CRITICISMS AND CONCLUSIONS.

An account has now been given of the symptoms of the illness of Napoleon and the appearances observed at the post-mortem examination. With the knowledge thus obtained a critical examination of the whole case may be attempted. The first subject requiring investigation is the ground on which O'Meara based his diagnosis of hepatitis soon after September 30th, 1817. It will be remembered that Napoleon then complained of pain and heaviness in the right hypochondrium, pain and numbness in the region of the right shoulder, fever, a dry cough, dyspnoea, and some digestive disturbance. It has been asserted by some that symptoms never existed at any time to warrant the diagnosis of hepatitis. But these symp-

toms might, not unreasonably, be assigned to trouble situated in the liver. Frerichs,¹ Murchison,² Maclean,³ and other authorities on diseases of the liver describe the onset of hepatitis as being accompanied by pain and heaviness in the hypochondrium, pain in the right scapular region, fever, and a dry cough—the “tussis sicca” of Hippocrates. Now Napoleon was living in a sub-tropical climate. Abundant evidence existed of dysentery and inflammation of the liver among the troops stationed on the Island, in spite of Forsyth’s assertion to the contrary. Dr. Baxter, the Deputy Inspector of Hospitals, in a letter to Lowe⁴ concerning the health of the troops, mentions that 506 men of the 66th Regiment were admitted to hospital during a period of less than two years, that 25 had died, and that the chief diseases were inflammation of the liver and dysentery.

¹ Frerichs, “Diseases of the Liver.” New Sydenham Soc. 1861.

² Murchison, “Diseases of the Liver.” 1868.

³ Maclean, “Acute Hepatitis.” “Reynold’s System.” 1866.

⁴ “Lowe Papers,” Baxter’s Reports, vol. 20,214, p. 19.

Is there then any reason for wonder that O'Meara with these examples around him at once seized on the most evident cause for the symptoms of his patient, and labelled the disease hepatitis? It may be admitted that, to make the chain of symptoms complete, he added or magnified the tumefaction of the right hypochondrium as an indication of enlargement of the liver. But apart from that he had symptoms enough to warrant the diagnosis. A man recently arrived in a sub-tropical climate, corpulent and sedentary in habit, complains of a pain over the liver, and a pain in the right shoulder. Fever, tenderness on palpation in the right hypochondrium, and disturbance of the digestive functions are present. What is more natural than a diagnosis of so-called "hepatic congestion"? But the symptoms continued over a long period without abatement, and appeared to remain more or less stationary, whereas, in order to support O'Meara's diagnosis, they should have become aggravated, until a real

attack of acute hepatitis supervened with, possibly, signs of abscess. O'Meara admitted to Baxter¹ that he would have expected this, and that he was at a loss to account for the failure of the case to develop. But soon after the appearance of initial symptoms, nausea and vomiting at frequent intervals were noticed, and continued up to the time of O'Meara's enforced retirement. This should have led him to suspect that all was not well with the stomach.

O'Meara must not, therefore, be blamed for his wrong diagnosis; he acted according to his knowledge, and in all probability most medical men of his day placed in the same circumstances would have acted in the same manner. But his diagnosis, besides being wrong, had also the unfortunate effect of influencing Antomarchi and Stockoe, and of keeping up to the end the false view that Napoleon was suffering from hepatitis. Although then an excuse may be urged on

¹ "Lowe Papers," vol. 20, 156.

behalf of O'Meara and Stockoe, none can be offered for Antommarchi. During the closing periods of the case, the symptoms were all pointing as plainly as possible to serious disease of the stomach, and it was only his want of experience in medicine, added to his implicit belief in the theory of hepatitis, that caused his view to be blinded to the true nature of the illness. Arnott's reading of the signs and symptoms has already been sufficiently commented on and requires no further mention here. Allowance must of course be made for the very small knowledge of medicine possessed by Army and Naval surgeons in the early years of the nineteenth century, but even granting this, a common-sense view of the symptoms, especially in the later stages of the disease, should have directed the physicians to the upper part of the alimentary tract as the seat of the malady.

In the light of present-day knowledge of disorders of the digestive tract it is fairly easy to reconstruct the case of Napoleon, and to advance a theory which will account

for the symptoms and progress of his disease. From an investigation of its symptoms and course, and remembering the appearances of the stomach as disclosed by the post-mortem examination, it would seem to be most probable that Napoleon suffered in the first instance from a chronic ulcer of the stomach, from the edges of which a cancer developed about seven or eight months before his death. There is much to recommend this view; but no priority of claim is urged for this interpretation of the case. The writer propounded it to the late Sir George Paget, in a thesis as long ago as 1889, and in expressing agreement with the proposition, Sir George said that it was not altogether new and that he had heard it advanced many years before.¹

Now there are several reasons which render it improbable that Napoleon was

¹ Sir George Paget was unable to state when or where he had heard this view expressed; but it could not have been much before 1860, for Brinton was one of the first physicians in this country to draw attention, in 1859, to the relation between the two diseases.

suffering from cancer of the stomach during the whole period he was in indifferent health. It has been stated already that the first symptoms pointing to definite disease made their appearance on September 30th, 1817. The illness lasted, therefore, three years and seven months, and that is an unusual time for malignant disease of the stomach to continue. Brinton and Wilson Fox¹ place the average duration of gastric cancer, from the appearance of symptoms, at from six months to a year, and Abercrombie² quotes the case of Napoleon as one of most unusual length. Doubt, therefore, may be expressed that cancer was present during the whole extent of the Emperor's ill-health. On the other hand, this length of time is not incompatible with the form of slow growing cancer at the pylorus, and that which produces the small thick-walled "leather bottle" variety of stomach, conditions which were not

¹ Brinton. "Diseases of the Stomach." 1859. Wilson Fox. "Diseases of the Stomach."

² Abercrombie. "Diseases of the Stomach," 1828.

found in Napoleon's case. The clinical history is also against the probability of cancer having been present throughout the illness. Up to October, 1820, indifferent health would have been a correct description of the condition of Napoleon; but at that time a sudden declension took place, and from then to the end he was dangerously ill. Something had happened which rapidly sapped the strength and produced symptoms of gastric disorder far more acute than those which had been endured for three years. Napoleon began to lose strength rapidly, emaciation supervened, vomiting became more persistent, and the pain increased in severity. Was not this grave change due to the development of a rapid growing cancer in the lips of the chronic ulcer?

The absence of secondary growths elsewhere may also be urged against the theory of cancer during the whole period of the illness. All three accounts of the post-mortem examination assert the healthiness

of the other organs,¹ Antommarchi alone mentions the lymphatic glands of the small omentum as being enlarged and scirrhus. It is true that the absence of secondary growths in the small intestine is not incompatible with a slow growing cancer of the stomach, but from the appearances post-mortem and the clinical history, it is highly probable that the cancer was of rapid growth. At any rate, ulceration of the growth must have taken place rapidly towards the end, for it will be remembered that no vomiting of "coffee ground" material occurred until within eight days of death. Finally, there is the all-important post-mortem evidence of the chronic ulcer of the stomach, from the lips of which were sprouting fungous scirrhus masses which were invading successive portions of the gastric mucous membrane.

Chronic ulcer of the stomach during the

¹ Fenwick, in 131 cases of cancer of the stomach, found 1.5 per cent. of the cases with secondary growths in the intestines, and 50 per cent. with secondary growths in the liver. See Fenwick. "Cancers and Tumours of the Stomach." 1902.

first three years of the illness is then a most likely solution of the symptoms, and several clinical facts may be adduced in support of this opinion. The character and situation of the pain have an important bearing on the diagnosis between cancer and chronic ulcer. For the first three years the pain was never severe, but was unalterably fixed in the right hypochondrium and in the region of the right shoulder. Now the right hypochondrium is not the common situation for the pain produced by chronic ulcer; but such an acute observer as Brinton¹ has laid great stress on the region of the pain as a guide to the situation of the ulcer and has stated that, when the ulcer is in the neighbourhood of the pylorus, the pain is felt in the right hypochondrium. The position of the pain and of the ulcer, in the case of Napoleon, is certainly in accordance with Brinton's statement. Fenwick² also remarks on the fact that the pain in the right shoulder, so often complained of in

¹ Brinton. "Diseases of the Stomach." 1859.

² Fenwick. "Ulcer of the Stomach." 1900.

chronic ulcer, is sometimes associated with adhesions formed between the stomach and the liver, and this also expresses the condition in the case under review. Statistics of cases of chronic ulcer of the stomach have also some reference to the problem under consideration. Fenwick states that twenty-six per cent. of these cases last from three to six years, and twenty per cent from one to three years; so it would appear that nearly half of them last from one to six years. Robson and Moynihan¹ say that, of all the cases of chronic ulcer recorded, thirty-six per cent. have their seat in and around the lesser curvature, and the same observers state that thirty per cent. of cancers of the stomach are situated in the body of the organ.

The onset of exacerbations of fever attended with profuse perspirations, which became such a constant symptom during the closing months of Napoleon's life, is of much

¹ Robson and Moynihan. "Diseases of the Stomach."

interest, for Van Valzah and Nesbit¹ remark that cancer of the stomach is as a rule a disease without fever, but that when perigastritis is present, an irregular febrile type often manifests itself which closely resembles malaria, and is attended with abundant perspiration. As already stated, perigastric adhesions were described in the post-mortem accounts. The dry cough from which the patient suffered must be ascribed to the adhesions uniting the liver to the diaphragm and also possibly to the obsolete tuberculous conditions found at the apex of the lung. Fenwick and others mention the occurrence of this symptom in cases of chronic ulcer when adhesions connect the liver with the diaphragm.

Carious teeth and gingivitis were considerable sources of trouble to Napoleon for the first year and a half of his stay on the Island and, on October 15th, 1817, a tooth was extracted which Baxter claimed to be the first surgical operation to which the Emperor had been subjected. There

¹ Van Valzah and Nesbit, "Diseases of the Stomach."

can be no doubt that "oral sepsis" was present in a marked degree, and it has been suggested that this condition may have played a part in the production of gastric ulcer by infecting the stomach.

Therefore, from a consideration of the evidence adduced, it may be stated, that although no proofs exist to make certain the diagnosis of chronic ulcer developing later into a cancer, yet the presumption of such being the case is warranted and highly probable. The strongest ground for this contention is the remarkable appearance of the edges of the ulcer found post-mortem, and from this fact alone a true deduction may almost be made. The clinical history of the case gives additional weight to this view.

A few more matters in connection with the illness remain to be considered. The position of the disease rendered it most unlikely that a tumour could have been seen or felt. No precise account exists of rigidity of the abdominal muscles over the situation of the disease, but Stockoe

and Antommarchi both asserted that they could detect a hardness in the right hypochondrium. When the perforation took place it is impossible to say, but it is certain that adhesions had already formed before that event, and had thus extended the duration of the disease by preventing fatal peritonitis. Forsyth¹ makes much of the liver acting as a kind of cork to the stomach, and points triumphantly to the fact that so far from shortening life the liver really prolonged it; as if that were any evidence of the soundness of the organ. The emaciation as the result of the disease was trivial when the duration is taken into account, and is an additional reason for refusing to regard the case as one of cancer from its inception.

There is no pathological evidence to support the view that Napoleon suffered from, or that his life was shortened by, attacks of hepatitis produced by climatic influences, for the parenchyma of the liver was sound and free from defect. It is

¹ Forsyth, vol. iii., p. 293.

true that peri-hepatitis affecting the capsule of the liver was found, but that was clearly secondary to the disease of the stomach. The clinical evidence against the hepatitis theory is, however, not nearly so strong. On the first appearance of the symptoms it was not unreasonable of O'Meara to suspect interference with the proper functions of the liver, but when, after a long period, no amelioration of the condition of his patient was shown, he should have seen reason to reconsider his diagnosis.

Napoleon, then, died of cancer of the stomach which most likely originated in a chronic ulcer, and remained undiagnosed until the post-mortem examination was made. Of the medical acumen displayed by those who attended him, enough has been said to show that not one of the doctors had any correct idea of the true nature of the disease. Political bias of necessity divided them into two opposite camps and obscured the issues. On the one hand, were those who were interested to repre-

sent the Emperor as being slowly done to death by the rigours of harsh confinement, in an unhealthy climate where tropical influences would have a baneful effect ; on the other, those who were chiefly concerned to show that captivity in St. Helena was as healthy and almost as blissful as residence in the Garden of Eden, and to assert, in spite of malicious reports to the contrary, that Napoleon was either very well or, at all events, that the reports of his ill-health were much exaggerated. Engaged in this unworthy wrangling, the physicians lost all sense of proper perspective, and the great patient himself became of little more account than a pawn in the game. Arnott is undoubtedly the worst offender in this respect, and if the opinions he expressed in his reports were governed by politics his conduct is most blameworthy. But he bore a high reputation for honour and honesty, and it is possible that, swayed by the official desire to minimise the alarming reports of the Emperor's health emanating from Longwood, he

completely misjudged the case and honestly thought that the illness was one of hypochondriasis. But even on that supposition he stands convicted of culpable ignorance.

Alexander Baxter, the Deputy Inspector of Hospitals, cannot be acquitted altogether of unfairness in dealing with the illness of Napoleon. The tone of his reports throughout is one of scepticism regarding the seriousness of the disease and, to judge from some of the medical opinions he expressed, it does not appear that he was much further advanced in the knowledge of medicine than those he criticised. One example of this will suffice.¹ On September 20th, 1817, he wrote to Lowe and gave it as his opinion that Napoleon would suffer from dropsy rather than liver affection on account of his evident flabbiness, laxity of fibre, and sedentary life. He then goes on to say "the swelling of the ankles is incipient dropsy, and indicates debility and relaxation of the system, and the fre-

¹ "Lowe Papers," vols. 20, 156, f. 17 and 18, and 15, 725.

quent inability to make water, is due to its acrimony." This does not show any higher degree of medical knowledge than the reports of Stockoe so unmercifully criticised by him.

Forsyth, with admirable skill, avoids the dangerous ground of the medical history of the Captivity, but a perusal of the "Lowe Papers" dealing with that part of the subject, leaves one with an uncomfortable feeling that the physicians were too often lending themselves to further the political aims of one or other of the opposing factions. No reasonable doubt can exist that Napoleon was in ill-health for the greater part of his period of detention, but his indisposition was due to the slow but steady march of a mortal disease, in which climatic influences and diplomatic illnesses played no part.

The doctors were all men of limited professional attainments and, in some cases, of mediocre intelligence. Through force of circumstances, over which they had no control, they were called upon for a brief

span to play a part in the closing scenes of the greatest of political dramas, and were thrust into undue prominence on the stage. When the curtain fell, they passed from the light, were heard of no more, and are remembered now only on account of their professional association with the great Napoleon.

It has not been the purpose of this book to enter into the much debated question of the generosity of treatment meted out to Napoleon by the British authorities in St. Helena. But the attitude of the physicians was so largely governed by the political aims of the party to which they severally belonged, that it has been found impossible to arrive at a right estimate of their actions and opinions without investigating the political atmosphere in which they worked. The whole history of the illness of Napoleon, together with the manner in which it was regarded and treated, is far from edifying, and brings out in bold relief the passions and prejudices of those days which coloured and obscured the views of the doctors who

attended the great patient. But everything connected with Napoleon, the mighty conqueror and the no less mighty law-giver, is of surpassing interest. Napoleon is never out of date, and the least scrap of information concerning his life and work is eagerly read by all. For this reason it is hoped that a medical criticism of the last illness may be of use to those who are students of the history of the Captivity.

APPENDIX I.

BIOGRAPHIES OF THE PHYSICIANS.

O'MEARA.

Barry Edward O'Meara was born in Ireland in 1786. It is said that he studied medicine in Dublin, but the rolls of the Universities in that city do not contain his name, and it is probable that he obtained most of his medical knowledge in London. He first joined the 62nd Regiment, and was employed in Italy, where he became proficient in the Italian tongue. O'Meara's stay in the 62nd Regiment was short and he was soon obliged to resign his commission for having acted as second in a duel, in contravention of the order recently issued prohibiting the practice. He next attached himself to the Navy and served as surgeon

on the "Goliath" and the "Bellerophon" under Captain Maitland, from whom he obtained an excellent testimonial of character. After being dismissed from the Navy in 1818, he spent several years in the prosecution of a paper warfare against Sir Hudson Lowe and his adherents concerning the part played by him in St. Helena. His book "The Voice from St. Helena" appeared in 1822, and speedily ran through many editions. O'Meara next satisfied his contentious and partizan spirit by taking up the cause of Queen Caroline and busied himself collecting papers, evidence, and witnesses on her behalf. When the movement for the repeal of the Union initiated by Daniel O'Connell began, O'Meara threw himself into the fray with ardour, and while attending one of O'Connell's meetings, caught a chill which developed into an attack of erysipelas from which he died at his house in Edgware Road, London, on June 3rd, 1836. His effects were sold in July, and amongst them a carious tooth extracted from Napoleon realised seven

and a half guineas. The original journal compiled in St. Helena was bequeathed to Maillard, the Secretary of Joseph Bonaparte, and parts of it were published in 1900 in the "Century Magazine."

The family of O'Meara's great patient were not ungrateful for his services; they settled on him a pension for life. Indeed, he had no reason to complain of his association with Napoleon for it brought him more money and celebrity than he could have hoped for from the exercise of his slender knowledge as a physician.¹

ANTOMMARCHI.

After quitting St. Helena, Antommarchi returned to Europe, and wandered from country to country, visiting Italy, France, and Poland. Eventually he tried his fortunes in the New World, and reached Santiago in Cuba, where he died in 1838 at the age of forty-nine.

Nine years after Napoleon's death he produced his plaster cast of the Emperor's

¹ "Dict. of National Biography." Art. O'Meara.

head ; but serious doubts as to its genuineness have been entertained ever since. It is possible that he did take a mould of Napoleon's head after death, and M. Frédéric Masson¹ adduces the evidence of Marchand in support of the fact, but no account exists in the "Lowe Papers" of this operation, although the body of the Emperor was never lost sight of by Arnott, Rutledge, and Crockatt until it was closed up in the coffin. As the proceeding would have been distinctly against orders, if done at all, it was done surreptitiously. Dr. Burton is said to have assisted in the work, but of course no mention would be made of the part he took had it been connived at by those responsible for the safe keeping of the body.

The mould is said to represent the countenance of Napoleon the First Consul much more than Napoleon the Emperor. But a comparison of the measurements of the cast with those taken so carefully by Antommarchi at the post-mortem would

¹ Masson, "Napoléon à Ste. Hélène." 1912.

in all probability settle the question of its genuineness.

Want of veracity was the key-note of Antommarchi's career; and throughout, most of his assertions are open to grave doubt. He styled himself professor, but it is established that he had no claim to the title. He stated that he had published two books, one on cholera and another on physiology, but a minute search fails to reveal their existence. He claimed that he took the opinion of Dr. James Curry of Guy's as to the state of Napoleon's health, but Dr. Gooch threw grave doubts upon the statement. For these reasons all his contentions must be received with caution, and his book must be treated as suspect.¹

ARNOTT.

Arnott retired from the army in 1826, having completed thirty years' service, and lived for the remainder of his life on his estate, Kirconnel Hall, near Sanquhar,

¹ "Nouvelle Biographie Générale."

in Dumfriesshire. He died in 1855 having reached the advanced age of eighty-four. He bore a high reputation in the neighbourhood for high-mindedness and generosity. It is known that he had in his possession manuscripts relating to the daily events during his attendance at Longwood, for on one occasion at least he quoted from them. But he evinced a repugnance to refer to those days and refused to be drawn into acrimonious discussions. These manuscripts which it is believed are still in existence may possibly one day see light. It is to be regretted that he published nothing beyond his little book relating to the last illness, for he was alive when Forsyth's "History of the Captivity" appeared, and might have dealt with some of the points raised, and it was probably on account of Arnott being alive that Forsyth forbore to criticise his mistaken diagnosis of Napoleon's illness. The snuff-box on which Napoleon carved an "N," before he presented it to Arnott, was sold at

Sotheby's in 1900 for £140. Arnott had no cause for grumbling as to the remuneration for his attendance on Napoleon; he received £600 from the Emperor, and £500 from the British Government.¹

CROCKATT.

Crockatt, who was an orderly officer at Longwood at the time of Napoleon's death, and in that capacity marshalled those who passed the body as it lay in state, died in 1879 at the age of eighty-eight. He was, therefore, probably one of the last left of those who had seen Napoleon on his death-bed.²

¹ B. Smyth, M.V.O., "History of the 20th Regiment."

² B. Smyth, M.V.O., "History of the 20th Regiment."

APPENDIX II.

THE SPECIMENS IN THE MUSEUM OF THE ROYAL COLLEGE OF SURGEONS, LONDON.

All the post-mortem accounts agree in stating that the mucous membrane of the intestines was healthy and free from secondary growths. This is an interesting fact for, as is well-known, two specimens of small intestine with secondary growths are exhibited in the Museum of the Royal College of Surgeons,¹ and are described in the catalogue, "Incipient Fungous in the Glands of the Intestines, Napoleon; Barry O'Meara to Sir Astley Cooper." The words in quotation marks were taken from the catalogue in manuscript which accompanied Sir Astley's collection. It is to be presumed, therefore, that the specimens

¹ The specimens are placed in a private part of the Museum, and application must be made to an attendant for permission to see them.

were presented to the distinguished surgeon by O'Meara. That is the history of the exhibits, so far as is publicly known, and no evidence exists to show the way in which O'Meara obtained them.

The compilers of the Museum Catalogue express their grave doubts as to the genuineness of the specimens, and point out that O'Meara left St. Helena in 1818, three years before the death of Napoleon. But that fact does not disprove the possibility of O'Meara having received them from someone who was present at the autopsy. He corresponded with Antommarchi and others who attended the post-mortem, and was fully acquainted with what was going on in the Island. The compilers of the Catalogue fall into error when they state as a reason for doubting the authenticity of the specimens that "the steps taken by Napoleon's
"personal attendants to prevent the ab-
"straction of the heart and stomach, also
"show the improbability of these specimens
"having had the source ascribed to them."

This is a mistake for the contrary is the case, and the report of Rutledge is full of the great difficulty he experienced in repulsing the importunities of Antommarchi and Madame Bertrand who begged to be allowed to take away the heart and the stomach. The mere fact that O'Meara presented the specimens to Sir Astley Cooper should arouse suspicion, and had Sir Astley known as much about the veracity of the donor as the world knows now, he would have required more proof of the genuineness of the gift than his unsupported word. But other very weighty reasons exist which make it difficult to accept their authenticity. In the first place, no mention is made of secondary growths anywhere, except in the lymphatic glands of the small omentum, and secondary deposits in the intestines are extremely rare in cases of gastric cancer (see the Post-Mortem Reports). Secondly, the post-mortem was performed under the vigilant supervision of Sir Thomas Reade, who was representing Sir

Hudson Lowe, and it is inconceivable that any of the medical men present could have removed a portion of the intestines without his knowledge. The orders were that everything must be replaced before the coffin was closed up. Thirdly, after the body had been sewn up, it was placed in charge of Assistant-Surgeon Rutledge, with strict orders not to allow anything to be removed. His account of his watch by the body is in the "Lowe Papers,"¹ and there is no doubt that he never lost sight of the corpse until it was finally soldered down in the coffin. The heart was placed by Rutledge in a silver vase with spirits of wine, and the stomach in a silver pepper box, without any preservative, the spirits of wine having been used up. This latter fact renders it improbable that the specimens of the intestines could have been preserved, even if they had been removed surreptitiously. Fourthly, Antommarchi performed the autopsy, and the British surgeons were spectators only. Rutledge,

¹ "Lowe Papers," vol. 20, 133. Also Forsyth, vol. iii., p. 291.

in his interesting account of his vigil, speaks of the persistence with which Antommarchi and Madame Bertrand besought him to allow them to have the heart and the stomach, but without success. Antommarchi wanted the stomach in order to prove to the family of Napoleon that his patient had died of an incurable disease. It seems, therefore, to be clear that he had no proof in his possession of such a nature as secondary growths from the intestines. He was chiefly concerned to show that Napoleon died as the result of cancer of the stomach, a disease which was beyond the medical skill of those days, and had he noticed secondary growths in the intestines, he would most certainly have mentioned it in his very full report. But both his report and those of the British surgeons, and Henry, state quite clearly that the intestinal mucous membrane was healthy.

Lastly, there is no hint anywhere that those present carried off any portion of the body. The orders were too explicit, and if any of the surgeons present had the

temerity to be guilty of such an act of disobedience, he must have been fully aware that Lowe would never have forgiven it, and would have visited the "crime" with the most unpleasant consequences. The specimens in the Museum of the Royal College of Surgeons, have, therefore, no just claim to be regarded as genuine, and must remain "doubtful."

APPENDIX III.

THE EXHUMATION OF NAPOLEON.

On October 16th, 1840, the British Government performed an act of reparation by giving up the body of the great Emperor to its rightful owners, the French Nation. At 11 o'clock on that day the coffin was opened in the presence of Count Bertrand, General Gourgaud, Marchand, and others who had shared the captivity with their master, and Napoleon's corpse was exposed to view. Dr. Guillard, the physician appointed to supervise the arrangements; was allowed only two minutes in which to make an examination, and his report of the appearances observed, in substance, is as follows:—

“The superior members were stretched
“out, the lower part of the arm and left
“hand resting on the corresponding thigh;
“the inferior members were slightly
“depressed. The head, a little raised,
“rested on a cushion. The skull of ample
“volume and the high and broad forehead
“were covered with yellowish teguments,
“hard and very adherent. The orbs of the
“eyes offered the same appearances, and
“on the upper part the eyebrows were
“still retained. The lids were still raised
“by the balls of the eyes, which were entire,
“but had lost somewhat of their volume
“and shape. The closed eyelids adhered
“to the under parts, and were hard to the
“touch of the finger. The bones of the
“nose, and the teguments which covered
“them, were well preserved; the tubes
“and the sides alone had suffered. The
“cheeks were full. The teguments of that
“portion of the face were remarkable for
“their soft, supple feel and their whitish
“colour; those of the chin were slightly
“blue, and derived that colour from the

“ beard, which appeared to have grown
“ after death. The chin itself was not in
“ the least altered, and still preserved the
“ character peculiar to Napoleon’s counten-
“ ance. The lips were thin, and asunder,
“ and three of the front teeth, extremely
“ white, were seen under the upper lip,
“ which was slightly raised to the left. The
“ hands were perfect, and exhibited no kind
“ of alteration. If the articulations had
“ lost their motion, the skin appeared to
“ have preserved the colour which belonged
“ to it during life; and the fingers bore
“ long, adherent, and very white nails.
“ The legs were enclosed in boots, but in
“ consequence of the threads of the latter
“ being worn, the four last toes were
“ visible on both sides. The skin of those
“ toes was of a dull white, and the nails
“ were still adherent. The front region of
“ the thorax was strongly depressed in the
“ middle; the coats of the abdomen hard,
“ and fallen in. The members appeared to
“ have preserved their shape under the
“ clothes which covered them. The left

“arm was pressed, and was found to be
“hard, and to have lost somewhat of its
“volume.”¹

The two silver vessels containing the heart and the stomach were found in the coffin, and were left in with the other articles deposited there. The features of the Emperor were so little changed that his face was instantly recognised by those who had known him when alive, and his entire person presented the appearance of one recently interred.

The body was carried to Paris and, there with regal pomp, the last wish of Napoleon was fulfilled, and he rested on the banks of the Seine, in the midst of the people he had loved so well.

¹ See the report of Dr. Guillard from the “Memoir of the Emperor Napoleon.” 1841.

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