

An account of the last illness, decease, and post mortem appearances, of Napoleon Bonaparte / By Archibald Arnott ... To which is added a letter from Dr. Arnott to Lieutenant-General Sir Hudson Lowe ... giving a succinct statement of Napoleon Bonaparte's disease and demise.

Contributors

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Asst of Kirkconnel
Edinburgh 6 Oct:
1812

Sir

I have been unwell
lately, or should have answered
your note sooner

In compliance with your
request I now write to you
say if you think my Autograph
worthy a place in your Col-
lection I hereby send it with
much pleasure

Being Napoleon's Medical
Attendant in his last illness
necessarily had a good deal

of Communication with him
I uniformly found him
Affable, courteous, & fascinating
in his manner; & it was
great joy to me that I had
the good fortune to please &
give satisfaction to so great
& extraordinary a Personage

I remain

Sir

Your most Obedt. Serv^t
Arch Arnott

—
—

Mr. R. Potter
Carlisle

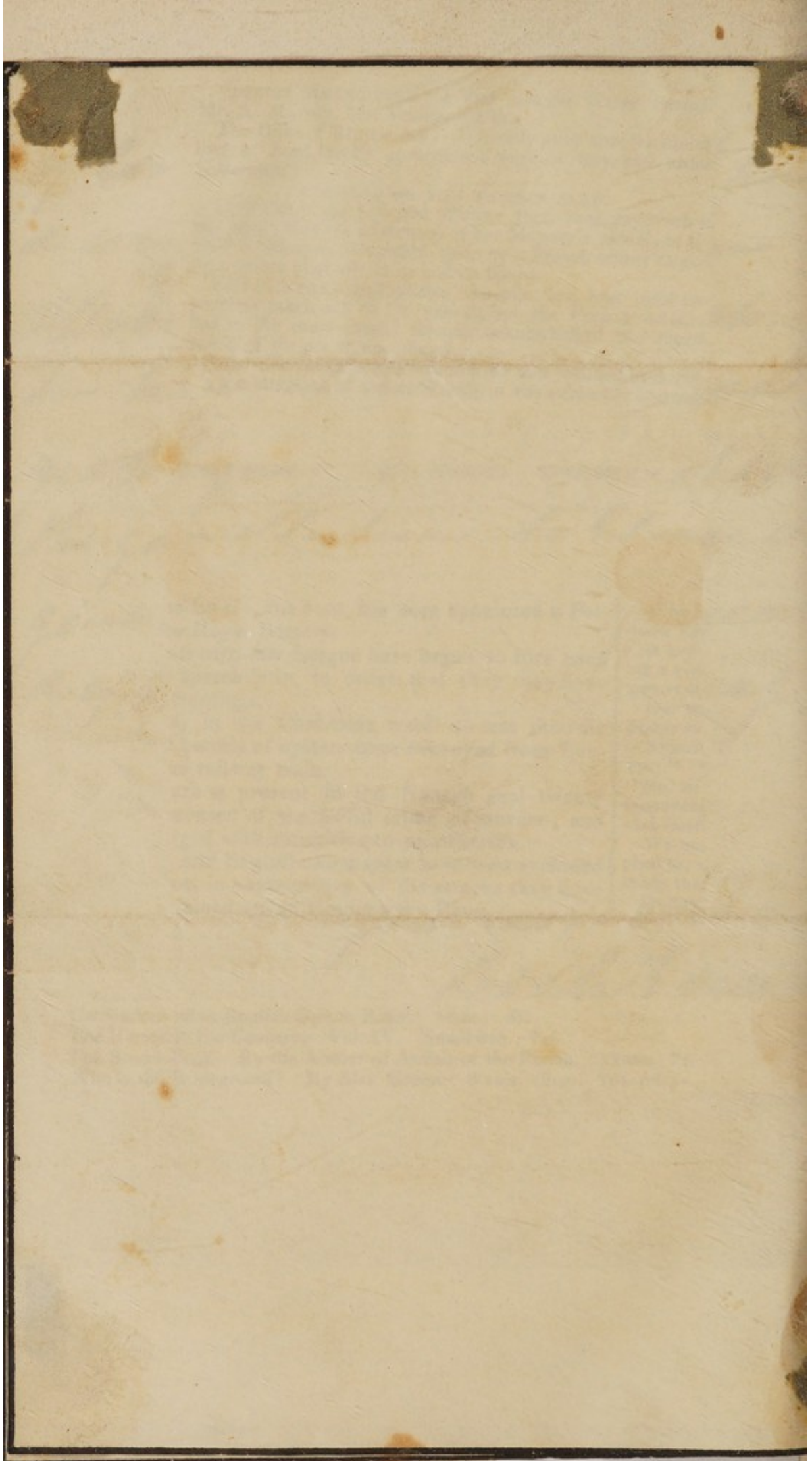
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HAND-WRITINGS OF EMINENT MEN.—It is generally believed that men of genius write in a very obscure, infirm, and eccentric character, such as Byron, Chalmers, Jeffrey, and Bonaparte. Washington wrote a fair, even, manly, straightforward line, every letter legible and distinct; Jefferson's hand-writing was bold and masculine; Bonaparte wrote a most unreasonable scrawl; Burke's was uneven and hurried; Hamilton wrote a light running-hand sparing of ink; Canning's penmanship has a chaste and classical appearance; Brougham writes a hasty hand, but with a good pen, and full of ink; Peel writes with a stiff pen, but with considerable taste and firmness; Dr. Chalmers writes as if he used the feather end dipped in ink—a real scrawl; W. Irving writes a perfect lawyer's hand, as though he wished no one to read it but himself; Jeffrey wrote as if he wrote against time, with a stick dipped in ink, nothing so unintelligible; Crabbe's hand-writing was described as very bad also; and Sir Harcourt Lee's so much so that it has been compared to the legs of a spider, dipped in ink, dancing on a wall.

When Bonaparte died at St. Helena, it is well known that his heart was extracted, with the design of being preserved. The British physician who had charge of that wondrous organ had deposited it in a silver basin, in water, and retired to rest, leaving two tapers burning beside it in his chamber. He often confesses to his friends, while narrating the particulars, that he felt nervously anxious, as the custodier of such a deposit; and though he reclined he did not sleep. While lying thus awake, he heard, during the silence of the night, first a rustling noise, then a plunge among the water in the basin, and then the sound of an object falling with a rebound on the floor, all occurring with the quickness of thought. Dr. A— sprang from his bed, and the cause of the intrusion on his repose was soon explained—it was an enormous rat dragging the heart of Bonaparte to its hole. A few moments more, and that which before had been too vast in its ambition to be satisfied with the sovereignty of continental Europe would have been found even in a more degrading position than the dust of Cæsar stopping a beer barrel—it would have been devoured as the supper of a rat!

An Account of the Last Illness, Decease, and Post Mortem Appearance of Napoleon Buonaparte. By Archibald Arnott, M. D. Surgeon 20th Regiment. To which is added a Letter from Dr. Arnott to Lieut.-General Sir Hudson Lowe, K.C.B. giving a succinct statement of Napoleon Buonaparte's Disease and Demise. 8vo. 2s. 6d.

*Autograph of Dr. Arnott, Napoleon's
medical attendant in his last illness.*



AN ACCOUNT
 OF THE
 LAST ILLNESS, DECEASE,
 AND
 POST MORTEM APPEARANCES,
 OF
NAPOLEON BONAPARTE.

BY ARCHIBALD ARNOTT, M.D.
 SURGEON 20TH REGIMENT.

TO WHICH IS ADDED
A LETTER FROM DR. ARNOTT
 TO
 LIEUTENANT-GENERAL SIR HUDSON LOWE, K.C.B. &c.
 GIVING A SUCCINCT STATEMENT OF NAPOLEON
 BONAPARTE'S DISEASE AND DEMISE.

LONDON:
 JOHN MURRAY, ALBEMARLE-STREET.
 1822.

AN ACCOUNT

EAST-INDIA COMPANY'S DEBTS

AND

AND

THEir STATEMENTS

IN PARLIAMENT ASSEMBLED

BY ARTHUR ANNOTT, M.D.

OF THE HOUSE OF COMMONS

AND

BY

LIEUTENANT-GENERAL RICHARDSON LOWE, K.C.B.

GIVING A FULL STATEMENT OF THE

DEBTS OF THE COMPANY AND THE

LONDON:

JOHN MURRAY, ALBEMARLE-STREET.

LONDON:

PRINTED BY THOMAS DAVISON, WHITEFRIARS.

PREFACE.

HAVING been in attendance on that great and extraordinary character, Napoleon Bonaparte, for some weeks before he closed his mortal career, I have been solicited by some friends in England to give to the world an account of his last illness, decease, and *post mortem* appearances; and I have been the more particularly urged to do so, as *no* other English Medical person saw him in his death-bed sickness: for although every medical aid the island afforded was offered by Sir Hudson Lowe, and recommended by myself when I observed the disease to put on alarming symptoms, he uniformly refused it, and even required from his family a

promise that, in the event of his ever becoming insensible, no other Medical person than Professor Antomarchi and myself should see him.

From the time I first visited Napoleon Bonaparte, and during my attendance on him, I every day noted the symptoms and progress of the disease; these notes, with but little addition or alteration, form the following few pages, and I hope they will convey to the reader a fair view of Napoleon Bonaparte's fatal malady. It may, however, be necessary to premise that my remarks were always written in haste, and only intended for my own reference, not with the most distant view of their ever meeting the eye of the public.

ST. HELENA,
March 15, 1822.

AN ACCOUNT, &c.

BEFORE I visited Napoleon Bonaparte, I was consulted upon his case on the 25th of March, by his own medical attendant, Professor Antomarchi, who stated to me that Napoleon Bonaparte had long been labouring under some great derangement of function in the digestive organs, which was characterized by gastrodynia, nausea, and vomiting, especially after taking food, very obstinate costiveness, and great wasting of flesh and strength. He further mentioned, that on the 17th of that month (March) Napoleon Bonaparte had been seized with a febrile attack, which he (Professor Antomarchi) in Italian termed *febbre gastrica pituitosa*. He informed me that he had administered an emetic, cathartics, and antimonials in small doses, with the view of determining to the surface at the onset of the fever; however, he said, the symptoms were still urgent, viz. increased heat, great

prostration of strength, pain in the epigastric region, most distressing vomiting, and constipated bowels.

Our attention was directed, in the first place, to the state of the *primæ viæ*, and we accordingly recommended purgatives; but as Napoleon Bonaparte was somewhat capricious in regard to taking medicine, it was left to Professor Antomarchi to give him any cathartic he could persuade him to take, so as to produce the effect we had in view. We also advised a large blister to be applied to the region of the stomach, and saline draughts in a state of effervescence to be given.

Two days after, I again met Professor Antomarchi, who informed me that Napoleon Bonaparte had objected to the use of medicine, or remedies in any shape, and preferred leaving the disease to nature.

On the evening of the 1st of April, at half-past ten o'clock, Professor Antomarchi called on me at the orderly officer's quarters at Longwood, and said that he had "just come from the Emperor, who wished to see me immediately." I accordingly accompanied Professor Antomarchi, and was led by him through a labyrinth of passages and rooms dimly lighted.

When we reached Napoleon Bonaparte's bedroom there was no light whatever in it—it was perfectly dark. Count Montholon met me at the door—I knew his voice :—he led me up to Napoleon Bonaparte's bed-side, and introduced me. After the usual ceremony of introduction had passed, I inquired into his state of health, and the nature of his complaints. I could not see him, as he would not permit a light to be brought into the room, but felt him. The pulse was tranquil, heat moderate, and the moisture on the skin rather more than natural. He complained much of his belly, which I examined, but could discover no tension or hardness ; the bowels were slow, and appetite bad. His voice was strong, and he had some cough.

Not being able to see him, to judge rightly of his complaint, we did not prescribe any thing that night. However, it was arranged that I should continue my attendance on him in conjunction with Professor Antomarchi.

On visiting Napoleon Bonaparte on the morning of the 2d of April, we were informed that he had passed a restless night, had perspired profusely, and was then in a state of great debility. Pulse was 76 and regular, heat moderate, thirst inconsiderable, tongue loaded, countenance

remarkably pallid. He complained of a gnawing pain in his stomach, with constant nausea and vomiting: the bowels were very slow, seldom an evacuation without the assistance of an *enema*; urine natural; spirits appeared much depressed; he manifested strong objections to taking medicine, and refused to take any in a fluid shape: indeed, his stomach was so irritable, that it was seldom either food or medicine would remain on it. However, under all circumstances, Professor Antomarchi and myself considered it most essential to clear the *primæ viæ*,—we accordingly proposed to our patient that he should take medicine for that purpose immediately, and further recommended him to take jellies and such other light nutriment as the stomach would best bear. At first he objected to medicine altogether, but at length we did obtain from him a conditional consent to take some aperient, and as he gave the preference to the form of pill, we ordered the *pilul. aloes comp.* every six or eight hours, as occasion should require.

On visiting him again in the evening, we found he had not taken the medicine, as recommended in the morning, nor could we prevail upon him to take it, and having had no alvine

evacuation for forty-eight hours, we ordered an *enema*.

3d April. He had a small evacuation from the *enema*, passed a tolerably tranquil night, and slept a good deal: his pulse was 76, heat 96; skin more moist than natural,—indeed, the perspiration was evidently much increased; he was very low and drowsy, but his stomach was easy. He told me he could eat nothing; he had no thirst; expressed a wish to take some wine, and seeing nothing to contra-indicate the use of a small quantity, we allowed him a little claret, and gave directions to continue to take jellies, light puddings, milk, and other mild fluids, as before. The bowels were still obstinately constipated, yet we could not persuade him to take purgative medicine in any form, although we urged it in the strongest manner; but there was really so much apathy and indifference about our patient, that our arguments made no impression on him. In the evening the pulse got up to 80; he had a small alvine evacuation from an *enema*, but in other respects he was the same as in the morning.

He passed a bad night between the 3d and 4th of April, being much distressed with tension of the belly, vomiting, and sense of suffocation, and having an accession of fever, which

continued until morning, when a profuse perspiration came on, the febrile symptoms abated, and by noon there was a good clear remission. The pulse was 80, and heat not more than natural. The bowels were still constipated, yet we could not prevail on him to take mild cathartics, as occasion required, although we carried conviction to his mind of the expediency of what we recommended. *Enemata* were the only remedies he would make use of, and the evacuations from them were very scanty.

On the morning of the 5th of April, when I called at Longwood, Professor Antomarchi informed me that "the Emperor had been very ill during the night." His report to me was, "that he had been very feverish, had vomited four times, that what came off the stomach was phlegm, and that he had continual nausea: about two o'clock in the morning, however, the febrile symptoms began to decline, and a clammy perspiration to come on, and there was tension of the abdomen, accompanied with pain, which was increased on pressure*." However, by the time

* Molto febbre, ha vomitato quattro volte della pituita, continuo eccitamento al vomito o nausea: alle ore 2 circa dopo la mezza notte ha incominciato la diminuzione, o declinazione della febbre, con viscid sudori, gravezza di testa, sonnolenza, angoscia ed tensione addominale con sensazione dolorosa al tatto.

I made my visit these symptoms had ceased; but I found him in a very exhausted state, and the irritation at the stomach considerable: he had taken scarcely any nourishment, and still refused to take medicine.

On the 6th April he was very low and weak; had a paroxysm of fever the preceding evening, the hot and cold stages of which were not very perceptible, but the sweating that followed was profuse. He scarcely took any thing in the shape of nourishment; pulse was 70, and regular; heat natural. We did succeed in persuading him to take some aperient medicine that day, but it was so small a quantity that it had no effect upon him. We also recommended some cordial and tonic medicine, but could not induce him to take any thing more. He was that evening seized with coldness of the extremities, pain and tension of the stomach, vomiting, head-ache, and restlessness: all these symptoms abated towards morning, and in the course of the day he was tolerably tranquil. He had an alvine evacuation from an *enema*.

He had a smart accession of fever on the evening of the 7th, and the perspiration until morning was very profuse; he was persuaded to take some purgative pills that day, which produced three copious alvine evacuations, and

which wonderfully mitigated the symptoms, especially the vomiting and pain at stomach. He was more cheerful than he had been for some days before. We recommended mild purgatives, and again the tonic medicine.

On the 8th he took some more purgative medicine, from which he had some copious evacuations: the relief he experienced from them was very considerable; but although convinced of the benefit he derived from the medicine, he could not be prevailed upon to pursue the plan of treatment recommended.

On the 9th and until the evening of the 10th, the *primæ viæ* continued free; he had several copious dejections, and during that time he was certainly comparatively easy; but on the evening of the 10th, the nausea and vomiting returned, the stomach rejected every thing he swallowed, and his strength appeared to be sinking rapidly; yet the pulse was 72 and regular. He on that day said to me, "that the fever was now past, and that he had returned to the state he had been in for the last eight months, viz. great weakness and want of appetite:" at the same time he placed his hand over the liver, and said to me, "le foie," upon which, although I had done it before, and given my opinion that there was no disease of the liver,

I examined the right hypochondriac region again, and not finding any indication or fulness whatever, and judging from the symptoms in general, I told him, "that I did not apprehend there was any disease of the liver; that perhaps there might be a little want of action in it."

On the 11th of April the nausea and vomiting were very distressing, and had been so all the night betwixt the 10th and 11th. The bowels were very slow, but he would not take any medicine to assist their action. With the view of allaying the violent retching, we gave him on that day a few minims of tincture of opium, but it did not produce the desired effect. He complained of a burning heat in the right *hypochondrium*, and referred it to the liver.

During the night of the 11th he was very restless, and had several severe fits of vomiting, which continued throughout the whole day of the 12th; what he vomited was a viscid mucous matter. After the vomiting he became quite exhausted, and signified to me that he was convinced medical aid could be of no avail to him, and that he was labouring under a fatal disease. At my request he took a little jelly and warm

wine, which rested on his stomach. On that day he asked me “how a person died of debility, and how long one could live, eating as little as he did.”

On the 13th Professor Antomarchi stated to me that Napoleon Bonaparte had passed a bad night, that he had been very restless and feverish until morning, had vomited two or three times, and that there was likewise some tension of the belly. I found him very low and weak, his spirits seemingly much depressed. He told me that he was becoming every day weaker and weaker. He was seized with a paroxysm of vomiting while I was with him, and what came off the stomach was a something he had eaten a little while before. With a view of alleviating the severe vomiting, he was persuaded to take a tonic draught composed of *infus. columb.* and *tinct. cinnamom.* which had the effect of lessening the vomiting in some degree. Although the *primæ viæ* were much constipated, he would not take any laxative medicine; consequently, the only means we had of procuring alvine evacuations were by *enemata*.

On the 14th of April he was better, and in good spirits;—there was a mitigation of all the symptoms. He had rested tolerably

well during the night, and had taken some nourishment, which remained on his stomach. Towards evening, however, the irritation at stomach returned, and altogether he had a very bad night.

On the morning of the 15th his strength had sunk considerably, he was covered with a cold clammy perspiration. The pulse was 90, small and feeble. He took a tonic draught which he fancied assuaged the vomiting a little; after that he took some nourishment, and retained it on his stomach.

He had a quiet night between the 15th and 16th, that is, he slept well and was very easy; but towards morning he was bathed in perspiration, the pulse was 80 and weaker, heat lower than natural, and the skin had a clammy feel. He had two small dejections from *enemata*.

On the 17th of April there was an aggravation of all the symptoms; the vomiting increased, and his strength sunk; the pulse was small, frequent, and irregular; the whole surface was cold. He was comatose, and, when roused, complained of a sense of suffocation. The *primæ viæ* being constipated, we pressed him to take a cathartic that day, but he refused; an *enema*,

however, was administered, which produced an evacuation more copious than ordinary. After that, and towards evening, he roused; the pulse fell to 76, and was regular; the heat became natural; he appeared cheerful, and expressed a wish to eat some minced pheasant, with which he was indulged, and he took after it about a tablespoonful of claret, mixed with two of water.

Professor Antomarchi's report to me on the morning of the 18th was, "that he had had a very bad night. He commenced vomiting at nine o'clock in the evening, and continued until five in the morning; he had some sleep, but it was disturbed*." He became tranquil towards morning, the pulse was 80, heat less than natural, skin inclined to be clammy, spirits appeared dejected, and he seemed averse to conversation. He attributed his bad night to a tonic draught he had taken the preceding evening. He took a little vermicelli soup when I was with him, but the stomach rejected it instantly. He had a small alvine evacuation from an *enema* the night before. He complained of a sensation of heat in the right hypochondrium,

* Pessima notte, ha cominciato a vomitare alla ore nove della sera, sino alle cinque della mattina con interrotti sonni.

and referred it to the liver (“fegato”): I gave my opinion then as I had done before, that I did not think the liver was affected. Both Professor Antomarchi and myself having observed, that when the first passages were free, the symptoms were less violent, we pressed him very much at that time to take laxative medicines; but it was of no use, we could not prevail upon him to comply with our wishes.

On the morning of the 19th of April he was very composed, and had passed a good night. Professor Antomarchi’s account of him to me was, “that he had a tolerably quiet night, had not vomited, and at midnight he had eaten some potatoes: this morning the pulse is small and regular, and he has taken a little vermicelli soup*.” The pulse was 76, the state of the skin and heat was natural, his countenance was brighter, he seemed very cheerful, and was much inclined to conversation. The pain in the right *hypochondrium*, that he had complained of, left him after the bowels were well freed by an *enema*: he took some nourishment when I

* La alquanto tranquillo, non ha vomitato, a mezza notte ha mangiato poche patate, questa mattina polso piccolo e regolare, e mangiato una suppa di vermicelli.

was with him rather with a relish, and it rested on his stomach. He told me that when he went to sleep he awoke with a sensation of heat across the stomach, which brought on nausea, and sometimes vomiting.

He passed a good night betwixt the 19th and 20th of April, only that from eleven to three o'clock he was somewhat teased with a sensation of heat in his bowels, and of choking, accompanied with thirst; and when he drank any thing, it was with difficulty he could swallow: this is as he expressed it. In the morning he was very composed; heat natural; the stomach had retained every thing he had eaten since the day before; and he had had a good alvine evacuation from an *enema* at nine that morning; towards evening, however, he complained of a pain and heat about the *scrobiculus cordis*; —said he had a continual nausea, and that it was only by keeping himself very quiet he did not vomit: yet the little nourishment he took rested on his stomach.

On the 21st of April Professor Antomarchi's report to me was, "the Emperor has passed a good night. He has eaten twice in the night without vomiting any; this morning, however,

at seven o'clock, he vomited a little of what he had eaten*." I found him very composed, and he told me he was free from pain. His pulse near 75; state of the skin and heat quite natural. He had two very good alvine evacuations that morning from an *enema*.

On the morning of the 22d of April he felt a sensation of heat, with dryness in the stomach, and a sense of suffocation; had vomited a little the night before, and likewise some before I saw him that day;—what came off his stomach was shown to me, it was a something he had eaten the day before, quite undigested. After the vomiting, his stomach was much relieved, and he conceived himself better on the whole; he had passed a very good night, and had slept several hours. He on that day referred all his disease to the stomach. He had a small dejection from an *enema*. The urine deposited a lateritious sediment. Pulse was 84, and more feeble. For the purpose of gently exciting the action of the *primæ viæ*, we prevailed on him that day to take a weak solution of sulphate of magnesia, in an infusion of gentian, with the addition of

* L'Imperatore ha passato una buona notte, non ha vomitato, ha mangiato due volte nella notte, questa mattina ha vomitato alla ore sette poco alimento.

a little tincture of the same, according to the following form :

℞. Magnesiæ Sulphatis ℥vj. solve in Aquæ Puræ octa.
adde Infus. Gentianæ compositæ ℥vj et Tinct. Compositæ
ejusdem ℥ss. m. f. mistura, cujus sumat cochlearia tria
ampla subinde.

23d April.—Pulse was 78, and heat natural; had a small dejection from an *enema* that morning; had vomited twice since the former visit. He had taken the medicine ordered, and it had rested on his stomach: he thought himself stronger, and we ordered him to continue the medicine and diet as before. He continued tolerably easy all the day of the 23d, and took a little light nourishment about seven in the evening; he, however, vomited it soon afterwards. He had some accession of fever at nine, but upon the whole was easy; slept the greatest part of the night, and on the morning of the 24th there was a clear remission of all the febrile symptoms; the pulse was at 78, and heat natural. He had a copious alvine evacuation that morning, but complained of great weakness and of giddiness: we gave directions to go on as before. He was very ill on the night between the 24th and 25th; the vomiting was

incessant, and he had no sleep whatever. In the morning his strength was much sunk; the pulse was 82, and weak. He could not be advised to continue the medicine, but had a small dejection that morning from an *enema*. The vomiting continued with little intermission throughout the whole day of the 25th; the stomach rejected every thing that was swallowed. Observing that when the *primæ viæ* were open, the nausea and vomiting were less violent, I urged him to take some aperient medicine, and being convinced he had derived benefit from the solution of the sulphate of magnesia in the infusion of gentian, I pressed him to take a full dose of that medicine, and accordingly he took it that morning. It emptied the bowels well: it had not, however, the usual good effect of lessening the vomiting;—that distressing symptom continued. He had an evening accession of fever, was restless, and raving at times until three o'clock in the morning of the 26th; he then went to sleep, and did not awake until seven: soon after that he was seized again with violent vomiting; what came off the stomach was something undigested, mixed with phlegm of a ropy consistence.

On the morning of the 26th the pulse was

86; heat lower than natural, with a cold, damp, clammy perspiration all over him. He complained much of pain in the hypochondriac and epigastric regions, which he referred to his stomach and liver. He on that day asked me what was to be done for him, and what I considered his disease to be? The symptoms, I told him, I thought indicated some great derangement in the digestive organs. He put the question to me again that day, if I supposed his liver affected? My reply was, that I did not think there was any diseased structure of that *viscus*,—perhaps there might be a want of due action in it. Professor Antomarchi and myself both agreed that the same mode of treatment should be pursued.

On the morning of the 27th of April our patient was low and comatose, had passed a restless night, and had had frequent fits of vomiting. I had not been long at his bed-side before he was again seized with violent retching and vomiting, and on examining the basin, I observed that what had come off the stomach was a dark-coloured fluid resembling coffee-grounds, and very offensive. That vomiting continued until half after three o'clock P.M.; it then ceased, and he went to sleep. Pulse

kept at 84, and heat about natural. In the evening he was more tranquil, free from pain, but low and exhausted. He would not take any medicine, and as the first passages had not been emptied for 40 hours, we ordered an *enema*; we also wished to apply a blister to the region of the stomach, but this he likewise objected to, on which we proposed a warm stimulating plaster, which he consented to, and we accordingly applied one of the *emplast. aromaticum*, of the Dublin Pharmacopœia.

On the morning of the 28th I was informed by his attendants that he had been vomiting frequently in the course of the night, that he still continued to do so, and what came off the stomach had the same appearance as it had the day before: it was a dark-coloured grumous fluid, and contained small specks of blood. Pulse was 84 and weak, and there appeared great exhaustion. He talked incoherently, had no alvine evacuation from the last *enema*, yet he most pertinaciously refused to take medicine, and would not allow even another *enema* to be administered: towards evening, however, the bowels becoming very uneasy, he was prevailed upon to allow one to be administered, which procured two small evacuations; yet he passed

a sleepless night, raved greatly, but had less vomiting, and what came off the stomach was not so dark-coloured.

He had three hours sleep on the morning of the 29th: when he awoke he was sensible and composed, the pulse 87. Sometime during the night, in a raving fit, he had torn the *emp. aromaticum* off, but consented to have a blister applied over the stomach, which was done forthwith; and with the view of tending to lessen that dreadful irritation of stomach, we prescribed the following:

℞. Aquæ Menthæ Virid. ℥iiss,
 Potassæ Subcarbonatis ʒi.
 Succi Lim. Recentis q. s. ad saturand.
 Tincturæ Calumbæ minima xxx.
 ——— Opii ——— v.

Misce ut fiant haustus 6^{ta} quaque hora sumendus.

30th April. The blister over the stomach had risen, and in the night Professor Antomarchi had applied one to the inside of each thigh. The draughts were not taken as ordered. He slept for some hours in the beginning of the night, and towards morning, although he did not sleep, he lay quiet and composed. He vomited several times, but not so much, nor was the matter that came off the stomach of such a

dark colour as before; heat was natural and general; pulse 90 and regular; intellect was more collected; his respiration easy, and he lay in a composed state. Count Montholon informed me that he had *singultus* for two hours during the night. Had had no alvine evacuation, nor could he be advised to use any means to procure one. Betwixt 11 and 12 o'clock that night our patient was seized with a *rigor*, accompanied with great anxiety and *dyspnœa*, and followed by *singultus*.

On the morning of the 1st of May he was much worse, his strength had sunk considerably, there appeared more anxiety than usual about him, the pulse had become more frequent, the skin clammy, the heat below natural, he had strong *singultus*, and talked incoherently. An *enema* was administered, which produced a copious evacuation.

On the morning of the 2d of May there was an aggravation of all the symptoms, almost continued *singultus*, anxiety, restlessness, and quick and oppressed respiration. The heat was natural and equable, the extremities keeping warm. Had some retching and vomiting. Pulse 102 and small, and in the evening rose to 108. He went to sleep at 10 o'clock that night, and did

not awake until 3 next morning. He was then insensible, and showed great anxiety and restlessness. Pulse 100, small and weak; had no vomiting since the night before, and then it was inconsiderable. *Singultus* became very strong and distressing, the delirium increased, and he began to articulate very indistinctly. Having had no alvine evacuation since the morning of the 1st, an *enema* was proposed, but our patient was so unmanageable, that it could not be administered. In the course of that day (3d May), all the symptoms became more aggravated, added to which a fulness and tension of the belly came on. I then conceived it indispensable to free the *primæ viæ* by some means, and being aware of our patient's aversion to medicine, I recommended a dose of calomel to be given, which might be done without his knowledge; accordingly ten grains of that medicine were given at 6 o'clock that evening. The calomel commenced its operation at half after eleven, five hours and a half after it was taken, and before noon next day it had produced five copious alvine evacuations, exactly resembling tar in colour and consistence, and remarkably fetid. After this he was somewhat relieved, there was less restlessness and anxiety, he was

more sensible to objects around him, but was in a state of great debility; the pulse was small, weak, and easily compressed; the *singultus* continued, and with the view of relieving it, we gave a draught of *Tinctur. Opii et Sp^{tus}. Æther. Vit.* and to support his strength he took a little jelly and wine occasionally. At this time milk was particularly recommended to him, but it was objected to. I left him at 9 o'clock that evening (4th May), in a sound sleep, breathing easy, and I was informed by those who were watching him, that he was tolerably composed and easy during the night, and until 5 o'clock in the morning; he was then seized with vomiting, and a dejection passed involuntarily. I was called immediately, and on examining the matter that had come off the stomach, I found it resembled the dark-coloured fluid which he had vomited on the 27th April. He had then great dyspnœa, there was a total loss of muscular motion, the under-jaw had dropped, and he had lost the power of deglutition; the eyes were fixed, the pulse varied from 102 to 110 in the minute, was small and weak, intermitted, and was easily compressed.

That nothing should be left undone, although

moribundus, sinapisms were applied to the feet, blisters to the legs, and one to the *sternum*, but none of them took effect; and all the symptoms increased until eleven minutes before six o'clock, P. M., when he expired.

Longwood, St. Helena, May 6th, 1821.

*Report of Appearances on Dissection of the Body
of Napoleon Bonaparte.*

On a superficial view the body appeared very fat, which state was confirmed by the first incision down its centre, where the fat was upwards of one inch thick over the sternum, and one inch and a half over the abdomen.

On cutting through the cartilages of the ribs, and exposing the cavity of the thorax, a trifling adhesion of the left pleura to the pleura costalis was found; about three ounces of reddish fluid were contained 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 extraordinary, except that the muscular parts appeared rather paler than natural.

Upon opening the abdomen, the omentum was found remarkably fat; and on exposing 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 schirrous portions, advancing to cancer; this was particularly noticed near the pylorus. The cardiac extremity, for a small space near the termination of the œsophagus, 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.

The remainder of the abdominal viscera were in a healthy state.

A slight peculiarity in the formation of the left kidney was observed.

(Signed)

THOMAS SHORTT, Physician and P. M. O.

ARCH. ARNOTT, M. D., Surgeon 20th regt.

CHARLES MITCHELL, M. D., Surg. H. M. S. Vigo.

FRANCIS BURTON, M. D., Surgeon 66th regiment.

MATTHEW LIVINGSTONE, Surg. H. C. Service.

REMARKS.

It will no doubt appear singular that a person of Napoleon Bonaparte's habits should have been affected with schirrus and cancer of the stomach;—a man who was noted for temperance, and never in his life indulged in any excess which could tend to produce such an affection.

I have seen the disease before, but it was in men addicted to ardent spirits,—decided dram drinkers.

We are given to understand, from great authority*, that this affection of the stomach cannot be produced without a considerable predisposition of the parts to the disease, and that when there is no previous disposition, the stomach does not become affected with that disease. Whether Napoleon Bonaparte had any hereditary disposition towards this disease, I will not venture an opinion; but it is somewhat remarkable, that he often said that his father died of schirrus of the pylorus; that the body was examined after death, and the fact ascertained. His faithful followers, Count and

* See Dr. Baillie's inestimable book on Morbid Anatomy, p. 141, 142.

Countess Bertrand, and Count Montholon, have repeatedly declared the same to me.

If then it should be admitted that a previous disposition of the parts to this disease did exist, might not the depressing passions of the mind act as an exciting cause? It is more than probable that Napoleon Bonaparte's mental sufferings in St. Helena were very poignant: by a man of such unbounded ambition, and who once aimed at universal dominion, captivity must have been severely felt.

The climate of St. Helena I consider healthy; the air is pure and temperate, and Europeans enjoy their health, and retain the vigour of their constitution, as in their native country.

It is true, I have witnessed a great deal of disease in St. Helena, but that viz. dysentery, and other acute diseases of the abdominal viscera, prevailed among the troops. The sickness of English soldiers, however, is *not* always a criterion of the insalubrity of a colony; their habits are very different from those of the higher ranks of life; they do not take that care of themselves which is so indispensable in a tropical climate to guard against atmospherical vicissitudes; they are also prone to intemperance, which renders the system more susceptible of

disease; added to which, the duties of the soldiers in St. Helena were very severe, the strength of the garrison giving only *one* relief for night duty; and the working parties and fatigues were moreover very laborious on the days the men were off guard. But the officers who had little night duty retained their health and strength as in Europe. I can therefore safely assert, that any one of temperate habits, who is not exposed to much bodily exertion, night air, and atmospherical changes, as a soldier necessarily must be, may have as much immunity from disease in St. Helena as in Europe; and I may therefore further assert, that the disease of which Napoleon Bonaparte died was *not* the effect of climate.

Schirrus or cancer of the stomach is generally an obscure disease,—I know of no certain diagnosis of it: nausea, vomiting, and obstinate costiveness, are usually present, but these symptoms are also characteristic of other diseases of the chylopoetic viscera. Nevertheless, in the case of Napoleon Bonaparte, I did entertain a notion that some morbid alteration of structure in the stomach had taken place. My attention was first drawn to this when I learned that his father had died of schirrus of the py-

lorus; and on the 27th and 28th of April, when he began to vomit the dark-coloured offensive fluid, I had little doubt but that ulceration had taken place in the stomach.

The history Napoleon Bonaparte himself gave me of his illness, together with corresponding information I had from the persons composing his family, convinced me that he had been longer affected with the disease than was imagined. I was informed, that during the whole year of 1820 he had nausea and vomiting occasionally, and frequent accessions of fever. He lost altogether his natural appetite, and his countenance became remarkably pallid. Even so far back as the latter end of the year 1817 he was affected with pain in the stomach, nausea, and vomiting, especially after taking food. I am therefore inclined to think that the disease was *then* in its incipient stage, because from that time all the symptoms progressively increased till he died. The anomalous accessions of fever, and other constitutional derangements he had been so long affected with, were, in my opinion, hectic symptoms; and I firmly believe that the sharp febrile attack he had on the 17th of March, although supposed to be the commencement of the disease, was nothing more than an

aggravated paroxysm of hectic. Every practitioner is aware how irregular fits of hectic are, and how they vary from one another, seldom continuing to return in the same manner*. In Napoleon Bonaparte's case the pulse was never very frequent; I could not, however, find out how it beat when he was in good health; its standard may have been low. There are few diseases in which the pulse is a better diagnosis than in hectic fever;—yet in some patients, although we find the health and strength wasting daily, the pulse beats as quietly and regularly as in perfect health †.

I conceive it would be an injustice to those distinguished personages who composed Napoleon Bonaparte's family, Count and Countess

* Porro hectica raro sui similis est per tres accessiones. Vide Gulielmi Heberden Commentarii de Morborum Historia et Curatione, p. 162.

† Pauci etenim morbi sunt in quibus plura nos docet arteriarum motus. Tamen in hoc quoque qui nimis secure illis confidit, næ ille se interdum haud mediocriter delusum sentiet. Uni ex viginti, ut conjicio, licet omnia insanabilis mali signa sint, et vires atque valetudo indies consumantur, arteriæ usque ad mortis horam neque celeriter, nec quocunque modo inordinate moventur, sed prorsus ut in optima sanitate. Vide Gulielmi Heberden Commentarii de Morborum Historia et Curatione, p. 165, 166.

Bertrand, and Count Montholon, as well as to Monsieur Marchand, his first valet, if I were not to mention here their unremitting care and attention to him in his last illness: no language of mine can sufficiently express the solicitude they evinced for his recovery, and how eagerly they vied with each other in administering those little attentions, more easily conceived than described, but so essential and soothing on a sick bed.—The scene of sorrow Longwood House presented on the evening that great and extraordinary man breathed his last, will never be erased from my memory.

LETTER TO SIR H. LOWE.

Dead Wood, 11th May, 1821.

“ SIR,

“ Having been in attendance upon Napoleon Bonaparte for some weeks before his decease, a condensed statement of his case during that period, taken from my daily reports, may perhaps be satisfactory.

“ In the first instance, before I was admitted to see Napoleon Bonaparte, I was consulted upon his case, on the 25th March last, by his own Medical attendant, Dr. Antomarchi, who, ~~an~~ Italian, denominated the disease *Febbre gastrica pituitosa*. He stated the leading symptoms of it to be fever, pain in the epigastric region, nausea, vomiting, loss of appetite, constipated bowels, and great prostration of strength. From his statement I recommended the bowels to be kept very open by means of medicine, and a blister to be applied to the region of the stomach. However, at the next conference I had with Dr. Antomarchi on the subject, he informed me that Napoleon Bonaparte had objected to the use of medicine or remedies in any shape, and preferred leaving the disease to nature.

On the 1st of April I was requested to see him with Dr. Antomarchi; we did not prescribe for him that night, but visited him again next morning. I found him in a state of great debility, but there were no febrile symptoms present; the pulse was 76 and regular; heat natural; skin moist; tongue white, and thirst inconsiderable. Complained of a gnawing pain in his stomach; bowels very slow, seldom an evacuation without the aid of *lavements*. At that time he had every symptom of *dyspepsia*, accompanied with more than ordinary dejection of spirits. Under all the circumstances of the case, we recommended purgatives as occasion should require, and at the same time some tonic medicine, with light nourishing diet; but, until the 6th of April, we could not prevail upon our patient to take any medicine, and then what he took was in so small a quantity, that it had little effect upon him. On the 7th of April he was again prevailed upon to take some more opening medicine, which operated well, he had some copious evacuations from it, and in consequence experienced great relief. He took medicine on the 8th also, which relieved him; but after that we could not persuade him to persevere in the use of medicine as circumstances required.

“On the 10th of April the stomach became very irritable, and the debility increased; yet the pulse kept good, was not more than 72, and full. He that day said to me, that ‘the fever was now past, and that he had returned to the old state in which he had been for the last eight months,’ viz. ‘great weakness and want of appetite.’ At the same time he put his hand upon his right side over the liver, looked at me, and said ‘le foie,’ upon which I examined the region of the liver, and not discovering any induration or fulness whatever, I told him that ‘I did not apprehend there was any disease of the liver, that perhaps there might be a little want of action in it.’ On the 11th of April, nausea and vomiting became very distressing, he was very low and languid, and although the bowels were slow, would take no medicine to move them. To alleviate the vomiting, he on this day took a small opiate.

“12th and 13th. The vomiting continued, and his bowels were constipated, yet he would take no medicine. Procured small motions by means of *enemata*.

“On the 16th, 17th, and 18th, the pulse became more frequent, and the strength sunk somewhat. He had cold clammy night perspirations,

became more desponding, and the vomiting appeared to exhaust him very much. Complained at different times during those three days of a sensation of heat in the liver, and across the stomach. Although the bowels did not perform their functions, yet he refused to take any medicine of a purgative nature.

“On the 19th, 20th, and 21st, he appeared to recover strength a little; the bowels were more regular; he was very tranquil, and took more nourishment.

“22d of April. Passed a good night, slept several hours, said, however, he felt a sensation of heat in his stomach. Had some vomiting.

“23d of April. Pulse was 78 and heat natural; had a small alvine evacuation from an enema; vomited twice that day, but fancied himself stronger.

24th of April. Vomiting continued, accompanied with great weakness. He complained of giddiness.

25th of April. Passed a bad night, no sleep, and frequent vomiting. I found him more exhausted that morning than I had done before. Pulse was 82, small and weak. Had a trifling alvine evacuation from an enema. Had severe vomiting in the afternoon of this day. Having

observed that when the bowels were free, there was less nausea and vomiting, I urged him to take some aperient medicine, and he took it accordingly that evening. It emptied the bowels well: however, it had not the usual effect in lessening the vomiting. That distressing symptom continued on the 26th, 27th, and 28th. On the two latter days he vomited black grumous matter, resembling coffee grounds, mixed with small specks of blood.

“ Previous to this I had apprehended some organic affection of the stomach; but when I perceived the vomiting of the dark-coloured fluid, I had the more reason to suppose that my fears were well grounded. All hopes of the disease terminating favourably now vanished. His strength sunk rapidly, the pulse increased in frequency. He became insensible, at times, to objects around him, evidently showing aberration of mind.

“ On the 29th there was an aggravation of all the symptoms, especially the vomiting and delirium. With the view of alleviating the irritation of stomach, a blister was applied to the epigastric region; but although it rose well, it had no good effect.

“ On the 30th of April all the symptoms in-

creased in violence; in addition to which *singultus* came on, and betwixt eleven and twelve o'clock that night he was seized with a *rigor*, attended with laborious respiration, and great anxiety. Next day, 1st May, the debility was extreme indeed; the pulse had increased in frequency, the heat had become lower than natural, the skin clammy, and he spoke very incoherently.

“ On the 2d, 3d, and 4th of May, all the symptoms became more aggravated, and he sunk gradually. On the evening of the 4th he was more composed than he had been for some days before. He went to sleep at nine o'clock, and passed a tolerable night. However, at half after five o'clock on the morning of the 5th, he was seized with vomiting of a fluid of a very dark colour; this was immediately followed by a total loss of muscular motion, and the power of deglutition; the under jaw dropped, the eyes became fixed, the pulse small and weak, varying from 102 to 110 in the minute: in short, every thing denoted that dissolution was fast approaching. In this state he lingered until 49 minutes past five o'clock in the afternoon, when he expired.

“ You are already in possession of the dissec-

tion report, which most satisfactorily points out the cause of death; the cancer in the stomach being so obvious, as was also the ulcer which penetrated the coats of that *viscus*.

“ I may make a remark here, which does not appear in the dissection report, that the strong adhesions of the morbid parts of the stomach to the concave surface of the left lobe of the liver perhaps prolonged the patient's life; being over the ulcer, they consequently prevented the escape of the contents of the stomach into the cavity of the abdomen.

“ What is very remarkable in this case, the patient did not become emaciated, at least to correspond with the disease.

“ The dissection report will show how very fat the body was *post mortem*.

“ I have the honour to be, sir,

“ Your most obedient and humble servant,

(Signed) “ ARCH. ARNOTT, M. D.”

“ To Lieut.-General Sir H. LOWE,
K. C. B., &c. &c. &c.”

your report, which most unfortunately points out
 the cause of death; the cancer in the stomach
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 appear in the dissertation report, that the strong
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 to the convex surface of the left lobe of the
 liver perhaps prolonged the patient's life; being
 over the ulcer, they consequently prevented
 the escape of the contents of the stomach into
 the cavity of the abdomen.

LONDON:

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W. C. D.

The dissertation report will show how very
 in the body was not mortem.

I have the honour to be, sir,
 Your most obedient and humble servant,

(Signed) "ARCHIBALD WILSON, M.D."

Edmund Curran Esq. LL.D.
 K.C.B. &c. &c.



