Outside Medicine

Dr. Archibald Arnott: Surgeon to the 20th Foot and Physician to Napoleon

J. B. WILSON

Archibald Arnott, youngest son of George Arnott and Janet Knox, was born at Kirkconnel Hall, Ecclefechan, Dumfriesshire, on 18 April 1772. After qualifying in medicine at Edinburgh Arnott obtained an appointment through Lord Lindores as surgeon's mate in the 11th Dragoons. Eighteen months later he was promoted assistant surgeon in the same regiment and in 1799 he was appointed surgeon to the 20th Regiment of Foot, with which he remained through the rest of his adventurous army career.

Surgeon to the 20th Foot

Arnott's experience as a military surgeon was wide, for his regiment served in Holland, the Mediterranean, and India. In Holland they took part in the storming of the entrenchments of Krabbendan and in the actions at Egmont of Zee, while in the Mediterranean they fought at the siege and capture of Alexandria in 1801 and at the Battle of Maida in 1806. The 20th Foot fought through Spain with Wellington after having retreated with the army to Corunna, where Arnott was present at the death and funeral of Sir John Moore. On their return from Portugal the corps took part in the Walcheren expedition but was so reduced by fever that it needed two years home service to recover. Many years later Dr. Arnott received the Peninsular Medal with ten clasps—Egypt, Maida, Vunera, Corunna, Vittoria, Pyrenees, Nivelle, Orthis, Nive, and Toulouse—which is now in the regimental museum of the Royal Regiment of Fusiliers, successors to the old 20th Foot, at their Lancashire headquarters (see photograph).

After serving in Ireland the 20th Foot departed in 1819 for St. Helena to form part of the island's garrison. Later they served in India, but Arnott returned home in July 1826 because of ill health. Though given two years leave he was soon ordered to rejoin his regiment, so he immediately retired on half pay on Christmas Day 1826 after 27 years' service with the regiment and 31 years' army service.

Napoleon on St. Helena

The allies sent Napoleon to St. Helena after his defeat at Waterloo to ensure that he would not disturb the peace of Europe a second time. St. Helena, a subtropical island 1200 miles from the nearest land, was owned by the East India Company and was a port of call for ships on their way to Cape Colony. To prevent his escape or rescue the island was garrisoned by 2784 officers and men, and its coast was guarded by six brigs which sailed round the island day and night. Three frigates and two armed vessels lay off the capital, Jamestown, ready for immediate action.

Napoleon and his household lodged in Longwood, the large residence of the previous lieutenant-governor. When he arrived on St. Helena on 17 October 1815 Napoleon was only 45 years old and hardened by his campaigns, he was physically and intellectually in his prime, though his biographers claim to have noted a falling off after he had arrived on Elba the year before. His digestion had endured hearty meals devoured quickly at odd times, and he was incapable of fatigue; after all he had spent much of the previous 20 years on horseback. He did not lose his first tooth till some time after his arrival on St. Helena, when Dr. Barry O'Meara, surgeon on the Bellerophon removed a carious wisdom tooth, Napoleon proving a bad patient.1

Originally Napoleon was to have taken as his physician Dr. Louis Maimgault, but when the doctor heard of Napoleon's

Lochmaben, Dumfriesshire

J. B. WILSON, M.D., F.R.C.P., General Practitioner

Dr. Arnott wearing his Peninsular Medal. Reproduced by kind permission of Mr. Alan Cunningham.
destination he refused the appointment and O'Meara was appointed by Napoleon. After O'Meara's dismissal because of a disagreement with the governor of St. Helena, Sir Hudson Lowe, the surgeon to the Royal Artillery, Dr. James Verling, was appointed medical attendant to the ex-emperor, but Napoleon refused to see him. In September 1819 Professor Antommarchi, a young Corsican anatomist was chosen by Napoleon's family to act as his physician, but Napoleon, who did not like doctors, thought him too young and inexperienced.

In August 1819 Count Montholon had asked Dr. Arnott, who had arrived with the 20th Foot, to look after Napoleon but his request had been hedged round with so many conditions that Arnott had refused. Later Arnott attended the Countess Bertrand, the wife of Napoleon's Grand Marshal, and her children, and so was a frequent visitor to Longwood and on good terms with the Bertrands.

When Arnott was again asked in March 1821, this time by Lowe, to visit Napoleon he made it clear that he could not be fettered by orders and that unless he was allowed to exercise his own discretion and treat General Bonaparte as he would any other patient he did not wish to see him. According to Arnott His Excellency was furious and petulant. Arnott, however, carried his point and all restrictive memoranda were cancelled (Arnott Papers).

Napoleon's Last Illness

On 1 October 1817 Napoleon had complained of a dull pain and a feeling of heaviness under the ribs on the right side with numbness and pain about the right shoulder blade. O'Meara had noted that the right abdomen felt firmer than the left and that a visible tumefaction gave pain when pressed. In September 1819 Antommarchi had found the left lobe of the liver hard and painful to the touch. Stokoe had in January also detected a “degree of hardness” in the region of the liver, but Napoleon seemed in good health. When in March 1821 Napoleon complained of more severe abdominal pain, however, his medical attendant thought his symptoms were feigned to persuade the British Government to convey the ex-emperor back to Europe. Napoleon informed Arnott that he dated the symptoms of his terminal illness back to 1820, but after Napoleon's death Countess Bertrand told Rutledge, the assistant surgeon to the 20th Foot, that his digestion had been tolerably good until two months before his death. After March Napoleon scarcely left his bed and he summoned Arnott to attend him for he had little faith in Antommarchi. Apparently Napoleon had commented to Count Bertrand, “If ever I do see a doctor it will be that doctor I saw attending you; he has the appearance of a man of honour and a gentleman.” On 25 March Antommarchi, becoming alarmed at Napoleon's condition consulted Arnott, but Arnott did not actually visit the patient until 1 April.

Arnott, fascinated by that “great and extraordinary character,” evidently did not appreciate the serious nature of his patient's malady, which was not surprising for until that time Napoleon was considered to be suffering from a recurring disorder of his liver. Any such suggestion was, however, strenuously discouraged by the governor and the British Government, who wished to show the world how well their prisoner was looked after and how healthy were “the bracing airs, and salubrious climate” of St. Helena.

The onset of this new stage in his illness was not at first appreciated by Napoleon's medical attendants. Napoleon himself made the correct diagnosis long before his physicians. Throughout April Napoleon was troubled with intermittent sickness and abdominal discomfort, for which his attendants purged him and gave emetics. On 25 April the full seriousness of his condition became apparent and was confirmed two days later by the vomiting of some “coffee ground” material. Despite the raising of blisters on their long-suffering patient's abdomen and thighs Napoleon's condition gradually deteriorated; he lapsed into coma and died on 5 May 1821.

Necropsy

Arnott's immediate senior on St. Helena after 21 December 1820 was Dr. Thomas Shortt, an experienced and able army surgeon who had been recalled to active service from practice in Edinburgh. On 18 January 1821 Sir Hudson Lowe offered Napoleon the services of Shortt and Arnott but the offer was refused. Shortt never attended Napoleon though he advised the application of a blister to the pit of the patient's stomach shortly before his death.

By command of the Governor a post-mortem examination of the deceased emperor was carried out the day after his death under Dr. Shortt's direction. This was performed by Antommarchi with Dr. Arnott and other medical, military, and civic dignitaries in attendance. Dr. Arnott left a detailed account of the findings, the publication of which annoyed Sir Hudson. In his report Arnott remarked on the surprising amount of fat remaining, despite the nature of Napoleon's illness, about the omentum. The cause of death was found to be a carcinoma of the stomach and Arnott describes its post-mortem appearance in some detail; “An ulcer which penetrated to the coats of the stomach was discovered an inch from the pylorus sufficient to allow the passage of a little finger. The internal surface of the stomach to almost its whole extent was a mass of cancerous tissue or schirrous portions advancing to cancer. The disease had not spread to any other organ.” Strangely enough, Napoleon's father also died of cancer of the stomach.

Dr. Henry, surgeon to the 66th Regiment, commented that the ulcer had penetrated into the walls of the stomach but no leakage into the peritoneal cavity had occurred, probably because of the presence of strong adhesions which had formed between the stomach and the liver. Shortt expressed the controversial opinion that Napoleon's liver was enlarged, which did not endeear him to the governor, whose policy was to deprecate any suggestion that the island was not healthy.

Arnott and Napoleon

Dr. Arnold Chaplin is severely critical of Arnott's management of the Emperor's last days. He observes that Arnott in his own account of Napoleon's illness makes out that he had all along appreciated the seriousness of his patient's condition. In his report to the governor, however, Arnott had written less than two weeks before Napoleon's death, “The Emperor's (an unusual title by which to refer to Napoleon in a report to Lowe) disease was a mere hypochondriasis and the cure would be tenuous owing to the fact that the patient could not be given the thing he most desired—his liberty.”

Dr. Chaplin's strictures are severe since a clinical description of the symptoms and signs of gastric carcinoma were not published until 1818 (in German) and only translated into English in an abridged edition in 1822. Also Arnott was better fitted to treat battle injuries and soldier's diseases.

Nevertheless, Napoleon seems to have taken a liking to the army surgeon in whose hands he found himself and they had much in common, both being veterans of many campaigns. Arnott was a tall man of imposing appearance aged nearly 50 at the time and probably it was his maturity which attracted Napoleon. Napoleon thought he had met Arnott previously, but though Dr. Arnott had once seen Napoleon in Paris while he had been on a sightseeing tour with friends they had not been presented to the Emperor for the latter was keenly dressed and a cloud threatened rain and they thought it better to head for their lodging; “Ah,” commented Napoleon, “A far-seeing Scot.”

Two days before he died Napoleon gave instructions that should he become insensible no British doctor but Arnott should touch him. A few days earlier Napoleon had scratched his initial on a silver gilt snuff box and presented it to his physician. Arnott also possessed a lock of Napoleon's hair and was left
the sum of 12,000 fr.; to this the British Government added a gift of £500.

Strangely enough the only other “Englishman” whose company Napoleon had enjoyed was another Lowland Scot—Admiral Sir Pultney Malcolm, commander of the South Atlantic Station during the early part of Napoleon’s stay on St. Helena.

The Emperor's Heart and Death Mask

The Arnott family tell an interesting tale about the Emperor’s heart which had been removed at the necropsy. Dr. Arnott had been entrusted with its safe keeping but during the night was disturbed by the noise when a rat knocked over the upper part of the silver dish containing the heart. Dr. Arnott was so upset that he took the vessels and their contents into bed with him. Next morning he had the armourer sergeant of the 20th Regiment solder together these silver vessels, which were then entrusted to Dr. Rutledge.

Some mystery surrounds the taking of the various death masks of Napoleon. Dr. Arnott is said to have taken a death mask of Napoleon’s features in wax on the night of 5/6 May. This was signed on the back “Archd. Arnott 5 Mai 1821.” His name was possibly spelt with one “t” because there was so little space on the back of the mask. The familiar massive forehead and determined chin were said to be well defined by this cast, which has an extraordinary history, being lost and found several times. It was at the turn of the century in the possession of the Parades of Cannes, the story being retold by them.

Arnott, who had been sworn to secrecy in the matter, never mentioned the mask and according to his biographer he disclaimed any knowledge of it. He had every opportunity to make a mask as he was personally responsible for the body, and after the coffin had been screwed down Arnott continued to watch and Viglaile (the priest) to pray. A copy of a mask said to have been taken by Antommarchi can be seen in the anatomy museum of Aberdeen University.

When a new activation test was developed some years ago hair from Napoleon’s head was tested for its arsenic content and was found to contain over 10 times the normal amount. No sinister significance need be read into this finding as it can be explained by Napoleon’s ingestion of the small amounts of arsenic in various medications during his final illness.

Dr. Thomas Shortt and Arnott

Dr. Thomas Shortt, like Arnott, was a Dumfriesshire man. Arnott’s older brother married Thomas Shortt’s sister Catherine, thus relating the two medical men. No mention of this relationship has been made in the literature dealing with Napoleon’s last days on St. Helena, though the son of Dr. James Arnott, author of The House of Arnott,1 was aware of it. With Scotts’ respect for family ties, their upbringing in homes only 15 miles apart, and their common interest in their profession and army life it would be strange indeed if they had not previously been acquainted despite the 15 years difference in their ages.

Shortt’s appointment to St. Helena may have been due to an acquaintance with Admiral Malcolm. He became a Fellow of the Royal College of Physicians in 1824 and was later appointed managing director of the Royal Lunatic Asylum in Edinburgh. In 1842 he was promoted Inspector of Prisons in Great Britain. Shortt, who had experience of private practice in Edinburgh, would have been a more suitable choice as Napoleon’s medical attendant, but Napoleon, normally a good judge of character, chose Arnott.

On his return to Edinburgh Shortt corresponded with Sir Walter Scott and supplied him with material for his monumental Life of Napoleon Bonaparte.

Napoleon’s Medical History

Though the cause of Napoleon’s death was a carcinoma of the stomach some points of medical interest remain open to discussion. In 1913 Arnold Chaplin suggested that this carcinoma had arisen from a previous gastric ulcer but since then medical opinion has changed and today only about 1% of gastric carcinomas are considered to arise in ulcers. Napoleon’s medical history does not contain evidence of gastric ulcer symptomatology.

What then caused the symptoms and clinical signs suggestive of liver disease noted by his physicians? Though he was never jaundiced he did early in his stay on the island have some oedema of the ankles. Hepatitis was almost endemic among the troops on St. Helena and in less than two years 506 men of the 66th Regiment were admitted to hospital with this disorder, and 25 died. Attacks of hepatitis seem to account for the earlier illness of Napoleon, but since the British Government was always anxious to show how healthy the island’s climate was and the Longwood household just as anxious to show the opposite there remains grave difficulty in assessing the symptoms and writings. In 1913 Professor Arthur Keith advanced the suggestion that this “hepatitis” with the recurring fever and liver enlargement might have been due to brucellosis, from the goat’s milk which was drunk on the island. All we do know, however, is that the final arbiter of clinical problems, the necropsy, showed no evidence of gross liver disease.

Epilogue

On the death of his uncle Archibald Arnott bought Kirkconnel Hall from his brother and sister. He remained unmarried, and when he died at the age of 83 Kirkconnel Hall was left to Dr. Francis Shortt Arnott, son of John Arnott and Catherine Shortt, who had made their home there with Dr. Arnott.

Dr. Arnott’s tombstone in Ecclefechan churchyard, where Thomas Carlyle is also buried, includes the inscription:

At St. Helena he was the medical attendant of Napoleon Bonaparte whose esteem he won and whose last moments he soothed.

A fitting epitaph to a brave soldier and kind physician.

I am most indebted to Mr. Alan Cunningham of Ecclefechan for allowing me to photograph the painting of Dr. Arnott in his possession and for allowing me access to many papers belonging to the Arnott family, referred to in the text as the “Arnott Papers.” Major T. P. Shaw, Historian of the Royal Regiment of Fusiliers at Bury, has been a helpful correspondent.

References

1 Payne, L. M., Medical and Biological Illustration, 1971, 21, 229.
3 Chaplin, A., The Illness and Death of Napoleon Bonaparte. London Hirsfield, 1931.
5 Keith, A., British Medical Journal, 1913, 1, 53.