Medical aspects of Sir John Moore's Corunna Campaign, 1808-1809

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Following the convention of Cintra in August 1808 it was resolved that an army of 30 000 infantry and 5000 cavalry was to be employed in Northern Spain under the command of Sir John Moore. British forces were to co-operate with the Spanish armies to drive the French back across the Pyrenees. However, by December, Madrid was under French occupation and Napoleon personally led a thrust at the rear and flank of the British army. Moore executed a carefully planned escape and thus commenced the notorious retreat from Sahagun to Corunna. A combination of appalling climate, inadequate supplies and low morale took an increasing toll on the men. Corunna was finally reached on 11 January 1809 and a defeat inflicted on Soult's army 5 days later. Moore was killed in the battle but the army was able to embark unmolested.

Oman gives the total losses for the campaign as 5998 men. Of these 2189 were prisoners sent to France whilst 3809 perished in battle, by the road or in hospital[1]. The remaining 28 000 filthy, exhausted, disease-ridden soldiers disembarked on the south coast of England to the consternation of the local populus.

Organization of the army medical department

Before considering the medical aspects of the campaign, it is appropriate to briefly review the organization of the army medical department during this period.

The administrative control of the department lay in the hands of the Army Medical Board. The board had three members - the Physician General (Sir Lucas Pepys at the time of Corunna), the Surgeon-General (Thomas Keate), and the Inspector of Army Hospitals (Francis Knight). This rather artificial division of responsibility and patronage into three wholly independant parts caused repeated difficulties. In addition, the Board often had little first-hand acquaintance with military matters and their technical advice thus often had to be discounted[2].

In the field the medical department was divided into two broad groups of officers - the medical staff and the regimental medical personnel. The medical staff officers were employed in the general hospitals and in administrative duties and were under the direct command of the Inspector of Hospitals. They included administrators, physicians, surgeons, apothecaries, purveyors and hospital mates. The regimental medical officers had regimental commissions and were under the command of their colonel. Each battalion employed one surgeon and two assistant surgeons[3].

Under peacetime conditions soldiers were generally treated by medical officers in their own regimental hospitals. There was no transport to render regimental hospitals mobile and thus when the army was on the march the sick had to be left behind in towns or villages through which the regiments passed. Here General Hospitals were formed. The largest were located at fixed bases such as Lisbon whilst intermediate General Hospitals might be formed where the army was static or along lines of communication. Moore's army did not have the benefit of an organized ambulance corps and the wounded were often carried on mules or donkeys or in the notoriously uncomfortable ox wagons.

The retreat

At the outset of the campaign in October 1808, a hospital establishment remained at Lisbon and depots were formed at Abrantes, Elvas, Almeida and other towns en route[4]. By early December the total number of sick belonging to the whole army was nearly 4000.

At Salamanca, Dr Warren, the Deputy Inspector of Hospitals, arrived to find that no General Hospital had been opened as it was anticipated that there would be only a short stay. The outcome was that the numerous regimental hospitals were crammed together in an ecclesiastical college with each regimental surgeon tending to his own sick. Patients survived on bread and water in filthy conditions with no proper nursing care[5]. When Moore finally cut his communications, approximately 1500 sick were discharged from the hospitals in Salamanca and conveyed to Lisbon. The remaining 2500 men were presumably suffering from lesser disorders and able to accompany the main army.

The army entered Astorga on 29 December and liaised with the defeated Spanish forces under General Romana. By the following day there were approximately 25 000 British and 10 000 Spaniards in the town with a further 2000 Spanish sick at Leon. Henry Milburne has left a fine account of the problems faced by the medical officers at Astorga. Milburne, a surgeon, arrived in Spain at Corunna in early December. His original plan to provide surgical help to the army was upset and he instead tendered his service to the Spanish government. He entered Astorga on 27 December and found the hospitals, convents and many private houses overflowing with the sick and wounded of the Spanish army. Medical and surgical care was primitive or non-existent, and many patients lay untended on the floors or in the carts in which they had been conveyed. In view of the prevalence of typhus and other contagious diseases, Milburne advised the local Spanish junta to arrange the separation of the sick Spanish from the incoming British troops[6].

Amidst scenes of looting and pillaging, Astorga was evacuated by the end of the month. The rain had now started to turn into snow, and between Astorga and

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Bembibre the shortage of wagons for the sick was exacerbated by fatalities among the draught animals. Already many stragglers were dying of cold, typhus and dysentery. Beyond Villafranca was some of the most difficult and desolate country of the whole campaign. Physician Adam Neale witnessed the full extent of the suffering on the climb of Monte Cebrero

'This country was now covered with deep snow. There was neither provision or shelter from the rain, nor dried fuel for our fires, nor place where the weary and footsore could rest for a single day in safety. All that had hitherto been suffered by our troops, was but as a prelude to this consummate scene of horrors. It was still attempted to carry forward our sick and wounded; the beasts which dragged them failed, and they were of necessity left in their wagons to perish amidst the snows. As we looked around on gaining the highest point of those slippery precipices, and observed the rear of the army winding along the narrow road, we could see the whole track marked out by our own wretched people who lay on all sides expiring from fatigue and the severity of the cold - while their uniforms reddened in spots the white surface of the ground.'[7]

Approximately 3000 men were lost between Astorga and Betanzos, with a further 500-600 sick in the hospitals of Astorga and Villafranca. Corunna was finally entered on 11 January after a retreat of almost 300 miles. The troops appeared in so terrible a state that the people of the town made the sign of the cross as they passed.

Embarkation and voyage

The transports from Vigo were delayed out in the Atlantic and only ran into Corunna harbour on the afternoon of the 14 January. Moore immediately began to board his sick and wounded, his cavalry, and his guns. Along with the Hussars and artillery some 2500-3000 invalids were sent on board. General Orders (dated 15 January) stated that the sick should, wherever possible, embark with their respective regiments. In the event the embarkation was disorderly. The unequal distribution of troops rendered some transports almost empty whilst others carried more than double the number for which they were intended.

On 16 January, the morning of the Battle of Corunna, there were 4035 men listed sick, approximately 14% of the total force[4]. A few hundred of these were too ill to embark and were left behind in the hospitals. Moore's losses in the battle probably amounted to 700 or 800 men. The last of the sick and wounded were boarded by one o'clock on the morning of the 18th. Milburne embarked on the transport *Alfred* accompanied by a Staff Surgeon and Assistant Surgeon. The sick return for this particular vessel is detailed in Table 1. Nineteen regiments were represented amongst the wounded.

Table 1. Return of number of sick and wounded officers, non-commissioned officers, and privates received on board the transport no. 309 (Alfred) at Corunna, 18 January 1809

Dysentery	68
Fever	56
Wounded	36
Convalescents	77
Trifling complaints	20
Total	257

The returning fleet had a rough but rapid passage to the south coast of England. The *Alfred* took less than 4 days. Overcrowding aboard many of the transports and the lack of basic necessities for the treatment of the sick ensured a renewal of the suffering endured during the retreat[8].

Reception of the sick and wounded

Oman states that 3000 sick were landed but this is probably an underestimation. The sick returns for Portsmouth and Plymouth total almost 5000 and do not include other hospitals such as at Ramsgate and the Isle of Wight. Thus a more reasonable estimate is 6000, over 20% of the returning force.

The responsibility for dealing with this sudden influx of sick and wounded lay with the Medical Board. A major problem arose from the Inspector of Army Hospital's short-sighted policy of closing large General Hospitals at Gosport, Plymouth and Deal to save money. Between them these hospitals could hold 1200 men. Keate and Physician General Pepys wrote an urgent letter to the Secretary of War (21 January) demanding the reopening of the hospitals. Evidently the ill-feeling between the members of the board was again severely compromising its ability to provide adequate medical care for the troops.

It was extremely fortunate that the Deputy Inspector of Hospitals at Portsmouth was James McGrigor, a capable and enlightened man. He quickly supplemented his personnel by enrolling medical officers from the Household Troops and militia, and civil practitioners from the local area. Extra accommodation was created in barracks, and the large Naval hospital at Haslar made available. However, these facilities were soon overwhelmed and McGrigor was forced to use transport and prison ships as floating hospitals. By his own admittance, the latter were wholly unsatisfactory.

Such was the necessity for external medical assistance that Knight requested London medical students to leave town and attend the sick. William Dent, a student at St Thomas's hospital, was sent to Colchester where he was placed under the supervision of a surgeon of the 1st Battalion of the Fourth regiment. There were 197 sick men from this regiment at Colchester and Dent had to look after half of them himself. In a letter to his mother, he enthuses,

'I am very glad that I came here for besides attending the sick and wounded, we have the privilege of dissecting those who die; and in London we could not get a dead body under three guineas'[9].

Disease and its treatment

McGrigor has left a detailed account of the management of the sick at Portsmouth[10]. As can be seen from the Return of the Sick (Table 2) overall mortality was 17% with the majority of deaths occurring from fever and dysentery. This mortality must be regarded as high. Sick returns from General and Regimental hospitals in the Peninsula show an average mortality of 5%. McGrigor's account particularly emphasizes the clinical features and treatment of the fever cases. He draws not only from his personal experience but also from that of other clinicians in the surrounding hospitals. He stresses the variability of the symptoms and states that the fever was generally called typhus - 'a term in by far too general use'.

Table 2. Return of the sick of the army from Spain and Portugal received into the hospitals in Portsmouth and its vicinity from 24 January to 24 July 1809

Disease	*Admitted*	*Discharged*	*Died*	*Remain*
Febris (Continuous)	824	717	107	
Febris (Intermitt.)	11	11		
Ophthalmia	5	5		
Pneumonia	81	61	20	
Rheumatismus	13	13		
Catarrhus	11	11		
Dysenteria	1053	801	252	
Hydrops	4	4		
Icterus	4	4		
Variola	1	1		
Lues venerea	6	6		
Puniti	1	1		
Vulnera and ulcers	413	373	26	14
Total	2427	2008	405	14

It is now known that epidemic or louse-borne typhus is one of a group of rickettsial diseases. Epidemics occur where the human body louse thrives, usually in poor socioeconomic conditions and particularly in war-time. The detailed descriptions of the fever cases made by McGrigor and his colleagues would suggest that the majority were indeed epidemic typhus. Symptoms are often described in terms such as 'low nervous fever' or 'putrid fever' - prominent features were general malaise, rigors and headache. Some patients with fever subsequently developed dysentery or pneumonia. Signs included tachycardia, a macular or petechial rash, lymphadenopathy, gangrene of feet and legs, and the formation of abscesses. Petechiae were particularly common; of 200 severe cases seen at Haslar, almost all were covered with petechiae. Fatal cases generally developed increasing drowsiness and coma, death usually occurring between the 5th and 14th days. Sick returns indicate the mortality from fever in the Portsmouth area to have been approximately 13%.

The treatment of fever varied considerably between different practitioners. At the Naval hospital, common practice was to use cordials and stimulants and, in some cases, dousing with cold water. In contrast, at the General Hospital, all patients were initially given a warm bath and purgatives, some later receiving stimulants in addition. Venesection was variably used. At the hospital for prisoners of war, many French suffered the same symptoms as the English troops, and the lancet was extensively applied. Dr Clarke, in sole charge of the General Hospital, himself developed the fever and attributed his recovery to being bled nine times, a total of 127 ounces (approximately 3500 ml). Other treatment options included emetics, antimonial medicines, mercury, camphor, ammonia, calomel, bark and sponging with a mixture of vinegar and water. It is difficult to know which, if any, of these regimens were of benefit, individual practitioners almost invariably claiming success for their own particular approach.

We are fortunate in also having a comprehensive record of the management of the sick and wounded who landed at Plymouth[11]. Richard Hooper, a surgeon, confirms much of McGrigor's account of typhus and, in addition, gives a lengthy description of the dysentery he encountered. He documents the watery diarrhoea, often accompanied by passage of blood and mucous, and tenesmus. Most other symptoms and signs listed are consistent with dehydration. His account of treatment is detailed but essentially he tried general emetics and purgatives, the pulverized ipecacuanha compound, aromatics, calomel, starch enemas, acetate of lead (rectal and oral) and opium all with limited success. As a last resort he used bark combined with larger quantities of wine, and this apparently led to improvement and even cure in some cases. The most bizarre medication used was cobweb, which was supposed to have 'extraordinary qualities in the latter stages of chronic dysentery'.

Hooper makes no mention of venesection which was certainly used for acute dysentery during the Peninsula War. The mortality from dysentery at Plymouth is not detailed but in McGrigor's returns it is 26%, double that from typhus.

Compared with the massive impact of typhus and dysentery, wounds were not a major cause of mortality. Of the 241 deaths at Plymouth, only 25 were from wounds, and most of these also had typhus or dysentery. Where surgery was required, it conformed to the traditional practice of the Napoleonic era with a low threshold for amputation of limbs combined with bandaging, stitching, splinting, probing and bleeding[12].

Inevitably many medical officers contracted the diseases they were treating. At Portsmouth, out of 116 medical officers, 21 suffered severe attacks of fever and six died. The incidence and severity of disease gradually diminished through the months of March, April and May. Sick returns for the summer quarter (7 May-29 July 1809) from Portsmouth show a complete resolution of the 'Spanish Fever'.

Aftermath

McGrigor's handling of the sick from Corunna won praise and resulted in his promotion to the rank of Inspector of Hospitals. However, the Medical Board did not escape deserved criticism. Already the Fifth Report of the Commissioners of Military Enquiry (January 1808) had recommended the dissolution of the Board. Now clinicians, who had served in the Corunna campaign, criticised its individual members for their ineptitude.

Faced with continuing unrest regarding the management of the sick, both in Spain and on their return to England, Home Secretary William Dundas requested a court of enquiry. This was held at Portsmouth with five General Officers as members. The Officers set aside many of the complaints presented by the four physicians who gave evidence. Indeed they were surprised that so many of the sick were so well provided for, 'Upon the whole we are of the opinion that the sick and wounded have met with every possible care, comfort and attention'.

It would seem that few lessons were learnt. Within the same year an expedition was sent to the Scheldt. Further incompetence on the part of the Medical Board contributed to one of the greatest medical disasters ever to befall the army[13]. An enquiry in 1810 resulted in the Board members being dismissed, three army doctors being appointed to a new board. Real reforms in the army medical services were only instituted following the appointment of James McGrigor as Chief Inspector of Hospitals in the Peninsula in early 1812[14].

Figure 1. The Corunna campaign 1808-1809

References

1 Oman C. *A history of the peninsula war*, vol. 1. Oxford: Clarendon Press, 1902

2 McGrigor J. *The autobiography and services of Sir James McGrigor Bart.* London: Longman, 1861:xviii-xix

3 Kempthorne GA. The medical department of Wellington's Army. *J R Army Med Corps* 1930;**54**:65-72

4 Kempthorne GA. The army services at home and abroad 1803-1808. *J R Army Med Corps* 1933;**61**:223-32

5 Cantlie N. *A history of the army medical department*, vol. 1. Edinburgh: Churchill Livingstone, 1974:304

6 Milburne H. *A Narrative of circumstances attending the retreat of the British army.* London: Egerton, 1809:13-14

7 Neale A. *The Spanish campaign of 1808.* Edinburgh: Constable & Co, 1828:190

8 *A journal of a soldier of the late 71st regiment 1806-1815.* Edinburgh: Constable & Co, 1828:69

9 Woodford LW. *A young surgeon in Wellington's army.* Old Woking: Unwin Brothers, 1976:10

10 McGrigor J. Observations on the fever which appeared in the army from Spain on their return to this country in January 1809. *Edinb Med Surg J* 1810;**6**:19-32

11 Hooper R. Account of diseases of the sick landed at Plymouth from Corunna. *Edinb Med Surg J* 1809;**5**:398-420

12 Guthrie JG. *On gun-shot wounds of the extremities requiring the different operations of amputation.* London: Longmans, 1815

13 Kempthorne GA. The Walcheren expedition and the reform of the Medical Board. *J R Army Med Corps* 1934;**62**:133-8

14 Blanco RL. *Wellington's Surgeon General: Sir James McGrigor.* Durham: Duke University Press, 1974

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