WHEN Napoleon escaped from Elba and entered Paris in March, 1815, the onus of the defence of the Netherlands devolved on the British and the Prussians. In June, when his intention to cross the frontier became apparent, Blucher, commanding the Prussian army, with his headquarters at Namur, was watching the line of the Meuse and the Sambre beyond Charleroi, Wellington with six divisions of British and Hanoverians, a cavalry corps, and Dutch and Belgian troops, occupied the country between Brussels, which he made his headquarters, and Ostend. The nominal strength of the army under Wellington’s command was about 106,000, but a third of the force consisted of Netherland troops whose loyalty was a very uncertain quantity and had to be discounted accordingly.

The nucleus of the British Expeditionary Force consisted of 5,000 troops already in the Netherlands under Sir Thomas Graham, who had taken part in the campaign of Bergen-op-Zoom. Most of the Peninsular veterans were with the army in America, or had been disbanded. The units sent from England were therefore, many of them, second battalions, both weak and imperfectly trained.

The original medical establishment, as ordered for the army of 40,000, provided for an inspector of hospitals, 3 deputy inspectors, 3 physicians, 13 staff surgeons, 22 hospital assistants, a purveyor, 3 deputy purveyors, 3 apothecaries, and 4 dispensers. Most regiments had a surgeon and two assistant surgeons. The divisional surgeons W. Taylor, J. Gunning, S. Woolriche, J. R. Hume, and G. Denecke had served in the Peninsula. The P.M.O. was James Robert Grant. The Ordnance Medical Department was represented by Deputy Inspector W. Wittman and 9 officers.

The arrangements were on the general lines adopted in the latter days of the Peninsular War. Each unit had a spring cart, and the surgeon an allowance to provide a mule for his panniers. A general hospital was opened at Ostend, and, by June, others had been formed at Brussels.
Bruges, Antwerp and Ghent. The Hanoverians were provided for in the British hospitals.

Tents were embarked in the proportion of thirty to a battalion, but were only issued as required. Each soldier carried a blanket which he was prepared to use as a bivouac tent. Great coats were called in to store at Ostend. The ration fixed was bread 2 pounds, meat ½ pound, barley or rice ¼ pound, and brandy ½ quart. As regards dress, the shako had come in during the Peninsular War, and the long-skirted coat had been replaced by the coatee. Trousers and ankle-boots were worn. The medical officers wore cocked hats with black feathers. Captain Mercer of the Artillery mentions one who at a critical moment of the fighting appeared with an open umbrella.

On June 16, Napoleon, who had hoped by a rapid advance to separate the British and Prussian armies, and destroy them in detail, was engaged simultaneously with Blucher at Ligny and with Wellington at Quatre Bras. Blucher was forced back on Warre. Wellington began the battle with 7,000 men against 19,000, but his numbers gradually rose to 22,000, and the French were compelled to draw off. The British and Hanoverians at Quatre Bras had 350 killed, 2,380 wounded and 181 missing. The wounded were collected during the night, and taken into Brussels, where they were well provided for. The French were less fortunate; numbers
of their soldiers were left to die of neglect in the streets of Charleroi. The heavy rain, which was now falling, began to render the passage of wheeled transport on the roads a difficulty.

On the evening of June 17, in anticipation of a junction with Blucher’s forces, Wellington occupied a position astride the Charleroi road on a low ridge twelve miles south of Brussels. The Forest of Soignies in his rear, traversed by several forest roads, afforded reasonable access to his base in case of a retirement. In the great battle of the following day about 63,000 men of four nations and of much varying quality were opposed to 70,000 Frenchmen, mainly veterans. Commencing about noon, Napoleon launched five great attacks with both infantry and cavalry on different portions of the Allies’ Line. These were supported by the fire of artillery, in which arm he possessed a great superiority. The last assault, that of the Guard, was repulsed about 8 p.m., when the Prussians, who had been delayed by the broken state of the roads, having come into line, a general counter-attack was delivered which drove the French from the field in complete disorder.

The British losses, 1,417 killed, and 4,923 wounded, reached something like twenty-nine per cent.; and in addition 582 were reported missing. The total casualties of the Allies, excluding those of the Prussians, are given as 2,947 killed, and 9,929 wounded. The endurance shown by the young second battalions under the prolonged strain of artillery bombardment won the admiration of Europe.

The medical officers seem to have come off remarkably lightly. George Denecke, P.M.O., 3rd Division, mentioned in General Allen’s despatches, was wounded on the 16th, and J. Stewart the Assistant-Surgeon of the 2nd Gordons, a regiment which lost half its strength, was also hit. It is probable that the brigade dressing stations, where every available surgeon was needed, were favourably situated behind the ridge held by the infantry, but there is no reason to doubt that the usual proportion of junior officers was in the firing line. Mercer’s medical officer, Hitchins, was with the guns, and Whymper of the Coldstreams and Good of the 3rd Guards were in the thick of it at Hougomont.

How far the British and Hanoverian medical arrangements worked out according to plan it is hard to say. Those of the Belgians and Brunswickers were imperfectly organized. Eight or ten men were observed to leave the ranks at one time under pretext of helping wounded to the rear, and casualties of all nationalities found their way into our dressing stations and overflowed the hospitals. Much voluntary assistance was rendered by the inhabitants of Brussels both in feeding the wounded and admitting individual patients to their homes. The Brussels road was blocked with traffic and badly cut up. Crowds of walking wounded streamed along it during the action, took refuge in the cottages or lay by the roadside.
Here many died and were buried. At the end of the day 40,000 men and 25,000 horses lay dead or wounded within an area of two miles, and from these the severely wounded had to be extricated, a task which took four days. The inn at Waterloo, which Wellington had made his headquarters, became, by force of circumstances, a field hospital, for nearly all the staff were wounded. The future Lord Raglan, who was military secretary, rode in with his elbow shattered, and entered the room where the Prince of Orange and others were lying. Gunning, the surgeon, decided on immediate amputation. The Prince used to relate that “not a word announced the entrance of the patient, nor was he conscious of his presence till he heard him call out in his usual tone ‘Hallo, don’t carry that arm away till I have taken off the ring!’. Not a groan, not a sigh nor a remark had been extorted either by the wound or the operation.”

Lord Uxbridge, the cavalry commander, whose leg was amputated, showed equal fortitude. General Picton, who was killed leading his division, had been hit by a spent ball at Quatre Bras, which broke two ribs and produced a huge haematoma. He had, however, concealed the wound, which at the time of his death was already gangrenous.

On Monday morning every available vehicle was sent up to the battlefield. The fracture cases suffered agonies on the broken roads. That day the British advanced to Nivelle, after despatching parties in the proportion of an officer, N.C.O., and three men for every hundred casualties, to work in the general hospitals.

During the next month the wounded Frenchmen scattered over the surrounding country were gradually brought in. The inhabitants were hostile, and they were mostly in a miserable condition. Some had supported life by gnawing the flesh of dead horses or even, it is said, of their dead comrades. The disposal of the bodies of the slain became a pressing matter. The peasants from miles round were collected and compelled by Prussian soldiers at the bayonet’s point to bury or burn the putrefying corpses of men and animals. Large pits were dug into which the remains were dragged with iron hooks.

A number of wounded found their way back to their billets in Brussels where they were well cared for by the inhabitants. A week after the battle these were still uncounted. On the 26th Dr. Grant wrote to Wellington that he had organized the hospitals, and was joining headquarters. Evacuation to Antwerp was proceeding, but, so far, no transport was available for the general hospitals prepared at Bruges, Ghent, and Ostend. He inclosed a state showing 2,376 British and Hanoverian wounded in hospital at Brussels, 2,466 at Antwerp, and 900 Brunswickers at Merxem and Lacken. There were also about 2,500 sick prisoners.

1 Dorsey Gardner.
A subsequent return gave the number of wounded Other Ranks as 6,831; 856 had died of wounds.

As regards the surgery of the campaign, the opinion of a contemporary of the distinction of George James Guthrie cannot be ignored, though he was never one to understate his case. He was then on the half pay of a deputy inspector, but hurried across to Belgium on the news of the battle. He wrote: "Within one year of Toulouse the Battle of Waterloo took place. The army was not the Peninsular army, neither were all its doctors. Few, if any, of the medical staff officers had seen a field of battle. I found the assistant surgeons doing everything they should not have done. The greatest efforts were made to obviate this state of things. Amateur surgeons flocked over from London. They rectified these evils as far as they could, but nothing could recall the past or the irretrievable mischief insufficient care had occasioned in the first few days."

To many who had not come under Guthrie's influence a gunshot fracture of a long bone meant the loss of the limb. There is no doubt that, in the stress of battle, arms and legs were sacrificed which could have been saved. One officer related how, in proceeding to the rear, he was saved by the fire of the enemy from three successive surgeons who were preparing to amputate his arm, which, in the end he preserved intact.

The civilians who came over found their chief employment in dealing with the French wounded who were brought in late. Staff Surgeon John Hennen¹ wrote of the Gendarmerie Hospital at Brussels, "Three hundred men were collected in this hospital, the majority desperately, not to say incurably wounded. Among them were 140 compound fractures, viz., 86 of the thigh, 48 of the leg, and 6 of the arm. They had been collected all over the country by the peasantry, and dragged from barn to barn, often without food or dressings, and did not arrive until various periods from the eighth to the thirteenth day after they were wounded." Charles Bell, the Edinburgh surgeon,² who worked twelve hours a day for the first three days of his visit said, "All the decencies of performing surgical operations were soon neglected. While I amputated one man's thigh, there lay at one time thirteen all beseeching to be taken next. It was strange to feel my clothes stiff with blood and my arms powerless with the exertion of using my knife."

A visitor to Quatre Bras noted in his journal on July 25,³ "Coming from Waterloo passed 40 wagons of wounded crying out. The men had been in cottages and not able to be removed before. Many died instantaneously, others were in a putrid state—a kind of living death."

¹ "Observations on some important points in Military Surgery."
² "Life of Sir Charles Bell." A. Pichot, 1860.
³ "An account of the Battle of Waterloo." Glasgow, 1816.
previous week he had visited the Brussels hospitals where he “saw at the doors a prodigious amount of females waiting to administer to the wounded. Officers and privates were lying indiscriminately, but very clean, females of rank attending with surprising zeal ... they all had port wine and strong soups.” James Simpson the advocate who landed at Antwerp about the same time, noted “a general air of comfort and comparative ease in the accommodation, clothing, and appearance of the men.”

It was some months before the general hospitals could be cleared to England. At Antwerp there was a good deal of intermittent fever and an outbreak of typhus. The worst of the surgical cases were sent to the York Hospital, Chelsea, situated in Eaton Square, where Guthrie had charge of two wards. Here he disarticulated the leg at the hip joint, an operation he performed without previous ligature of the artery, and was the first to remove a bullet from the bladder. There was also a large general hospital at Colchester of which James Forbes, McGrigor’s late staff officer in Portugal, was in charge.

A hospital return dated April 10, 1816, showed: Wounded, by amputation, 236; discharged, 506; to veteran battalions, 167; rejoined, 5,068; remaining in hospital, 854. Total, 6,831.

When Paris was occupied on July 7, a general hospital was opened at S. Denis. During the three years of occupation the troops were centred round Cambrai, S. Pol, and Valenciennes, being medically treated mainly in regimental hospitals. A new system of dieting was introduced by which the surgeons indented on the commissariat for provisions. The expense was found much in excess of the regulation stoppage of 9d. a day. The commissaries complained that the medical officers insisted on the best of everything, including port wine at 6 francs a bottle and tea at 10 francs a pound.

**Medical Staff Present at Waterloo.**


*Regimental Surgeons.*


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1 Extracted from C. Dalton’s “Waterloo Roll,” 1904.
The Waterloo Campaign


Ordnance Medical Department.
