

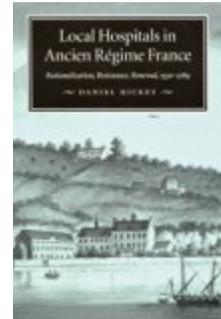
# H-Net Reviews

in the Humanities & Social Sciences

Daniel Hickey. *Local Hospitals in Ancien Regime France: Rationalization, Resistance, Renewal 1530-1789*. Montreal & Kingston: McGill-Queen's University Press, 1997. xxv & 275 pp. \$49.95 Cdn (cloth), ISBN 978-0-7735-1540-6.

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Teaching at an institution in which the financial difficulties of the hospital threaten the stability of the entire university, Daniel Hickey's informative look at the survival struggles of early-modern, small-town French hospitals struck a particularly responsive chord. The grotesque inefficiencies, and staggering financial losses of Georgetown's modern, centralized hospital provide a particularly interesting foil to Hickey's examination of the efforts of small, localized care centers to ward off the forces of centralized health services. Hickey conclusively demonstrates that royal policy toward local hospitals, as towards so many other institutions, did not follow a linear path. Some administrators, such as the royal councilors of the 1670s or 1720s, wanted to abolish inefficient, corrupt local hospitals and maladeries, yet others, such as Turgot, sought to preserve small local care facilities because they viewed them as more efficient than the large, impersonal general hospitals of the cities.

Hickey's work provides an essential complement to the existing studies of urban hospitals. Because his sample of eight hospitals includes four from the south-east, Kathryn Norberg's study of Grenoble offers him an excellent urban foil for his micro-urban developments. Hickey's sample—the hospitals of toile and Saint-Vallier in Dauphin, Grignan and Seyne in Provence, Caudebec and Pontorson in Normandy, and Malestroit and Savenay in Brittany – has the sort of geographic breadth that strongly reinforces his generalizations. Unsurprisingly, he finds many known currents flowing through small town health care, as well as large urban hospitals. We see many familiar figures: local royal officials, often acting as individuals rather than royal officers (a pattern noted by Cissie Fairchild at Aix-en-Provence, among others); members of the clergy, above all the

new charitable orders created in the seventeenth century; town magistrates, especially in the south, with its long-established traditions of strong municipal government. Women, such as the Sisters and Daughters of Charity, took a progressively stronger role in many of these local hospitals: Hickey provides further evidence of the feminization of health care and poor relief in the seventeenth and eighteenth centuries.

Hickey highlights, too, important attitudinal shifts among elites. Traditional ideas of Christian charity, above all the dual scourges (as royal administrators saw them) of indiscriminate giving and of providing for strangers, progressively gave way to what Hickey calls the Enlightenment's view of charity, with its rigorous division between deserving and undeserving poor. He finds evidence in the records of *maisons de force*, those eighteenth-century holding bins for social undesirables, of the sorts of abuses Michel Foucault and others have analyzed in their works. The increased giving to charity in these small towns, while it contradicts patterns suggested by the literature on de-Christianization, conversely reinforces the image of an urban-rural intellectual dichotomy we have gleaned from the historiography of the book.

Hickey's work does far more than simply prescribe again the old historiographical remedies: he uses a scalpel where others have relied on the saw. The old dichotomy of south-civil, north-religious does not hold up especially well under his scrutiny. Town governments in Malestroit, Pontorson or Caudebec interfered regularly in the running of their hospitals, even after they had called in religious orders to run them, as at Pontorson in 1644. The seemingly incessant campaigns to abolish local hospitals and maladeries, or to confiscate their property

for the benefit of urban general hospitals, or unilaterally to turn them into refuges for retired soldiers, receive a nuance analysis that explains why some efforts failed and others succeeded. Louis XIV's effort to confiscate hospitals and maladeries from religious orders, for example, eventually foundered on the rock of property rights. The Pope staunchly defended the property rights of the orders in question; in time, the king backed down and rescinded his decision. Hickey offers as well the telling example of Caudebec's willingness to lock up the vagabond poor when provided with royal subsidies (as in the 1720s, but of its unwillingness to continue to execute such a policy once the subsidies ended (in 1733).

Hickey shows again and again the importance of local circumstances and of specific individuals. Alas, the book's most fundamental defect lies precisely in the realm of the specific. The factual errors—that Jules-Louis Bol, marquis de Chamlay became secretary of state for war (p. 65), that Jacques Necker was Controller General (as a Protestant, he could not hold that office; Louis XVI made him director general of finances), and loose wording, attributing a 1611 edict to Louis XIII or a 1644 edict to Louis XIV – often weaken the argument. The dates of the two edicts are quite important, because we should be reading about the ideas of Marie de Medicis and Anne of Austria (and Jules Mazarin) about poor relief. Hickey points out Marie's close ties to some of the *dvots* involved in charitable reform, such as the Marillac family: are those ties important in understanding the 1611 edict?

Similarly, Hickey (rightly) places great emphasis on the reforming commission of the late seventeenth century, which contained yet another member of the Marillac family, surely Ren de Marillac. The Marillac family long maintained an active presence in the clergy: Rens' siblings included two Sorbonne doctors of theology, one of them cur of Saint-Jacques de la Boucherie in Paris, and a Carmelite nun. His father's four siblings included three Carmelites and a knight of Malta. The individuals on that commission – such as Gabriel Nicolas de La Reynie, first lieutenant general of police for Paris – should be identified much more carefully and discussed in some detail. We know that the changes in Louis XIV's Council of State between the 1680s and mid 1690s led the king to change his views about treatment of some of the poor, such as prostitutes. Providing information about the actual royal councilors involved in the initiatives he examines would have greatly strengthened Hickey's arguments. Those arguments would have been further strengthened through better editing: misspelled names, inaccurate dates, awkward phrases – all should have been

corrected in production.

More details about local matters would also have improved the text in a few cases. Hickey provides extremely important evidence about the directors' use of hospital resources. At Grignan, the rector loaned hospital money to important local notables (often his relatives), purchased important amounts of grain for the hospital, again giving preference to his notable friends, and leased out the hospital's property to members of these families. The local archives of many French parishes, such as Massrac in Brittany (near Savenay), show that the parish vestrymen leased out the property to young members of notable families, helping them get a head start in life. Hickey's evidence strongly suggests that the local notables running hospitals acted in much the same way: that section of the book would be better with a few more specific examples, especially given Hickey's insistence (with which I agree) that control of the hospital's resources lay at the heart of local resistance.

Hickey implicitly suggests that the central government acted in an effective way in abolishing so many local hospitals. His evidence shows that hospitals with important fiscal resources had powerful local protectors; they survived. The smallest, poorest hospitals did not survive, so the government acted effectively in that way. Conversely, this success guaranteed the failure of the government's perennial hopes to gain resources from the process, because the only institutions it could get rid of were precisely those with no resources to confiscate.

This book will provide extremely helpful information to the many young scholars now working on rural hospitals. Hickey provides broad-based evidence of fundamental, structural change in poor relief during the eighteenth century; if nothing else, these hospitals obtained much more money than ever before. Hickey also demonstrates the profound difference between treating the sick and treating the poor. His evidence implicitly suggests that the famous workshops probably employed far more women than men (the famous able-bodied men so often discussed in the edicts), because the product they made, cotton yarn, derived from an activity, spinning, almost exclusively performed by women. One wishes for more detail on this matter.

Hickey's last page offers a tantalizing glimpse at an important new avenue of historical research. He tells us something of the modern fate of his hospitals: Pontorson closed down in 1955; Grignan, toile, Caudebec, and Malestroit became homes for the elderly; Seyne became a home for the elderly, with a few medical services

attached; Savenay and Saint-Vallier turned into complete modern hospitals, although both of them are currently resisting new efforts to reform health services and cut back programs offered in small, local hospitals (p. 207). The next generation of scholarship on hospitals and health care might do well to build upon the strong foundation laid by Hickey and other scholars, and to move beyond the artificial boundary of 1789 (or 1815). Perhaps

we can soon expect to see an *Histoire hospitalire de la France*. If so, its authors will surely take advantage of the wealth of information offered by Daniel Hickey.

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