

Mission and method
*The early nineteenth-century French public
health movement*

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PUBLISHED BY THE PRESS SYNDICATE OF THE UNIVERSITY OF CAMBRIDGE
The Pitt Building, Trumpington Street, Cambridge, United Kingdom

CAMBRIDGE UNIVERSITY PRESS

The Edinburgh Building, Cambridge CB2 2RU, UK
40 West 20th Street, New York NY 10011-4211, USA
477 Williamstown Road, Port Melbourne, VIC 3207, Australia
Ruiz de Alarcón 13, 28014 Madrid, Spain
Dock House, The Waterfront, Cape Town 8001, South Africa

<http://www.cambridge.org>

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First published 1992

First paperback edition 2002

A catalogue record for this book is available from the British Library

Library of Congress Cataloguing in Publication data

La Berge, Ann Elizabeth Fowler, 1944–

Mission and method: the early nineteenth-century French public
health movement / Ann F. La Berge.

p. cm. – (Cambridge history of medicine)

Includes bibliographical references and index.

ISBN 0 521 40406 1 (hardback)

1. Public health – France – History – 19th century. I. Title.

II. Series.

[DNLM: 1. Health Policy – history – France. 2. History of Medicine,
19th Cent. – France. 3. Public Health – history – France. WA 11 GF7
L2M]

RA499.L23 1992

362.1'0944'09034–dc20

DNLM/DLC

for Library of Congress 91-36335 CIP

ISBN 0 521 40406 1 hardback

ISBN 0 521 52701 5 paperback

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INTRODUCTION

The first organized public health movement, composed of physicians, pharmacist-chemists, engineers, veterinarians, and administrators – all calling themselves *hygienists* – organized in Paris around the journal *Annales d'hygiène publique* and the Paris health council. Although the hygiene movement had no one leader comparable to Edwin Chadwick, the two most influential hygienists were Louis-René Villermé and Alexandre Parent-Duchâtelet.

The French public health movement was born and developed within the sociopolitical context of the Bourbon Restoration and the July Monarchy, with their national public health policies and programs, some of which were inherited from the Ancien Régime and the Revolutionary and Napoleonic eras. Several national health institutions and programs were already in place by the 1820s, when the movement began to coalesce. The Royal Academy of Medicine, for example, was founded in 1820 to replace the defunct Royal Society of Medicine, but it continued the traditions of its predecessor, whose interests focused on epidemics.

The public health movement also developed within the context of competing ideologies: liberalism, conservatism, socialism, and statism – all of them tracing their roots to the Ancien Régime and the Revolution. For the public health movement the two dominant ideologies were liberalism and statism. Liberalism was the political persuasion of the leaders of the July Monarchy, and many hygienists operated within the liberal framework, believing most reform was best handled at the individual level and that only limited state intervention to preserve the public health was justified. Villermé was the leading exponent of the liberal viewpoint within the community of hygienists.

Statism, an approach which appealed to persons of varying political persuasions, was characterized by the belief that the state, by administration and legislation, should assume the main role in public health reform and management. Public health could not be left up to individuals. Statists believed it was the state's responsibility to maintain the health of its citizenry, and public health experts should function as advisors to the state.

The dialectic between liberalism and statism, which characterized the public health movement, was reflected in the tension between liberal and social medicine that permeated nineteenth-century French medical discourse. Proponents of liberal medicine favored the private practice of medicine, whereas advocates of social medicine thought health care and preventive medicine could best be provided through a medical civil service. Medicine in the service of the state was their motto. The leading exponent of statism within the community of hygienists was Parent-Duchâtelet.¹

The dialectic between liberalism and statism was played out within the broader context of scientism, an emerging creed that came to dominate French society by the late nineteenth century. With its roots in the combined empirical and rational tradition of the Enlightenment, scientism was the notion that science was the key to progress, and hence that all areas of investigation could and should be made “scientific.” Proponents of scientism believed that a scientific approach was the best way to achieve positive knowledge that would provide an antidote to the power of authority and systems builders. Public hygiene was one of those areas that had to be transformed into a scientific discipline, and this was one of the most important aspects of the mission of the hygienists.

If the hygienists’ method was scientific, their mission was hygienism, a kind of medical imperialism incorporating both the medicalization and moralization of society, whose goal was to preserve the fabric of society in the face of what many feared would be massive socioeconomic dislocation and fragmentation caused by industrialization and urbanization. Hygienism also included the notion that physicians and administrators should address traditional charitable-welfare concerns within the secular context of the state. In order to accomplish the hygienic mission, public hygienists had to increase their authority and legitimize their efforts. This was to be done by professionalization, institutionalization of the public health idea, and the development of a scientific discipline of public hygiene.

Two developments of the 1820s and 1830s created public health problems that demanded immediate attention: urbanization – the migration of rural inhabitants to the cities – and industrialization, or the application of steam power to industry and the concentration of large numbers of workers under one roof. The migration of many single, unskilled workers to Paris increased the pressure on reformers and administrators to address traditional urban health problems, such as an inadequate water supply and an outdated sewer system. At the same time, in the 1820s and 1830s, public health investigators brought to the attention of colleagues, administrators,

¹ The statist approach is nicely developed by Jan Goldstein in *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (New York: Cambridge University Press, 1987), pp. 20–8.

and the informed public the urgency of public health reform in a city that was increasingly being referred to as "sick."

Before 1850, industrialization had less of an effect in Paris than in other regions of France. Indeed, most trades and crafts in Paris were preindustrial. The sociomedical investigations of Parent-Duchâtelet, the leading occupational hygienist of the era, analyzed the public health hazards of many local industries. Parent-Duchâtelet used these studies in order to reform occupational hygiene, arguing that if an investigator applied a scientific, sociological method to the study of occupations, he would find that many dangers traditionally associated with them did not exist, but that others that had been ignored needed to be addressed. Outside Paris, Villermé and the Lille physician Jean-Pierre Thouvenin directed their attention to the effects of industrialization on the health of the working classes. In his sociohygienic work *Tableau de l'état physique et moral des ouvriers employés dans les manufactures de coton, de laine et de soie*, Villermé concluded that the real problem of the French textile workers was not the work or long working hours, but that their income was too low to provide a basic standard of living.²

French public hygienists were influenced by and contributed to the early nineteenth-century statistics movement. Both Villermé and Parent-Duchâtelet sought to make every area of investigation scientific, or quantifiable. Especially important were the differential mortality studies of Villermé, Louis-François Benoiston de Châteauneuf, and others, whose statistical data indicated a strong correlation between standard of living and health and longevity. They concluded that affluent people lived longer and that the main causes of premature death were socioeconomic. This kind of thinking permeated the French public health movement and gave it a decidedly social tone.

In examining the social causes of disease, hygienists questioned the predominant theory of disease causation, which attributed disease mainly to climatic causes, environmental conditions, and especially miasma – loosely interpreted as bad smells. If filth was the primary cause of disease, then the solution was *assainissement*, or sanitary reform. Conversely, if social factors, mainly poverty, were the principal cause of disease and mortality, how should public health reform address the issue? Some hygienists, such as the Lyonnais venereologist Ariste Potton, advocated far-reaching social reform. Most hygienists, however, stopped short of urging social reform, adopting instead a meliorist stance, according to which their responsibility was merely investigative. These hygienists believed that after they had investigated a public health problem and identified its causes, their work was over. They assumed that a problem,

2 Two vols. (Paris: J. Renouard, 1840).

once pointed out and understood, would either be addressed by the authorities or solved by long-term socioeconomic change. As William Coleman characterized the meliorist approach, hygienists were good on diagnosis but weak on therapy. Thus, although Villermé recognized the harmful effects of industrialization on the working classes, he still argued that in the long run industrialization would be beneficial, raising the standard of living and improving the health of the working classes.³

The scientific methodology of public hygiene was also central to the message of Parent-Duchâtelet and his colleague, pharmacist-chemist Alphonse Chevallier. Their program consisted of subjecting traditionally held views about occupational health and disease to critical examination in an attempt to verify or refute them. This led them to take radical and unpopular stands on several public health questions. For example, after the 1832 cholera epidemic, in which over 18,000 Parisians died, Parent-Duchâtelet became a member of the commission charged with investigating the correlation of the incidence of cholera with environmental and social conditions and with reaching conclusions about the course of the disease. Parent-Duchâtelet's investigations of the city dump and the workers who were exposed to it led him to conclude that the miasmatic theory was wrong. If bad smells caused disease, then the mortality rate of people living in and around the dump should have been higher than that of other residents. Yet, few of these people had even contracted cholera. This led Parent-Duchâtelet to challenge the predominant theory of disease causation and to suggest that other causes had to be considered.

The city of Paris was the public hygienists' principal "laboratory." Hygienists investigated and made policy recommendations on most urban health problems: the water supply; the system of sewers and cesspits; the city dump; the regulation of bathing establishments and of food and drink; horsebutchering and other offensive trades; and dissection amphitheaters. Other problems were addressed as well: prostitution, with its related problem of venereal disease; infant abandonment; and the wet-nursing industry. The published reports of the Paris health council, the published and manuscript reports of the provincial health councils, the *Annales d'hygiène publique*, and numerous hygienic treatises provide us with a detailed record of the practice of public health in early-nineteenth-century France, a clear understanding of the method of public health investigation, and the relationship between hygienic policy recommendations and implementation of policy. Using all of these sources, a clear picture of the activity and vitality of the French public health movement emerges.

3 William Coleman, *Death Is a Social Disease: Public Health and Political Economy in Early Industrial France* (Madison: University of Wisconsin Press, 1982), pp. 237–8.

The present study analyzes the theory, practice, institutional base, and national policy of public health in early-nineteenth-century France. Second, and in contrast to previous studies, it identifies clearly who the hygienists were. It analyzes the community of hygienists, their theories, investigations, methodology, and programs, including professionalization and disciplinary development. Third, this study allows us to view the 1832 cholera epidemic within the context of the public health movement. Such an analysis is greatly needed, since most treatments of that epidemic lack such contextual considerations.

Cholera has always posed methodological problems for historians of public health, epidemiology, and medicine. Numerous monographs have been written on the nineteenth-century cholera epidemic, and several have focused exclusively on the French experience. François Delaporte has argued that the cholera epidemic was a turning point, when the environmental theory of disease causation gave way to the social theory. Within the context of the public health movement, however, the social theory of epidemiology antedated the cholera epidemic, which served to strengthen support for an already widely accepted theory. Patrice Bourdelais and Jean-Yves Raulot also failed to place the 1832 epidemic within the preexisting public health movement, leading them to conclude that the epidemic provided the major stimulus initiating that movement. Viewed within the context of the public health movement, however, cholera appears as one of several catalysts for reform within an already ongoing movement. The epidemic served as a test case for theories already being widely debated and programs and policies that had long been recommended. Cholera was one of many factors, such as population pressure, which forced the issue of public health reform.⁴

Similarly, although many recent works have addressed various aspects of public health in early-nineteenth-century France – notably, William Coleman's work on Villermé, Jean-Pierre Goubert on water, Alain Corbin on the cultural shifts in the perception of odor and public health ramifications, Jill Harsin and Corbin on prostitution – none has analyzed the public health movement, the individual hygienists, their relationships, institutions, theories and programs. Scholars are aware of the hygiene movement but have not taken the trouble to analyze it in detail. Instead they have taken it for granted. This lack of a general study of public health in France and the French public health movement has led some historians to misinterpret the cholera experience, whereas others have provided

4 François Delaporte, *Disease and Civilization: The Cholera in Paris, 1832* (Cambridge, MA: MIT Press, 1986); Patrice Bourdelais and Jean-Yves Raulot, *Une peur bleue: Histoire du choléra en France, 1832–1854* (Paris: Payot, 1987).

particularistic accounts of various aspects of public health, but without placing them in the context either of the public health movement or of French national public health policies and programs.⁵

Furthermore, although we have Coleman's excellent study on Villermé, no equivalent treatment exists for Parent-Duchâtelet. Yet he was a more central figure than Villermé in the French public health movement. True, some attention has been given to Parent-Duchâtelet's landmark socio-hygienic investigation of prostitution in Paris, but this research failed to integrate that work with his work in occupational and urban hygiene or to place his work on prostitution within the broader context of public health theory, methodology, and the public health movement. Although these historians have recognized the importance of Parent-Duchâtelet's methodology, they have not related it to his program of professionalization, institutionalization, and disciplinary development of *hygiène publique*. The present study places great emphasis on the role of Parent-Duchâtelet in the public health movement and offers a comprehensive account of the many facets of his public health work, analyzing his contributions in urban and occupational hygiene as well as his major theoretical and institutional contributions.⁶

By way of conclusion, the present study also considers some broader aspects of the history of public health by challenging the prevalent notion that the British were the leaders in the nineteenth-century public health movement and that the British example set the model for similar movements elsewhere. This study argues that an active and influential French public health movement not only antedated the British, but also that Chadwick and Smith were greatly influenced by French hygienic ideas and institutions.

- 5 Coleman, *Death Is a Social Disease*; Jean-Pierre Goubert, *The Conquest of Water: The Advent of Health in the Industrial Age* (Princeton, NJ: Princeton University Press, 1989); Alain Corbin, *Le miasme et la jonquille: l'odorat et l'imaginaire social, 18-19e siècles* (Paris: Aubier-Montaigne, 1982); Jill Harsin, *Prostitution in Nineteenth-Century Paris* (Princeton, NJ: Princeton University Press, 1985); Alain Corbin, "Présentation" to Alexandre Parent-Duchâtelet, *La Prostitution à Paris au XIXe siècle*, texte présenté et annoté par Alain Corbin (Paris: Seuil, 1981), pp. 9-42.
- 6 Harsin, *Prostitution in Paris*; Corbin, "Présentation."