

PRACTICAL HUMANITARIANISM IN EIGHTEENTH CENTURY FRANCE


by

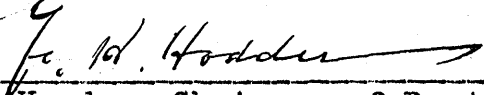
Katherine Louella Moore

Bachelor of Arts, Baker University, 1930.

Submitted to the Department
of History
and the Faculty of the Graduate
School of the University of Kan-
sas in partial fulfillment of the
requirements for the degree of
Master of Arts.

Approved by:


Instructor in charge.


Head or Chairman of Dept.

Oct. 1931

CONTENTS

PAGE

INTRODUCTION

A. Survey of the age dominants of pre-modern society	1
B. Determinant trends of Modernity	4
C. Objective of this study	6

PART I

DERIVATIONS OF EIGHTEENTH CENTURY HUMANITARIANISM

CHAPTER I

GROWTH OF EUROPEAN HOSPITALIZATION TO 1715

A. Hospital Development in Antiquity	
1. Origin of the hospital	8
2. Christian influence upon humanitarianism	9
3. Distinction between hospice and hospital	13
B. Development of the Hospital in the Middle Ages	
1. Early examples	14
2. Pilgrimages influence hospitalization	16
3. Cyclic advance and decline of hospitals	17
4. Monastic influence in tenth century	18
5. Conciliar prescriptions	18
6. Hospitaller Orders	19
7. Influence of Crusades	21
8. Extensive development in transitional period	23
C. Hospital Development in the Early Modern Period	
1. In Sixteenth Century	
a. Effect of suppression of religious houses	27

b. Delayed secularization in France	29
c. Abuses of long standing become evident	30
d. Governments begin to share in control	31
e. French governmental efforts not effective	32
f. Hospital reforms become more constant	33
2. In Seventeenth Century	
a. Strengthening of royal control over French hospitals	33
b. Creation of Paris General Hospital by Louis XIV	35
c. Needs of country districts neglected	37
d. Summary of hospital administration	39
D. Development of Related Problems	
1. Medicine	
a. Early medical developments	42
b. Western medicine derived from Greeks	43
c. Control of medicine by Jews and Arabs	44
d. Rise of medical schools and universities	45
e. Development of chemistry and pharmacy	45
f. European legislation tended to retard development of medicine	46
2. Surgery	
a. Development long delayed in Western Europe	47
b. Sixteenth century improvements	48
c. Legislation designed to prevent misuse	48
3. Hygiene	
a. Few early developments	

4. Influence of Frederick II upon Related Problems	50
--	----

E. Summary

CHAPTER II

THE CARE OF FOUNDLINGS AND DEFECTIVES IN EUROPE
PRIOR TO 1715

A. Foundlings	
1. Attitude of ancients toward foundlings	52
2. Influence of Christian teachings and practices	53
3. Care given foundlings in the Middle Ages	53
4. Number of institutions increased in the transitional period	54
5. Early modern institutions proved inadequate	54
6. French establishments for foundlings	
a. Maison la Couche	55
b. Enfants Trouves	56
B. Insane	
1. Treatment of insane among the ancients	57
2. Care of the insane in Europe in the Middle Ages	
a. Regarded as possessed of demons	59
b. Superstitious cures	60
c. Contrast of Christian and Arabian treatment	61
3. Early modern treatment of insane	
a. Pilgrimages continued	63
b. Eventual separation of criminal and insane	63
c. Notable institutions for the insane	

(1). Bethlehem Royal Hospital (Bedlam)	63
(2). Charenton Asylum	63
C. Blind	
1. Treatment of blind by ancients	
a. Regarded as outcasts	64
b. No effort made to educate	65
c. Special care began with Christian era	65
2. Development of institutions for the blind in the Middle Ages	
a. By Saint Bertrand (7th Century)	65
b. By William the Conqueror (11th Century)	66
c. By Louis IX (Quinze-Vingts, 1260)	66
3. Early modern efforts to educate the blind	
a. In the Sixteenth Century	
(1). By Girolamo Cardano	67
(2). By Rampazetto	67
(3). By Franklin Lucas	67
b. In the Seventeenth Century	
(1). By Pierre Moreau	67
(2). By George Harsdorffer	68
(3). By Francesco Lana-Terzi	68
(4). By Jacques Bernouilli	68
D. Deaf	
1. Attitude of the ancients toward the deaf	
a. Usually destroyed or looked upon with dis- favor	69
b. Christ set example for the Church's care of	70

2. Care of the deaf in the Middle Ages	
a. Belief prevailed that deaf could be cured	70
b. Some effort made to teach the deaf	71
3. Early modern developments in the instruction of the deaf	
a. Notable teachers	
(1). Girolamo Cardano	71
(2). Pedro Ponce de Leon	72
(3). Juan Pablo Bonet	72
(4). Boniface	74
(5). Saint Francis de Sales	74
(6). Montans	74
(7). Lanzi-Terzi	74
b. Important writers	
(1). John Bulwer	74
(2). Densing	75
(3). John Wallis	75
(4). William Holder	76
(5). George Sibscota	77
(6). George Dalgarno	77
(7). Von Helmont	77
(8). John Conrad Amman	78
(9). Kerger	78
(10). Raphel	78

E. Summary

THE PROBLEM OF EIGHTEENTH CENTURY HUMANITARIANISM

CHAPTER III

THE EARLY ERA OF THE EIGHTEENTH CENTURY, 1715-1760:

"PIETY AND PATERNALISM LIGHTEN THE PROBLEMS OF PATHOLOGY"

A. Introduction: Significant Trends in the Chief Fields of the Period	
B. Hospital Developments in the Early Period	
1. Summary of English philanthropic situation	88
2. Few new French institutions	90
3. Decline in the number of small institutions	90
4. Methods of the French government in meeting the needs of the country districts	90
5. Financial situation of French hospitals	92
6. Proclamation of 1724 interned mendicants in hospitals	93
7. Royal power favored hospital foundations	95
8. Increase of state control of French hospitals	96
C. Advances in Fields Related to the Hospital	
1. Medicine	
a. Modern medicine began about 1720	97
b. French leadership in medicine advanced with the century	98
c. Scientific leaders of the period	99
d. The "systematizers" of medicine	99
e. Development of new medical theories	100
f. Inoculation for smallpox	100
g. Few noted French clinicians	101

h. Legislation relative to accouchement	102
2. Surgery	
a. French surgical leadership	103
b. Separation of French barbers and surgeons	104
c. French Colleges of Surgery	104
d. French Royal Academy of Surgery	104
e. Leading French surgeons	105
f. French Encyclopedia an authority on the surgery of the period	106
h. Development of surgery elsewhere than in France	106
3. Hygiene	
a. Little done to advance the science	107
b. Sanitation and hygiene in hospitals negli- gible	107
D. Developments in the Early Period in the Care of Special Groups	
1. Foundlings	
a. Few advances in care made	108
b. Care of foundlings in French provinces	108
c. Number increased in proportion to facil- ities for care	108
d. Comparison of treatment in England	109
2. Insane	
a. No important advances made	110
b. Insane throughout Europe neglected	110
B. Blind	
a. Condition of blind engaged the attention	

	ix
of the philosophers	111
b. Little practical work attempted	111
4. Deaf	
a. Practicability of teaching deaf-mutes shown	111
b. Leaders among the teachers of the deaf	
(1). Jacob Rodrique Periere	112
(2). Abbe de l'Epee	113
E. Summary	114

CHAPTER IV

THE MIDDLE ERA OF THE EIGHTEENTH CENTURY, 1760-1790:

"PHILOSOPHY ENLIGHTENS AND LIBERALIZES SOCIAL IDEAS"

A. Introduction	
1. Dominant forces of the period	115
2. Special philanthropic and humanitarian movements under the leadership of	
a. Robert Raikes	122
b. John Howard	122
c. Montesquieu and Wilberforce	122
d. Beccaria	122
e. Jean Frederic Oberlin	123
f. La Rochefoucauld-Liancourt	124
g. Berchtold	125
B. Hospital Development in the Middle Period	
1. Use of terms hospice and hospital	126
2. Number of hospitals in France	127
3. Local development predominant	127
4. Religious factor in hospitals	128
5. Types of hospitals in provinces	129
6. Lack of hospitals in Paris for special needs	129
7. General limitation of hospital services	130

8. Distribution of aid in homes	131
9. General maladministration of hospitals	132
10. General factors in maladministration	
a. Misuse of administrative control	133
b. Encroachment of clergy on temporal control	135
c. Neglect of patients by hospital personnel	138
d. Insubordination of nursing nuns	139
e. overcrowding of institutions	141
f. Ignorance and failure to provide proper diet	143
g. General indifference of hospital attendants	144
h. Hospital inmates expected to work	145
i. Lack of sanitation	146
j. High death rate	148
k. Irregularity of doctors' visits	148
11. Definite advances and improvements in hospitalization	
a. Investigation of conditions by Turgot	150
b. Reforms under Necker	150
12. Summary of transitional period	152
C. Continued Advances in Curative Arts	
1. Medicine	
a. Marked progress in varied scientific lines	154
b. Hospitals served as schools of medicine and surgery	154
2. Surgery	
a. King regulated College of Surgery and	

	xi
favored Academy of Surgery	155
b. Clinics founded	155
c. Courses for midwives provided	155
3. Public Health and Hygiene	
a. Rapid developments in hygiene about the middle of the century	156
b. Faculty of Medicine of Paris opposed scientific innovations	157
c. Royal Society of Medicine established	157
d. Distribution of "king's remedies," first aid instruction, and methods of treating sick continued	158
e. Charlatanism continued to flourish	160
f. Varied provisions to protect public health	160
D. Care of Dependents and Defectives	
1. Foundlings	
a. Increasing numbers taken from provinces to cities	161
b. Les Enfants-Trouves swept by diseases	162
c. High mortality rate everywhere	162
d. Efforts of Necker to check transportation and ravages of syphilis	163
e. General government attempted to shift financial burden	164
f. Solicitude of Provincial Assemblies	164
g. Cahiers of 1789 consider foundlings	164
2. Insane	

	xii
a. Received at Hotel-Dieu and General Hos- pital in Paris	165
b. Treatment attempted at Hotel-Dieu	165
c. Usually regarded as incurable	165
d. Conditions in provinces similar to those in Paris	166
e. Pleas in cahiers of Estates General	167
3. Blind	
a. Work of Valentin Hauy	167
b. Exhibition of Hauy's work before King led to wide patronage	169
4. Deaf	
a. Lack of funds necessitated strict econ- omy on part of L'Epee	170
b. Work of L'Epee widely recognized outside of France	170
c. Governmental favor accorded L'Epee	171
d. Cahiers of Estates General consider deaf	172
e. Rise of schools for deaf in various Euro- pean countries	172
f. Tribute to L'Epee	173
g. Sicard successor of L'Epee	173
E. Summary	174

CHAPTER V

THE LATE ERA OF THE EIGHTEENTH CENTURY, 1790-1815:

"PHILANTHROPY LIBERATES POPULARISM AS HUMANITARIAN CIVISM"

A. Introduction: Importance and Trends of the Period	176
B. Hospital Development	
1. Cahiers of Estates General of 1789	184
2. National Constituent Assembly	
a. Committee of Subsistence	186
b. Committee of Mendicity	
(1). Creation	186
(2). Type of work undertaken	187
(3). Reports and recommendations	
(a). Favored aid at home	188
(b). Recommended free medical service for indigents	188
(c). Held hospitals necessary in cities	189
(d). Advocated state control of hos- pital finances	189
(e). Favored abrogation of monastic vows and nationalization of hos- pitals	190 190
(f). National Constituent Assembly did not accept all recommendations	191
3. National Legislative Assembly	
4. National Convention	
a. Nationalization of assistance	192
b. Suspension of sale of hospital property maintained	194
5. Directory	194
6. Napoleonic Regime	
a. Consulate	194

b. Empire	195
C. Related Hospital Problems	
1. Medicine and Surgery	
a. Leaders of older schools	195
b. New schools and fads	
(1). Homeopathy	196
(2). Phrenology	197
(3). Mesmerism	198
2. Public health and hygiene	198
D. Dependents and Defectives	
1. Foundlings	
a. Recommendations of Committee of Mendicity	200
b. Repeal of Revolutionary legislation	202
2. Insane	
a. Committee of Mendicity recognized problem	203
b. Recommendation of Committee of Mendicity	204
c. Work of Pinel	204
d. Condition remained wretched	205
3. Blind	
a. Conditions at Quinze-Vingts	206
b. Exhibition of work of Hauy	207
c. Blind, as wards of state, united with deaf	208
d. National Convention provided for blind persons in departments	209
e. Committees' report to Convention	209
f. Committee recommendations effected into law	210
g. National Institute for Blind merged with	

Quinze-Vingts	211
h. Institute for Blind regained autonomy (1814)	211
i. Influence of Hauy's work spread through Europe	211
j. European institutions for blind	212
4. Deaf	
a. Work of Sicard	212
b. Jean Massieu (1772-1846)	213
c. School at Paris appealed for government aid	214
d. Union of deaf with blind, 1791	214
e. Deaf suffer for lack of financial aid	215
f. Discord between institutions for blind and deaf	215
g. Separation of blind and deaf urged	216
h. Aid asked for institution at Bordeaux	216
i. Action of National Convention	218
j. Interest in deaf general throughout Europe	219
E. Summary	219

CONCLUSION: SUMMATIONS

BY PERIODS

A. Pre-Eighteenth Century	221
B. Early Era of the Eighteenth Century (1715-1760)	222
C. Middle Era of the Eighteenth Century (1760-1790)	223
D. Late Era of the Eighteenth Century (1790--1815)	224

FOOTNOTES	227
-----------	-----

BIBLIOGRAPHY	268
--------------	-----

INTRODUCTION:

THE PROBLEM.

The history of any period involves the consideration of the entire civilization of the time. For the purposes of study one may analyze this civilization into its various phases--the political, the international, the economic, the cultural, the religious and the social. ⁽¹⁾ The tendency in writing the conventional history of the past has been to stress one or more of these phases and either to ignore the others entirely or to slight them unduly. This has been the common practice in the study of the eighteenth century. The political and international and, to an extent, the economic and cultural phases have been stressed, but comparatively little has been done to appraise the social developments of the century. This phase in itself presents varied material for a comprehensive and interesting study.

The eighteenth century long has been characterized as a century of revolution, or, as it is termed more accurately, in a recent interpretation, a century of controversion. This general overturning of the established and accepted bases of eighteenth century life came as the logical result of the developments of the preceding centuries. The modern era had opened some two centuries earlier when, about 1500, new age forces had begun to manifest themselves. In place of the medieval communalty, feudality and Catholicity the determinant trends of modernity proved to be individuality,

nationality, and secularity.

But these characteristics of a new age were themselves the outgrowth of the forces that dominated the period of transition. The thirteenth to fifteenth centuries, inclusive, often referred to as the period of the Renaissance, marked the transition from mediocrity to modernity. These transitional centuries found their transformative forces in humanism, nationalism, and capitalism. The former drew its inspiration from the classical culture of the Greeks and Romans whose life centered around man's earthly existence. Under the revival of a new intellectual spirit, Scholasticism, which in the cultural field expressed the universality and cooperation of the Middle Ages, was overthrown. The stress upon the virtues of unworldliness and of uniformity yielded to an appreciation of this world and to the stimulation of the expression of individuality. Petrarch (1304-74), with his zeal, his initiative, and his appreciation of the past, was the forerunner of that group of poets, artists, philosophers, and statesmen who endeavored to emulate the past in expressing their own individuality and who gave expression to new 'art and beauty' and 'education and learning.'⁽²⁾ Nationalism in this period was the product of two contributing forces. One was the contraction of the Empire under the stress of such disruptive forces as schism and rivalry and the other was the growth of self-sufficient states from local lordships. Capitalism saw its origins in the impetus given commerce by the new needs

developed following the Crusades. This brought a transition in the whole economic field. Medieval production had been cooperative. Lands belonged to the villages and had been apportioned to individuals to farm or had been held in common for pasturage. All members had been equals except for such advantages as seniority in preparation and years of work had given them. But an increase in wealth in the transitional period caused production to be shifted from the gild to laborers whose wages, materials, and machines were provided by capitalism. With this change a money economy in which money served as a medium of exchange and as a standard of value took the place of a natural economy of goods and services. (3)

Social changes formed a part of these transitional movements also. In the Middle Ages Western European society had consisted of two great classes, the free and the unfree. The latter made up the bulk of the population in numbers, but the former constituted the actual ruling classes. This free group consisted of three Estates each of which rendered its social service. The task of the clergy was to bring salvation to the people, that of chivalry was protection, and the task of the communalty was production. The transitional centuries saw the freeing of the unfree, the passing of practically all serfdom, except for some in western France and the southwestern Germanies. With the rise of cities and with the increase of wealth and the changed modes of production, which also encouraged rising nationalism and individuality, there rose in the

transitional period a new city class, the bourgeoisie, which wielded a wide influence. This class developed a liking for the comforts and refinements of life, even to the point of ostentation, which encouraged industry and commerce. With plenty, with leisure to enjoy they became the patrons of the arts and sciences. Finding a stable government most useful to their purposes they supported a national government which would aid them mutually. Attracted more by the actualities of this life than by the uncertainties of an after life the bourgeoisie tended to favor the secular life, so that the Reformation as well as the Renaissance centered in the cities.

These tendencies, briefly sketched, characterized pre-modernity, but the sixteenth century, the opening century of modernity, was essentially a period of "reformation" in which tendencies became decided changes. In the face of anarchy which it could not check, the old feudal system under the Empire broke down and such rising nation-powers as France, Spain and England claimed political individuality and leadership. At the same time the pressing need to substitute internationalism for imperialism started the Balance of Power system. What is sometimes called the "Financial Revolution" brought about by the application of capitalism to the newly developed world trade and to the industries which were stimulated by the wider markets began to be operative at this time. Religiously, sixteenth century Europe was moved to its depth by the sweeping changes

inaugurated by the Protestant Revolt as a result of which the domination of the Medieval Church was broken. Thereafter, beside a revised and reformed Roman Catholic Church stood a group of nationalistic Protestant churches. Modernity also witnessed a regrouping of social classes. The former groups had split up and formed new groups based not upon communal services, but upon individual advantage. The prelacy and nobility had united to form the upper or aristocratic class, the curacy, the gentry and the citizenry (professional, monied and artisan groups) had formed the middle classes, and the peasants and the city proletariat, the greater part of the population, had constituted the lower class. Briefly, these were some of the changes wrought by the sixteenth century reformations. But the reform impetus waned as conditions gradually became adjusted and settled in the new alignments.

The seventeenth century was content merely to confirm and to conform to the sixteenth century changes. Dynastic sovereigns became absolute as "divine right" monarchs, and international relations adhered strictly to a Power Balance regime. Statism became supreme in the economic world, while academism dominated the cultural world. Even religion lost its vital driving force and was content to let mere form cover its sluggish inertia. In the social field class lines were more rigidly drawn and class differences more accentuated by the century's standardization.

The heritage of the eighteenth century dictated its

task. Its ancient regime contained within itself the potential forces of its own destruction. Its political and economic inefficiencies and inconsistencies, its irrational culture, its religious insincerities, and its social inequities were the bases for a century of controversy. No small part of this general overturning involved the social field. Here were reflected the changes in all the others. Any change in thought and practice found expression in the attitude that society took toward its peculiar problems. The premises of the social problem include the concepts of the meanings of society and the various controls of its functions. Social controls are exerted upon the morality norms--personal, family, general; upon the pathological problems--hygiene, health, poverty, mendicity, care of defectives, criminality; and upon the utility provisions--education, civic services, travel facilities, etc. The objective of this study has been to find what developments took place in France during the eighteenth century in the handling of certain of its pathological problems, specifically hospitalization and the care of defectives. But to understand clearly the actual practices of practical humanitarianism in eighteenth century France one must trace the background developments for hospitalization and the care of defectives.

PART I

DERIVATIONS OF EIGHTEENTH CENTURY HUMANITARIANISM

CHAPTER I

GROWTH OF EUROPEAN HOSPITALIZATION TO 1715

The general custom among the ancients and among primitive peoples has been to give little consideration to their sick, feeble, and defective. The Greeks and Romans exposed or killed outright their defective children. The ancient Germans put to death their sick and feeble. ⁽¹⁾ Today in India and in China, under the pressure of starvation in times of famine, children are sold into slavery. ⁽²⁾ But this disregard for the sanctity of human life has not been universally characteristic of advanced peoples, at least since the advent of Christianity. Rather, man's solicitude for the suffering, ennobled by Christianity, has resulted in the development of institutions and a technique for the fostering care of the sick, the wretched, and the defective. The phrase "public assistance" applied to the relief of these classes, is of recent origin, but one of its chief agencies, ⁽³⁾ the hospital, is very old. This institution has been shaped by the conditions under which it has developed. Religion, politics, and economic life have tended to modify it. It has reflected the social progress of the centuries and has gained efficiency with the progress of science.

The first traces of the origin of the hospital were found in the proverbial hospitality of the Orient. ⁽⁴⁾ Before the first caravanserais, unknown before the seventh century B. C., the travelling stranger found hospitality in the

private home where, as a guest, his person was inviolable. Records show that in 252 B. C. a Buddhist King Asoka established a hospital for men and animals in India. (5) This institution was still flourishing in the seventh century A. D. Similar hospitals, supported by the rulers, were set up in Persia and Arabia in the pre-Christian centuries. In Egypt hospitals were unknown and the sick were cared for in the homes or temples. Although it is said that the Greeks treated the sick in the temples and maintained shelter houses (iatreia) for them in various parts of their country, (6) they and the early Romans regarded disease as an infliction of evil by malevolent gods. They attempted to propitiate the gods, (7) but did not attempt to organize relief work. Such hospitality as prevailed among them was private rather than civic. Two institutions, however, that bore some resemblance to modern hospitals which were found in pre-Christian times among the Romans were the valetudinaria for slaves and the military lazarettos for wounded soldiers. (8) The former were privately owned, but the government contributed funds for the latter. Not until the time of Christianity was hospitality transformed into a public virtue by its application in the founding of hospices and hospitals.

With the advent of Christianity humanitarian work made new developments. Christ's example in healing the sick made the care of the sick and the poor a distinctive feature of early Christianity. This task devolved upon the Christian as a sacred duty. He visited the sick, especially during

such epidemics as those that occurred in Carthage in 252 and in Alexandria in 268. Valuable assistance was rendered by physicians, slaves or freedmen who had become Christianized. (9) These Christians did not confine their care to those of the faith alone, but extended it to pagans as well. The control of such work rested particularly upon the bishops. A portion of their houses was set aside for the care of those who had no shelter; at times the bishop was a physician and gave medical care to the ailing in his house. (10) When the sick and needy could not be accommodated in the bishops' houses they were sometimes cared for in the valetudinaria of the wealthier Christians. (11)

Thus from earliest Christian times there was an organized system for caring for the various forms of suffering; but it was of necessity limited in extent and dependent upon private enterprise so long as the Christians were under the ban of a hostile state. As long as the persecution of the Christians lasted there could be no public hospitals. It is sometimes said that Saint Zoticus built one at Constantinople during the reign of Constantine, but this has been denied. (12) But it was evident that the Christians had established many such institutions before Julian the Apostate came to the throne in 361. It is known that he sent a letter to Arsacius, high-priest of Galatia, in which he insisted that the old Imperial religion could not be brought back without charitable institutions similar to those of the Christians (13) where all, regardless of faith, were cared for. He directed (14)

(15)

Arsacius to establish a xenodocium in each city to be supported out of the public treasury.

(16)

After the conversion of Constantine, the Christians profited by their larger liberty to provide for the sick by means of hospitals. The Asclepeia and other pagan temples were closed by a decree of Constantine A. D. 335 and shortly afterward the movement of founding and building the Christian hospitals went forward. It is said that Helena, mother of Constantine, played an active part in the movement. While these hospitals were probably small at first at that time occurred the transition from private to the institutional work of the hospitals. The change was not due to a slackening of charity, but to an increase in the number of Christians and to the spread of poverty under the new economic conditions. Different kinds of organizations were necessary to meet the demands. There was a general tendency to give all work for the common good an institutional character. This tendency was extended to the founding of hospitals.

(17)

(18)

(19)

In the Near East the first Christian hospitals of record were founded in the last quarter of the fourth century A. D. on account of a famine which had caused a deadly epidemic. In 375 Saint Ephraem established a hospital of three hundred beds in Edessa in Syria. Another, the most famous of all, was opened by Saint Basil at Caesarea in Cappadocia in 370-379. Saint Basil's undertaking shows how seriously the duty of caring for the sick was taken. His foundation was outside the city proper and was so extensive that it was called

(19)

'New Town.' There were structures for different classes of the needy, for the children, for the old, and for strangers, as well as for the sick. There were buildings for physicians and nurses, work shops for what today is called reconstruction work, and even industrial schools, and an employment bureau. Saint Basil's example was very widely followed throughout the East--at Alexandria by Saint John the Almsgiver (610); at Ephesus by the bishop, Brassianus; at Constantinople by Saint John Chrysostom and others, notably Saint Pulcheria, sister of Theodosius II, who founded many homes for strangers and the poor.

Under Saint John Chrysostom Constantinople was the first city to specify the different classes of those requiring relief. Between 400 and 403 Chrysostom built several hospitals with the surplus of his income from his bishopric. He placed each of them under two faithful priests and provided physicians, cooks, and capable workmen to assist. These establishments included seven different hospitals--an inn for stranger travellers, a shelter for the crippled and chronic invalids, a refuge for all kinds of destitute, and separate homes for the treatment of acute complaints, for the reception of orphans, for the old, and for the poor.

Hospitality was the chief virtue enjoined upon the bishops of the Church everywhere. Jerome and Chrysostom advised bishops to keep their houses open to strangers and to sufferers. The Councils adopted this principle and entrusted to the bishops the assistance of the poor and the

(22)

sick.

The fact that hospitals were founded first in the East accounted for the use, even in the West, of names derived from the Greek. Among these were Noscomium to designate an establishment for the sick, Brephotrophium for the foundlings, Orphanotrophium for orphans, and Ptochium for the poor who were unable to work. At first the same institution often ministered to the various needs and the strict differentiation implied by the names came about only gradually.

As Christianity spread throughout the West the institutions which it had inspired in the East accompanied it. In the West Christian hospitality gave rise, in great numbers, to two types of institutions. The hospital, generally under the control of a bishop, was intended for temporary occupation by the sick for the purpose of medical treatment. The hospice, the almshouse, or the xenodocium, largely created by the monks, became a place for permanent occupation by the poor, the infirm, the incurable, or the insane. As an institution the hospice had its origin in the beginnings of Eastern monasticism. During the early centuries of Christianity it served as a shelter for the needy of every sort. The hospices adjoined most of the monasteries, were situated along the chief roads, and were set up in dangerous mountain passes where they extended a welcome to travellers. Originally, both hospitals and hospices were under the control of the bishops. The Council of Carthage about 436 enjoined upon the bishops the maintenance of hospices in connection with their churches.

At the same time the hospices were developing under the care and direction of the monks the hospitals were making rapid progress under the bishops. According to Jerome the earliest hospital foundation in the West was that of Fabiola at Rome which was established about 400 for the care of the sick and wretched. (26) Connected with it was a system of visiting the sick which Fabiola herself organized. About the same time the Roman Senator Pammachius founded a xenodocium at Porto. Pope Symmachus (498-514) built hospitals in connection with the Roman churches of Saint Peter, Saint Paul, and Saint Lawrence. (27)

At the end of the sixth century Columban, the Irish monk from Iona Isle, went to the continent. In Gaul, which had been laid waste by the barbarians, he founded a number of monasteries, including those of Anegray, Luxeuil, and Fontaine. (28) Upon his monks he urged the duty of hospitality toward strangers and poor pilgrims. So well were his admonitions carried out by such disciples as Saint Ouen, Saint Faron, and Saint Gall that at the end of the ninth century the fame of their hospitals was widespread. In time, the general hospices which had sheltered the needy of every kind were superseded by special establishments to meet particular needs, and the name hospice came to be applied only to institutions in which travellers were sheltered.

Wherever the beneficent influence of Christianity spread institutions for the relief of the sick sprang up. A canon of the fifth Council of Orleans (549) mentioned the earliest

hospital founded in France as that of the xenodocium at Lyons which King Childebert and his wife Ultrogotha had established (29-30) at the suggestion of the bishop in 542. Other early hospitals founded in France were one at Arles, established by Caesarius and his sister Saint Caesaria in 542 and one by Brunehaut, wife of King Sisibert, at Autun at the close of the sixth century. (29)

In the seventh century a hospital was founded at Paris by Dagobert I (622-638). (31) Also, the Hotel-Dieu of Paris is usually dated from this period, although there is a wide divergence of opinion as to its origin. It is attributed to Landry, Bishop of Paris, who established a home for invalids and poor travellers near his church. Bonet-Maury placed the date at 650, Haser at 660, and De Grando at 800. (32) Tallemant stated that it was first mentioned in 829. The Hotels-Dieu were a group of institutions that developed in connection with the cathedral or principal church in each city, and (33) there is no precise date that can be assigned to them.

The most important Spanish institution for the care of the sick was founded in 580 by the Bishop of Mazona at Augusta Emerita (modern Merida) in the province of Badajoz. (34) This was for the ill, "slave or free", Christian or Jew. The account by Paul the Deacon said that the bishop endowed the hospital with large revenues, supplied it with physicians and nurses, and gave orders that any who should be brought in should be provided with a bed and proper nourishment. (35)

In England an attitude of protectorship toward the

indigent had been taken early. The English canons imposed this as a duty upon the clergy who in turn pointed it out to the faithful as a way of salvation. (36) For a long time in Great Britain and Ireland the care of the sick was entrusted to monastic orders. Each monastery cared for its own ill and for the sick of the neighborhood. The first of the hospitals was said to be a large one founded at Saint Albans in 794. (37)

Over all Europe the number of hospices was greatly increased during the period when pilgrimages to such places as the Holy Land, Rome, Compostella, and Amalfi were popular. (38) They were supported either by gifts from the people or by foundations. For this purpose Hincmar of Reims (806-882) assigned considerable revenues. The hospices gave food and shelter gratuitously for a limited period of time. During the pilgrimages special hospices to entertain the pilgrims of particular nations were set up in many cities. (39) The hospices rendered a valuable service at a time when the roads were infested by robbers or were exposed to storms and snow. Among those that were placed in impassable and uninhabited regions and on mountain passes was one of the most famous which still endures. It is that of the Great Saint Bernard in the Swiss Alps which was established in 962. After 1760 it received an annual grant from the king of France which was confirmed and increased by Napoleon Bonaparte after the famous crossing of his army through this pass in May 1800. (40)

Throughout the centuries it seems the hospitals have

passed through cycles of advance and decline. After a wave of enthusiasm zeal abates and abuses creep into their control. In the early centuries of the Middle Ages a general decline and corruption affecting all ecclesiastical foundations swept Europe and reached its worst under Charles Martel. ⁽⁴¹⁾ Later, Charlemagne in his reign made serious efforts at reform. At first the management of hospitals had been entrusted to the bishops, but with the increase of their duties the care of the hospitals had been given over to the chapters who delegated this work to a few priests called provisors. ⁽⁴²⁾ Charlemagne issued Capitularies in which he decreed that one of the first duties of the secular and regular clergy should be the relief of the sick. Provision was made that there should be ⁽⁴³⁾ a hospital attached to each cathedral and monastery. To guard against neglect of duty the xenodocia or inns for stranger travellers were placed under the control of royal authority. Charlemagne issued another decree about 800 to the effect that those hospitals which had been well conducted but which had fallen into decay should be restored to meet ⁽⁴³⁾ the needs of the time. Somewhat later, at the Council of Meaux in 845, the bishops implored Emperor Louis le Debonnaire to restore the hospices, to endow them, and to place them ⁽⁴⁴⁾ under their control.

In spite of these measures after Charlemagne's death (814) another period of decadence was marked by great abuses ⁽⁴⁵⁾ and disorders. The hospitals suffered in various ways, but particularly through the loss of revenues which were confiscated or diverted to other purposes. Victor, Bishop of Chur, complained in a letter to Louis the Pious (ca.822)

(46)
that the hospitals were destroyed. Yet in spite of the general conditions many bishops distinguished themselves at that time by their zeal and charity. One of the noted was Ausgar, Archbishop of Bremen (d.865), who founded a hospital in Bremen and visited it daily. (46)

During the tenth century the monasteries became a dominant factor in hospital work. The Benedictine Abbey of Cluny was founded in 910 and set the example which was widely imitated throughout France and Germany. (47) Besides its infirmary for religious inmates each monastery had a hospital in which externes were cared for. These were in charge of the eleemosynarius, whose duties included every kind of service that the visitor or patient might require. As he was also obliged to seek out the sick and the needy in the neighborhood, each monastery became a center for the relief of the suffering. Some of the notable monasteries in this respect included those of the Benedictines at Corbie in Picardy, Hirschau, Braunweiler, Dentz, Ilsenburg, Liesborn, Prum, and Fulda, and those of the Cistercians at Arnsberg, Baumgarten, Eberbach, Himmerode, Herrnalf, Volkenrode, and Walkenried. (48)

No less efficient was the work done by the diocesan clergy in accordance with the disciplinary enactments of the Councils of Aachen (817 and 836) which prescribed that a hospital should be maintained in connection with each collegiate church. (48) The canons were obliged to contribute toward the support of the hospitals and one of their number

had charge of the inmates. In England the kings proved (49)
generous in the support of the hospitals in this period.
Athelstan in 936 gave grants to the secular canons of Saint
Peter's Cathedral at York to be used in founding Saint
Peter's Hospital, later known as Saint Leonard's which was
under episcopal jurisdiction. As these collegiate hospitals
were located in cities more numerous demands were made upon
them than upon those attached to the monasteries. In this
movement the bishops naturally took the lead, hence the
hospitals founded by Heribert (d.1021) in Cologne, by Godard
(d.1038) in Hildesheim, by Conrad (d.975) in Constance, and
by Ulrich (d.973) in Augsburg. (50) But similar provision was
made by the other churches. (50) Thus at Trier the hospitals of
Saint Maximin, Saint Matthews, Saint Simeon, and Saint James
took their names from the churches to which they were attached.

From time to time and at various places charitable
brotherhoods were formed for the care of the sick in the
hospitals. One of the earliest of these orders was that of
the Madonna della Scala in Italy toward the end of the
ninth century. (51) At Siena, Saror founded a hospital and drew
up its rules. The management was placed largely in the
hands of citizens but was subject to the bishop's control
until 1194 when Celestine III exempted it from episcopal
jurisdiction. (52) Similar institutions, usually under the
Rules of Saint Augustine, sprang up in all parts of Italy.
But by the thirteenth century the control of them had passed
from the bishops to the magistrates. Similarly, the

Beguines and Beghards, mostly in France, Belgium and Germany, had been established in the latter part of the twelfth century and included the care of the sick in their charitable work. (53) Most important of all the orders established in the period was that of the Holy Ghost. (54) This order was established about 1145 by Guy de Montpellier. It was approved by Innocent III in 1198 and spread rapidly through France. Wishing to have a model hospital in Rome, Innocent III, in 1204 sent for Guy de Montpellier. He had organized the greatest hospital of the time in Montpellier and the Pope commissioned him to establish a similar one in Rome. Accordingly, he planned the Santo Spirito in the Borgo not far from the Vatican. This hospital the Pope officially commended and recommended to the bishops when they officially visited Rome. As a result, nearly every town of 5,000 or more inhabitants, in France, England, Spain and Germany came to have its public hospital in the course of the next two hundred years. (55) In Rome alone, between the eleventh and fifteenth centuries, inclusive, a total of thirty hospitals was build following the impetus given hospital building (56) by Guy of Montpellier.

The frequent epidemics which raged among pilgrims and soldiers of the Crusades going from the West to the Holy Land led to the foundation of hospitals and of Orders of Hospitallers in Palestine. The first hospitals there had been founded at the end of the sixth century by Pope Gregory I and had been afterward restored by Charlemagne who took

(57)

a great interest in the Christians of the East. The hospice of Saint John was established at Jerusalem before the first Crusades by a few citizens of Amalfi. This gave rise to the first order of Hospitallers called "Hospitallers of Saint John of Jerusalem" or "Joannites." (58) The order was composed of three classes, priests, knights, and attendants and by nature was semi-charitable and semi-military. Rules for the order were drawn up by Brother Gerard (d.1120).

During the Crusades the hospital of Saint John of Jerusalem, said to have accommodated 2,000 patients, accomplished a great amount of good. So famous did it become for its success in meeting the needs of the patients that the legend sprang up that Saladin, the Sultan of the Saracens, went to the hospital in disguise as a patient to see for himself if what he had heard were true. (59)

Another famous hospital in Jerusalem was that of Saint Mary Magdalene which was under the female branch of the Hospitallers. (59) It had another large hospital in the Holy Land and a number of branches in various parts of Europe to which the wounded and the sick were sent to convalesce. These hospitals became so famous for what they did in time of emergency, famine, flood, and epidemics that their work has been compared to the modern Red Cross. Incidentally, while speaking of the work of this female branch of the Hospitallers, one may say that in the history of the Christian Church (60) the care of the sick had never been confined wholly to men. In both the primitive Church and that of the Middle Ages the

women had participated largely. In the former, widows had been placed at the head of the list of those maintained at the expense of the church and in return they and the deaconesses had attended the sick women. In the Middle Ages Orders of Hospitaller Sisters had grown up and in the course of time they came to exceed in number those of the brethren. Among the oldest and most famous of these orders of Sisters were the societies of "Hospital Sisters of the Hotel-Dieu" of Beaume; the "Filles-Dieu" of Orleans; the "Sisters of Saint Thomas" of Villeneuve; and particularly the "Sisters of Charity" organized by Saint Vincent de Paul at Paris in the sixteenth century to assist the "Dames of Charity" in nursing the sick. (61) These were obliged to remain free from monastic vows. Somewhat similar to the Hospitallers in origin were the present "Sisters of Mercy." (62)

When the Crusades were drawing to a close the Hospitallers were organized as a military branch to protect pilgrims and convalescents on their way home. As a consequence of the services the order had rendered, it spread throughout Europe. After Palestine fell to the Turks the Joannites removed their seat to Rhodes and later to Malta, whence the names "Knights of Rhodes" and "Knights of Malta" which they bore. (63) In imitation of the Joannites or Knights Hospitallers other orders were formed. Among these were the "Hospitallers of the Holy Spirit", the "Hospitallers of Saint Lazarus" to care for the lepers, and the "Hospitallers of Saint John of God." (64)

Incidental to the Crusades was the spread of Saint

Anthony's Fire and leprosy which became prevalent in France, especially during the tenth and eleventh centuries. To combat the former Pope Urban II established the Hospitaller Order of Saint Anthony with its chief place at Vienne and for the latter was created that of Saint Lazarus. (65) By the end of the eleventh century leprosy was so widespread that leper hospitals and lazar houses were set up to care for its victims. The number of such institutions became so considerable that a bequest of Louis VIII in 1225 stated that in France alone they numbered more than two thousand. (66)

During the Crusades there had been an immense outpouring of charity to enable the Hospitaller Orders to do their work and the resulting good example encouraged a wonderful development of the hospitals throughout Europe almost immediately after the end of the Crusades. (67) The effect of this impetus continued for several centuries. Beginning about the eleventh and twelfth centuries the hospital was given an important place in architectural schemes and its designs were further developed in the Gothic period. Hospital construction reached its height about the middle of the fifteenth century. (68)

The Popes, especially Innocent III, did much to encourage hospital building. But such building was no longer confined to the clergy and the religious orders, but cities began to take an active part. By the Crusades free communication had been opened with the East and commercial enterprise aroused in Europe. Commercial expansion caused the city with its

new class, the bourgeoisie, to develop as an entity distinct from the feudal estate and village.

The growth of important cities affected the hospitals in two ways. First, it made a greater number of hospitals necessary to meet the new needs and, second, it made available more abundant means for charitable work. Where before humanitarian work had been almost solely in the hands of the clergy now the laity, moved by the general spirit of the time, lavished money upon hospital foundations. Public spirited individuals, guilds, brotherhoods, and municipalities gave money freely to establish and to endow them.

(69)
The Italian cities led in the movement. Monza in the twelfth century had three, Milan had eleven, and in the fourteenth century Florence had thirty. While activity in the German towns was not so pronounced, there, too, many hospitals were established. (69)
Stendal had seven, Quedlinburg had four, Halberstadt eight, Erfurt nine, and Cologne sixteen. The total number of hospitals founded in Germany between 1207 and 1577 was one hundred fifty five.

Just what share the municipalities took in founding hospitals is a matter of dispute. Some believe that in most cases the city authorities founded and endowed the city hospitals, but others think that between the twelfth and sixteenth centuries the municipalities made comparatively few donations, but that they often seconded private initiative with lands and subventions and gladly took over the direction

of such institutions once they had been established. But it is beyond question that the hospitals passed generally into the hands of the municipalities. This was particularly true of Italy and Germany. Transfers were easily made upon the basis of an agreement between the superior and the civil authority. This was effected in Lindau in 1307; in Lucerne in 1319; in Frankfort in 1283; and in Cologne in 1321. In some cases in which disputes arose as to the observance of the agreement the matter was referred to high ecclesiastical authority. The fact that such transfers were made did not imply opposition to ecclesiastical authority. It was only a part of the general development of the time. Public welfare depended in large measure upon these institutions in whose management the authorities needed to intervene.

Many of the hospitals that were constructed during these centuries were, of necessity, small, accomodating no more than seven, fifteen, or twenty five patients. In such, a limit was usually set by the founder or benefactor. For this type of hospital a private dwelling could suffice. But where the endowments were large some of the hospitals architecturally were among the most beautiful buildings of the Middle Ages. In many instances care was taken to get a good location for the hospitals. The bank of a river was preferred. Sometimes an artificial inlet was created to insure flowing water all around the buildings for coolness and for sewage disposal. The Hotel-Dieu of Paris was on the Seine, the Santo Spirito at Rome on the Tiber, the Saint Francis at

Prague on the Moldau, the hospitals of Mainz and Constance on the Rhine, and that at Ratisbon on the Danube. Sometimes the water course passed beneath the building. Some hospitals were build outside the city walls for the express purpose of providing better air and of preventing the spread of infectious and contagious diseases. The Santa Maria Nuova in Florence was an example of this and a good number were found in England. Among the latter was one at Canterbury founded by Archbishop Lanfranc in 1084. Usually the hospitals were a single story, rather high, with windows well up in the walls to avoid drafts. (72) Just below the windows ran galleries where the convalescent patients might sit in the sun and from which nurses might make observations. The wards were often built cruciform with an altar at the crossing where mass was said every morning. Sometimes the windows were of stained glass and the interiors decorated by the great painters and sculptors of the time. The floors were tiled; The kitchens were in separate buildings. Beautiful gardens (72) surrounded the buildings.

One of the most noted of the Gothic type of hospitals (73) was that of Ourscamp near Compiègne in France. Hospitals of this type had vast lofty halls, usually vaulted, with one or two rows of columns. They were provided with latrines and other accessories. Such buildings were spacious, lofty, well lighted, and admirably served the requirements of the time. (74) The size of the larger hospitals varied. The main ward at the Santo Spirito in Rome was 490 by 40 feet, that

of the hospital in Tonnere was 260 by 60 feet, that of Angers 195 by 72 feet, that of one in Ghent 180 by 52 feet, and that of one in Chartres 117 by 42 feet. Instead of the single lofty story, in many cities the tendency was to build several stories around an enclosed court. From this practice resulted a loss of light and ventilation, overcrowding, and progressively increasing danger from accumulated filth. (75)

The sixteenth century which in general saw radical changes in European civilization was a critical one in the history of the hospital. With the suppression of the religious houses in many countries after the revolt of the sixteenth century many of the hospitals began to run down. Then the traditions and institutions entered into a period of transformation whence emerged the "modern right of the poor." Up to this time everywhere in Europe confessional charity had claimed to be sufficient for the needs of the poor. It had created numerous hospitals and religious orders to care for the sick and infirm and the monasteries had administered alms. The tithe, necessary for parish charity, and the liberality of the faithful made possible the support of these ecclesiastical institutions. But even in the Middle Ages various signs attested the incapacity of the Church to meet adequately the needs of the people. In some cases the tithe had fallen into the hands of the laymen and no longer was used to relieve the needy parishoners. Sometimes the clergy themselves diverted to their own enrichment the funds accruing from pious foundations instead of using them to relieve the (76) (77) (78)

wretched. The blind practice of monastic charity of distributing alms to any who presented himself is said to have encouraged idleness and vice. Such conditions were general over all Europe.

Abuses had crept into the control of English hospitals to such an extent that in the "Articles on Reform" sent by Oxford University to Henry V, in 1414, complaint was made that the poor and the sick were cast out of the hospitals and left unprovided for while the masters and overseers appropriated to themselves the revenues. An English pamphleteer at the beginning of the sixteenth century wrote with some bitterness "Always the fat of the endowment is attached to the beards of the priests." In England the upheaval of the sixteenth century proved disastrous in many ways. The dissolution of the monasteries deprived the church of the means of support for the sick and of an organization through which to administer aid. In Germany similar spoliations took place so rapidly that reformers found it difficult to provide anything in the place of the old Catholic foundations. Luther confessed that no one took the place of the papacy in providing for the maintenance of the sick and poor. As a result of the Reformation in Protestant countries the foundations were rapidly secularized and the parish and the municipality provided the funds for charitable purposes.

In France the movement tending toward secular control advanced much more slowly than elsewhere. Here the measures taken by the king on the subject were connected with the

progress of royal authority and were a proof of the encroachment of sovereign power on that of the older power of the Church. (83) In France, too, the shift of control was associated with the development of the bourgeoisie which from year to year became more rich and powerful and invaded little by little the domain of administrative life. In the end, disorders of the management of hospitals, echoes of which went even to the Parlements, brought royal intervention. King Philip Augustus in 1200 decreed that all hospital funds should be administered by the bishop or some other ecclesiastic. (84)

The Council of Paris in 1212 took measures to reduce the number of attendants in the hospitals which the bishops declared were for the service of the sick and not for the benefit of those in good health. (85) At the Council of Arles (1260) it was enacted, in view of the prevalent abuses, that hospitals should be placed under ecclesiastical jurisdiction and conducted by persons who would "lead community life, present annual reports of their administration, and retain for themselves nothing beyond food and clothing." (86) Similar decrees were issued by the council of Avignon (1336). The Council of Vienne in 1311 prohibited the conferring of hospitals upon clerics as benefices. (87) The decree was aimed at an abuse which diverted the hospital funds from their original charitable purpose to the emolument of individuals. In the same year the Council of Ravenna, considering the waste and malversation of hospital revenues, ordered that the management, supervision, and control of these institutions should

(88)

be given exclusively to religious persons.

But the protests of synods and bishops were of little avail against the growing disorders. Even the Hotel-Dieu at Paris, which in the main had been well managed, began in the fifteenth century to suffer from grave abuses. After various attempts at reform the Chapter of Notre Dame requested the municipal authorities to take over the administration of the hospital, April 1505. (88) Accordingly, a board composed of eight persons, delegates of the municipality, was appointed and, with the approval of the court, assumed charge of the Hotel-Dieu.

By the sixteenth century, numerous complaints began to be heard against the beneficed clergy. These were charged with the administration of hospitals and hospices, but often diverted revenues to their own profit. The Council of Trent renewed the decrees of Vienne and, to look after the interests of the poor, confided the administration of property destined for their use to some capable solvent laymen, owners of property themselves, who should take an oath as guardian, and who on entering office should make an inventory of the property entrusted to their care. (89) They should render account of their administration in the presence of the bishop. In case of inefficiency or irregularity in the use of funds they should not only be subject to ecclesiastical censure, but should also be removed from office and be obliged to make restitution. The Council gave all inspection of the hospitals to the bishops who should visit each institution in order to

see that everyone connected with it discharged his duties faithfully. These enactments were repeated by provincial and diocesan synods throughout Europe. (90)

The civil authorities did not seem to have any part in the direction of the establishments. But somewhat later, either because the ecclesiastical power needed to fortify itself in civil authority or because the malversations of the clergy in the administration of the hospitals had shown the necessity for governmental interference, the government began to take some part in hospital control. Hospital abuses were denounced in official acts. Francis I; moved by the complaints that came to him, in an edict of 1543, gave to the bailiffs, senechals or other judges the supervision of the administration of the hospitals with the power of replacing the administrators. (92) Through his ordinary judges he directed an investigation of the use of the revenues of the hospitals for lepers and the lazar houses (Letters patent, Dec. 1543). "Reversing" foundations in which titles were undermined or stolen by the administrators or governors were pointed out. The governors had not lived on the places, but had farmed out the benefits and revenues and had let the buildings fall into ruin while the sick and leprous had been expelled or had been treated so badly that they had been constrained to leave and to become mendicants of the cities and villages. (93) In other letters (Jan. 1545) Francis I declared that the malversations by the clerics of the endowments for the poor were a contravention "of the holy canonical institutions and of the intention of the founders of these hospitals." (93)

The attempts at regulation and control of hospitals continued. Henry II, Feb. 1553, prescribed the use of the revenues; Francis II, July 1560, gave some further rules for administration; and Charles IX, 1561, admonished administrators to treat the sick more "humanely." Henry II had given the authority to visit the hospitals of his realm to the Chief Almoner; Francis I had delegated it to the royal judges. To this the bishops objected, but at the same time Parliament decreed that they alone should be permitted to visit, either in person or by deputy, with the royal judges. The Councils tried to introduce little by little the syndics or heads of societies and the most notable bourgeois into the hospital administration. Meanwhile, leprosy completely disappeared and the hospitals and lazar houses formerly used for leper patients were suppressed and eventually the revenues devoted to the general hospitals.

In a measure these edicts and canons tended to effect some change, but on the whole both seemed to be little observed. The objects had been worthy, but results did not come up to expectation. Regardless of who the administrators were they used their position to further their own interests by extending their prerogatives, by squandering property, and by arrogating to themselves powers which were not legally theirs. The famous edict of Charles IX (April, 1561) appeared in vain even though it was confirmed by the famous ordinances of Moulins and of Blois (May, 1579). The former enjoined officers of justice to render account to persons appointed

to control hospital property and provided that the poor should be cared for in their territory on the contributions of the community. The latter provided that administrators of hospitals should make an inventory of their respective institutions, but that such administrators should not include ecclesiastics, nobles, or officers, but simple bourgeois, good economists whose nomination for three year terms should be made by founders. Some slight advantage resulted. But neither Council nor king was able to remedy the underlying cause, the weakening of the religious faith and the resulting mental unrest induced by the changes of the Reformation. The beneficed clergy gradually came to regard property as belonging to them which had been merely entrusted to them. (97) In some cases foundations were seized by force and perverted from the object of the founders.

During the wars that ravaged France the laws were not enforced. Moreover, feudalism was master of all establishments in the usurped domains and the time had not yet come to suppress these enterprises and to submit the realm to uniform laws. But from this time on hospital reforms appear to have been followed up with more constancy and success. Henry III by the proclamation of 1581 declared anew orders for the reformation of hospitals, and instead of merely enjoining them took measures to put the order into effect by creating commissions to deal with the problems. (98) The desire for order gave rise also to the desire for unity in administering public aid. It seemed desirable to confer upon the

same person if not the direct administration at least the control and supervision of all charitable establishments. Therefore, the hospitals were expressly included under the control of the Grand Bureau of the Poor at Paris and of General Charity at Orleans. In the same hands were concentrated and unified the care of indigents and police control of mendicants.

In general, the seventeenth century was one in which the changes of the sixteenth century were confirmed and conformed to. In keeping with the tendency for monarchs to become absolute, some advance was made in France in strengthening royal control over hospitals. This did not mean necessarily an improvement of conditions within the hospital. Often quite the contrary may be assumed for Europe in general, for Jacobsohn, in his "Essays on the History of the Care for the Ailing", says:

"It is worthy of remark that attention to the well-being of the sick and the improvements in the hospitals and institutions generally had a period of complete and lasting stagnation from the close of the Thirty Years War (1648).----The hospitals of cities were like prisons, with bare, undecorated walls and little dark rooms, small windows where no sun could enter and dismal wards where 50 or 100 patients were crowded together, deprived of all comforts and even of necessaries. In the municipal and state institutions of this period the beautiful gardens, roomy halls, and springs of water of the old cloister hospital of the Middle Ages were not heard of, still less the comforts of their friendly interiors." (100)

But in France some effort at improvement was made. Henry IV ordered the Chief Almoner to proceed to a reformation of the hospitals, to suppress those which should be

diverted, and to unite their revenues to other establish-
 (101)
 ments which it was necessary to conserve. This work was
 largely accomplished by the Chamber of General Reformation
 (101)
 of Hospitals set up by Louis XIII in 1618. This group
 consisted of the Chief Almoner, four masters of petition,
 and four councillors of the Great Council. Most of the
 hospitals for lepers and lazar houses had already disappear-
 ed, but many places could show traces of endowments which
 had maintained them. If these were rents they no longer
 were paid, and if property such had been usurped. Those
 endowments which remained were now united to other hospitals.
 In the following reign of Louis XIV they served above all
 to endow the general hospitals which he practically origin-
 (102)
 ated.

Louis XIV established special hospitals for almost
 every need. He did this by creating the general hospital
 for the poor where mendicants, invalids, and orphans might
 be shut up. He ordered that these general hospitals should
 be established in each city and market town in all the
 (102)
 provinces of the realm. For their maintenance he attributed
 to them alms and many of the endowments that had been cut off.

But he did not provide that these endowments should aid
 the poor in the country ordinarily, hence these districts
 (102)
 were despoiled by giving the revenues to the city hospitals.
 In 1693, Louis XIV issued an edict dissolving the orders
 of Mont-Carmel and Saint Lazarus and took from them the
 property of the lazar houses which previously had been

given them. These properties he gave to the general hospitals for the benefit of the poor and sick of the places. This was done on the advise of the archbishops as well as on that of the intendants and the commissioners of the provinces. At the same time, a new Commission of Reformation was created which lasted up to 1705, but which did not accomplish much. When this commission was revoked all contestation was then sent by memorandum to the Chancellor to be decided. Louis XIV withstood the efforts of the episcopate to enforce the Tridentine decrees regarding the superintendence and visitation of the hospitals. Because of the great diversity of regime and the abuses that resulted therefrom by the proclamation of 1698 Louis XIV issued some general rules for such hospitals as had been aided by the union of the leper houses and for those that did not have regulations. In each hospital was set up a "bureau of direction", composed of members by right and by election, and a "general assembly", formed of the bureau of the old administrators and of the residents admitted to the assemblies of the city or of the community. The powers of the two organs were specifically fixed and the question of precedence, which had formerly caused so much trouble, regulated.

The general hospitals which Louis XIV considered as his most benevolent accomplishment were used as places of detention for mendicants where they were forced to work as well as in the public workshops which had been opened in the sixteenth century. The edict of 1656 which had estab-

lished the General Hospital of Paris had also given the administrators the right to administer justice, to inflict punishment and correction upon the poor, accompanied by the right to set up posts, pillories, and prisons and dungeons in the houses of charity. Even some troops of armed archers were permitted them. The edict finally gave them the power to make such police regulations as were considered convenient and to direct the use of funds entrusted to them. From so much potential power naturally some abuses soon arose. Among the first was the restriction upon the right of admission. In the distribution of charitable care it was soon evident that the country districts were entirely ignored while all was accorded to the cities. Within the hospitals a sort of monastic regime was developed in which the details of administration were directed and inspected by the administrators themselves. Bookkeeping was not made public, but was concentrated in a bureau. No efforts were made to correct this oversight and insensibly the old abuses were revived. The government appeared in the administration only to confirm some concessions of the octrois, to accord aids, or to authorize loans. Internal police and regulations, the care of the poor, of the old, of the children was confided to the administrators. By the old edicts they were clothed with absolute power. The love of authority naturally caused them to tend to recover it.

As a result of what was expected to be real reforms actual hardships were visited upon many. Since the twelfth

century at Maillezais the monastery had distributed two livre of bread or other provisions every week to all who presented themselves, poor or rich. The revenues which had made possible such liberality were now given to the hospitals of Fonteney and Rochelle. Thus had disappeared the two considerable alms known as the "Fete" which amounted to almost two hundred tons of wheat. At mareuil, the wretched had been given lodging and soup free, but the revenue to provide this was transferred to the Hotel-Dieu of Lusson by order of the Council of 1695. Here the dispossessed country poor had reserved to them the privilege of occupying four beds. But in many places these transfers had caused much bitterness. For these same hospitals which had been enriched refused to receive the sick and poor of the country. Thus while the reforms were necessary in many places because leprosy had died out and certain houses should no longer be retained, yet the changes made brought great detriment to the country districts which lost a great number of endowments and small hospitals which had aided them through the centuries.

The seventeenth century closed with the reign of Louis XIV. The new century was to see not only the theories underlying the administration of public assistance disputed and rejected, but the practices in its application changed. But before passing to a discussion of what was done in the pre-eighteenth century period for the care of particular groups of unfortunated and defectives it will be well

to say a word about the actual administration of hospital services.

In the early times the administration of the hospitals was a purely ecclesiastical function. In the decrees of the Councils of the Gallican Church were found the earliest enactments of rules or laws concerning the relief of the poor and sick. The first council at Orleans under Childebert (511) issued two canons devoted to this subject. In one of them it decreed that two thirds of the proceeds of the offerings or lands granted to the Church by the King should be used to maintain the clergy and the poor and that the other third should be spent in the redemption of prisoners. The second canon stated that the bishop should provide food and clothing, so far as his means would allow, to the poor and sick who were unable to work. The fifth Council of Orleans (549) forbade the unlawful use of any part of the alms bequeathed to the hospitals and enjoined upon the bishops the care particularly of lepers and the duty of supporting them so far as possible with food and clothing.

As the hospitals developed through the centuries the fact that the popes, too, manifested a genuine interest in the hospitals is shown by many pontifical documents. To insure the success of charitable undertakings and to protect them from molestation the popes gave them their favor and protection. They granted permission for hospitals to maintain chapels, chaplains, and cemeteries of their own. Sometimes they exempted hospitals from episcopal jurisdiction

and placed them under their own. Popes approved statutes, if necessary, intervened to correct abuses, and defended property rights of hospitals. At times they were particularly liberal in granting indulgences to those who showed an interest in the hospitals, such as founders and patrons, those who prayed in hospital chapels and cemeteries, or those who contributed funds or gave nursing services to these institutions.

When hospitals formed part of the monastery they were administered by an abbot or priest and the details were (112) prescribed by monastic rule. The statutes of hospital orders regulated minutely the duties of the "commander" who was at the head of each hospital. In other institutions the official in charge was known as the magister, provisor, or rector. (112) These were appointed by the bishops, chapters, or municipalities, sometimes by the founders or patrons. Laymen as well as clerics were eligible. Sometimes legacies were given on condition that the donors should control the administration. Saint Matthew's in Pavia was an example of this. On taking office the magister took an inventory, beginning within a month and finishing within a year. He was entrusted with the general superintendency and with the financial administration. It was he who received and assigned patients, also.

The rules most generally adopted in the hospitals were those of the Order of Saint John of Jerusalem, the Rules of Saint Augustine, and those of the Dominicans. The brothers (112)

and sisters serving in the hospitals were bound by their vows. The schedule of their duties was prescribed in detail, as were the details of their dress, food, and recreation. Penalties were inflicted for any violations. No employee of a hospital was permitted to go out unaccompanied, to spend the night out, or to take any refreshment other than water when outside.

The broadest possible charity was supposed to be exercised in receiving patients. All were admitted to the Hotel-Dieu in Paris. There hospital attendants were sent out at times to find and bring in those who needed attention.

When a patient entered the hospital he went first to confession and, if he were a Christian, received Holy Communion. According to his abilities the patient performed the duties of prayer, attendance at mass, and the reception of the sacraments. They were recommended to pray for the benefactors, the authorities, and all who might be in distress. Litany was said at nightfall. Persons of high station or noble rank often visited hospitals to cheer the patients. This was a custom of Catherine of Sweden, of Margaret, Queen of Scotland, of Mary, Duchess of Lorraine, and of Louis IX, King of France.

The regulations provided that the sick should never be left unattended and that nurses should be on duty at all hours. They also provided that in case of serious illness the patient should be removed from the ward to a private room where he should receive special attention. Similar care

should be given in maternity cases. Some records attest that in the Middle Ages attention was paid to cleanliness and comfort because they tell of baths, bedlinens, ventilation, and heating by fireplaces and braziers. (114)

In the course of centuries the development of medicine began to correspond to that of the hospitals. Medicine had grown from and had been rooted in superstition. In the Orient it had developed first in Egypt from whence its influence had spread to assyria, Babylon, Persia, and to the Hebrews. (115)

But it is to the Greeks that the West must look for the beginnings of its medical science. It was they who laid the foundations as a part of their general culture. During (116)

the Homeric period its practice was an esoteric art of the priestly class who appealed to the gods for aid. But not all of the sick could come to the temples. Travelling physicians set up out-patient clinics which some believe would correspond to our present day hospitals. Physicians came to be divided into classes as military doctors, general practitioners, midwives, and special attendants for the athletic games and contests. The desire for knowledge resulted in the establishment of medical schools, the most famous of which were Kos, Knidas, and Rhodes. Hippocrates (460-357 B. C.), the "Father of Medicine", was a graduate of the first mentioned. He was the first to rationalize medicine, to codify medical knowledge, and to esteem the art of medicine as an ethical, spiritual endeavor. With the founding of Alexandria and the spread of Greek culture there, (117) (118)

this city became a medical center whose influence was felt for some three hundred years (to the second century B. C.). Rome subjugated Greek power about 150 B. C. and largely took over Greek culture. During the Roman period Claudius Galen (b. ca. 130 A. D.) revived Greek medicine and completely restored the earlier Hippocratic ideas. But Greek medicine reached Europe largely through the Arabs who appropriated Greek science, philosophy, and literature and kept Greek culture alive during the Dark Ages.

During the Dark Ages in Europe (476-1000 $\frac{3}{4}$) the Church alone was the foster mother of science. The clergy were the only class that had any pretense to education. Until the school at Salerno was established medicine was entirely in the hands of Jewish and Arabian physicians who were custodians and conservators of Greek texts. In the course of this period, however, they developed two outstanding leaders, Avicenna (980-1037) and Averroes (1126-1198). At the same time throughout Europe there were also "vagrant quacks" and "stationary humbugs", but their practice was discounted by the Church on the ground that faith, prayers, and fasting were better than pagan amulets. The Church advised the sick to imitate the saints in enduring their sufferings.

Throughout the Middle Ages medicine remained almost purely dogmatic; men did not experiment to learn the nature of the human body and the effect of drugs upon it, but turned to Aristotle, Hippocrates, Galen, or Avicenna. Bitter rivalry between the Greek and Arabian schools resulted finally

in the triumph of the former about 1550, just before the
(126)
beginnings of research and experiment were made.

As the close of the Middle Ages approached medical
schools and universities began to rise. The first medical
school had been that of Salerno. Its origin is unknown but
(127)
Cumston accepts the theory put forward long ago by de Renzi
that it was not founded by Constantine the African, nor by
the Lombard princes, nor by the Benedictine monks but was
established by the physicians of the city who by their number
and by their learning attracted followers who preferred the
teachings of several to the following of a single master.
Whether these physicians were laymen or ecclesiastics is
unknown, but probability favors the former. The School of
Salerno may have been founded at the time of the fall of the
Roman Empire, but the first indirect mention of it was made
in 942. Its importance lay in its Greek teachings and in
the model and stimulus which it furnished for the founding
of other universities. Among these early universities
which usually began as assemblages of students in some
locality were: Paris (1110), Bologna (1113), Oxford (1167),
and Montpellier (1181), and in Italy the universities at
Padua (1222), Messina (1224), and Naples (1225). Many others
followed; the fourteenth and fifteenth centuries saw the
rise of the principal universities in Germany and the Slavic
countries (Heidelberg, 1386, Prag, 1348, and Vienna, 1383),
(128)
and Scandinavia and Scotland. It was through the medium of
the universities that physicians came to be regarded as

members of the 'learned profession.'

During this period of the Middle Ages when European medicine was slow in developing and even long after its rise, (129) the Jewish physician in Europe was both "used and abused."

Billings said that in the tenth and eleventh centuries that he was a 'sort of contraband luxury.' Both the rulers and the bishops made use of his superior scientific knowledge, but neither of them tolerated him on any other ground. The Council of Vienna in 1267 forbade the Jews to practice among Christians. Under the Western Caliphate Jewish physicians held a prominent place in Spain until their banishment in 1492. The School of Salerno used them until it had developed sufficient talent to get along without them. The same thing was true of Montpellier which excluded Jews after 1301. Although different Emperors continued to retain Jews as their personal physicians up to the time of the French Revolution, they were not allowed to study at European universities and, being excluded from the liberal professions they played little part in medicine during this period.

The Arabs made a direct contribution to European medicine in the fields of chemistry and pharmacy. The effect of this lasted long after the Mohammedan power itself had waned in Europe. The Arabians contributed a good share of (130) European materia medica. The Arabian pharmacists exploited and introduced a great number of new drugs; in particular senna, camphor, sandalwood, rhubarb, musk, myrrh, cassia, tamarind, nutmeg, cloves, cubebs, aconite, ambergris, and

mercury. They originated syrups, juleps, alcohol, and aldehydes; they invented flavoring extracts made of rose-water, orange and lemon peel, tragacanth, etc.

The foundation of great medical universities, somewhat later the formation of guilds by the physicians, and improved medical legislation caused the art of medicine in Europe to develop. But some of the legislation tended to retard its progress in spite of the good intention of those responsible for its passage. With the establishment of the School of Salerno European medicine had begun to rise. But as soon as monks and clerics had begun to practice medicine it was found inconsistent with the intention of Holy Orders that medical fees should be collected. The possibility that the sight of many aspects of the sick might offend modesty and that a practitioner might be the cause of the death of a patient also brought ecclesiastical disapproval. Accordingly, the Church issued a long series of edicts which were aimed not so much at medicine as at its malpractice. The acceptance of fees for attendance upon the sick was severely punished. Various Councils concerned themselves with similar problems--Clermont (1130), Reims (1131), the second Lateran (1139), Montpellier (1162), Tours (1163), Paris (1212), the fourth Lateran (1215), and Le Mans (1247). Their general effect was not only to stop the monks from practicing medicine, but to discredit the profession of the surgeon. The famous maxim of the Council of Tours that the 'Church abhorred the shedding of blood' not only brought the sometimes murderous

vagabond surgeon into disrepute, but by the weight of its authority, caused all surgeons to be regarded as inferior to the average practitioner. (133)

Thus surgery was long delayed in its development and during the transition of the Middle Ages became distinctly separate from medicine. Barbers, in the first place, had been trained for purposes of bleeding and shaving the monks. They owed their business largely to the fact that, after the monks were forbidden to wear beards (1092), smooth chins and shaving became fashionable. French surgery was the first to reach the dignity and profession of a science. In the thirteenth century, the College de Saint Come was organized at Paris (ca. 1210), constituting a gild the members of which were divided into two groups, the clerical barber-surgeons or surgeons of the long robe and the lay surgeons or surgeons of the short robe. (134) But the College aroused the opposition of both the barber surgeons and the Faculty of the University. In 1311, 1352, and 1364 royal decrees were issued forbidding the lay surgeons to practice surgery without being duly examined by the surgeons of the long robe. (134) In 1372, Charles V decreed that the barbers should be allowed to treat the wounded and should not be interfered with by their long-robed colleagues. The same thing happened in England where the surgeons formed a separate gild in 1368. They combined with the physicians about 1421 and the barbers obtained a separate charter from Edward VI in 1462. In this way barber-surgery (the surgery of the

common people) became 'wound surgery', that is, was restricted to blood letting and the healing of wounds.

In 1515 surgeons were finally admitted as a department of the University and barber surgeons were permitted to attend the lectures on anatomy and surgery. (135) In the sixteenth century surgery improved under the leadership of Ambroise Pare (1509-1590), Professor of the Surgical College de Saint Come and surgeon to King Charles IX, and Felix Wurtz of Basel (1518-1575). (136) By his invention of a ligature for large arteries which prevented hemorrhages Pare made amputations on a large scale possible. Although he was a barber's apprentice, he made several important improvements in surgical technique. But these were held as trade secrets and were not given freely to others for the general good of humanity. Obstetrics also advanced under Pare's discoveries. Until that time almost universally women were attended in child birth only by women midwives. Sometimes women even died from abdominal tumors rather than be attended by a male physician. Marked improvement in methods were instituted when men entered the profession of midwifery.

Even in the Middle Ages efforts were made to protect the people against the misuse of the medical profession. (137) In the year 1140 Roger II of Sicily issued an edict forbidding anyone to practice medicine without proper examination, under pain of imprisonment and the sale of his belongings at auction. Roger's grandson, Frederick II, in 1224 issued an edict of wide scope requiring a candidate for a license to practice to be properly examined in public by the masters at Salerno. The license was issued by the

Emperor himself or by his representative. Failure to comply with these provisions carried a penalty of imprisonment and forfeiture of property. The examination was based upon the genuine books of Hippocrates, Galen, and Avicenna. Before he took the examination the candidate must have studied logic for three years, medicine and surgery for five years, and have practised under some experienced physician for one year. (The candidate for surgery had to prove that he had studied for at least a year.) The physician was required to treat the poor for nothing; to visit his patients twice a day and once at night if necessary; to avoid collusion with the apothecaries, and to report them if they adulterated or substituted drugs.

(138)

The ancient Hebrews were the founders of public hygiene. The institution of social hygiene as a science was largely instituted by the Bible. Some of its precepts continued in force throughout the Middle Ages, particularly those relating to leprosy. But on the whole the proper importance of hygiene was not recognized, consequently was little stressed. Under Frederick II the sale of poisons, magic potions, etc. was made punishable by death; provision was made for regular inspection of drugs and apothecaries' mixtures. Some regulations were also made in municipal and rural hygiene, such as for the proper depth of graves and the suitable disposal of refuse. (139) Similar ordinances were made in Spain in 1238 and in Germany in 1347. A recent writer, Sudhoff, has brought to light a treatise on the hygiene of a crusading army which

was dedicated to Frederick II by Adam, chanter of Cremona,
(140)
in 1227.

Frederick II had a decided influence upon the learning of his time. His policy was strongly personal and caused the intellectual life to center in his court rather than in the universities. He issued a statute regulating the practice of medicine, surgery, and pharmacy throughout the kingdom of Sicily which had the effect of limiting the freedom of Salerno which had reached an enviable eminence without the help either of ruler or pope. In spite of his limitations upon Salerno Frederick II encouraged learning and founded a number of Italian universities including Padua, Messina, and Naples. Nor did he limit his patronage to Christian scholars, but aided Jews and Mohammedans as well. Frederick II's edicts did much to raise the standing of reputable physicians and to discourage the quacks.

The rise of medical universities had much the same effect. By the sixteenth century there were sixty which had been granted privileges by pope or king. The establishment of universities and the development of the science of medicine caused many hospitals to form departments in the schools. University towns developed large and important hospital facilities. Bologna and the Italian towns led the way. Paris and the schools of France followed. The hospitals of London and Edinburgh became great medical schools. Of these Saint Thomas was established in 1553, Saint Bartholemew in 1546, and Bethlehem in 1547, all in London.

This brief survey must suffice for a summarization of the developments in hospitalization and its related problems before the opening of the eighteenth century in 1715. At the same time special advancements in the care of dependents and defectives were taking place. The problem of the foundling, chief of the dependents, was rather closely related to that of the hospital, especially in the early centuries. Brief mention of the development of a technique and institutions for the care of the foundling will be made in connection with the survey of the special groups that demanded attention in these centuries and will supplement the consideration of the more general phase of humanitarian work. It will be of interest, therefore, to see what was being done for the foundlings, the helpless victims of neglect, and for the defectives, per se, the insane, the blind, and the deaf.

CHAPTER II

THE CARE OF FOUNDLINGS AND DEFECTIVES IN EUROPE PRIOR TO 1715

Ancient pagan nations commonly exposed unwanted or defective children. (1) Infanticide, which was not punished except in Egypt where the child's corpse was fastened to the guilty parent's neck for three days and nights, was practised as well. (2) Usually, however, a natural feeling prompted parents to expose their children rather than to slay them. Much frequented places where there was a greater chance of the child's being saved were usually selected. In Athens and Rome specially appointed places were set aside for the purpose. (2) Lycurgus and the Decemviri decreed that deformed children should be killed in the interest of a healthy citizenship. (3) Aristotle advocated the passage of laws which would compel the exposure of deformed children and also of all children in excess of a socially useful number and which would compel abortion whenever public welfare dictated the practice. (3) In his opinion these measures were necessary in the ideal state. Even Pliny and Seneca believed it wise sometimes to allow deformed and superfluous children to perish. In Rome the proportion of those rescued from the designated places was small. The purpose of such rescues was purely selfish for the Roman law made such children slaves. (3)

The explanation of the prevalence of the custom may

lie in the belief that the newly-born was not in the full sense a human being and in the belief that the individual (3) existed for the sake of the state. Christianity controverted such doctrines with the belief that human life is intrinsically sacred. Through its writers, priests, and bishops it condemned infant exposure and instituted the first systematic measures for their rescue. Early leaders in this work were Lanctantius, Tertullian, Justin Martyr, and Cyprian. (3) In the fourth centuries the Emperors Valentinian, Valerius, and Gratian, influenced by Christian teachings and practices, prohibited the practice and made infanticide punishable by death. (3) Justinian relieved foundlings of the disability of slavery and placed them under the patronage of bishops and priests.

The rescue of abandoned children was first undertaken by individuals. Jerome is said to have founded the first orphanage in Bethlehem. In the Middle Ages in France abandoned children were received by deaconesses and placed in a marble basin found at the doors of the churches for the purpose, with the assurance that they would be cared for. In this way a foundling asylum was said to have been founded by the Bishop of Trier in the sixth century. Such an asylum at Trier is mentioned in the seventh century, but the first of which there is authentic record was that established in Milan in 787 by the archpriest Datheus. (3) In the same year the Council of Nicaea determined that each large city should maintain such a house. (4) In 1070 a noted asylum for foundlings

was established at Montpellier. Innocent III had one erected in 1198 at Rome in connection with the hospital of the Holy Ghost.

During the thirteenth and fourteenth centuries there was a great increase in the number of such institutions established. (4) This was notably true of Italy. Important asylums included those of Einbeck (1200), Florence (1316), Nuremberg (1331), Paris (1362), and Vienna (1380). In the fifteenth century Garcias, Archbishop of Valencia, was a conspicuous figure in charitable work for foundlings, but his fame was eclipsed in the seventeenth century by that of Saint Vincent de Paul. (5)

Throughout the middle Ages most foundling asylums were equipped with a revolving crib which enabled persons to dispose of their children without themselves being detected. As a consequence, the number of abandoned children was greatly increased. (6)

The custom of establishing foundling asylums did not become general throughout Europe. In many places children continued to be left at the door of the church where they were tended at first by male nurses and then by the foster-parents. (7)

In France the means of caring for foundlings in the sixteenth and seventeenth centuries became quite inadequate. The general regime in force was that set up by an order of Parlement in August, 1552, which placed the maintenance and education of foundlings in charge of the seignorial justices

(8)

because of the profits attached to their fiefs. The lack of aids and asylums and perhaps the barbarity of the customs caused many children to be abandoned. The evil was sufficiently grave to call forth an edict from Henry II in 1556 to prevent such abandonment by making the act punishable by

(9)

death. In 1586 the Ordinance of Moulins charged each city, market town, or town to take care of its poor and included deserted children in this group. This ordinance proved difficult to enforce. Finally, an order of Parlement in 1667 and an Order in Council in 1681 confirmed the law of 1552. But since no provision was made as to the kind of aid owed to foundlings the lords strove to elude the burden placed upon them. The number of abandoned children continued to increase.

(9)

At Paris the original foundling asylum seemed to have been no longer in existence for the only institution of the kind mentioned was the "Maison la Couche" which had been opened in 1638 by a charitable widow who was assisted in her home near Saint Landry by two servants. Her facilities soon proved insufficient for the charge which she had undertaken. So badly was the institution managed that it became known as the "Maison la Mort." Her servants, wearied by the cries of the wretched children, began a scandalous commerce; they sold them to beggars who twisted and disfigured the children's limbs in order to excite public charity; they disposed of them to nurses whose own children had died and who procured foundlings to conserve their milk; and they sold

(10)

them to others who bought them to pass off as their own or to serve in magic operations. The price of these children was fixed at twenty sous. Through the pity of Saint Vincent de Paul, who was aided by Joigny, Mme. le Gras, and others, the hearts of the people were touched by these conditions. La Couche was converted into a public institution and placed under the direction of the Ladies of Charity in 1640. Through de Paul's influence King Louis XIII and the nobles subscribed 40,000 francs to carry on this work of child saving. Louis XIII gave the chateau of Bicetre for their asylum. But the surroundings did not prove favorable and the establishment was moved from place to place. Ultimately, this institution was superseded when, by the edict of June, 1670, the Enfants-Trouves was formed of the Maison de la Couche near Notre Dame, and the Enfants-Trouves of the suburb of Saint Anthony was established. These had an autonomous existence, but were attached administratively to the Hospital-General. The first endowment of the hospital of Enfants-Trouves was fixed at 12,000 livres. The edict had ordered a statement of the sums which should be paid annually by the seignorial justices of the city of Paris. But in 1675 the king, by his letters patent, united at Chatelelet all the seignorial justices and ordered that there should be taken, every year, on his domain a sum of 20,000 livres to provide for this expense.

This establishment of the Enfants-Trouves served as a model for such cities as Lyons, Rouen, London, Warsaw, etc. which also set up asylums for abandoned children. The result

was the number of foundlings increased continuously in proportion to the facilities provided for caring for them. (13) Early in the eighteenth century the care of the foundlings was to prove a serious problem. The problem was emphasized in the cities because outside the great towns no provisions was made for such children. Hence, city houses were over-crowded and laxly administered. (14)

This concludes the resume of the early efforts to care for the foundlings. These deserted children were unfortunates, but were not necessarily defectives. The account of the latter class will now treat of the insane, the blind, and the deaf and dumb.

after ancient times the condition of the first of these special groups, the insane, was long misunderstood in western Europe. There is evidence that the ancient Egyptians and Greeks treated the insane as persons suffering from disease. (15) The Egyptians not only used music and the beautiful in nature and art, but restored to recreation and occupation as remedial agents. There is recorded that a physician in Greece protested against the use of mechanical restraints in the case of the insane and advocated kind treatment, the use of music, and manual labor instead. But these teachings were largely lost sight of in the following centuries except as they were conserved by the Arabs.

Among the Romans treatises which have come down to us indicate that the treatment of the insane received some attention and thought. One of these treatises whose authorship is uncertain which is sometimes included among the works

of Plutarch, although often omitted entirely, attributed (16) to herbs and stones properties which were largely magical. Plants were named which acted as charms in curing madmen of their frenzy.

Thorndike says that the civilization of declining Rome was apparently not conscious, itself, of the intellectual decadence and the lack of scientific interest generally attributed to it, if one may judge by the writings of Firmicus. Firmicus, Latin Christian apologist and astrologer of the mid-fourth century, who flourished during the reigns of Constantine the Great and his sons was the author among other works of a book called Malthesis. (17) In his prospectus for the human race death, injury, and disease loomed large. Of the 174 passages in this treatise that dealt with disease, 37 were devoted to mental diseases, 13 of this number referring to insanity and 10 to lunatics.

Another Roman reference to insanity was found in the work of Marcellus, one of the first empiricists, who was said to have written somewhere near the first of the fifth century. (18) A passage was ascribed to him in which he described wolfish or canine insanity in which men imagined themselves to be wolves or dogs and acted like them during the night in the month of February.

The fact is familiarly known that the ancient Jews regarded the insane as being possessed of demons. Thus when Christianity, which was of Hebrew origin, spread through western Europe the idea of demoniacal possession came to

prevail as the pathology of insanity. Throughout the Middle Ages the insane were not thought of as being sick, but as possessed of devils which should be exorcised only by moral and spiritual agencies. (19)

When the victim of insanity was attacked by a milder form of the disease he was often treated by the spiritual means of pilgrimages. (20) Pilgrimages to shrines of certain saints who were thought to have special skill in the exorcism of evil spirits were prescribed. Although in the Middle Ages in Belgium the public executioner was ordered to drive wandering lunatics from the towns by flogging, one of the most noted of the shrines visited by the insane was that of Saint Dymphna at Gheel, Belgium. It seemed to have originated in the seventh century and became so famous that lunatics from all Europe were taken there for miraculous healing. Its fame spread until it became a resort for hundreds of the insane and even in the twentieth century provided homes, board, and care for nearly two thousand persons under medical and governmental supervision. Among other noted shrines and holy wells frequented by the mentally afflicted were Glen-na Galt in Ireland, the well of Saint Winifred, Saint Nun's Pool, Saint Fillans, etc. At Saint Nun's the treatment was to throw the patient backwards into the water and to drag him back and forth until the mental excitement abated.

Another superstitious cure was found in a twelfth century manuscript which asserted that the human race did not know the value of the vulture in improving health. It (21)

declared that if a vulture was killed under certain ceremonial directions and its gall taken in quite a mixture the dose would cure epileptics and lunatics. Ungents might also be made from the bark, leaves, and bits of wood of the fir tree, combined with saliva to half their weight and then further treated and used for mental disorders. To gems as well was attributed the power of routing the devil and of curing all sorts of diseases and infirmities. In curing insanity by means of the magnet the stone was to be moistened with the patient's saliva and drawn across his forehead while an incantation was repeated. Morbad, Bishop of Rennes (1035-1123), who believed in the occult virtues of gems said that adamant would cure the insane.

An experiment to cure epilepsy was frequently cited by medieval writers who followed Constantinus (ca. 1015-1087). It may not have originated with him and was apparently of Christian rather than of Greek or Mohammedan origin. The afflicted person was to be taken by his parents to church on the day of the four seasons and was to hear mass on the sixth day and also on Saturday. When he went again on Sunday the priest was to write the Gospel passage "This kind is not cast out but by fasting and prayer." This writing, supposedly, the epileptic was to wear, in which case a sure cure was promised, 'be he epileptic or lunatic or demoniac.' But the charm would not work if the person were the child of an incestuous marriage.

Saint Hildegard of Bingen (1098-1179) discussed the use

of herbs with medicinal properties which were effective
(25)
without the use of fantastic ceremonials. It was said
that insanity might be alleviated by shaving the patient's
head and washing it in hot water in which agrimonia had
been boiled, while the hot herbs themselves were bound in
a cloth first over the patient's heart and then upon his
forehead and temples.

Arnald, physician and teacher at Montpellier, in the
thirteenth and fourteenth centuries prescribed as a last
resort in the treatment for mania that the skin of the
patient's head should be cut in the form of a cross and
the skull perforated so that the noxious vapors might
(26)
escape from the brain.

When exorcisms, prayers, and fumigations failed
cudgeling of the patient was resorted to. Torture, scourging
(27)
and the most cruel punishments were used. At times victims
were even burned to death. Patients were whipped or other-
(28)
wise punished for referring to their monomania. Regarded
with abhorrence, the insane were often chained and thrown
into dungeons.

Throughout this same period the insane were treated
with much more consideration by the Arabs than they were
(29)
by the Christians. In Bagdad and Cairo were found orphan
and insane asylums, hospitals, schools and colleges, public
(30)
baths, etc. as well as Christian Churches.

An Arabian of the eleventh century, Constantinus
Africanus (ca. 1015-1087) was an importer into the West of

Arabian medical literature. He 'opened for the Latin lands the treasures of the East and consequently those of Greece.'⁽³¹⁾ Peter the Deacon (b.1107) wrote that Constantinus was born at Carthage (probably Tunis) and went to Babylon (Bagdad) from whence he went to various Oriental countries in a forty-years' quest for learning.⁽³²⁾ After his return to Africa plots to take his life caused him to escape to Salerno where, after a brief period of poverty, he was held high in esteem by Duke Robert Guiscard. He left the Norman court to become a monk at Monte Cassino where he remained until his death in 1087. His great contribution was the translation of Greek and Arabic authors. Peter the Deacon speaks of all his writings as translations from other languages. His authority was much cited during the twelfth and thirteenth centuries, usually under his name rather than those of the original authors. Among the works ascribed to him is one on melancholy which he said was an important malady and one particularly prevalent in the region of Monte Cassino. In his works are found a number of mentions of experience and its value. Superstition is comparatively rare in his writings. Such superstitions as did occur seemed to be limited to certain ailments of a mysterious character such as epilepsy and insanity, which Constantinus said the populace called divinatio and accounted for by possession by demons. In one of his superstitious treatments for epilepsy and phantasy he recommended that the binding on the head the fresh lung of an ox was good for frenzy.⁽³³⁾

The practice in Europe of caring for insane persons at shrines or of permitting them to wander about the countryside continued in most countries until the middle of the eighteenth century. (34) Those who were considered as a menace were sent to the ordinary prisons or continued to be chained in dungeons. In the course of time large numbers of lunatics accumulated in the prisons.

Eventually, a distinction between the insane and the criminal grew up which resulted in a separation of the two classes. Many of the insane were then sent to the cloisters or monasteries, particularly after these began to be abandoned. Thus Bedlam (Bethlehem Royal Hospital) was originally founded as a priory for the brethren and sisters of the Order of the Star of Bethlehem. When lunatics were first received there is not known, but there is a record of their presence in 1403. In 1676 Bedlam was rebuilt as an asylum for the insane. (35)

Charenton Asylum, a noted French institution, was founded just outside of Paris near the park of Vincennes. It, also, had formerly been a monastery and had belonged to the Brothers of Charity. (36) In 1641 it was converted into an asylum by means of a gift made to the Brothers by Sebastian Leblanc. For this purpose he gave a house with its appurtenances and dependencies. Later, in 1662, he added another house and several revenues to his original gift. These gifts were made on the condition that seven beds for the insane poor should be reserved for them at Charenton.

The realization of the necessity of segregating the

insane from the criminal came slowly, however, Even after such separation had been effected in the larger places in the provinces the insane and criminal long continued to be mingled. Even after the separation of the two classes had been generally effected no real change in the treatment of insane patients occurred. Far into the eighteenth century it remained a popular amusement to make up parties to go to the asylums to tease the demented. For a small fee one might have this privilege. It was not until near the end of the eighteenth century that anything was to be done to correct such conditions and to again treat the victim of insanity as one who was mentally ill.

Among the ancients, the blind, together with the crippled and the lepers, constituted the outcasts of society. They were kept quarantined outside the city limits where they became paupers and formed a menace to the passersby. Ancient peoples considered blindness the lowest degradation that could be inflicted upon man; hence, the eyes of an enemy were gouged out in retaliation. They knew little of the causes of blindness; as late as the fourteenth century Arnald warned against washing the head too often because of the danger of losing one's sight. He advised the use of tepid water for bathing the eyes and especially recommended urine or saliva from the person's own body. Among the Hebrews the maimed and especially the blind were thought to be debased in character. The Talmud compared the blind, the leper, the childless, and the pauper to the dead.

To counteract the prevailing idea that bodily ailments and defects were the punishment of sin special legislation was provided for the protection of the blind and the afflicted. The Jewish code contained special beneficent laws in reference to the blind, such as, "Thou shalt not put a stumbling block before the blind, but thou shalt fear thy God." (42) Sometimes ancient philosophers who believed in divination blinded boys or themselves in order to increase the power of the soul in divination. (43)

In ancient times no effort was made to educate either the blind or the deaf because of the prevailing idea that they had not the mental capacity for it. After the beginning of the Christian era, however, sporadic efforts were made to care for their creature comforts with here and there an effort to teach various handicrafts. There is record of a hospital established for the blind by Saint Basil at Caesarea, Cappadocia, in the fourth century, where special provisions were made for them and guides supplied them. (44) In the fifth century a refuge was provided for them by the hermit of Saint Lymnee (d. ca. 455) at Syr, Syria. He received them in special cottages and, among other things, taught them to sing the praises of God. About 650 a refuge exclusively for the blind, in the Middle Ages called a typhlocomium, was founded in Jerusalem. (44)

Similar efforts were made in the West. Early in the seventh century Saint Bertrand, Bishop of Le Mans, founded a hospice for the blind at Pontlieu in northwest France. (44)

In the eleventh century William the Conqueror, in expiation of his sins, is said to have founded a number of institutions in Normandy, including four hospices for the blind and other infirm persons at Cherbourg, Rouen, Bayeux, and Caen. (44)

But the first authentic public effort to aid the blind was not made until the thirteenth century when Louis IX founded the Hospice des Quinze-Vingts at Paris about the year 1260. (45)

Here three hundred blind persons were housed and instructed.

The common legend was that he founded it as an asylum for three hundred of his soldiers who had become blinded in the crusade in Egypt, but no mention of this intention has been found in the statutes which have been preserved. Inmates (46)

of the hospice formed brotherhoods among themselves to which the king gave special statutes and privileges. The Hospice des Quinze-Vingts has been increased by subsequent additions and still assists the blind today. (47)

In the course of the following centuries a number of similar institutions sprang up throughout Europe. One that was less extensive than the Quinze-Vingts was established and endowed by King John the Good in 1350. Provision here was made for one hundred twenty blind persons which in 1837, according to Dufau, was reduced to ten. A hospice for the blind was said to have been erected in 1305 at Bruges in Flanders by Robert de Bethune in gratitude for the courage shown by the people in repelling an invasion (1300) of Philip the Fair. A similar foundation was made at Ghent by Peter Van der Leyden about 1370. Brotherhoods

of the blind were formed, particularly at Chartres, Caen, Chalons, Meaux, Padus, Memming, Frankfort, and Hull.

Possibly they were given other instruction than catechisms and trades, but so desultory and so inadequate were the means provided that the problem of their education was unsolved. From the time of Saint Louis to the eighteenth century there are records of isolated cases of blind persons who were educated and of efforts to devise tangible apparatus (48) to aid them, but so far as known all were with little success.

Girolamo Cardano (1501-1576), an Italian mathematician and friend of San Carlo Borromeo, conceived the idea that the blind could be taught to read and write by means of touch. (48) He devised the scheme whereby they should trace by means of a steel bodkin or stylus the outline of each letter of the alphabet, engraved on metal, until they could distinguish them by the sense of touch and reproduce them on paper. He did not suggest, however, how to write on a straight line with uniformity of space between the lines. At Rome, in 1578, Rampazetto, another Italian, produced prints in (49) intaglio for the blind from large letters carved in wood.

His work was dedicated to Saint Charles Borromeo. In 1580, Franklin Lucas, at Madrid, engraved letters in wood for the instruction of the blind and dedicated his work to (49) Phillip II. These letters were sunk in wood rather than raised, so that the outlines could not be followed so readily with the finger tips.

In the seventeenth century, about 1640, Pierre Moreau,

notary at Paris, had movable letters cast for the use of the blind, but he lacked the means to follow up his undertaking. (50) But various books on the subject began to appear. In 1646 a book on the condition of the blind was written by an Italian and was published in Italy and France under the title of "L'Aveugle afflige et console."

George Harsdorffer in his work, "Deliciae mathematicae et physicae," published at Nuremberg in 1651, described how the blind could be taught to name and imitate letters engraved in wax. (51) Another book was written in 1670 on the instruction of the blind by Padre Francesco Lana-Terzi. (52) This Italian Jesuit suggested, as an improvement on Cardano's invention for the blind, a guide consisting of a series of wires and strings arranged in parallel lines at equal distances from one another, to secure straight writing and uniformity of space between lines. In "Prodromo" he described an invention of his own by which the blind might be taught to correspond with each other by a secret code.

In 1676, Jacques Bernouilli, a Swiss teacher at Geneva, taught Elizabeth Waldkirch, a blind girl, to read by a method similar to Cardano's, but the means of her instruction were not made known. (52) After four years she was able to correspond with her friends in German, French, and Latin, all of which she spoke fluently at fifteen. She knew almost all of the Bible by heart, was familiar with philosophy and was an accomplished musician.

This summarizes the chief advancements made in the

efforts to care for and educate the blind before the eighteenth century. Not until near the close of that century was further advance to be achieved in this particular field.

Deafness, too, has presented its problems to task man's ingenuity in overcoming the handicap of his fellow man and of giving him a more nearly equal opportunity to live a normal life. Firmicus did not find deafness and blindness so prevalent as insanity, however, for only five mentions of each are made in the total of one hundred seventy four (53) passages. Many of the ancients regarded deafness as a curse from heaven and looked upon the deaf as being on the mental level of idiots and incapable of helping themselves. So, along with other defectives, they were usually destroyed (54) as soon as the deafness was apparent. If not destroyed, the deaf person was regarded by his family either as a disgrace or as a burden to be kept in isolation. Later, the civil rights of the deaf were abridged by the Justinian code which forbade one who was deaf from birth to make a will or bequest and placed him under the care of a guardian who was responsible for him to the state. But if the deaf person lost his hearing after he had been educated and could either speak or write he retained his rights.

Several instances are given in ancient times of deaf persons suddenly recovering their hearing under stress of strong emotion. (54) Herodotus gave the story of a deaf son of Croesus who recovered his speech when he saw his father about to be killed, and Geleius made a similar reference

to a certain athlete. Aristotle seemed to consider that the deaf-mute could not speak because of some defect of intellect, but Hippocrates realized that the reason was simply because the deaf did not know how. Both Pliny the elder and Messala Corvinus mentioned deaf-mutes who could paint.

Few, if any, realized the true mental condition of the deaf before the Christian era. Christ's healing of the deaf is recorded in the New Testament. (55) Following Christ's example of kindness and consideration toward both the deaf and the blind, the Church has extended charity toward them and has sought to open other sensory channels to compensate for their lack of hearing and sight. The Talmud recognized that the deaf could be taught, but one of the early Christian fathers, Saint Augustine, is generally credited with the statement that they could have no faith since 'faith comes by hearing only.' (56)

During the Middle Ages the belief that deafness could be cured prevailed. (57) One cure advanced for it was made from the heart of a weasel which had been caught under prescribed conditions. The heart was dried and placed with wax in the ear and was said to benefit either headache or deafness. In the twelfth century Hildegard in "Subleties" said that ailments of the head whether physical or mental might be remedied by cutting off a lion's right ear and holding it over the patient's ear, just long enough to warm it, and at the same time to say 'Hear adimacus by the living God and the keen virtue of a lion's hearing.' The process was to be

repeated many times.

The earliest notice of an effort to teach the deaf was found in Bede's "History of the English Church" in which he records, as a miracle, an instance in which John, Bishop of Hagulstadt, about 690, caused a person who was never before able to speak even a word to repeat letters, syllables, and even words and sentences after him. Saint John of Beverley, in 721, is reputed to have caused a deaf and dumb youth to speak by making the sign of the cross over him. Bede himself invented a system of counting on the hands and described a manual alphabet in his "De Loquela per Gestum Digitorum." In his "manual speech" as he called it, he used numerals to indicate the number of the letter of the alphabet; but it is not known that he intended this alphabet for the use of the deaf. Rudolph Agricola, the distinguished humanist (1443-1485), stated that he saw a deaf and dumb man who was able to converse with others by writing.

It was not until the sixteenth century, nevertheless, that much was heard of anybody who was interested in the deaf. But in that century definite interest in the deaf was shown by numerous persons. One of these was Girolamo Cardano (1501-1576), friend of the blind as recounted above, who stated that the deaf could be instructed by writing after they had been shown the signification of words, because their mental power was unaffected by their inability to hear. He announced his principle thus: 'Writing is associated with speech and speech with thought, but written

characters may be connected together without the intervention of sounds. The deaf can hear by reading and speak by writing.⁽⁶⁰⁾

It is possible that Ponce de Leon was lead to undertake the instruction of the deaf and dumb by the principle announced by Cardano.

Pedro Ponce de Leon (1520-1584), a Spanish Benedictine monk, undertook the education of several deaf-mutes (related in his work discovered in the archives at Ona)⁽⁶¹⁾. He stated that he taught pupils who were deaf and dumb from birth to speak, to read, to write, to reckon accounts, to repeat prayers, to serve at the altar, and to confess orally. Some he taught language and science. He first taught his pupils to write the names of objects and then to articulate. A contemporary writer, Francesco Valles, said that Ponce de Leon's method proved that although we are first born to speak and then to write, the reverse order answers the same purpose for the deaf.⁽⁶¹⁾ Other witnesses of his work were Panduro and de Morales.⁽⁶¹⁾ The latter gave an account by one of Ponce de Leon's pupils of his education. He also told that Ponce de Leon addressed his scholars either by signs or writing and that they replied by speech. It appears that this teacher committed his method to writing. Although the work has been lost it was probable that, in turn, his system was put into practice by Juan Pablo Bonet.

This Spanish Benedictine monk had succeeded in instructing a brother of the constable of Castile, a person who had been deaf since the age of two years.⁽⁶¹⁾ Bonet's method of

teaching was outlined in the first published treatise on the art of deaf-mute instruction, "The Reduction of Letters and the Art of Teaching the Dumb to Speak" which appeared in 1620. He described how in his teaching he had made use of a manual alphabet and had invented a system of visible signs representing to the sight the sounds of words. He also gave a description of the position of the vocal organs in the pronunciation of each letter. His method of teaching corresponded to what is now called the combined system.

Letters were reduced to their phonic values. He urged that finger spelling and writing should be used. The connection between all three should be shown the pupil, he thought, but the manual alphabet should be mastered first. He taught nouns by pointing to the objects which they represented and expressed verbs by pantomime. The value of prepositions, adverbs, interjections, and the tenses of verbs could be learned by repeated use, he believed. He advocated that the pupil should be educated by interrogation, conversation, and carefully graduated reading. Sir Kenelm Digby met Bonet in Madrid and testified to the success of his work. One hundred years later this work proved an excellent guide to (62) Abbe de l'Epee in the early part of his experience in France. It furnished him with the manual alphabet which he used in his instructions in Paris and which is used today in most of the schools for the deaf and dumb on the continent of Europe and in America. Bonet's work contained many valuable suggestions useful to modern teachers of articulation

and lip reading.

Mere mention must suffice for a number of men whose names are connected with the advance of training for the deaf. Boniface, using every part of the body for conversational purposes, worked on signs. ⁽⁶³⁾ Saint Francis de Sales on a missionary journey met a deaf-mute whom he took into his service and succeeded in communicating with him by signs and prepared him for confession and Holy Communion. ⁽⁶⁴⁾ Peter Montans, in 1635, published hints on the instruction of deaf-mutes. ⁽⁶⁵⁾ Lanza-Terzi (1631-1687), Jesuit naturalist and physician, in his 'Prodrómo dell'Arte Maestra' considered the education of the deaf, which according to him, consisted in their 'first learning to perceive the dispositions of the organs of speech in the formation of sounds, and then imitating them; and recognizing speech in others by lip reading. ⁽⁶⁶⁾ To that end they should first utter each sound separately, read it on the lips of others, then join syllables into words; next they should be taught the meaning of these words by being shown the objects signified, and gradually be made acquainted with the meaning of those which relate to the functions of the senses, the arts, the understanding, and the will.'

Among the more important writers in the interest of the education of the deaf and dumb was John Bulwer, the first Englishman to treat of the deaf. ⁽⁶⁷⁾ He was the author of three works, "Philcophus", "The Deaf and Dumb Man's Friend", published in 1648; "Chirológia", "The Natural Language of

the Hand", published in 1641; and "Chironomia." In these he enlarged upon Sir Kenelm Digby's account and argued about the possibility of teaching the deaf by speech. He proposed to use pantomimic signs as a means of teaching language, but seemed to have no practical experience in the art.

Densing who died in 1666 in his writings, recommended writing, signs and, on occasion, lip reading as the helpful modes of teaching the deaf. (68)

Dr John Wallis (1616-1703) is more important than the preceding though it has been disputed whether he was not indebted to his predecessors for some ideas. (69) He was a professor of mathematics in the University of Oxford and was the first practical teacher of the deaf and dumb in England. He taught by writing and articulation. He took the trouble to classify to a certain extent the various sounds. Wallis maintained that language should be taught when the pupil had first learned to write and the written characters should be associated with some kind of manual alphabet. He believed the names of things should be given first and then the parts of those things, as for example, the body, then arm, foot, eye, etc. He would teach the singular, then the plural, etc. In the preface of the fifth edition of his "Grammatica Linguae Anglicanae", first published in 1663, he said that he not only corrected stammering or otherwise defective articulation, but that he instructed two deaf mutes to articulate distinctly. In addition, he added that

he also taught them to understand the meaning of language and thus to use it in speaking, writing, and reading. In a letter to the Honorable Robert Boyle, dated 1662 and published in 1670 in 'Philosophical Transactions', he anticipated the fundamental idea of the school of De l'Epee and Sicard that one may learn to form conceptions in written as well as in spoken language and that in the work of deaf-mute instruction one may proceed from certain actions and gestures which have a natural signification to convey ideas not already understood. (69) One of his pupils, the son of the mayor of Northampton, in May 1662, was examined by the Royal Society and was exhibited before the king and the nobles. In his letter to Thomas Beverley, published in 1698, Dr. Wallis gave a concise explanation and outline of a method of teaching deaf-mutes the use of language without resorting to exercises in articulation.

Dr. William Holder read an essay before the Royal Society in the year 1668-69 on the 'Elements of Speech.' (70) He added an appendix concerning the deaf and dumb. He described the organs of speech and their positions in articulation and suggested that pupils should be taught the sounds in the order of simplicity. But he believed the pupil must learn to write first and then must associate the letters with the manual alphabet. Holder saw that dumbness is due to a lack of hearing and that speech could be acquired through watching the lips of others, even though this would be a wearisome task. He urged teachers to be

patient and to make work as interesting as possible. He declared that command of language would enable a deaf person to read a sentence from the lips of another by the general content even if he did not catch every word.

George Sibscota published a work in 1670 called 'The Deaf and Dumb Man's Discourse.'⁽⁷⁰⁾ In this he contradicted Aristotle's theory that persons are dumb because of defects in the vocal organs and expressed belief that this was only because they had never been taught to speak. He maintained that they could gain knowledge by sight; that they could write, converse by signs, speak and read lips.

About George Dalgarno (1626-1687) more is known.⁽⁷¹⁾ He was born and educated in Scotland, but was master of a private grammar school at Oxford at the time he published a work, in 1680, under the title of 'Didascalocophus' or 'The Deaf and Dumb Man's Tutor.' He believed that the deaf have the advantage over the blind in opportunities for learning language. While he admitted that articulation and lip reading could be acquired to a degree, but, he said, not so as to be useful, he would substitute written language and a manual alphabet in the instruction of the deaf and dumb. He favored constant spelling on the fingers, but no signs. To meet this need he devised a double handed alphabet similar to that now commonly used in Great Britian. The letters were made on the joints of the fingers and on the palm of the left hand.

Baron von Helmont (1618-1699) of Holland also published a small tract in 1667 in which he showed how the deaf might

be made to understand others when speaking. He treated of the work of the vocal organs. Amman said that Von Helmont had discovered a manual alphabet and used it to instruct the deaf, but that he had not attained very good results.

John Conrad Amman (1669-1724), a native of Schaffhausen, Switzerland, but a physician of Haarlem, taught a girl, deaf and dumb from birth, to articulate. In 1692 he published an essay, 'Surdus Loquens,' 'The Deaf-Mute Speaking.' He made no secret or mystery of his work, but in his 'Dissertation de Loquela' which was published in 1700 he described the means by which the deaf and dumb from birth may acquire speech. It was only after a pupil had attained considerable success in articulation and lip reading that Amman taught the meaning of words and language. But he was one of the most successful teachers and his work was of service to Heinicke and others. His principles and methods, however, were not perpetuated by the establishment of institutions in Holland.

Although Germany cannot claim originality in the field of the education of the deaf and dumb several works published in other countries were translated into German and their teachings put into practice. Among the earliest to take up this work were Kerger (1704) and Raphel (1673-1740).

The efforts of these men mentioned above comprised the bulk of what had been done to meet the needs of the deaf and dumb before the eighteenth century. They had gone much farther than what had been accomplished correspond-

ingly for the blind and far beyond any conception that aid could be rendered for the insane.

PART II

THE PROBLEM OF EIGHTEENTH CENTURY FRENCH
HUMANITARIANISM

CHAPTER III

EARLY ERA OF THE EIGHTEENTH CENTURY, 1715-1760:

"PIETY AND PATERNALISM LIGHTEN THE PROBLEMS OF PATHOLOGY"

For a real historical definition of the eighteenth century the inclusive dates are not the conventional 1701-1800, but rather 1713-15 to 1813-15⁽¹⁾. These latter dates mark significant events in the history of Europe, the deaths or removal of rulers typifying the century just ending and notable treaties revising the international structure. At both periods (1715 and 1815) great changes in the map of Europe took place, in the one case by the Peace of Utrecht and in the other, by the Congress of Vienna. In this study the eighteenth century has been divided into three periods: the early, 1715-1760; the middle, 1760-1790; and the late, 1790-1815.

A brief word will suggest general European conditions and particularly those in France in the early period of the eighteenth century. By the treaty of Utrecht the diplomats of Europe tried to perfect the balance of power. France was permitted to retain her former conquests and "defensible frontiers", but her neighbors, Austria, Holland, Prussia, and Savoy were so strengthened as to forestall future French aggressions. Efforts to preserve the peace by coalitions or congresses, etc. were made from time to time under the direction of Fleury and Walpole between 1720 and 1756.

The death of Louis XIV in 1715 ended his long reign of seventy-two years and marked a definite break in the trend of absolutism which his reign had epitomized. (2) The splendors of his court and the magnificance of his armies had dazzled Europe for many years (almost forty of which had been devoted to warfare), but his religious policy and his draining expenditures left his nation industrially exhausted and financially burdened. Fenelon is authority for the statement that France at that time was an enormous hospital, a nation whose population was declining and one tenth of whose people were beggars, with millions actually (3) dying. This was the heritage bequeathed to Louis XV, a child of five years at the time of his great grandfather's death, with whose reign the early period opens. Until Louis XV reached maturity France was ruled by the Regent, Duke Philip of Orleans. This rule has sometimes been designated as a time of experiments; councils composed of nobles and bourgeois replaced secretaries; the Parlement of Paris was again permitted to remonstrate against the royal decrees, although it was banished when it attempted to exert its power. John Law's financial schemes raised French hopes of national solvency, but in their outcome (4) retarded all economic progress in France. On the death of Orleans, Cardinal Fleury assumed control of France. He endeavored to promote domestic prosperity and to increase French influence in general in Europe by giving up a policy of territorial aggrandizement and by advocating

a policy of peace in which France served as mediator and protector of weaker states. Under his rule, which lasted until 1743, industrial life was revived and the population was replenished, largely by immigration of the Flemings, Germans, Swiss, and Savoyards.

After Louis XIV's dominance had been broken in the early part of the new century there developed a reaction against a policy of repression. A spirit of religious skepticism and intellectual liberalism began to appear. Rationalism in the form of a tendency to subject all things to the test of reason and common sense began to dominate the cultural, the economic, the religious, and the social life. The new basis of thinking, the inductive, replaced the old deductive method. The overseas influence was beginning to be felt and to stir the imagination of writers, philosophers, and scientists. Naturalism crept into cultural expression in literature, music, philosophy, etc. Stories of adventure in the novel, drama built upon everyday occurrences, new developments in science, all presaged the great advances and popularization of the central period. But it was the philosophes, particularly, whose ideas were to have the most far reaching effects. (5) The ideas of natural rights and of progress were popularized. Before the mid-century the pen of Montesquieu had produced "Persian Letters" (1721), "The Spirit of Laws" (1748). Voltaire had issued "Philosophical Letters Upon the English" (1733).

Diderot and Rousseau were writing, also. Near the opening of the next period the latter published three works, "New Heloise" (1759), "Social Contract" (1761) and "Emile." But the greatest intellectual stimulus of the age was provided by the French Encyclopedia. This ponderous work of seventeen volumes was the outgrowth of an effort to revise Chambers' Encyclopedia. Started in 1751 and not completed until 1765, it represented the philosophy and ideas of the leaders of thought in France who constituted a group of the most outstanding thinkers of the age in all Europe. This group of Encyclopedists included: D'Alembert, Diderot, Abbe de Condillac, Holbach, and (6) Voltaire. These men sought to collect and to systematize all the facts of science and history in order to create a new philosophy of life and the universe with which to replace what they deemed an old and outworn system. Bury says that they carried on a campaign against authority and superstition by indirect methods, but that they were not sceptics but were men of ideals, of positive purposes, and of social hopes. (7) The dissemination and credence of the ideas contained in the Encyclopedia which has been called "the central work of the rationalistic movement (1715-1789)" brought the beginning of the break with the old regime. By the close of the early period the leaven of the new philosophy was beginning to permeate the thinking of the intelligent everywhere in Europe.

In the economic field statism was still supreme.

Mercantilism with its "balance of trade," "colonial pact," and paternal protection" was the accepted policy of nations. But here, too, another group of thinkers including Quesnay, Mirabeau, and Mercier, later known as the Physiocrats, was beginning to challenge and to displace these economic theories.

The aftermath of the seventeenth century counter-reformation has sometimes been described as "The Sleep." In general both Catholics and Protestants showed less ardor and activity and more ritualism and skepticism. Ruffini says that toleration might be said to ebb and flow throughout the century. ⁽⁸⁾ In France, although Orleans the Regent had hoped to restore the edict of Nantes, he was dissuaded and persecution of the Huguenots continued. When Louis XV came of age he increased the persecution. In Austria Maria Theresa opposed toleration, but in Prussia Frederick II favored it.

In keeping with the intellectual stimulation induced by the rising influence of the philosophical thinkers there was theological unrest as well. During the two preceding centuries the clash between science and religion had become evident. Men had been driven to reject all discoveries which trenched in any way upon the doctrines of revealed religion or to reject dogma where it was weakened by new knowledge or else forced to attempt to reconcile the two. ⁽⁹⁾ Criticism of the Church and clergy grew with the advance of the century.

In spite of the general indifference attributed to the early part of the century there was a wave of revivalism sweeping certain sections of Europe. In Germany the Moravians under Count Zinzendorf (1700-1760) were moved by a strong missionary impulse. Between 1726 and 1740 they began to send missionaries to the New World, especially to Greenland, and to a number of the English colonies, particularly Georgia and Pennsylvania. The Danish government and the German Pietists took a direct part in sending missionaries to India. Even this early, medicine, which was to play such an important part in later missionary endeavors, without deliberate design, took an important place in the gaining of land and missionary footholds in India.

This period also saw the rise of the Methodists with their strong appeal for a personal religion. But Methodist work was more directly a home missionary movement than it was a foreign one. But among the many hymns which were written at this time, particularly by Watt and the Wesleys, there were some with a distinctly missionary theme.

In France during the seventeenth century under the supremacy of absolutism social life lost its spontaneity and charm and had come to express chiefly traditionalism and conventionality. The social life of the eighteenth century continued to perpetuate this conventionism with its artificiality, its class inequities, and its discrim-

inations. The privileged status of the clergy and the nobility survived also along with their control of most of the state functions. ⁽¹⁴⁾ The legal barriers between the classes increased rather than lessened as the century progressed. Nevertheless, the system of peasant land ownership was strengthened and perpetuated. Although land holdings remained burdened with manorial dues until the Revolution this very burden tended to consolidate ⁽¹⁴⁾ peasant ownership. Living conditions were tending to rise with better housing, the use of stoves, and the introduction of new foodstuffs from the Americas.

The transformations which were to change the aspect of the entire social world had their beginning in this early period. Men were coming to feel a responsibility for the well being of their fellowmen and to express this obligation in a sort of paternal benevolence. Such practical problems as health, hygiene, mendicity, criminality, and education were attracting the attention of thinkers as did the philosophical questions of natural rights and natural laws, etc. Locke and other liberal leaders had done much to arouse such interest. The Pietists like Basedow and Thomasius and such Pacifists as William Penn, the Quaker, and Abbe de Saint Pierre with his "Project of Perpetual Peace" (1713) also did much to influence attitudes.

In this period which held the potential factors of change which should develop into activity in all

phases of life in the next period it will be interesting to note the state of humanitarian work in France. For the purpose of comparison a glimpse of English activity at the time is pertinent because England had produced some notable thinkers who had influenced to a marked extent the political thought and intellectual development in France which were to dictate the later social policies of the country.

The English capitalist of the eighteenth century had a great influence upon English philanthropy. On first attaining wealth he often squandered his money upon showy and expensive amusements, clothing, and carriages, but later as the position of the bourgeoisie in political and social life became assured, he turned his attention to a kind and paternalistic interest in the sick and un-
(15)
fortunate. In 1715 the English gifts for charitable purposes were considerable in amount. In the next year, 1221 charitable schools, 120 of which were in London, were established which accommodated some 30,000 children.

Up to 1720 the gifts were comparatively few in number and largely from the royal family. But with that
(15)
year a new era in philanthropy opened. In the winter of 1720 great sums were made on South Sea stock. The winners spent money on fine costumes, showy equipages, and splendid estates to attract public notice. Perhaps with a feeling of real sympathy, they indulged in philanthropy as well. A sum of 2,645 pounds was given to a

Society for the Relief of Widows and Children of Clergymen. Mr. Guy founded a general hospital, named Guy's Hospital in his honor, and freed 350 men who had been imprisoned for debt. The hospital was opened January 6, 1725 for "relief by physick or surgery, of sick persons whose illness were of so severe a nature as to lead them to be deemed incurable." In 1719 Westminster Hospital began as a dispensary, but gradually rose to the status of a general hospital and later became a medical school. This institution was founded by a group of charitable persons who had previously co-operated in the relief of sick prisoners who were confined in Newgate, the Clink, and other prisons of London.

This wave of hospital building became quite general in England. Hospitals were set up in the great centers of population and in the provincial towns local hospitals or infirmaries were established. Some of these institutions which at first were designed solely for the use of the sick and needy later developed into centers for the advancement of medical knowledge. Among the most important hospitals in addition to Guy's and Westminster may be listed the following: in London Saint George's (1733) The London in White Chapel begun as an infirmary (1740) Middlesex (1745) and Smallpox Hospital (1746); in the provinces, Salisbury (1716) Cambridge (1719), Bristol (1735), York (1740), Devon and Exeter (1741); in Scotland, Edinburgh (1736) and Aberdeen (1739); in Ireland, Cork

(1720-22), and in Dublin, Jervis Street (1726), Steevens
(1733) and Mercer's (1734).⁽¹⁹⁾

This philanthropic activity of the wealthy was said to have been more characteristic of the English than of the continentals.⁽¹⁹⁾ In France as the eighteenth century advanced the number of foundations increased, but they usually went to hospitals which were already established rather than to found new ones.⁽²⁰⁾ The institution of small hospitals, so common in the Middle Ages, became much more rare. Nevertheless, instances are cited of the founding of some small institutions.⁽²¹⁾ Maitre mentioned a hospital at Blain that started with but two beds and 100 livres of revenues for support in 1729 and which increased its beds to ten with a school for poor children as an annex. There was also a school and hospital conducted in this place by the Sisters of Thomas de Villeneuve. In Noyalle a Dr. Bonniell did not content himself with giving his services free to the poor, but set aside two rooms in his home for hospital purposes. Another touching instance of liberality was found in Witz where the rector, having no property to give, left his furniture to the hospital of Conde to found a bed for the benefit of the inhabitants of Witz.

Up to this time popular medicine in France had consisted of some recommendations and prescriptions in hygiene and therapeutics.⁽²²⁾ Some of the doctors had published numerous general treatises or practical manuals

on the diseases most frequent among the people and set forth the means of avoiding or of curing them. But in spite of this much was lacking to supply the medical and surgical needs of the people. In the cities there were perhaps often sufficient doctors, surgeons, and midwives pensioned by the municipalities or by the intendants to give their care free to indigents. In the country, however, such practitioners were insufficient in number and poorly trained. At the same time the surgeons exercised a commercial profession or a manual trade.

In the face of great need the government tried to organize in the country districts a service of public health and of medical assistance. Provision was made for three types of service: the free distribution of remedies; special service in time of epidemics; and training for midwives.

The idea of distributing free remedies had originated under Pelisson, director of stewardships, in the seventeenth century about 1680. Under d'Aguesseau, successor of Pelisson, the custom of sending these free medicines to the bishops, administrators of hospitals, lords of the parishes, cures, and Gray Sisters was begun. The service was then interrupted for a while, but early in the eighteenth century was revived.

These "remedies of the king" were reduced in bulk so as not to be expensive to transport. They were designed to combat inflammatory or intermittent fevers,

inflammation of the lungs, catarrhs, pains in the
 intestines, dropsy, inflammation of the eyes, and rheum-
 (23)
 atisms.

Following some Orders in Council of March, 1721
 and June, 1722, there was distributed each year between
 1721 and 1734 at the expense of the farmers general
 100,000 doses or portions and between 1735 and 1768,
 (23)
 126,910. These medicines were not sent to the cities,
 but were reserved exclusively for the country districts
 which lacked hospital facilities. All public establish-
 ments and hospitals were generally excluded from these
 benefits. In the provinces also the government distributed
 information as to approved methods of treating certain
 (24)
 maladies.

Archives and the contemporary writers show that the
 financial situation of the French hospitals in the eight-
 eenth century was poor. Although the larger city instit-
 (25)
 tutions received most of the foundations in this period
 even they had a hard struggle to survive. Up to the close
 of the early period the hospitals were supported by private
 liberality and some fiscal levies and special octrois.
 Attempts were made to meet deficits by collections and
 volunteer alms and by the special liberality of the lord
 or bishop of the place or of the administrators, or even
 of the nuns. In spite of this they usually turned to
 (26)
 the king for aid. He might give either alms, fiscal
 rights, or sums from the public treasury. Also in the

eighteenth century two new institutions were set up and the proceeds used to support charitable establishments. (27) These were the Loterie Royale and the Caisse des Hospital. The lottery had been used under Louis XIV and continued in use despite the protests of Parlement.

In the discussion of the seventeenth century mention was made of how royal power took possession of the right to visit hospitals. This was the duty of the Chief Almoner but does not seem to have been done consistently. Even the general hospitals which were official foundations had ended by being confounded with the hotels-Dieu where the sick and even incurables and insane were received. As depots of mendicity these were administered by commissioners of direction without any other control. (28)

In order to have the hospitals receive the invalid mendicants who should be sent them as in the past and also those who were well whom it was necessary to continue to interne there, the king issued the Proclamation of (29) 1724. According to this, mendicants were given fifteen days after the promulgation of the law in which to find work for themselves. When committed to a hospital the invalids should be occupied in spinning, while those who were well should be grouped in military forms of twenty men each under command of sergeants. They should be paid a fee, but should be compelled to work on bridges and highways. They had the right, however, to retire to the parish of their origin or to join the troops of the king.

In the hospitals mendicants were treated like
(29)
condemned persons. For two months they were put on
bread and water. In case of a second offense this treat-
ment was extended to three months and the delinquent
was marked with the letter M. The third time men were
sent to the galleys for five years and women were intern-
ed for a like period. Each general hospital maintained
a register in which was entered a description of each
mendicant. Through the intermediary of a central bureau
established at Paris, information was sent from one
establishment to another as well as to the police and
constabulary officers. The entire success of the scheme
depended upon the co-operation of the hospitals. Wherever
such institutions were lacking the authorities were
authorized to lease appropriate houses in the neighbor-
hood for the purpose. After a proclamation of 1700 and
an ordinance of 1720 the government of mendicants and
vagabonds had been entrusted to the constabulary. But
many errors had been made in arrests. The Proclamation
of 1724 did not prove any more satisfactory. Within a
year two consequences were noted: first, the number of
mendicants was increased; second, the price of their
support was increased. The hospitals proved too small
to handle all those whom it was necessary to shut up
and it proved impossible for the king to meet the nec-
essary expense entailed. This expense proved very great,
mounting to six millions within three years. Then, too,

the administrative formalities had the effect of impair-
(30)
ing efficiency. Cooperation of administrative officials
was hard to secure. The constabulary was unable to en-
force the law, so that many mendicants remained at liberty.
As a consequence, it was found expedient to revoke the
law in 1733 and to free all mendicants who had been
(31)
interned.

As the eighteenth century advanced the number of
French foundations decreased considerably, due not to
hostility to public aid but due to the general trend of
the time. The first edict that speaks of royal authoriz-
ation for charitable foundations was that of August, 1749.
(32)
Up to then a number of royal letters of confirmation had
been issued which had approved the manner in which the
establishments were administered and which gave them
several advantages. Among the privileges which had been
granted by the letters were those of the right of receiving
certain revenues such as various penalties administered
by justice, exclusive revenue of the sale of meat in Lent
and other articles at all times, the privilege of making
goods in workshops of the institutions in spite of corporate
privileges, etc. Exemption from taxation was almost a
right, and the ease of making gifts and legacies was very
great. Both Parlement and the royal power were very
favorable to foundations.

A study of the period shows that a process of evol-
ution was now tending to place the control of all types of

(33)

assistance in the state. In their distress institutions had been obliged to appeal to the government for aid. They not only acquired the habit of receiving privileges and fiscal rights from the king, which for many formed the main part of their revenues, but some had come to depend almost entirely on the royal treasury. In England there was a growing conviction that indiscriminate charity was not an unmixed blessing, for the English found that such almsgiving defeated its own end. State control in France was further strengthened by an edict of 1749, due to Chancellor d'Aguesseau, which prohibited houses of charity acquiring landed property.

(34)

(35)

Public opinion exercised a decisive influence upon public aid in the eighteenth century. This reinforced royal authority when it opposed the hospitals and tended to legitimize an intervention of the state in the administration of charity which became more and more marked. In spite of their private origin public interest was the aim of the hospitals and the state, recognizing this, subordinated them to its guardianship. The hospitals felt the effects as the state encroached upon the power of the Church.

(36)

Under Louis XVI many and diverse new institutions for public welfare were set up. The state aided in the construction of such institutions and sometimes even cooperated in the maintenance of hospitals, although such service was usually assured by particular foundations or subsidies of the cities. As noted in the mention of their origin under Louis XIV the formation of the general hospitals

(37)

tended to centralize assistance in important cities. The intendants ordinarily supervised and at times intervened in the administration of the communal hotels-Dieu. In the eighteenth century new hospitals were largely under their supervision and were built under the direction of the engineer of the province. (37)

This summarizes the hospital developments of the early period in themselves. A brief outline of the advancement made in the related problems of medicine and surgery will be given.

Seelig summarizes the attitude taken by various writers toward the eighteenth century development in medicine. He says that Haas interprets it as a "period of humanitarian idealism and general enlightenment;" that Pagel characterizes it as a "century of clarification" in which art and science assume a more dominating position; and finally that Garrison describes it as a century of "theories and systems" based on tedious and platitudinous philosophizing." Each writer can amply justify his position in certain phases and periods of the century. (38)

Although much of the basis had already been laid, modern medicine is said to have had its beginning about 1720. Modern physiology had started with William Harvey (1518-1607), systematization of chemistry with Robert Boyle (1627-1691), histology with Malpighi (1628-1694), and the application of the microscope in the study of medicine (39)

by Anthony van Leeuwenhoek (1632-1723)⁽⁴¹⁾ who was not a physician and by Ruysch (1638-1727). Du Verney had already made known the structure of the bone.

The French Encyclopedie on Dictionnaire Raisonne which is very rich as a contemporary source of the scientific ideas of the eighteenth century divides the science of medicine into the following divisions: anatomy, hygiene, pathology, physiology, semeiotics, and therapeutics.⁽⁴²⁾

The seat of medical science in the eighteenth century was central Europe, with France assuming more and more leadership as the century advanced.⁽⁴³⁾ But because of the many favoring factors such as the perfected knowledge of other sciences the nature of the government, the emoluments, etc. medicine in this period "flourished with the most glory"⁽⁴⁴⁾ in Great Britain. Paris, however, was the greatest surgical center of the world. But practical medicine was not geographically limited to any one region. Medical thinkers felt the quickening stimulation of the philosophical thinking of such philosophers as Leibnitz, Rousseau and Voltaire.

All related sciences made advances during the century, notably physics, chemistry, botany, zoology and biology. Descriptive gross anatomy had been well done in the preceding century, but some new advances were made. Pathology, physiology, and histology were now intensively developed for the first time.

Many names crowd the scientific rosters of whom

only a few can be mentioned. Margagni (1682-1771), a pathological anatomist, made important contributions to anatomy, Spallanzani (1529-1599), a comparative physiologist, was one of the founders of bacteriology who attacked the theory of spontaneous generation. Vieussens (1641-1717) had done valuable work on the nervous system. Other notable contributors were Winslow (1669-1760), Senac (1693-1770) Ferrein (1693-1769), the Rioli, Drelincourt, a professor at Leyden, Marand and Bertin.

At the opening of the century medicine was dominated by a group of men known as the great systematizers. Hoffman (1660-1742) and Boerhaave (1668-1738) the latter of whom the Encyclopedia terms "the greatest theorician we have had as well as a great practitioner" were the leaders of the iatromechanistic movement which was founded on the theory that physiology and medicine are based on mathematical principles. Boerhaave is said to have founded the "Eclectic School" or the system of picking here and there the best of the theories and ideas and attempting to correlate them on the basis of how they fit in with bedside observations. Stahl (1660-1734) developed the theory of animism which considered the soul (assumed to be an isolable entity) to be the cause of every vital Phenomena whether in health or disease. Cumston says that although these leaders had as their purpose the development of a theory of medicine that should embrace all the known facts that they did not produce anything

(52)
 original. The second part of the century partially
 included in this era, saw the development of a new set
 of theories. (53) These included that of irritability by (54)
 Haller (1708-1777) noted physiologist who the Encyclo-
 pedia said, had enriched physiological commentary by
 an infinite number of observations, (55) that of stimulum (56)
 by Brown and Girtamer, and that of vitalism by Borden and
 Barthez. (57)

An interesting step in preventive medicine was the
 development of inoculation against smallpox. This began
 in the first quarter of the century by the introduction
 of an Oriental practice of inoculating with virus. In
 1717 Lady Montague had her son inoculated with human
 vaccine at Constantinople against pox which were common
 in the East. (58) The practice of inoculation was beginning
 tentatively in England by 1721 and by 1740 its use was
 general. (59) In France, in 1727, Voltaire had begun to
 agitate against smallpox and was aided in his campaign
 by D'Alembert. (60) But the diffusion of vaccine was there
 long opposed. The question brought forth long discussions
 and numerous polemics. The Dictionary of Trevoux called
 the practice 'a perilous and detestable invention.' (61) Some
 high scientific authorities like Dr. Antoine Petit favored
 it as did many of the popular writers. In 1756 the Duke
 of Orleans had his son, the Duke of Chartres, inoculated
 by Tronchin, Genevese doctor. But in spite of the agitation
 and notable examples of its use, the prejudice against

(62)
 it persisted. The police regulations of Paris forbade its use within the city (to avoid contagion from the impurity of the air.) Orleans took similar measures. It was not until after 1760 that inoculation against smallpox made much advance in France.

Quesnay (1694-1774) well known Physiocrat and contributor to the Encyclopedie was a noted French physician and surgeon. (63) In 1730 he successfully opposed the theories of bleeding advanced by Silva. He served as secretary of the Academy of Surgery which was organized in 1731. In 1749 he published a treatment on suppuration and one on gangrene. Because of his defective eyesight he gave up surgery for medicine and in 1749 he became a court physician as attendant for Madame de Pompadour. Shortly after (1752) he attended the Dauphin who had smallpox. Quesnay was so successful that the king appointed him as his personal physician and conferred a patent of nobility upon him.

While the medical leaders mentioned above were busy in various parts of Europe France was not producing many noted clinicians. She had an able group of teachers at the University of Montpellier, but they spent their time trying to formalize doctrine rather than in enriching the content of practical medicine. (64) But in other countries medicine assumed a practical phase. Anatomical lectures were reported in England in 1730. (65) Incidentally, the reason advanced for the slow growth of medical charity

was that all services of medical men for the poor were of necessity gratuitously given. Except at Leyden, Holland, there was no clinical instruction before 1745 when an ambulatory clinic was established at Prague which lasted a year. In 1745 a clinic of twelve beds was organized at Vienna. In England a chair of clinical medicine was established at Edinburgh in 1741, but not at Oxford until some forty years later. In 1757 Cullen began to lecture on medicine in English instead of Latin. Great Britain specialized in the hospital medical school such as Guy's Hospital (1732) and Edinburgh Hospital (1736). A feature of the period was private instruction such as Smellie gave in obstetrics, Cullen in internal medicine, Black in chemistry, and the Hunters in anatomy, surgery and obstetrics.

Obstetric instruction was first given at Strassburg in 1728, followed by a school for midwives, and at Vienna in 1748. German schools for the purpose were founded about the middle of the century. Private instruction in midwifery was first given by Gregoire, Senior, in Paris in 1720. Instruction in classes in medical schools was not organized until near the close of the century. Accouchment had long been neglected in France for two reasons: first, the indifference of countrymen of whom the curé of a little parish in Champagne somewhat later said that men had more regard for the care of their cows than they had for their wives; and second, the neglect

of the enforcement of legislation affecting midwives. Not until the reign of Louis XIV had any guarantees of capacity been demanded. In 1679 the lieutenant of police in Paris had decreed that every midwife should pass an examination at the School of Surgery of St. Côme and should be sworn. Now shortly after the beginning of the eighteenth century these requirements were renewed by another decree (1722) and by an order of Parlement (1726). A royal proclamation (1736) required that midwives in the cities of the provinces which had suitable corporations should have a two-year apprenticeship in a Hotel-Dieu or at the home of a private mistress. Those who practiced in the market towns were required to present themselves before a magistrate.

During most of the eighteenth century the status of surgery was very low everywhere in Europe except in France. In 1699 French law had classified surgery among the liberal instead of the manual arts. In France the surgeon had risen socially because Felix had successfully treated a fistula for Louis XIV. As a result, Felix and Mareschal, his successor, were made royal surgeons. In 1724 Mareschal persuaded Louis XV to create five chairs of surgical instruction at Saint Côme. At this the Paris Faculty revolted and staged a public demonstration against Saint Côme, but the doctors were driven away. Further encouragement was given surgery when by an edict of September, 1724, lieutenants of the chief surgeon of

the king were placed in the important cities and were given general jurisdiction in all the realm with the duty of applying professional regulations. (73)

A royal proclamation of 1743 definitely separated the surgeons and barbers of France and organized a system of examinations from which barbers were excluded. An order of 1756 conceded to masters in surgery the honors, distinctions, and privileges of cities. They were no longer to be listed in the roles of the arts and trades. Some practical schools of Colleges of Surgery were created in the provinces, also. A Royal School of Surgery on the model of that of Paris was created at Orleans in 1759. Here three professors were to teach the principles of surgery, osteology, obstetrics and anatomy. Demonstrations were to be free and public. In 1760 a royal ordinance forbade barbers-hairdressers entering schools of surgery which they had encumbered and in which they had provoked quarrels. Thus, by these various means the dignity of the study of surgery was assured in France. (74) (75)

Another step in the rise of French surgery was the foundation of the Royal Academy of Surgery, composed of some seventy members, founded by La Peyronie, an eminent surgeon of Montpellier, and by Mareschal. The former devoted his fortune to the advancement of surgery. He founded a professorship at his own expense at Saint Côme and provided an assistant for each of the professors who occupied chairs founded by him and Louis XV. He also

obtained four chairs of surgery at Montpellier. Each professor was obliged to lecture to both surgeons and midwives. At his death, he left by will a legacy of annual prizes in surgery, his two houses in the Grand Rue, and 100,000 francs with which to build an amphitheater at Saint Côme. Because of the activities of (77) Peyronie Paris became the surgical center of the world.

In France the Hospital of Charity, The Convalescents, The House of Charenton, and the Royal House of Sante a Momtrouge practised surgery. Special courses were given the monks for their technical education. In 1730 a new method of cutting was invented by the Brothers of Saint John of God. Their excellent skill in surgery caused the master surgeons to take umbrage which brought forth a royal edict of control a little past the middle of the (78) century.

Some of the noted French surgeons of the period included Frere Jacques whose skilled method of operating for stone so aroused the jealousy of the surgeons of Paris that he felt compelled to retire to Besancon in (79) 1716. Frere Jean de Saint Côme was a follower in the method of Frere Jacques, although he modified it to some (79) extent. Other notable French surgeons of the period who also helped to make Paris a surgical center during the century were Jean Louis Petit (1674-1750), inventor of the screw tourniquet, the first to open the mastoid cells, etc., and Dominique Anel (1628-1725) and Alexis

(80)
Littre (1658-1725).

Something of the development of surgical methods, technique, instruments, machines, bandages, etc. of the century is clearly shown in the supplementary plates of the French Encyclopedia. Many of the notable publications of the period are listed as well. (82) Among the publications cited are: Carlii, *Elementachirurgica* (1717); Cantarini, *Chirurgica accommodata al uso scolaresco* (Padua, 1715); Banier, *Methodical Introduction for the Surgery* (London, 1717); Dubon, *Idee des principes de Chirurgie* (Dresden, 1734); Gorter, *Chirurgia repurgata* (1742); and Faye, *Principes de Chirurgie* (Paris 1746).

Another group of thirty three interesting plates shows the developments in the study of anatomy. (83) These illustrate the skeleton, muscles, various organs, circulatory system, etc. The plates are taken from the works of Morgagni, Ruysch, Vieussens, Haller, Duverney, Drake and others.

During the early period England had no surgeon of the first rank. (84) Here, too, in 1745, through the good offices of Mr. Ranby, sergeant surgeon to the king, the surgeons and barbers were formally separated. In Germany little advance was made in the status of surgery before the time of Frederick the Great. (84) Owing to the need for competent surgeons in the Prussian army the *Theatrum Anatomicum*, founded in 1713, was expanded in 1724 to include a *Collegium Medico-Chirurgicum*. The *Charité*

Hospital at Berlin was founded by Frederick William I to furnish clinical instruction to students of the Collegium. After the Silesian campaign when he found his army deficient in surgeons, Frederick II sent medical cadets to Paris and Strassburg to complete their medical education. In 1743 he secured twelve French surgeons with assistants to look after his troops. In 1748 a Collegium Medico-Chirurgicum was set up at Dresden. In Russia, Peter the Great opened the Admiralty Hospital in 1716 and the Dry Land Hospital in 1717; the latter was rebuilt in 1733.

Little was done during the period to advance hygiene, the science of public health, or pathology, the science of the cause of disease. Early in the century G. William Leibnitz had shown that large hospital units communicated contagious diseases and he recommended small units or the pavillion system. Frederick William had urged upon hospital staffs that precautions for sanitation be taken. In France, municipal or royal administrators in many cities were facing the problem of furnishing the residents with water that was fit to drink. In Paris some public fountains had been installed and their inspection provided for. But the question of uncontaminated water was to prove a question of heated discussion in the next period. In 1749 and 1750 Rouen and Amiens were endowed with fountains.

Sanitation and hygiene in the hospitals was negligible.

As enthusiasm in their building waned they became filthy and insufficient for the needs of the time. Garrison says that "in respect of cleanliness they sank to the lowest level known to history."⁽⁸⁷⁾

Turning from the hospitalization phase of this study we find, on the whole, the early period of the eighteenth century saw comparatively little new work being done for the foundlings or for the defectives other than the deaf. The status of the foundling in France differed little from that of the seventeenth century. To meet the needs in the provinces the general hospitals and the hotels-Dieu received foundlings and looked after their education.⁽⁸⁸⁾ The king aided in this work and promised compensation to institutions for their expenses and for the advances made by them for the purpose. He proposed to secure this money from the royal treasury. Necker later estimated that from twelve to fourteen millions were thus spent annually for many years for the foundlings of the provinces.⁽⁸⁸⁾

But abuses resulted from the privileges given to foundlings.⁽⁸⁹⁾ Throughout the realm their number increased in proportion to the facilities for caring for them. Since the asylums for their care were confined to the large cities children were transported to these institutions from the provinces. Their transportation became a regular trade.⁽⁸⁹⁾ In 1722 an effort was made to find the number that was brought to Paris. The estimate was that of a total of six and a half thousand received in the

first ten months of the year almost one third had been brought from the provinces. Officials made some effort to control the situation, but the laws regulating the matter were so poorly enforced that transportation continued on a large scale.

Conditions in England resembled those in France. The Foundling Hospital of London was incorporated in 1739 "for the maintenance and education of exposed and deserted young children." Addison had suggested such a charity (Guardian No. 3), but Captain Thomas Coram was really responsible for its establishment. He stated that the object was "to prevent the frequent murders of poor, miserable children at their birth and to suppress the inhuman custom of exposing new-born infants to perish in the streets." At first no questions were asked about the child or parent, but applications became so numerous that a system of balloting with red, white, and black balls was adopted. In 1756 the House of Commons resolved that all children offered should be received and that local receiving places should be appointed all over the country and the funds should be publicly guaranteed. The age of admission was raised from two to twelve months. A veritable flood of children poured in from the country workhouses and in less than four years fifteen thousand children were presented. As in France a trade of transporting children grew up among the vagrants. Only about a fourth of the children received at the Asylum lived to be apprenticed out.

So great was the expense that the House of Commons decided to discontinue indiscriminate admission and threw the hospital upon its own resources, whereupon the Hospital resorted to taking children only when money was presented for their care. (91)

In Dublin a Foundling Hospital which had a large income from a duty on coal and other resources had been opened in 1704. (91) Scotland seems never to have had a foundling hospital at all. (91) In 1759 John Watson left money to establish a hospital for pregnant women and to care for their children as foundlings, but an act of Parliament, 1822, declared that the propriety of the original purpose was in doubt and gave the money to trustees to build a hospital for the maintenance and education of destitute children. (91)

In the care of the insane no advance of particular merit was made. There is record of a large legacy left for the care of incurable lunatics by a wealthy philanthropist of London. Saint Luke's Hospital for the insane was also established in London in 1751. (92) But the general condition of the insane that prevailed throughout Europe is described by Garrison when he says: "Bad as was the condition of the hospitals in the eighteenth century the treatment of the insane was worse. They were chained or caged when housed, or, if harmless, were allowed to run at large....." (92)

Little practical work was done for the blind, but

the effect of blindness upon the mental and moral nature of man engaged the thought of the philosophers. In 1749 Diderot's work on this subject, "Lettre sur les aveugles a l'usage du ceux qui voient" was published. In this work he described "The Blind Man of Puisaux" who taught his son, though not blind, to read by means of raised letters. (93)

Dr. S. G. Howe, who later translated the letter said that it contained not only many errors of fact and inference, but had many provocative suggestions as well. Because of the heterodox speculations in which he indulged in his "Letter on the Blind" Diderot was imprisoned for three months in the Bastille. The necessity of his services in the preparation of the Encyclopedia of which he and D'Alembert were the editors caused his release. While Diderot was in prison Rousseau visited him and suggested, (94) it is said, a system of embossed printing.

Other philosophers were interested in the philosophical phase of blindness and its effect on the mind of man. Among the group were Locke, Leibnitz and Molineau. (94)

Thus most of the attention given the problem of the blind was devoted to speculative philosophy and little practical work for them was attempted at this time.

As in the period prior to 1715, more of a practical nature was being done to aid the deaf than for either of the other groups of defectives. By 1743 the practicability of teaching deaf-mutes had been shown by the success of Father Vanin and others in Paris and by Rousset in Nismes. In 1749 a demonstration of what he had accomplished (95)

in teaching deaf-mutes was given before the Academy of Sciences in Paris by Pereire.

Jacob Rodrique Pereire (1715-1780), a Portuguese Jew, was one of the pioneer deaf-mute educators in France. (96) He had begun his experiments by teaching his siter who was a deaf mute. When he had proved successful with two additional pupils the duc de Chaulnes placed his deaf godson, Sabroureaux de Fontenay, under his instruction. Within five years the boy was able to speak and to read lips. Periere's method is but partly known. Barnard stated that those familiar with him said Periere had profited by the labors of Wallis, Bonet and Amman. He used a manual alphabet which indicated the pronunciation of the letters and some combinations. He depended almost entirely upon reading and writing and used signs only when it was absolutely necessary. His teaching of language was based on action where possible and abstract ideas were not introduced until the latter stages. (97) (98)

Arnold said of the work of Periere: 'His efforts were confined to a privileged few and from this circumstance, as well as his keeping his method secret, his work, unlike de l'Epee's had no lasting effect upon the deaf as a class.' (99)

An early German teacher of the deaf, George Raphel, had published in 1718 an account of the method he had used in teaching his three daughters who were deaf and dumb. (99)

But the most significant work of the entire period was that undertaken by the Abbe de l'Epee (Charles-Michael) (1712-1789) who established the first school for the deaf (100) in Paris in 1760. This notable philanthropist had studied theology, but on his refusal to sign a condemnation of Jansenism was refused ordination by the Archbishop of Paris. He then turned to the study of law and was admitted to the bar, when the Bishop of Troyes consented to ordain him. On the death of this bishop he returned to Paris where, under the influence of Father Vanin, he became actively interested in the education of the deaf. One day in 1754 while calling at a home, he chanced upon two young sisters who were deaf and dumb. Their mother told him that by means of pictures they had been given a little instruction by one of the members of the society of Christian Brothers, an order of professional teachers for the poor. The plight of these girls roused the compassion of de l'Epee and he resolved to teach them.

The basis of his procedure was a principle he had learned from his tutor while still a boy, that in teaching deaf-mutes one must teach them through the eye what others gain through the ear. De l'Epee was convinced that the natural language of the deaf was by means of signs already in use among the deaf and he set himself the task of correcting, enlarging, and methodizing the signs in order (102) to perfect the system as an organ of communication. His efforts met with great success. Public interest was aroused

so that he soon had about him a little group of deaf-mutes with which, at his own expense, he established a school in 1760. De l'Epee is credited with originality in devising and applying his method of instruction.

Barnard believed that he was wholly unaware that methods substantially the same as his had already been suggested by Cardan the Italian, Wallis the Englishman, and Dalgarno (103) the Scotchman. De l'Epee attained far greater success in his undertaking than had any of his predecessors and he laid the foundation of all systematic instruction of the deaf and dumb.

This concludes the survey of the advances made in humanitarianism in the early period of the eighteenth century between 1715 and 1760. The net total was small in comparison to the needs. There was an increase in the number of hospitals, especially in England. But for the most part in France there was merely the support of the existing institutions until later in the reign of Louis XV. Little was done elsewhere. The period saw the beginning of modern medicine and its related sciences and the advance of surgery, particularly in France. Practically nothing was done to better the lot of the insane and the blind, but definite advances were made in the instruction of the deaf. The intellectual stimulus, which was to react in following periods upon these problems, was beginning to be widely diffused.

CHAPTER IV

THE MIDDLE ERA OF THE EIGHTEENTH CENTURY, 1760-1790 : "PHILOSOPHY ENLIGHTENS AND LIBERALIZES SOCIAL IDEAS"

The middle era of the eighteenth century (1760-1790) saw rationalism, naturalism, and, near its close, sentimentalism, flourishing as the dominant forces of the period. ⁽¹⁾ Every phase of life from the political and international to the cultural and social showed the effects of their influence. The middle era not only witnessed the culmination of a cultural evolution in the forms and spirit of expression, but saw, indeed, an intellectual revolution in the ideas and aims expressed.

"Cultural Enlightenment" produced the enlightened and philosophical despots who took pride in putting into practical demonstration the ideas which they had gained from philosophical leaders. Maria Theresa of Austria represented the transition from the benevolent to the enlightened despot, but Joseph II, her successor, who came to the throne in 1780, prided himself on being a philosophical despot. Without regard for the religious or the historical traditions of his country he endeavored to eliminate everything that was contrary to his ideas. As a consequence, he aroused the opposition of the Church, of the nobility, and of the various nationalities of his kingdom and thus largely nullified any good that

might have resulted from his measures. Frederick II, the Great, of Prussia, the Deist and "first servant of the State," was more practical in his application of enlightened ideas. Catherine II of Russia was a pseudo-enlightened despot; her reforms were more seeming than actual. These three were notable examples of rulers applying enlightened despotism, but the movement was general. Other benevolent despots, to a degree enlightened, included Charles III of Spain (1759-1788), Joseph I of Portugal (1750-1777), Gustavus III of Sweden (1771-1792) and Louis XVI of France (1774-1792).

In spite of the general prevalence of enlightenment as the personal expression of political rulers the criticism is made that everywhere governments remained "buried in routine" and armies "disciplined machines." The balance of power system was proving irrational and impractical since in practice it produced "dirty dealings and constant conflicts."

Economic conditions in Europe varied with the country. Until the middle of the eighteenth century the southern states had continued in a state of decadence which had come upon them in the middle of the sixteenth century. The lack of political union in Germany and the heavy tolls and taxations of rival governments retarded commercial development. Then, too, the fact that the mouths of the important rivers of Germany were controlled by foreign powers added to economic depression. The Scandinavian

countries were waning in importance; Russia was beginning to rise, but her civilization was still backward, her resources undeveloped, and serfdom was widespread. Although losing power, the Dutch continued to hold rich colonies and extensive stores of capital and to carry on a valuable trade. Great Britain and France, the two great rivals of the century, had been gaining steadily in the coveted foreign trade and finally settled (1763) the question of national dominance in the New World in favor of the former.

It was in France and Great Britain that economic science largely developed. Rationalism produced a set of ideas from which enlightenment evolved an economic science. The basis for this scientific economy had been laid in the writings of Vauban, Boisguilbert, Child and Cantillon. The belief arose that certain social laws had been established by a Supreme Being with which government ought not to interfere. Government, it was held, should maintain liberty and property rights, but should not interfere with business.

One of the notable groups of the economists was that of the Physiocrats. They were recruited chiefly from the ranks of the nobles and the bourgeois land owners and they stressed only direct and natural production. They insisted that indirect production was unnatural and sterile. Among the leaders of the group were Quesnay, Dupont de Nemours, the elder Mirabeau, and La Riviere. Although

mush of their work was theoretical some of it was practical and part of their theories were tried out by a number of the enlightened despots, particularly Catherine II, Joseph II and Gustavus III.

As the century advanced the individualistic point of view rose to importance. This held that enlightened self interest in free competition was a spur to industry and would assure both individual and public welfare. The advocates of the theory were known as the "Laisser faire" school and included, among others, Gournay, Turgot and Condorcet.

Another leader of economic thought who owed much to his predecessors was Adam Smith an Englishman. During the American Revolutionary struggle when the theory of mercantilism was being attacked, he issued his "Wealth of Nations" (1776). Adam Smith emphasized commerce. He believed that labor, not land, was the source of wealth and he advocated that income rather than land should be the basis of taxation.

There were many other individuals of influence in the period, but these mentioned will show the general economic trend of the time.

The eighteenth century enriched many phases of the cultural life. This phase, in many ways the most notable of all, achieved developments that were fruitful and valuable in the fields of literature, art, music, education, etc. Every cultural field was highly popularized.

The development of science was particularly important. All classes--scholars, royalty, bourgeois, aristocrats, even theologians--tried to learn and apply its laws. Traditions were denied and reason became the criterion of correctness. Practical application of science was made in the systematic collection and arrangement of facts. Scientific societies were organized; governments took an active interest in them and in such organizations as medical clinics, scientific academies and museums.

Philosophy, above all, played a significant part in the cultural enlightenment. During the first half of the century its attack had been directed chiefly against the Church; during the latter half its criticism centered largely upon the State. In France, comparisons unfavorable to the French were made between the English and French political institutions. Voltaire did much to popularize English ideas in France. He attacked superstition, intolerance, and oppression, yet had no faith in the capacity of the lower classes for self-government. He expected reforms to be carried out by the rulers themselves and was largely responsible for the concept of the enlightened despot. Montesquieu influenced institutions in general. He held that the teachings of nature are found in the facts of history and the observations of actual practices. He was the forerunner of the historical school rather than an attacker of the existing system. Rousseau (1712-1778) was a great popularizer and exerted

a noticeable influence upon the German philosophers, Kant, Fichte and Hegel.

In the social field, too, philosophy enlightened and liberalized the ideas of society. The old conventions were no longer safe from attack. Theories of natural law, rights, and duty and of progress became widespread in their acceptance. Because of a marked unsettling of the old bases, before the end of the period there was a decided merging of the classes, as for example the merging of the bourgeois class and the landed aristocracy in England. Merchants, bankers, rich industrialists and planters settled down as English country gentlemen; some secured seats in the House of Commons and others were elevated to the house of Lords. In France the business and professional classes rose to such power that at the close of the period they were emerging as leaders of the Revolution. By that time the survivals of serfdom were ended in France, Spain, the Hapsburg possessions, Sardinia and Denmark.

The "economic revamping" of the period favorably affected the condition of the unprivileged classes, particularly the bourgeoisie and the proletariat of both city and country. In both sections prosperity and material well-being increased with the passing decades. In France small businesses remained predominant and the guild continued entrenched in French industry. The domestic system under which wealthy merchants hired master workmen to turn out goods was common, although the factory system was well

started. Machinery came to be used for the silk and paper industries and particularly for the cotton industry.

Living conditions reacted to the influence of the overseas trade and explorations and as a result became much better than formerly. The overseas influence was noted particularly in the Chinese effect upon architecture, landscapes and furnishings. Both the Orient and the New World affected styles of dress and fashions in food. Cotton came to be much used for clothing. Rice, sago, dates, pumpkins, watermelons, bananas, and pineapples were added to European diet and coffee and tea came into more common use. Coal heating and oil lamps were introduced.

As the period saw far reaching changes in the social field so were there changes in the religious field that affected all groups. After the middle of the century, again under the influence of the philosophers, the spirit of tolerance grew. Missionary activity throughout the century was due to the spiritual revival which had resulted from the Evangelical and Pietist movements earlier in the century. The Pietists alone sent out sixty men as foreign missionaries during the century, and the Moravians sent missionaries to India, Surinam, Guiana, Egypt, South Africa, and Labrador. The Methodist movement in England had been largely a home missionary movement, but before the close of the century there were four new foreign missionary societies formed in that country.

This middle period saw many philanthropic and human-

itarian movements either started or materially advanced. Numerous individuals devoted time, thought and often money in carrying these schemes forward. The Sunday School movement had its beginning in this period when, in 1780, Robert Raikes established the first one in England. (2) Another practical philanthropic work was that of John Howard who made an exhaustive study of jail conditions and helped (3) to arouse public sentiment to demand their correction. Agitation against slavery was already seeking public attention. (4) In France Montesquieu was bitterly assailing it, while in England, Wilberforce was bringing it to public attention.

Still another humanitarian movement was started by Beccaria, an Italian, who in 1764 published his treatise on "Crimes and Punishments" in which he set forth the injustice and uselessness of barbarous punishments and urged that punishment should be milder in form, but should (5) be administered more promptly. Although he was not the first to protest against the cruelty and absurdity of torture he was the first to do so with marked general effect. He pointed out that England had abandoned torture without any evil results, therefore, it was unnecessary. His book was destined to have a wide influence. It was translated into the French in 1766 by Abbe Morelet and became very popular in France. Many writers, among them Servan, Brissot and Pastoret, helped to propagate his ideas. Beccaris's "Crimes and Punishments" is reputed

to have changed the spirit of the old French tribunals, so that, ten years before the Revolution, they no longer resembled their former selves. Morellet in his "Memoires" said that all the younger magistrates gave their judgements more according to the principles of Beccaria than according to the texts of the law. As the result of the publication of Morellet's translation two royal ordinances appeared in 1780 and 1788 which directed a diminution of torture. It is said that, as a consequence, the last time that anyone was tortured in France was in 1788. But, it is added, this was the only reform that preceded the Revolution for at its beginning more than one hundred different offenses ceased to incur the death penalty. Torture was abolished in Portugal in 1776, in Tuscany and Sweden in 1786, and in Austria in 1789.

In keeping with the more or less concerted movements to better certain conditions numerous men of wealth and position or of the Church began privately to exert themselves to meet the crying needs of the poor and to accord them more of the privileges of life. One of the most noted of this group of philanthropists was Jean Frederic Oberlin (1740-1826), a Protestant pastor and philanthropist. He was the son of a teacher and a native of Strassburg where he studied theology. In 1776 he became a pastor of Waldersbach at Ban de la Roche. This remote place was a valley in the Vosges mountains on the border of Alsace-Lorraine. The condition of the people here was most wretched. Oberlin

saw that their needs were material as well as spiritual and set himself to better their physical needs at once. He inspired the peasants by his advice and by his own example. Under his direction they built roads through the valley, constructed bridges, and improved and built better cottages. In addition, better methods of farming and improved crops were introduced. Agricultural societies were encouraged and new industrial arts were set up. Oberlin established an itinerant library and organized schools for the children at each of five villages in his parish. In this undertaking he received valuable help from Louise Scheppler who offered her assistance.

A French nobleman who as philanthropist and social reformer was moved to devote much of his time and money to the relief of the poor and who later did praiseworthy work as a member of the committee of Mendicity of the Constituent Assembly was Francois Alexandre Frederic,
(7)
Duke of La Rochefoucauld-Liancourt. He was born at La Roche Guyon in 1747 and grew up to take an enviable place at court as friend and advisor of the king. "Friend of man," "gentleman rather than courtier," "royalist and democrat," on the approach of the Revolution he wished
(8)
to serve the people without abandoning the king.

La Rochefoucauld-Liancourt was a practical agriculturist and economist whose farm served as a model farm school. He was one of the first founders of the Royal Society of

Agriculture and helped to introduce new crops such as the English turnip and improved livestock. He worked for the hygiene, the assistance, and the instruction of the people. He set up the first school for technical instruction in France where the arts and trades were taught. In addition he had a school for orphans and the children of poor, old or infirm soldiers. Arthur Young, 1787, commented that orphans of soldiers were trained to be soldiers themselves. (9) At the time of Young's visit there were one hundred twenty boys being trained under a competent officer. La Rochefoucauld-Liancourt set up two factories as well. Young described a visit to a village near Liancourt where the Duke had established a manufactory of linens and stuffs mixed with thread and cotton which promised to be useful. Here twenty-five looms were then employed and preparations were being made for more. There was also spinning for the looms. Still another project of the Duke was an institution for the daughters of poor people. These were to be educated to a useful industry. They were instructed in their religion, taught to read and write, and to spin cotton. They were kept at the institution until they reached a marriageable age when they were given a part of their earnings as a marriage portion.

Arthur Young tells also of meeting a distinguished German philanthropist, the Count de Berchtold (173801809), in 1789. (10) This gentlemen spent fifteen years in travelling

over Europe, Asia and Africa for the purpose of distributing philanthropic tracts. He was one of the most active members of the Humane Society and himself fell a victim to his devotion while attending the sick and wounded Austrian soldiers after the battle of Wagram.

These examples will serve as an index as to what people as individuals were thinking and doing as practical humanitarians. It will also be worth noting what was being done in regard to the hospital as an institution and for the special classes whose needs required particular attention.

In the eighteenth century both the terms hospice and hospital were used to designate institutions designed for charitable and humanitarian purposes. From the administrative standpoint the hospice was an institution for incurables, indigents, for healthy old men, for all persons paying pensions, for the foundlings and abandoned children and for the insane. From the same standpoint the hospitals were institutions reserved for the sick, the mangy, and the scorbottous and for pregnant women. Blach calls attention to the fact that in spite of the effort of the Encyclopedists to distinguish definetely between the two terms they continued to be used loosely and ambiguously. The Encyclopedists distinguished the hospice, hospital, and hotel-Dieu by defining the former as a place where
(11)
indigents were collected and held together transiently.
(12)
They designated the hospital as a place designed to care

for the sick in a certain place, often with a difference
 of sex, while the hotel-Dieu received all the sick indis-
 criminate⁽¹³⁾ly without distinction as to family, section of
 country, disease, sex, etc. But these distinctions did
 not always exist in practice; many of the hospices like
 the St. Sulpice, the St. John, the St. Jacques du Haut Pas
 and the St. Merry were in reality small parish hospitals;
 hospital really indicated a large establishment where all
 the sick and all diseases might be received and cared for.⁽¹⁴⁾

While in general the hospital assistance was well
 developed it was impossible to determine the exact number
 of institutions. In 1784 Necker estimated the number of
 hospitals at the most as 700 for all France and calculated
 an additional hundred of private establishments, besides
 seventy military hospitals.⁽¹⁵⁾ In its September report the
 Committee of Mendicity of the Constituent Assembly indic-
 ated a total of 2,185 hospices and hospitals.⁽¹⁵⁾

On the whole all of these institutions were developed
 separately, under widely varying conditions, usually local,
 with suitable organization and function.⁽¹⁶⁾ Control centered
 in religious or lay groups, royal, municipal or private.
 Nor were the establishments distributed uniformly over the
 country, but their location was determined by the wish of
 the founders.⁽¹⁶⁾

In spite of the gradual encroachment of the state upon
 the hospitals which had increased in the early period, the
 clergy continued to build hospitals. In the course of the

century some thirty bishops distinguished themselves by building and endowing hospitals. This was particularly in the reign of Louis XVI (1774-1789)⁽¹⁷⁾. Among the most noted of these bishops were Phelypeaux d'Herbault who gave 40,000 livres for the general hospital of Bourges; Herce who gave 30,000 livres for that of Dol; Barral who finished and decorated the Hotel-Dieu of Castres; Fumel who gave a magnificent hospital to Ladeue; and Le Quien de la Neuville who gave to Dax for hospital purposes "a large, airy, healthful, commodious" building. The cardinal de la Rouchefoucauld, archbishop of Rouen, the bishop of Amiens, de Manchault, the bishop of Agde, Saint-Simon de Saudricourt, assured the existence and even the maintenance of such charitable establishments by gifts, subsidies and the setting up of yearly incomes. The two archbishops of Paris, Christophe of Beaumont and Juigne were great almoners, the former giving 500,000 livres for the construction of the Hospital-Necker and the latter giving 100,000 crowns for the reconstruction of the Hotel-Dieu.

Sometimes, particularly in the sections of the country known as pays d'election, hospitals were built by levying a poll tax for the purpose⁽¹⁸⁾. The reconstruction of the hospital of St. Jacques d'Agen was an example of this.

Naturally in view of the continuance of the church connection with the hospitals the religious factor of the work must be taken into account. It was to be expected

that a more or less monastic regime would prevail in the smaller private institutions which were often provided with this object in view. In actual practice such a system was found likewise in many of the public institutions, Hotels-Dieu and general hospitals. Some expressly proposed to instruct the poor in the principles of the Catholic faith. (19) Some, like the Quinze-Vingts, a royal hospital for the blind, were veritable convents. (55) Silence was often the rule, confession obligatory and religious services continuous throughout the day. (20)

In the provinces the hospitals were chiefly of two types, the hotel-Dieu and the general hospital. (21) With certain exclusions the hotels-Dieu received the sick of both sexes; the general hospital was a place of refuge and of treatment for the old, the infirm and foundlings and in place of voluntary refuge or of correction for debased women. (22)

There were very few special establishments in the provinces. (23) Among these, however, were institutions for the insane at Reims and Orleans, one for the blind at Chartres, one for the scrofulous at Reims.

Paris itself had a large number of hospitals which it would seem would be enough to care for a multitude of the poor of all ages, even if afflicted with a great many different diseases. Some of these like Bicetre and Salpetriere served both as hospitals and as prisons. (24) In the former, to the impairment of good administration and

to the detriment of humanity and morality, there were collected and mingled together a depot of mendicity, an asylum for the insane and a house of correction for men. In the latter conditions were even worse.

In spite of the seemingly great variety of aid offered there were not sufficient places to care for the diversity of diseases and special needs. For some requirements there was an abundance of facilities, but for others an insufficiency. Paris lacked facilities in particular, for the treatment of the insane, the care of the blind and the handling of contagious and infectious diseases such as
(25)
small pos, mange, etc.

In addition to a lack of facilities a number of other reasons tended to limit hospitalization in France. In several cities like Paris, Reims, Orleans and Provins the hotels-Dieu were open to all the sick regardless of the place of birth or religion of the patients. But most of the hospitals limited their services to the care of the inhabitants of the locality or at most to those of the neighboring parishes. Strict localization was
(26)
almost the universal rule. Consequently, in many country districts the people were deprived of hospital privileges for their sick and infirm. Nevertheless, the hotels-Dieu often admitted poor travellers and would voluntarily receive the soldiers for whose care they were paid by the royal treasury or from the regimental chest. Occasionally complaint was made that administrators discriminated

against the sick-poor of the locality in order to receive the soldiers.

However, if the hotels-Dieu received the sick of both sexes they became overrun with incurable persons, those sick with contagious diseases, and pregnant women. Non-Catholics were nearly always excluded because admission was dependant upon the presentation of a certificate of Catholicity, a letter of confession, and a certificate of baptism. Later, the committee of Mendicity of the Constituent Assembly protested against this practice. Some of the smaller hospitals also refused to admit servants unless money for their care was advanced by the master.

But such exclusion as that mentioned was not quite so serious as one might infer because of the practice by some of the hospitals of distributing aid in the homes. This service was carried on like a bureau of charity; money or food was distributed among the poor of the community, and, where sickness was found, aid was given by one or several overseers appointed for the purpose. This custom prevailed particularly in the smaller cities. In communities where there were only small establishments of the sisters of Saint Vincent de Paul the sisters went into the homes to treat the sick.

Not only was there a general lack of hospital facilities throughout France in this period, but there were criticisms and complaints directed against the existing

institutions. Bitter, indeed, were the charges brought against the administrative control because of the abusive treatment or neglect accorded inmates of the hospitals. Bonet-Maury quotes Michelet, distinguished historian of ancient France: "Ancient hospitals were exactly like reformatories. The sick poor and prisoners confined in them were generally regarded as culprits struck by the hand of God, whose first duty was to atone for their sins, and they were subjected to cruel treatment. Charity of such a dreadful kind aroused our horror. An attempt was made to dispel the terrors of the hospitals by adorning them with enticing names such as 'Hotel-Dieu,' 'La Charite,' 'La Pitie,' 'Le Bon Pasteur,' but that did not succeed in imposing upon poor invalids who hid themselves to die at home so terrified were they at the thought of being forcibly dragged into these places."⁽²⁷⁾

That these conditions still largely prevailed in the eighteenth century is indicated by the philosopher Voltaire who, in commenting upon the hospitals of the day, said that a proof of the abuses existing in the hospitals was attested by the fact that the unhappy persons taken there dreaded to go.⁽²⁸⁾ On another occasion he wrote Paulet (Apr. 22, 1768) in regard to the Hotel-Dieu: "You have in Paris a hospital where perpetual contagion reigns, where poor invalids huddled closely together infect their neighbors with the plague and death."⁽²⁹⁾

La Rouchefoucauld-Liancourt, another contemporary,

described a stay at the Salpetriere as 'a sojourn of horror,' and Barrere denounced the hospitals of the period as 'the tombs of the human species.' Baas who wrote of the German hospitals of the same period stated that 'even physicians declined hospital service as equivalent to a sentence of death.'

To find if such comments were justified by facts the internal condition of the French hospitals will be briefly reviewed.

The administrative regimes of the hospitals varied as widely as did the objects and types of the hospitals. In some cases representatives of the founders or patrons of certain hospitals still retained the right to select the administrators, in others the hospitals were still under the title of ecclesiastical benefices, and in still others the rules were dictated by royal power. In nearly all cases the administrators controlled the institutions as they wished. Some were administered exclusively by monks who served under the authority of the superior of the society or of the bishop. In episcopal cities hospitals were administered by the ecclesiastics and citizens, under the authority and superintendency of the bishop. In others the municipality either directly or by its delegates controlled the hospitals. In other places the lords alone were in power. Most frequently, however, a mixed group composed of the various orders of citizens and representatives of the ecclesiastical, seignorial and royal

powers participated together in the administration and direction of hospitals. This type of regime had been set up for the hospitals by the Proclamation of 1698 and applied to those institutions which did not have a set of regulations already in force at the time the proclamation was issued. (35) The law had established an ordinary bureau of direction composed of the chief officer of justice, the prosecuting attorney of the place or of the lord, the mayor, an alderman, the cure, or if there were several parishes, each of the cures in turn, and in addition, members elected every three years by the inhabitants of the city. (35) There was also another organization that functioned coordinately which was composed of the members of the bureau and the inhabitants who had the right to participate in the city's assemblies. The first mentioned or bureau of direction met at least twice a month and regulated current affairs through two of its members which it selected for the purpose. The administrators had absolute power in controlling receipts and expenditures, in admitting the sick and in making internal regulations for running the hospitals. (36) The general assembly met only once or twice a year when they transacted such important affairs as finances, acquisitions, sales, exchanges, loans, constructions, repairs, lawsuits, etc. It elected members of the bureau of direction. Its deliberations had to be signed by the principal residents and the notables. (37)

In principle it was conceded that the clergy should be entrusted with the spiritual government of the hospitals, but in actual practice they largely controlled temporal affairs as well. In the smaller places the ecclesiastical representative was the cure alone yet the proclamation of 1698 confirmed an article of a previous edict of 1695 which gave to bishops and archbishops the first place and the presidency of the bureaus which up to that time they had not held. The clergy clung to this privilege through the years. Frequently the lay and ecclesiastical members on the boards quarrelled.

The hospitals of Paris resembled those of the provinces in having both lay and ecclesiastical members as administrators. But in Paris there were superior councils which directed the Hotel-Dieu and its annexes and the General Hospital with its ten separate institutions. These councils were aided by an ordinary bureau whose members were presumably elective but who, in practice, remained in office for life. Weekly meetings were held to look after important affairs.

At the General Hospital the administration was almost exclusively laic. The archbishop of Paris alone represented the clergy and also had spiritual jurisdiction. At the Hotel-Dieu he had a share in the temporal administration and called the bureau together. Here the canons of Notre Dame had been dispossessed, but had not become reconciled to their loss.

Administrators gave their services gratuitously but were compensated by the personal privileges which they enjoyed. Complaints were registered against the inefficiency of the control of the councils. In spite of governmental surveillance the state seemed powerless against the hospital autonomy. The second report of the Committee of Mendicity of the Constituent Assembly stated that the permanence of the presidents of the bureau and the establishment of the religious orders that had taken over administrative details constituted a kind of monastic regime which nullified the effect of any new ideas. Of the administrators of the General Hospital in Paris in 1767 the solicitor-general of Parlement said 'There is not a body in the realm which has been given such extensive powers.'⁽⁴¹⁾

The General Hospital was entrusted with the distribution of provisions, clothing, linens, etc.⁽⁴²⁾ Little effort was made to be economical. Sometimes the superior served as both treasurer and almoner.

⁽⁴³⁾
The hospital personnel was varied. It consisted of secular or regular clergy, male and female hospital attendants, doctors, surgeons, apothecaries, midwives, domestics and servants. Provision was made by the bishops for the spiritual welfare of inmates in each hospital by providing almoners or chaplains. Occasionally, but only rarely, the laity was employed in the hospitals, but ordinarily ecclesiastics of the two sexes cared for the

sick. More women than men were thus employed since the orders of women far outnumbered those of the men. In the eighteenth century the Brothers of Saint John of God was the most important Hospitaller Order. It maintained four establishments in Paris and some in the provinces as well. Other important orders included those of Saint Esprit, of Notre Dame, of Mont Carmel, of Saint Lazarus, and the Augustinians. (43)

Usually the nursing was done by nuns largely cloistered orders. Chief of these were the Augustinians of the hotels-Dieu of Paris, Orleans, Noyon etc., the Gray Sisters of the Order of Saint Francis in the hospitals of Saint Quentin, Amiens, Montdidier, etc, and the Dominicans of Saint Valery. Other establishments were served by the Sisters of St. Louis, of the Annunciation, of Saint Thomas of Villeneuve, of Saint Charles of Nancy, of Saint Maurice of Chartres. (44)

The Sisters of Saint Vincent de Paul, usually called the Gray Sisters, had flourished since the middle of the seventeenth century. Their principal house was on the outskirts of Saint Denis opposite that of Saint Lazarus. The regulations of this convent were very liberal; girls without dowry were admitted and took oath only after five years of apprenticeship and then only for a year. (45)

The number of sisters varied with the importance of the hospital. The hotels-Dieu of Orleans had 15, that of Saint Valery 17, that of Montreuil 25, that of Reims 30, that of Amiens 41, and that of Paris 72. Small (46)

hospitals where specialization of care was unnecessary needed only one or two sisters, each of whom took over several parts of the service. Usually, if there were two nuns, one nursed the sick and the other held a charity school where she taught the children of the poor; or while one cared for the sick in the hospital the other went to the homes. When there was a number of nuns the more complex duties were divided among them. Some were entrusted with pharmacy, others with the care of men, and still others with the care of women. Others were placed in charge of the linen room, of the laundry, of the cooking, etc. In some places the sisters themselves chose the administrators and administered the hospital patrimony. (46) At the Hotel-Dieu in Paris all internal control and the selection of the inferior personnel devolved upon the nuns.

Even as early as the sixteenth and seventeenth centuries there had been complaints against the service in the hospitals and in the eighteenth century the complaints increased. In general they were of two kinds: the monks and nuns neglected their duties, or, undisciplined, they resisted the administrators and even plotted against them. An example of the first type of complaint was that brought against the prior of the Hotel-Dieu of Provins who had transformed the establishment into a house of pleasure, amusement, and good cheer. (46) Similar complaints were made at Pont-sur-Seine where, in addition to their worldliness, the nuns were said to neglect the care of the poor in

(47)

favor of that of the rich.

At the same time that neglect and worldliness were condemned insubordination was also denounced. Many instances are given such as that of 1758 at Amiens, where the sisters of the Hotel-Dieu refused to receive the sick of the city, but filled their rooms with the sick from the garrison for each of whom the king paid thirteen sous (44) per day. They refused to make any financial accounting of receipts and expenditures and objected to subordination to the mayor and aldermen. After a century of quarrelling, in 1779, the nuns were forbidden to receive or to dismiss any patient unless so authorized by the bureau of administration after the doctor or surgeon had seen the patient. Neither were they permitted to incur any large expense or to sell medicaments or to receive strangers.

A similar instance was reported from the Hotel-Dieu of Orleans where the arrest of a sister on a charge of stealing opened an inquiry into conditions. (48) As a result of the investigation Parlement passed a regulation in 1766 which diminished the power of the prioress and increased that of the administrative bureau, but so bitter and prolonged was the protest of the nuns and of their chapter against the regulation that it was removed in 1774. In spite of the resignation of the laymen from the bureau and the denunciation of the town council that a civil establishment had been transformed into a convent, in 1779 Parlement sustained the ecclesiastics.

At the Hotel-Dieu in Paris a conflict between the nuns on the one hand and the doctors and administrators on the other went on for years. (48) In 1787 it was renewed when the Bureau decided upon some new regulations governing medical service in some new wards which were being opened. The doctors instead of the sisters were empowered to dismiss patients and surgeons were given supervision of the distribution of the food. The nuns objected to these innovations and demanded that the former powers should be restored to the prioress. The matter was carried to Parlement where the nuns opposed the regulations until the outbreak of the Revolution. In another instance, in 1788 when Desault, chief surgeon, proposed some healthful and hygienic measures for the ward of Saint Paul the sisters carried the matter to Parlement and accused Desault of negligence and abuse of powers. An investigation followed which favored the surgeon. He in turn accused the sisters of receiving and sheltering lazy drunkards, who, he said left the hospital at the time of the surgeons visits, but returned at meal time. Other charges of negligence and insubordination were made. So far did the affair go that Necker was constrained to intervene in Desault's favor in 1789 by a letter to the attorney general whom he urged to check the nuns' resistance.

In 1786 Abbe Recalde instituted some reforms with which he hoped 'to remedy the slackness of the hospitallers (men and women) and to bring them back to the duties of their estate.' (49) He expressly stated that it was necessary

to divert them from dissipation and worldly vanities and to bring them as servitors of the poor to treat patients with solicitude, kindness, humility and eager charity.

This summary has been sufficient to show that there was an actual basis for the existing dissatisfaction with the organization and administration of the hospitals.

A contributory cause which tended to make conditions more acute was the overcrowding of institutions. In spite of many restrictions upon the admission to the hospitals of the poor or the sick (conditions of age, religion, type of disease, residence, etc.) the number of patients in certain hospitals became very great. Since access to the hotels-Dieu was not so hindered by formalities and rigorous rules as some of the others they were badly overcrowded.

This condition was particularly true of the Hotel-Dieu of Paris. Contemporary writers are not agreed as to the numbers in the Hotel-Dieu; Mercier gave 5000 to 6000, (50) the commissioners of the Academy of Sciences, 2500, and the Committee of Mendicity of the Constituent Assembly, (51) 2200 to 2300.

This difference in estimates may be accounted for on the basis that not all of them took account of the sick in the hospital Saint Louis which was annexed to the Hotel-Dieu. Tenon said that among the 2500 there were 833 convalescents. There is more uniformity in the estimates for the General Hospital (not including the Enfants-Trouves). For this Mercier gave 10,000 to 12,000. An official

document for the years 1779 to 1783 showed that the annual average was 12,445. The Salpetriere had the largest average of about six and one half thousand with the Bicetre second with about three and a half thousand. However, doubt has been thrown upon the accuracy of the published lists because the administrators were said to inflate them (51) for the purpose of increasing public charity.

In some hospitals it was not enough to meet the general conditions of admission, but the patient must be recommended as well. Persons of position often intervened with the administrators of the Petites Maisons in order to enter (52) some of the aged there. In 1777 the queen recommended a sick person for the Incurables. This privilege of recommending patients was held not only by donors and founders, but even by their heirs and descendants. The custom was particularly prevalent at the Incurables and at the Orphelines of Saint Nom de Jesus. The custom came to be abused and a veritable traffic in places developed. Those who had the right of nomination sold their privilege. Necker found that often the old were admitted who had no outward signs of illness. The abuses led Parlement, in 1776, to prescribe the absolute gratuity of the places at the Incurables.

Not only the admission but even the treatment of hospital inmates was influenced by favoritism. (53) At the Salpetriere some children were admitted without title and

brought up by the sisters to later become officers in the institution. There were better fed and better treated than the poor. Separate beds in hospitals were accorded only on account of great influence.

The relevance of diet to health was unknown in the eighteenth century. At the Hotel-Dieu each sick person, regardless of his condition, was served his food according to a uniform routine which passed through definite stages. (54) The patient was first placed on an absolute diet of bouillon, then on soup served one to several times a day, and finally on solid food which was progressively increased in quantity from one fourth up to full ration. Often the doctor's orders in regard to diet were not followed because of the opposition of the nuns. There was no sensible arrangement of the system of rations. The number of portions prepared equalled the number of patients even though some were not on a full diet. The fact that patients were sometimes given too much resulted in accidents, epidemics and relapses. Three such epidemics within twenty or twenty five years were reported in one of the maternity wards.

Not only were the amounts of food poorly arranged (54) but the quality was often poor. Tenon, who made a study of the hospitals of France near the close of the central era, found the bouillon very bad, often made right in the ward by the sisters who used the bones remaining from the previous day. Under lax supervision fruit

venders and dairymen sometimes entered the wards and sold noxious foods to the sick.

The food of the patients at the Hospital-General was no better than that at the Hotel-Dieu. (54) It was said that at the Salpetriere that most of the children refused to eat the soup that was offered them. As a result of poor diet scurvy and diseases of the mouth were frequently very severe at this institution. The children were also subject to diseases of the skin and of the chest. Scurvy was also very prevalent at the Trinite. At the Bicetre conditions (55) were so bad that they provoked numerous mutinies.

Turgot, who made an extensive survey of conditions, was struck by the calloused indifference of those who served the sick and the poor. Abbe Recalde, in commenting on the hospital conditions, said that the hospital attendants, both men and women, were chosen from the dregs of society, from the vicious and the drunkards. (56) From the employment of such persons other evils than lack of care resulted. Trafficking and fraud were the general rule. At the Salpetriere it was necessary to tip attendants in order to gain a degree of cleanliness and solitude. At the Bicetre the employees either bought or took by force from the sick their portions of meat. In fat which they had also deliverately taken from the bouillon before serving it, they cooked the meat and then sold it to those who could afford to buy it. Under the imperfect supervision of the bureau of administration such corruption was said

to extend even to the treasurers and superiors. Individuals beds were sold for forty to fifty half crowns and on the death of the buyer reverted to the hospital to be resold. One contemporary said that the most frightful robberies were committed without much secrecy; another declared that the subordinate employees, caterers, bursars, and sisters joined together in activities to increase their profits.⁽⁵⁶⁾

The mercenary tendency of this hospital maladministration was not limited to irregular abuses. At practically all hospitals inmates were regularly expected to work, even the sick to do light work.⁽⁵⁷⁾ At the Salpetriere women and well children knitted flax and wool, embroidered, made tapestries and laces; at the Bicetre they wove linen cloth, carded and spun wool; at Orleans they made braids as well as laces and wool cloth; at Saint Menehould they knitted stockings and spun hemp and wool. Similar work was done at Saisons, Noyon, Beauvais, Bernay, Troyes, Amiens, Abbeyville and many other places.

Often the artisans who directed the work enjoyed special privileges. A portion of the product of the work was reserved to the poor, usually about one third. But many times this activity in the hospitals was only apparent. Many hospital inmates lived in idleness because only a small part of them could be employed. Walking in the courts was their chief pastime. On the other hand, complaint was made against administrators and nuns who wished to sell

merchandise. When there was no market for such products they ceased making them, but did not replace this work with any other. Such action at Bicetre when the making of braids was discontinued left many idle. Another criticism against hospital work was that it exploited poverty and permitted the contractors to make their fortunes rapidly. (58) Industrialists looked with disfavor upon them because of the competition of low-priced handicraft. Even so such manufactures often constituted a loss for the hospitals themselves.

The worst aspect of the hospital regime which reached a climax in this period, as the preceding discussion has implied was the hygienic Sanitation in the eighteenth century hospitals, especially those in France--was woefully disregarded. Blach says that to speak precisely there was none. (59) The general complaint everywhere in the provinces as well as in Paris, was against unhealthful surroundings and the lack of fresh air. Buildings were usually inadequate in size. The Hotel-Dieu of Paris was housed in two separate buildings separated by the Seine and communication was had by the Saint Charles bridge where male inmates also took their exercise. Rooms were exposed to the noise and dust of the passing travel. The Salpetriere was surrounded by stagnant water and a stream through which flowed the sewage of the Gobelius and the slums of Saint Marcel. (59) In some institutions laundries, drying rooms, slaughter houses (58) and tallow-melting houses were maintained in the basements.

Conditions in the wards were even worse than the
 (60)
 general sanitation. Almost uniformly they lacked light
 and air. Windows were not even opened in many of them.
 No contagious diseases except the variolas were segregated.
 The convalescents had no special wards provided for them
 but were mingled among the sick; the insane were often
 placed near the sick where they were housed under the
 vilest conditions. Wards were badly overcrowded so that
 several patients were forced to occupy the same bed. Tenon,
 sent by the Academy of Sciences to inspect the Hotel-Dieu
 described seeing two or three patients placed at the head
 of the bed and the same number at the foot. He found that
 conditions in accouchements were the worst of all. As
 many as four women occupied the same bed and mutually
 (61)
 infected each other.

Conditions in the General Hospital were equally
 revolting. Mercier has described conditions at the Bicetre
 (62)
 as seen by Mme. Necker. In the ward of Saint Francis, he
 said, the stench was so terrible as to cause the most
 intrepid visitor to swoon and to be suffocated. Mme.
 Necker saw as many as six persons lying in one bed, stagnant
 in their excrements, which soon communicated their causes
 of death. Such bitter despair was aroused in one ward
 where five or six hundred men were confined that food
 could be conveyed to them only at the point of the bayonet.
 In wards which contained two or three times as many patients
 took turns at lying down. One group went to bed from seven
 in the evening until one, and another group from one to

seven. Those who were waiting to enter the beds whence their companions should emerge were called "expectants."

Reports of Colombier verify similar conditions in
(63)
the hospitals of the provinces. The atmosphere in many of them was unwholesome because of inadequate space, lack of fresh air, and general filth. Overcrowding was prevalent. Vile conditions were reported at the Hotels-Dieu of Amiens, Chartres, Etampes, Montreuil, Rethel, Sens, Saint Riquier, and Vancouleurs as well as numerous other places.

As a consequence of such conditions as those above described the death rate in most of the hospitals was very
(64)
high. It was particularly high at the hotel-Dieu in Paris where from one fifth to one half of the cases proved fatal. Elsewhere only about one sixth did so. At the Hotel-Dieu the death rate for women in childbirth was one out of thirteen, elsewhere one out of fifty-five. Many institutions however, had a high death rate for children. The fact that there was no isolation of diseases kept certain diseases such as fevers and itch present in some hospitals all the time.

Another cause for complaint was the irregularity of the doctors' visits to the wards to see their patients. The law of 1787 fixed these at two a day, one about seven
(65)
or eight in the morning and the other at four in the afternoon. The law had been deemed necessary because the bureau of administration had found that patients sometimes remained for twenty four hours without being

seen by a doctor. In the country districts also medical visits were very irregular; about 1785 the hours for the doctors visits had been prescribed by law. Another criticism of the Hotel-Dieu in Paris was the fact that one doctor might visit the patients in the morning and another in the evening. The records for patients were so poorly kept that they gave the doctor little information and often led to mistakes being made. The doctors were also accused of undue haste in their visits as were the surgeons in their haste to operate.

During the closing years of the Old Regime hospital conditions continued to be a subject of debate. Foreigners were shocked at the conditions they found in French hospitals. Dr. Rigby's indictment in his travel letters is well known. John Howard made a comparative study of the prisons and hospitals of England and the Continent (dated 1783) where-⁽⁶⁶⁾ in he stated that those of France were the worst of all. He characterized the Hotel-Dieu and the Hospital of Saint Louis as a "disgrace to the city of Paris." The Emperor Joseph II who visited the Hotel-Dieu made some unflattering reflections upon the conditions there.

A dark and gloomy picture of hospital life and conditions between 1760 and 1790 has been briefly sketched in the preceding paragraphs. Nevertheless in this period there were definite advances and improvements made in hospitalization and its related problems. The influence of the criticisms of philosophers began to take effect though

not yet to an extended degree.

Turgot (finance minister 1774-1776), the merit of whose work lay chiefly in the theory that he advanced, issued a circular letter (November 1774) to all intendants in which he directed them to make a thorough investigation of all charitable institutions and urged them to report their personal reflections on all phases of mendicity. (67) A commission which he had appointed to study the general situation investigated hospital conditions and recommended that for emergencies and special types of cases such as the insane, small hospitals should be provided, but that preferably aid should be administered ordinarily in the homes. The practical phase of Turgot's work that affected the hospitals was found in his encouragement of schools of surgery, of medical studies, and of the Academy of Sciences and in the foundation which he laid for the Royal Society of Medicine. He also greatly increased the number of boxes of medicine which were sent to the provincial districts.

Necker, who shortly followed Turgot in office (1776-1781), centered attention upon hospital reform. By an order in Council in 1777, a commission was appointed to study and to make recommendations for the improvement of the hospitals of Paris and to extend the inquiry to the other hospitals of the realm. (68) Necker was particularly interested in the reform of the Hotel-Dieu. Public opinion favored its replacement with small establishments,

for the most part reserved to single parishes.

Mme Necker who was deeply interested in philanthropic work established a model institution of the restricted type, the Saint Sulpice at Sevres, which contained only 120 beds, each reserved for a single individual. ⁽⁶⁹⁾ All recommendations for entrance or special favors after admission were here banished. Each patient who wished to enter presented himself in person supplied with a certificate of indigence furnished by the cure of the parish. Aids at home were distributed to fathers and mothers of families, thus relieving disease and unemployment. A doctor, a surgeon and a student surgeon rendered the medical service, while the nursing was done by a dozen sisters of Saint-Vincent de Paul. The experiment proved most successful and received public favor.

Although the Necker suggestion of substituting such small institutions for the Hotel-Dieu was not carried out, the reform of that institution began with a provision of 1781 regulating the bedding of patients. This regulation provided that so far as possible single beds should be used and, where such were not used, the larger beds should be divided by partitions so as to accommodate two persons only. Wool or hair mattresses should replace those of feathers. It must be admitted that these measures were only partially enforced, but they were in the right direction. Another forward step was the provision

for special infirmaries at a number of the institutions of the General Hospital (1780), although the measure was (70) tried out only at the Salpetriere.

Attempts to improve the Hotel-Dieu continued for the next decade and occupied the attention of all the administrators during that period. Tenon and Coulomb even went to London to study conditions. They were officially received by the Royal Society of Medicine. On visiting the British hospitals they found that none of them held more than 450 patients whereas French hospitals were receiving thousands.

In addition to the reform of the Paris hospitals, especially the Hotel-Dieu, and to the building of a number of small institutions like the Saint-Sulpice by individuals or small groups, a number of charitable associations (71) were formed. Three notable lay associations were the Philanthropic Society, the Society of Maternal Charity, and the Association of Judicial Benevolence. The first mentioned was particularly interested in the blind and will be discussed in that connection.

The closing years of the middle period, 1760-1790, were thus years of transition from the Old Regime to the new era instituted by the Revolution. This transition was an insensible one, so gradual in fact that the characteristics of the coming revolutionary period had been largely determined before the fall of the old monarchy.

Hospital policies had been much discussed. Publicists

like Abbe Reymond, Bernardin de Saint-Pierre, Du Pont de Nemours, Abbe Recalde and Coudorcet had advocated theories of public aid and hospital control which were later to determine the policies of the new regime. (72) The appeal to public opinion by the Commissions created by Turgot in 1774, and under Necker in 1777 to reform the hospitals, the inquiry in 1785 as to hospital conditions made by the Academy of Sciences, the union of the provincial Assemblies and the Assembly of Notables in 1787, and the convocation of the Estates General in 1788-89, these together laid the foundations for the work of the Committee of Mendicity of the Constituent Assembly which was created in 1790. (73) The work of this committee largely determined the methods and policies of hospitalization and of the care of defectives in the closing period of the eighteenth century, 1790-1815. But political agitation was by no means the only force in this revolutionizing process. A vital factor was the continuing marked advance of therapeutic science.

The discussion of the early era of the century (1715-1760) has summarized the advances made in medicine, surgery, and hygiene in so far as they related to the hospital service of the country. Similar mention must be made of the continued advance achieved along these lines in the middle era (1760-1790) covered by this chapter.

In medicine and surgery real progress was made. The greatest of the practitioners did not entirely escape the systematic spirit which produced so many and varied

medical theories, but free observation and experimentation were entering into medical science as well. The spirit of inquiry was aided in France by the introduction of the methods of Sydenham the Englishman and Ramazzani the (74) Italian.

Progress was marked in varied scientific lines. Among these were animal mechanics, anthropology, therapeutics, (75) classification of diseases and diagnosis. Experiments in medicine were made whereby new remedies were discovered. Arnica, valerian, digitalis and other drugs were introduced into wide use. As early as 1778 the Society of Medicine had commissioned La Varenne to study the therapeutic application of electricity. Even the language of science became clearer and more definite. More and more, science was called upon to solve practical problems such as the improvement of hygiene and the reform of the Hotel-Dieu.

The hospitals aided in this progress, serving as practical schools of medicine and especially of surgery where the pupils attended consultations and assisted at (76) operations. As early as 1778 the Hotel-Dieu was declared to be the most brilliant school in the world. In that year Desault created the surgical clinic from whence emerged as leaders in the next period such notables as (77) Bichat, Larrey, and Dupuytren. It practiced before six hundred observers and adopted the plan of an amphitheater. Until this was done operations were performed in the same ward in which the sick lay, with students mounting chairs, benches, even the testers of the beds in order to see.

In the period from 1760 to 1790 surgery and its progress attracted the favorable attention of the king. (78) He issued regulations for the College of Surgery of Paris in 1768 and in 1769 by letters patent which confirmed the acquisition of the College of Bourgogne and of four adjacent houses made in favor of the schools and of the Academy of Surgery. In keeping with the king's policy, in 1774 Turgot founded a special hospice for the schools of surgery. He had both a charitable and a scientific object in doing so. On the one hand those suffering from grave illnesses that required long and expensive surgical treatment that could not be given in the ordinary hospitals of the time needed such an institution and on the other it was hoped that surgery might be advanced.

With governmental favor and friendly accord between medicine and surgery, the latter made great progress in the eighteenth century. That there was a veritable infatuation for the science is shown by contemporary writers who deplored the abuses and the mania for dissection which resulted from it even while they were impressed by the progress that was made. (79) Some of the most illustrious surgeons of the period were: Antoine Louis, secretary of the Academy, notable in legal medicine, Bordenave who applied physiology to surgery, Tenon who was particularly interested in hygiene, and Desault, already mentioned, as the founder (in 1788) at the Hotel-Dieu of the first surgical clinic.

Many clinics were founded and some remarkable collections

of observations made. Free clinics appeared not only in Paris but in the provinces as well. One at the Hotel-Dieu in Orleans had for its purpose the cutting out of stones, but the expense proved too great for it to be long maintained.

Accouchment in France continued, as in the former period, to present a grave problem. Midwives were not permitted to practice without a period of apprenticeship under a surgeon, a mistress midwife, or in a hotel-Dieu. To meet the need hospitals served as schools, and special courses under surgeons and mistress were opened in various cities. These special courses usually lasted about two months to which young women might be sent while their living expenses were paid by the cities, parishes or lords. Special rewards were offered to encourage application to training. Mme. Du Condray, who grew very popular by holding courses for midwives in various cities did much to arouse interest in these short courses.

The science of hygiene began to make rapid developments in this middle period of the eighteenth century. Its advance was aided by the application of the new experimental methods introduced in the preceding period by Boerhaave and Vandermonde. Tissot, professor at Lausanne (1754-1770), did much to popularize ideas on guarding health and on the treatment of the prevalent diseases. Although Jenner had discovered vaccine as early as 1776 there was a strong resistance in France to its use which

had to be overcome. The many polemics provoked by the question indicate, however, the growing interest in hygiene,

The faculty of Medicine of Paris, a hot-bed of opposition to inoculation in general was opposed to all scientific innovations. It was much more interested in maintaining its own honorific privileges. Progress in medicine in the eighteenth century was made possible, therefore, only by the creation of new institutions of a scholarly and practical character. Such was the Royal Society of Medicine established under Louis XVI in 1778. (83) It is probable that the idea was suggested to Turgot by Lassone and Vicq d' Azyr.

The plan of organization was to unite into one society all the doctors who were interested in truly scientific studies. It had its beginnings in 1776 when Turgot organized a commission of doctors at Paris who should correspond with those of the provinces particularly in regard to epidemics and epizootic maladies. It was expected that by this arrangement that preventative or curative measures would be improved and that experimental medicine would be advanced. If necessity demanded the doctors on the commission might be sent into the provinces to further their studies or to render aid. A course in human and comparative anatomy was instituted in Paris under the control of Vicq d' Azyr. The course was followed by the six doctors on the commission, and by all others who

wished, whether doctors, surgeons or students. A couple of years later letters patent were issued establishing the Royal Society of Medicine under the special protection of the king. It was directed to unite not only observations made in the provinces but those made abroad as well. To the Society was entrusted the examination of remedies which previously had been entrusted to a special commission founded in 1772. It also supervised mineral and medicinal waters. Leaders in the Royal Society of Medicine included Paulet who studied the poison of snakes, smallpox epidemics, and epizootics, Carrere who published a "Bibliothèque de la médecine ancienne et moderne," Thouret who later rendered valuable service in medical teaching during the Revolution, and Vicq d'Azyr who was known above all by the "historical eulogies" of his dead colleagues. (84)

The organization of the Society brought a bitter protest from the Faculty of Medicine but did not check the success of the new group. Necker reinforced its authority by proclaiming it a part of the public administration and by regulating its meetings and its bureaus. That it was very active is shown by the ten volumes of correspondence exchanged with the provinces, including instruction on the treatment of disease.

Governmental interest in public health in the provinces continued to be manifested by the sending of even a greater number of boxes of medicine to be used there. In 1776 the number was increased to 2,258 and as late as 1786 (85)

the intendant of Rouen wrote that they were received with satisfaction. The government also took measures to distribute instructions in first aid and as to the best methods of treating certain diseases. (86) In 1773 a new method of resuscitation for the drowning was introduced. Instead of being suspended by the feet, which nearly always resulted in death, the patient was rubbed with flannel saturated with camphor and given internal remedies. Asphyxiation was common. New directions for aiding the asphyxiated were also sent out. First aid kits and stretchers were introduced. A hospice for rabies was set up in Paris and four or five others established in the provinces. A reward was offered for the best method of treating rabies while the best methods then known were widely disseminated. In 1776 such instructions were sent to twenty five different places. In 1775 Turgot sent instruction for the treatment of tapeworm to the intendant of Amiens. (85) Work of this type was largely carried on by Turgot, Necker and Calonne.

The governments greatest concern was over epidemics for the study and control of which the Royal Society of Medicine was largely created. (87) Regular studies were made, statistics compiled, instructions both as to curative methods and medicines were sent out, and when needed doctors were sent to cooperate with the local doctors. Some of the most common diseases combatted included scarlet fever, sweating sickness, malignant putrid fevers, puerperal fevers, inflammation of the chest, dysentery and syphilis.

The government and its agents likewise combatted epidemics among live stock, since epidemics and epizootics were not distinguished. Veterinary medicine was encouraged by the establishment of schools at Lyon and d'Alford to which students from cities and provinces were sent for training.

In spite of all efforts, however, charlatanism continued to flourish. Elixirs, balms, opiates and unguents continued to be made from all kinds of drugs. Such remedies found a ready sale especially for venereal diseases.

Mercier remarked: "Everywhere are seductive announcements. It is only thought proper to speak of decorous specifics with beautiful epithets; one does not speak of the application of mercury; one swallows it down under the pretty name of sugarplums, syrup, elixir, tablet chocolate. Ere long we shall have the cake or cream cake anti-venereal. Such dupes and such victims!"

(88)

The problems of public health and hygiene assumed more and more importance. The provision of pure drinking water at Paris was long a problem of contention. The opening of new streets and the first boulevards, the repair of wharves and bridges all indirectly aided public health, in so far as they gave the city better air. The building of suburbs around the cities provided better living quarters. These developments were found in the provinces as well as in the capitol. Fraud and adulteration of foods received governmental attention. Epidemics had been brought on by the use of contaminated water by

(89)

the bakers, rotten fish had been sold in the markets, wine, milk, salt, etc. had been adulterated by the use of copper and lead. Writers of the day such as Mercier helped to arouse public opinion to demand governmental action. But in spite of the passage of laws regulating many conditions not much change was accomplished because the laws were not enforced. The placing of cemeteries in the heart of the cities had long been a menace to public health, but it was only at the close of this period that they were being closed and new ones opened outside the city limits.

Turning from the developments in medicine, surgery and hygiene and sanitation made between 1760 and 1790 which more or less directly affected the general trend of hospitalization, it will be of interest also to see the comparative developments effected in the care of those special classes of unfortunates, the foundlings and the defectives.

In this period preceding the Revolution the care of the foundlings continued to constitute a grave problem. This was particularly true in the larger cities, above all in Paris, because the foundlings were taken there in great numbers from the provinces. Of the 32,222 children entered in the Enfants-Trouves of Paris, between January 1772 and December 1776, some 10,086 had come from the provinces. Mercier said that they arrived in increasing numbers every year ranging from seven to eight thousand, many of which were from the provinces. Often the children were trans-

(90)

(91)

ported by those who acted as agents for the purpose.

(91)
Mercier described the custom. A man would carry as many as three new born children stuffed upright in their swaddling clothes in a box on his back. He paused on his trip only long enough to eat and to let the children suck a little milk. Often when he opened his box he would find one dead, but he would hurry on with the others, impatient to be rid of them.

At the Enfants-Trouves the children were brought together in large numbers in the same room, through which diseases often swept. The hospital had great difficulty in securing enough nurses. Sometimes for weeks the children were without wet nurses and, as a consequence, at times as many as nine tenths of them died within the first three months of their lives. When nurses were secured they were sent to the country until the age of six years. It was preferable to let them remain there in the homes of laborers who received an indemnity varying with the age of the child. But the nuns of the Hospital desired to bring them back to Paris because they believed that the children would be better instructed in the principles of religion. The girls were assembled at the Salpetriere and the boys at Pitie.
(92)

The mortality among foundlings was very great everywhere. The Duke de la Rochefoucauld-Liencourt estimated that of the 101,000 received in Paris in the course of sixteen years that 15,060 survived. In 1790 the Society of Agriculture in Paris estimated that of 100 foundlings two thirds

would die within their first year; that at the end of seven years only fourteen would remain; and that only five would grow to manhood. (92)

In 1779 Necker issued an order in Council concerning foundlings. (93) He stated that the cause of so many deaths was due to the fact that so many were transported from the provinces and to the ravages of syphilis. He attempted to remedy both factors. He forbade the transportation of abandoned children to Paris and ordered that they should be taken to the hospital nearest the place of discovery. (94) The extra expense that this would incur for the hospitals should be charged to the king for the first year and later a constant and certain means for providing for them should be determined. In spite of these inducements the orders were not carried out. The hospitals did all they could to escape the resultant burden. (94) Often health officers and midwives personally counselled mothers to take their children to Paris to the Enfants-Trouves. It was said that in every city and market town there were secret depots to which midwives directed mothers and, for a consideration, took their children to Paris. When this was forbidden by the order of 1779 they continued to receive children at cross-roads.

To combat child mortality from syphilis Necker encouraged the establishment of a special hospice where new therapeutic measures should be tried. In an institution under the supervision of the Enfants-Trouves nurses

were put to bed alone and the children in separate cradles, all of which were kept scrupulously clean. The nurses who were contaminated with the disease were treated for it and the treatment was given to the children indirectly through the milk of their nurses. (95)

By 1782, however, the general government was finding the financial drain for the care of foundlings such a burden that a new means was devised to relieve it of this responsibility. A plan was devised to have the lords, the seignorial justices, and the communities reimburse the royal treasury; but the opposition of these groups was so great that the government was constrained to give up the plan. A plan for free treatment for venereal infection had also to be abandoned for lack of funds. (96)

The Provincial Assemblies also showed the keen solicitude of other contemporaries for abandoned children. (97) The assembly of Orleans proposed to oblige the lords to accord to girl mothers a "trifling contribution." This Assembly regarded hospitals for children as sources of corruption and opposed them. Syphilis was also prevalent in the country. The Assemblies very generally recommended the substitution of animal for human milk to check its spread. (98)

The cahiers too, of 1789, took cognizance of the foundlings. (99) They recommended that the hospitals and bureaus of the poor should compulsorily admit them; that they should be placed in the homes of farmers or should

be taught an industrial trade. It was held that they were children of the state and as such they should be maintained by the state; in turn, the state should be able to use them in the army or navy or in any other object of public utility.

During this period the insane of France were received at both the Hotel-Dieu and at the General Hospital in Paris. Tenon said that the Hotel-Dieu was the only establishment where an effort was made to cure lunacy. This was by systematic hydropathy (baths and douches). In spite of the fact that the Hotel-Dieu received the insane from all the provinces and those sent by the well to do families who had no means of treating them at home it had only twenty six beds for the insane of both sexes. Since by the end of the Old Regime insanity seemed to be increasing it became necessary to put two, three or even four persons in the same bed. The ward for the insane, the Saint Louis, was placed near the sick. It was chiefly at the General Hospital especially at Bicetre and Salpetriere branches that the insane were received. (100)

They were regarded as incurable and no effort was made to give them any medical care. At Bicetre in seven departments they were mingled with the criminal prisoners. They were placed two together in fetid cells to which light was admitted only by the door. In the daytime, however, they were permitted to go freely in the court. If they became violent they were placed in irons. Epileptics (101)

and other infirm were punished by being placed among the insane. The violent and disquiet ones had only the worn clothing of the poor and the prisoners. At least one fifth of them were nearly nude. The insane were exhibited for a small fee. It was estimated that on Sundays in summer more than two thousand persons would come to view the men at the Bicetre and the women at Salpetriere. In 1788 Mirabeau described what he saw at Bicetre: "The new-comers are hurled indiscriminately among this foul tumult of insane. From time to time they are shown like some curious beasts to the first churl who wishes to pay six liards to see them. With such treatment is it surprising that faint attacks of insanity degenerate into paroxysms of violence; that madmen become violent?"

Some half hundred madmen and mad-women were kept, but not treated at the Pitie. In the Hospital of Charenton, kept by the Brothers of Saint John of God, each individual had his own room and was as well cared for as possible. An infirmary for the sick insane was maintained there.

The diet for the insane at the Hotel-Dieu, like that of hospital patients, passed through a set routine ranging from bouillon to full rations.

Conditions in the provinces resembled those in Paris. The insane were often forced to lie on straw mattresses on the floor of their cells in the midst of filth that never received fresh air; sometimes they were crowded together, sick and well, in low rooms.

In spite of the fact that little was done before the 1790's to improve the state of the insane their condition was attracting wide attention. Numerous cahiers for the Estates General expressed the desire for hospitals for the insane in the provinces. (105) A plea also was made in the cahiers that the art of healing maniacs should be more seriously pursued. (106) The practice of exhibiting them like beasts for a small fee was likewise condemned.

Mention has been made in Chapter III of the fact that Diderot was among the first to call special attention to the condition and needs of the blind in his famous letter, (107) but neither he nor any others of the philosophes went beyond mere psychological speculation in their pursuit of the subject. They had no practical suggestions for the training of the blind.

Prior to the eighteenth century blind beggars existed in such numbers that they often struggled for points of vantage from which to solicit alms. Because of their affliction they were often used as spectacles to amuse the populace. The story is told that in 1771, at the annual fair of Saint Avid, in Paris, an innkeeper had attired a group of blind men in a ridiculous fashion and decorated them with peacock tails, asses' ears, and cardboard spectacles. Thus attired they gave a burlesque concert day after day which proved very popular and from which the innkeeper made his profits. It is said that as Valentin Hauy watched this mocking parody he resolved to himself that he would make the blind to read and to execute

(108)

harmonious music.

Valentin Hauy, "Father and Apostle of the Blind," had been born in 1745 at Saint-Just, in the department of Picardy. With his elder brother, Rene, he received his early education at an abbey school near Saint-Just, but he never became a priest. He went to Paris where he studied calligraphy and modern languages. These he taught for awhile until he became attached to the ministry of Foreign Affairs as an interpreter of state papers and foreign
(109)
dispatches.

Inspired in 1771 to do for the blind what l'Epee was doing for the deaf and dumb, it was some thirteen years before he could put his plans into execution. He collected all the information he could about the blind preparatory to his experimental efforts to carry out his purpose. In June, 1784, in one of the churches of Paris, he met Francois Leseur, a young beggar sixteen years of age, who, on condition that Hauy would support his parents, was persuaded to give up his begging.

Soon Hauy had collected about him a group of a dozen children, then two dozen, and finally fifty. At first he conducted a day school to which children of both sexes were admitted. Before the close of the second year he had solved one of the most difficult problems of all times in educating the blind, the art of printing books for them. The first book ever published for the blind was Hauy's own "Essai sur l'education des aveugles"

embossed from movable letter press type by his pupils, in

(110)

December, 1786. At the close of that month he gave an

exhibition of the attainments of twenty four of his pupils, at Versailles, before King Louis XVI and his court. The spectators were enraptured by the novelty of blind children reading, writing, ciphering, doing handicraft work and playing orchestral music.

The enthusiasm aroused by this and other exhibitions led to such generous patronage by the king and the public that Hauy was soon enabled to board his pupils. The Academy of Sciences and Arts gave its approval to the institution and the Philanthropic Society made the aid of those born blind one of its special objects. The Philanthropic Society moreover had cooperated with Hauy in the founding of his first school at Coquilliere in 1784 which was transferred in 1786 to Notre-Dame des Victoires. In 1787 the school contained sixty pupils, several of whom paid. They were taught geography, music, mathematics (including algebra), reading, writing, printing and the different handicrafts. The pupils wore gray uniforms on the buttons of which were inscribed "Institution of the Young Blind" and the initials S.P. for Philanthropic Society. The Society maintained this institution until 1791 when for lack of funds they asked the state to take over the expense.

From the first Hauy's institution had the triple character of a school, a workshop and an academy of music. Hauy's greatest contribution to the education of the blind was his system of tactual printing and a permanent literature, Derogatory claims are made by some writers and he himself

admitted having seen a letter printed by Theresa von Paradis from type made for her by von Kempelen, but in spite of this Haüy was the first who ever tried seriously to make printing available for the blind and who conceived of printing books and establishing libraries printed in relief. (113)
Above all, the public appreciated the progress made by Haüy's pupils in music. They composed, sang choruses in the churches and processions, and displayed an exceptional aptitude for ensemble work. (114)

Although the institution for the instruction of the blind was not founded until the decade preceeding the Revolution that for the deaf and dumb under the direction of Abbe de l'Epee had been functioning since 1760. At the time of his death it had sixty pupils. It is said that because the school was conducted entirely at his own expense he was forced to observe the strictest economy. Also it is stated that L'Epee was unwilling to accept pecuniary aid or to admit the children of wealthy parents, possibly because he feared being charged with mercenary motives. (115)

An account which stresses the economic straits under which L'Epee proudly labored related that in 1780 the ambassador of Catherine II of Russia paid a visit to congratulate L'Epee upon his success and to offer him valuable presents in the name of the empress. L'Epee refused the gifts saying that he never accepted money, but requested instead that the empress should send him some (116)

ignorant deaf and dumb child whom he might instruct. Another story from the same author is that Joseph II, Emperor of Austria while on a visit to Paris sought out Abbe de l'Epee and expressed to him his surprise that such useful work should be retarded by lack of funds. He offered to bestow upon L'Epee the revenues from one of his estates in Austria. The Abbe's reply was: "I am now an old man. If your majesty desires to confer any gift upon the deaf and dumb, it is not my head, already bent toward the grave, that should receive it, but the good work itself. It is worthy of a great prince to preserve what ever is useful to mankind." (116) On his return to Austria the Emperor sent Abbe Starch to Paris to study under L'Epee. After a course of lectures he returned to Vienna where he established the first national institution for the deaf and dumb.

Neither Lavissee nor Bloch and Tuetey mention the above stories, but each tells of governmental favor that was accorded L'Epee's work. (117) Necker who was deeply interested in the problem of the hospital and of the defectives by an order in Council (1778) set aside a part of the property of the old convent of the Celestins so that the institution for the deaf might be better accommodated. Another decree (1785) passed with a view to founding a "permanent hospice for education and learning" placed the sum of 3,400 livres at the disposal of the director of the school with which to maintain the pupils and to teach an ecclesiastical colleague.

That the interest in the deaf in France was not confined to Paris and Bordeaux is shown in the cahiers presented to the Estates General in 1789. One from the parish of Saint-Etienne de Vernouillet petitioned that an institution for all kinds of deaf-mutes should be founded at the expense of the state either at Paris or some other large city. (118)

Within the same month of April another cahier asked that the method of L'Epee should be made available everywhere. (119)

Outside of France other schools for the deaf were being established. In 1772 Samuel Heinicke founded the first one in Germany at Eppendorf (moved to Leipsic); Thomas Braidwood had established one at Edinburgh in 1760; Silvestre, a disciple of De l'Epee founded one in Rome, 1784; and Guyat, another pupil of L'Epee set up a school in Grouigen in 1790.

When the Abbe de l'Epee died in 1789 warm tributes were paid to his memory. Speaking in the National Constituent Assembly on February 18, 1790, M. Goudard said in part:

"The entire universe has admired this discovery (method of teaching the deaf) which ought to be placed in the ranks of the most beautiful and the most fearless efforts of the human mind.

"But that which also deserves great admiration was the active charity, the endless beneficence of M. l'abbe de l'Epee, who consecrated not only all his attention, but the years of his old age itself to the education of his pupils. He placed them separately, or in groups, in a special boarding school where he paid for their board and clothing and gave them their books at his own expense. He finally separated the two

sexes into two groups or kinds of families of which he was at the same time the leader, the teacher, the father, and the friend. During thirty consecutive years he has offered to France, to foreigners, and to sovereigns, who came to abase themselves before so much virtue and talent, the double model of the great genius and the virtuous citizen.

"M. l'abbé de l'Epee did not enjoy any of the benefits of the government; he never asked for it. Few ecclesiastical favors were shown him; he did not solicit any. All that he did in favor of the unhappy was by the use of his patrimony and of that of his brother; it was in sacrificing himself entirely to the need which he had of relieving misery and of consoling affliction-----" (120)

M. Goulard pleaded that the government should assume the place of a father which the deaf in a sense had lost by L'Epee's death and that it should supply the money which formerly L'Epee had provided for them. He went on to point out that the States of the Empire, Italy, Holland, and Switzerland had created establishments in imitation of that of L'Epee, directed by teachers whom he had trained and asked that the benevolence of an individual should not rise superior to the beneficence of the French nation. (121)

In 1791 the National Assembly decreed that L'Epee's name should be enrolled among the benefactors of mankind. (122)
In 1838 a bronze monument was erected above his grave in the church of Saint-Roche in Paris.

The work of Abbe de l'Epee fortunately was not interrupted by his death for he had trained several instructors who were capable of carrying on his work. Upon Sicard fell the responsibility of carrying on the course that L'Epee had started. Two books written by

L'Epee on the instruction of the blind were published¹⁷⁴
(1776 and 1794) and a "General Dictionary of Signs"
which he started was completed by Sicard.

L'abbe Sicard (Roch-Ambroise Cucurran) (1742-1822)
had studied at Toulouse and then entered the priesthood.
When the archbishop of Bordeaux wished to found a school
for deaf mutes he selected Sicard to go to Paris to study
the methods of Abbe de l'Epee. In 1786 Sicard was placed
at the head of the Institute for Deaf-Mutes in Bordeaux.
He made such remarkable progress with his pupils, particular-
ly with Jean Massieu, that he achieved an enviable reput-
ation. He had a vivid and fertile imagination, remarkable
ability in clothing abstract ideas in sensible forms, and
had an unusual talent for pantomime. He was chosen to
succeed L'Epee at Paris, but soon fell under suspicion
and faced troublous times for a few years.

This outline of the developments in the general
and special fields of philanthropy with their related
problems constitutes this study of the humanitarian
movement of the middle era of the eighteenth century
(1760-1790). The general intellectual and philosophical
attitudes of the period were reflected in the practical
work of individual philanthropists and governmental
leaders. The degradation of the hospital reached a low
depth, but the stimulus of philosophical criticism and,
to an extent, an aroused public opinion forced efforts for
the improvement of conditions. The effects of the advances

in the medical and surgical sciences were beginning to be felt in the hospitals and to be seen in the efforts to give the provinces the benefits of the new scientific and hygienic developments.

This middle era was one of real progress in the care of dependents and defectives. Public sentiment was directed to the needs of the farmer while individuals gave their devoted efforts to the needs of the latter. The fame of the French method of teaching the deaf spread over all Europe, while the first practical school for the blind was in actual operation in France. Even the problem of the insane came to the fore in some of the cahiers although the man who was to demonstrate their sick condition before the world had not yet gained public attention with his theories. In the period of unrest culminating in the political revolution, it will not be surprising if men concluded that the care by the state of the sick and the physically and mentally afflicted should be considered as a natural right.

CHAPTER V

THE LATE ERA OF THE EIGHTEENTH CENTURY, 1790-1815 :

"PHILANTHROPY LIBERATES POPULARISM AS HUMANITARIAN CIVISM"

In the closing period of the eighteenth century (1790-1815) the divergent forces of the century culminated in an era of revolution.⁽¹⁾ The chief political expression of this period was the French Revolution, the final outcome of the questionings, the criticisms, and the attacks which in the earlier periods had been directed against the Old Regime. The French Revolution was a true revolution in the precise sense because its development followed a definite cycle and passed through a series of active stages followed by a series of retro-active stages.

The initial stage of the French Revolution is sometimes called the "Aristocratic" Enlightened Despotism (1763-1789). This period of reforms by enlightened ministers came to a close under Louis XVI when a call was sent out and elections held for an Estates General (1788-89). The second stage of the active period of the Revolution, the "Mesocratic" (Bourgeois) Limited Monarchy, covered the period 1789-1792. In June of 1789 the third estate of the Estates General declared itself the National Assembly of France. Shortly after (July) insurrectionary movements occurred not only in Paris but widespread throughout the

cities, towns, villages and even rural sections of France. In an effort to meet the situation thus created, in August a series of decrees known as the August Decrees were issued which abolished the feudal system. The Declaration of the Rights of Man was also drawn up and accepted by the Assembly. The National Constituent Assembly created a limited monarchy to replace the old absolute regime and started many far-reaching reforms. These aimed to establish civil liberty and civil equality and to reform administrative, financial, economic, and religious conditions. In September (1791), Louis XVI against his good judgment accepted the new Constitution which the Assembly had completed and presented to him. The Legislative Assembly, a body of inexperienced men, elected under the Constitution succeeded the National Constituent Assembly and met for the first time in October (1791). It was confronted at the very outset by two sources of serious danger: internal sedition and external threats. In the course of the following months the necessity for internal control and for national defense against external invasion resulted in the Paris rising of 10 August 1792. As a consequence, the Assembly suspended the King, established a provisional executive council, and issued a call for a National Convention. The National Convention, which met 21 September 1792, controlled the third and last stage of the "Active" phase of the revolutionary cycle, the "Democratic" Unlimited Republic (1792-95). When the Convention

convened the Legislative Assembly came to an end. Until a new Constitution for France could be formed the Convention took charge of the government. Two major parties, the Mountain and the Girondists, struggled to control the Convention and to direct the Revolution. To preserve the nation from revolt in the majority of its departments as well as from victorious foreign invaders, the Convention resorted to the rule of force. Under the direction of a Committee of Public Safety its course was marked by the rise of the "Terror", its "Reign," and the resultant reaction. During the course of these three years the French Republic attained such military success that the French boundaries were extended to the natural frontiers of the Rhine, the Alps, and the Pyrenees. The Convention also sought to promote greater social equality: they abolished all seignorial dues which had been retained, divided confiscated land into small parcels so that even peasants might purchase it, and limited the prices of foodstuffs; they inaugurated the systems of state education and systematized law codes which Napoleon later developed; they outlawed slavery and imprisonment for debt, adopted inheritance laws and introduced the metric system.

The fourth stage of the French Revolution, the first phase of the Reactionary cycle, may be described as an Oligarchic Limited Republic: the Directory (1795-99). The Republican Constitution of the Year III (1795) provided for a bicameral legislature and an executive body of five

Directors chosen by the legislature. The Directors conscripted armies and carried the war into the enemy's territory, but they proved quite incompetent in handling internal affairs and initiated no constructive measures.

By a Coup d'Etat (9 November 1799) the government of the Directory was overthrown through the strategy and military force of Napoleon. Temporarily, the government was placed in the hands of a provisional consulate of three members and two legislative commissions. This group proceeded to alter the Constitution of 1795. Under the new Constitution the executive power was entrusted to three Consuls who should be appointed for a term of ten years. In actual practice advisory powers were given to the Second and Third Consuls and full executive power was given to the first Consul only, Napoleon. Napoleon promptly inaugurated a vigorous, orderly, honest administration, since recognized as notable because of the wisdom and sagacity of its measures. In recognition of his skill in subduing the enemies of France and in restoring the peace of the world the people of France elected Napoleon Consul for life (1802-04). The sixth and final stage of the French Revolution (1804-1814) was initiated when the senate conferred upon Napoleon the title of Emperor (May, 1804). Between 1804 and 1807/8 the French Empire rose, reached its height in the dominance of Western Europe about 1810, and declined from 1811 to 1814. These declining years were marked by the internal overstrain of taxation, economic inflation, conscription,

and disloyalty. At the same time throughout Europe there were rising movements of Regeneration and Liberation which in the course of developments played a part in subduing French power. These two factors widely influenced events in the readjustments of the nineteenth century.

Internationally, the last period of the eighteenth century (1790-1815) was the fruition of the century's "dirty diplomacy" and constant conflicts. While disturbances occurred in practically every quarter of the globe at some time during the period the coalition wars against Revolutionary-Imperial France were of general paramount interest. European nations were drawn into various alignments in their efforts to protect their self-interests and from time to time they engaged in the so-called coalition wars. The first two of these (1792/3-95 and 1798-1801) were directed against the French Revolution itself; the four that occurred between 1803 and 1812 were waged against Napoleon; and the final coalition war (1813-1814/5) was a general "War of Liberation." Coincidentally came the development of a new school of irenic thinkers whose conspicuous leaders were Bentham, Kant, Fichte, and Krause. The close of the period, therefore, saw the breaking down of the Power Balance system and the consequent substitution of the Concert of Powers as a medium for the conduct of international relations.

In the economic field of the late period revisions were made in the economic precepts. New theses of economic

law were advanced by Malthus and Ricardo. The idea of "economic duty" began generally to prevail and the early advocates of socialism made their appeals. The outcome of the mechanistic overturnings of the century became especially serious in this period in the cities where factories were concentrated. Here wretched living conditions in the slums and bad working conditions were prevalent. Bad physical conditions and religious skepticism tended to favor a moral slump. The French Revolution naturally affected industry throughout Europe. New impetus was given to individual initiative when guilds were suppressed and labor freed from restrictions. Trade was encouraged by the abolition of customs dues which had formerly hampered its circulation. Financial conditions, however, grew steadily worse. Unsettled conditions caused manufacturers to reduce or stop production which threw many workmen out of work. To meet the unemployment situation in Paris and many other large cities men were given work in the public workshops and food was supplied by the government at reduced prices. These efforts were made to prevent uprisings, but in spite of them many of the French proletariat joined the Revolutionary mobs. Speculation, due to the confiscation and nationalization of clerical and royal holdings, inflated currency, and high prices, prevailed in France. Internal conditions in his Empire taxed even the genius of Napoleon in caring for the physical needs of the masses.

New developments appeared in the cultural world: literature was characterized by romanticism; philosophy was dominated by idealism; and education was tending toward practicalism. In England and her colonies the monitorial system in education, devised by Lancaster and by Bell, found wide acceptance; in France, forward steps were taken under the Revolutionary acts and under Napoleon to advance elementary education. Science continued to make rapid advances and to be popularized and applied particularly in connection with the economic and artistic movements.

The religious developments in this period are sometimes referred to as "The Activity" and sometimes as the "Second Great Awakening." A retro-active trend took place in France between 1795 and 1815. Orthodoxy clashed with the revolutionary rationalism. During the Terror the Christian religion was formally abolished and the worship of "Reason" introduced followed by a deistic experiment. Finally came the legal separation of church and state, although under the Directorial reaction a sort of deistic patriotic cult called Theophilanthropy was favored. Under the Consulate of Napoleon, however, the Church was re-established and a concordat with the pope concluded. Missionary activity, notably in China and India, became pronounced. The humanitarian movement, largely non-sectarian in character, but markedly active among the Evangelical Anglicans showed itself in the promotion of Sunday Schools and in social betterment efforts such as

prison reform and anti-slavery movements. Throughout Europe more religious emancipation was granted to individuals; a number of new religious sects appeared.

In all the various fields mentioned above notable changes occurred. Likewise, similar changes were taking place in the social field related most closely to this study. The changes manifested affected two broad phases of the social problem: first, the concepts of the nature or meanings of society and, second, the social practices. The first of these related to the theoretical "cults" of the period and to the control of the social functions. There were two dominant theories as to concepts: the philanthropism of the Utilitists and the theo-philanthropism of the Perfectibilists sought voluntary progressive social regeneration; civism, on the other hand, demanded civic justice and a chance for happiness for all through arbitrary immediate social reparations achieved through civic action. The overturning of the social functions affected the morality norms, the pathological problems, and the utility provisions of society. The second general phase of the social upset of the period related to the constitution of society, to the living conditions, and to the social conventions. The first of these, the constitution of society, was subjected to the steady crumbling of class strata and the reshaping of the social system throughout the period. Much of this was effected in France by Revolutionary legislation relating largely to fiscal relief for the peasants

and to political control for the tax paying citizenry, both of which purposed to equalize conditions. The Napoleonic regime contributed legislation also which furthered the same ends. Numerous phases of the French Revolution- the Continental Blocade, the political changes, the army movements, the legislation, the enforced use of substitutes for foods, drugs, dyestuffs, textiles, etc.- reacted on living conditions and the conventions of life not only in France, but wherever French military power or the Napoleonic domination extended.

This study of French practical humanitarianism is related directly to the problem of the controls of the functions of society as expressed in the pathological phase. The control of these functions in general were largely overturned by the dynamic age spirit. The effect of this controversion upon the hospitals and upon the establishments for the foundlings and the defectives was very marked. These changes in relation to each will be briefly noted.

In the discussion of the middle period which at its close witnessed the transition from the Old Regime to that of the Revolution mention was made of the fact that the hospitals were considered in the reports of the Provincial Assemblies and in the cahiers of the Estates General of 1789. (2) The cahiers of the Third Estate and of the Nobility, in particular, devoted considerable thought to the hospitals. In no instance was the Judiciary recognized as the legitimate means for directing the hospitals nor

were the intendants regarded as desirable as directors. Rather, all the cahiers on the subject seemed to favor the substitution of representatives of the nation as directors. In a number of instances plans in detail were submitted as feasible modes of control. The general plan was to place all poor relief in charge of the parish. Some cahiers suggested taking over all unused monastic buildings and revenues for charitable purposes as well as the property and revenues of non-resident ecclesiastics for the use of the hospitals and other forms of charity. The cahiers of Paris petitioned for the reform of the Hotel-Dieu by replacing it with four smaller institutions. From the provinces came the complaint that the hotels-Dieu exclusively favored the residents of the cities and excluded the sick of the country districts. They urged either a change of the rules of admission or the creation of new establishments in each parish, market-town, or other territorial division. A plea was often made for improvement in the internal regime of existing institutions. This included the requests that administrators should be selected by the communes at three-year intervals. The Third Estate petitioned for the reduction of ecclesiastical influence in hospital control. A number of cahiers asked for the annual publication of financial reports of institutions in the interest of economy and better management. Several of the cahiers were limited to the expression of desires affecting particular details of hospital management, such as special wards for

women in accouchement and better methods of care for the insane and foundlings.

As early as June, 1789, the president of the "National Assembly" had written to representatives of the nobility that the Assembly wished to see the three orders unite "particularly to deliberate on the means for caring for the public misery."⁽³⁾ A couple of days later a committee of some thirty-two members called the Committee of Subsistence was created to search out the causes and remedies of poverty. But the committee accomplished nothing of value and by the middle of October was dismissed as useless.

The problem of mendicity in all its phases early held the attention of the National Constituent Assembly. In early November, 1789, it pledged itself to enact measures necessary for a new organization of public assistance. After the wish for a Committee of Mendicity had been expressed several times by various members of the National Constituent Assembly such a committee was created 21 January 1790.⁽⁴⁾ This committee was really the result of the pre-Revolutionary philanthropic movement and served as the point of departure for the work of the Revolution in all matters of beneficence. The duty of the committee embraced the study of the causes and remedies of wretchedness in general.

The personnel of the original committee consisted of the Duke de La Rochefoucauld-Liancourt, Abbe de Abbecourt (Simonnet de Coulniers), Massieu, cure, and Prieur, deputy of the Third Estate of Chalons-sur-Marne. The size of

the committee was augmented later by the addition of other members, leaders of which included Thouret, inspector-general of hospitals, Abbe de Montlinot, friend of Necker and authority on mendicity and foundlings and inspector of the depot of mendicity at Soissons, La Milliere, head of the department of hospitals of General Control, Bechet, director of the Quinze-Vingts, Tillet, administrator of the General Hospital, and Lambert and Boncerf, both noted authors of brochures (1789) on remedies for unemployment. (5)

This group of men worked out the program which was outlined in the reports of the Committee of Mendicity. They were all deeply imbued with the philanthropy of the time and repeated many of the current arguments of the day. Their work was largely directed by the most active and the most notable of their number, La Rochefoucauld-Liancourt. He served as president and often as reporter to the Assembly and had already had wide experience gained in his private philanthropy and through his influence upon the charitable policies of Louis XVI.

The work of the committee might be said to fall under two heads: recommendations of expedients to meet the actual necessities of the time and a plan for the organization of public assistance in general. (6) In all some fourteen reports were made by the Committee of Mendicity, but all of them were not equally useful. Several gave the results of the investigations made in the various charitable establishments in Paris or gave reports on the state of

mendicity there. In the first seven reports was developed the plan adopted by the Committee of Mendicity and later approved by the National Constituent Assembly.

The committee classified all who needed aid under four separate heads, two groups of which were the sick and the foundlings. ⁽⁷⁾ For the first time domicile was made the basis for administering public aid. When the new administrative divisions of France were established such assistance was administered through the parish.

The members of the Committee of Mendicity expressed the general aversion of their contemporaries for the hospital care which had gained so much notoriety in the closing years of the Old Regime and expressed a wish instead that the sick should be cared for in their homes to the greatest extent possible so that the number and size of institutions for hospital purposes might be reduced. ⁽⁸⁾ They believed that such a plan could be applied quite generally in both the city and the country districts. They proposed that competent doctors and surgeons should be placed in every canton (each 6,000 to 7,000 residents) or in the various quarters of the cities. These doctors and surgeons should be controlled by the local agencies, but should be paid a salary of 500 livres a year by the state. It should be their duty to treat free of charge those families that were enrolled on the lists of indigents. The doctors and surgeons should be unencumbered with the problem of the distribution of food, but they should be expected to con-

tribute to the general progress of medical science through the observations which they should make. Under similar circumstances it was recommended that well trained midwives should practice the art of accouchement.

The cities, however, contained many individuals without families and many persons who were poorly lodged. To meet their needs the Mendicity Committee deemed hospitals necessary. Large hospitals were looked upon with disfavor, however, because of the difficulty in administering them and because the indigents in them often received insufficient care. Instead, the Committee recommended the establishment of small hospitals in the districts or parishes of the cities where patients could be cared for not too far removed from their families. In the large cities common hospices for the isolation of certain contagious diseases, for surgical operations, and for the care of foreigners were still considered necessary.

For such a plan of public aid as they outlined as desirable for France the Committee of Mendicity believed the financial basis should be in the state and should not be made a local or municipal affair. (9) They cited the faults of municipal aid in England to substantiate their contention and pointed out that under such a scheme aid was often insufficient or was given when not needed, tended to increase the number of indigents and made taxes for the poor heavier. The Committee, on the other hand, believed that public assistance should come out of the national revenues

in which all hospital property should be mingled in a common treasury for national beneficence. They recommended the alienation of hospital property for this purpose. They also made an estimate of the probable expenditures and receipts under their proposed plan.

While the Committee of Mendicity was deliberating over the problems of the hospitals and other forms of charity mention should be made of what had been or of what was transpiring in actual practice in relation to the problem.

About the time that the feudal regime was abolished in 1789 a temporary decree abrogated all monastic vows. (10) Among

other groups affected were about fourteen thousand Sisters of Charity distributed among some four hundred twenty convents. (11)

These nuns looked after the hospitals, attended the sick, brought up the foundlings, etc. Although some of the sisters continued throughout the tempestuous years to care for the sick, on the whole the decree helped to demoralize hospital conditions. Before the close of the year 1789 another decree declared that all ecclesiastical property should be placed at the disposal of the nation to be used by it in whatever manner it saw fit to meet religious expenses, to maintain ministers, to care for the poor or to advance education. (12)

Shortly after the opening of the year 1790 the octrois allocated to the hospitals was temporarily retained although other feudal dues were suppressed. (13) Later the hospital octrois were suppressed also.

Returning to the Committee of Mendicity, one finds that

in the course of time it was forced to modify its plans for the maintenance of the hospitals. Hospital revenues decreased appreciably because of the suppression of certain of their fiscal rights such as tithes and octrois. To make up this deficit the Committee recommended the imposition of a general tax.

On the other hand, the National Constituent Assembly did not agree with all the proposals of the Committee of Mendicity. They refused to form a common fund of all the charitable revenues and to divide them among the different departments into which France was divided. (14) They feared to despoil the cities which possessed hospitals for fear of provoking distrust and trouble. In the face of this opposition the Committee of Mendicity presented a new plan whereby they conformed to their former plan, but with certain modifications. They proposed that each establishment should retain its own revenues. In cases where hospital revenues were less than the institution would have received if a general division had been made the hospitals were to be given additional aid and the state should take over their debts; but in case hospitals had a revenue greater than they would have had by a general division these institutions were (15) expected to apply the excess on their debts.

Because the field of activity involved in public aid was such an extended one the Committee of Mendicity did not entirely exclude private beneficence from its consideration. It recognized favorably the services rendered to various

groups by such charitable organizations as the Philanthropic Society and the Maternal Society. (15)

Impeded by the multiplicity of its duties The National Constituent Assembly did not carry into effect the plans outlined by the Committee of Mendicity. This task was left to the National Convention. (16)

From time to time throughout the period from 1791 to the initiation of the Republic provision was made by the government for temporary emergency relief to meet the needs of the hospitals. (17) In August of 1792 secular congregations were suppressed, even those devoted to the hospitals and the care of the sick. (18) But in the hospitals and houses of charity some were permitted to continue as before in caring for the poor and the sick under the supervision of the municipal and administrative bodies.

In May of 1793 a decree of the National Convention suspended the sale of property forming endowments of hospitals and houses of charity. (19) After the fall of Robespierre, in July of 1794, the Convention proceeded to the nationalization of all hospital property. (20) The Republic assumed both the liabilities and the assets of the hospitals, hospices, houses for public aid and other establishments of beneficence and proceeded to incorporate them as a part of the public domain. Shortly after the passage of the law a circular from the Committee of Public Aid was sent to the municipal communes relative to the execution of the law nationalizing hospital property and requesting a complete

report on all individuals kept in the institutions. However, the actual sale of all property belonging to the hospitals and other benevolent establishments was never fully carried out because its execution was postponed in August, 1795, and from time to time this suspension was sustained. (22)

Early in February of 1796, under the Directory, the Minister of the Interior sent instructions to the administrators of the departments on the general organization of public assistance. (23) He divided the indigents for whose aid it was believed the state should form permanent establishments into three classes, the sick, orphans, and the old. The state, it was held, owed to the indigent sick the aids of art and the cares of humanity. The Minister summarized the hospital situation. He said that the establishment of some hospitals was all that the old government had done to favor the indigents, but that, independent of the vices that had grown up inseparable from their administration, such institutions had had a bad effect upon the habits of the people. Convalescences had been long and free care had often produced a liking for idleness and indolence and had favored mendicity. For this reason he recommended that hospitals should not be maintained in the small communes, but that for the sake of economy and good service those that existed should be united. The hospitals should be left in the great communes. In the smaller communes and in the country the distribution of aid should conform to the necessities of good administration, but should not encourage indolence. Provision should be made that the old should not

be lodged in the hospitals for the sick but in hospices in each department where the insane, epileptics, and foundlings should be cared for also.

In April of 1796 the temporary suspension of the sale of hospital property was still maintained. (24) In October civil hospices were permitted to continue to enjoy their properties, rents and royalties. (25) From time to time the executive Directory prescribed the mode for collecting and using the revenues of the civil hospitals and for supervising them. (26) In 1797, provision was made for the replacement of the landed rents due the civil hospices which had been alienated to the public treasury. (27) In July, 1799, provision was made that the administration of civil hospices should continue in the hands of municipal administrators who should name the administrative commissions. (28)

Under the Consulate the direction of the hospitals continued to occupy the attention of the Minister of the Interior. In February, 1800, Lucien Bonaparte occupying that position, issued a circular to the central administration of each department instructing them on the means of discharging the debts of the hospices and providing for the current needs of the service. (29) Lucien Bonaparte continued to send circulars touching on various hospital problems, such as meeting expenses, the illegality of the seizure of goods belonging to the hospices, and the reinstatement of hospices in the use of alienated property. (30) An order in Council of January, 1803, directed the completion of a statement by

the hospitals of national property which had been attributed to them in replacement for their alienated property in carrying out the law of 1796. ⁽³¹⁾ The actual restoration to the hospitals of property of equal value was not carried out, ⁽³²⁾ however, until 1807.

Meanwhile hospital conditions showed the effects of neglect and became very bad indeed. ⁽³²⁾ In Paris this condition was attributed by a writer on the period to a lack of experience, zeal and probity on the part of the directing personnel. ⁽³²⁾ Here in 1800 and 1801 the whole plan of hospital administration had been reorganized. ⁽³³⁾ A General Council of Administration consisting of a dozen members was created and to them was entrusted the general direction of institutions. Their decisions were carried into effect by an administrative commission of five members who were named by the Minister of the Interior. At the head of each institution was an agent of inspection who was directly responsible for the conduct of the affairs of the hospital or the hospice.

Under the Empire a decree of 1809 submitted the foundation of all new establishments to the previous authorization of the government. On the whole hospital conditions probably showed little improvement under Napoleon because they felt the pinch of his financial economy. At least in commenting upon the financial achievements of Napoleon as First Consul and Emperor, Fisher says:

"If we could revisit any great provincial town of

France as it stood in any year from 1808 to 1815, we should find the school masters and clergy starving upon miserable pittance, the schools empty of scholars, the public hospitals short of nurses and appliances, industry at a standstill; and the government of the town listless, incurious, and sapped of all initiative." (34)

On the whole the Revolutionary efforts at the improvements of the hospital conditions in France failed generally to effect the reforms which the Committee of Mendicity of the National Constituent Assembly had anticipated. Intolerable conditions continued to prevail until near the middle of the following century. The labors of the Mendicity Committee of the Constituent Assembly, however, and especially of its head, La Rochefoucauld-Liancourt, representing, as they did, the culmination of the eighteenth century controversion, started the movement which eventually should result in the decided improvement of the French hospital system.

In spite of the political disturbance of the French Revolution medicine made some advances in this closing period of the eighteenth century (1790-1815). In reality it constituted a period of transition from the period of "systems" to that which was dominated by the great clinicians. At this time knowledge was being stabilized on the basis of rigid adherence to facts. French physicians of the older schools were prominent at the time and some of these continued to be leaders until well into the nineteenth century.

Jean Paul Marat (1743-1793), well known as a political

leader in the French Revolution, was also an outstanding physician. It is said of him that "he reflects admirably the catholicity of interests so prevalent among his contemporaries."⁽³⁵⁾ Trained for medicine, he was a versatile writer as well. He wrote on criminology, produced scientific works on fire, electricity, light, and metaphysics, published a panegyric of Montesquieu, developed an historical inquiry into the nature and growth of scepticism, wrote two novels, and also produced some medical tracts. His tract on the diseases of the eye was written in his earlier years while he was in England, but it was republished in France in 1791. In Paris before the Revolution where he gained some note as a lung specialist and eye doctor, Marat⁽³⁶⁾ had many patients from wealthy and noble families.

One of the outstanding medical leaders of all Europe in this period was Rene Laennec (1781-1826) who invented the stethoscope in 1819.⁽³⁷⁾ The percussion method upon which the stethoscope is based had been discovered by Auenbrugger about the middle of the eighteenth century, but little attention was paid to it until in 1808 Jean Corvisart, favorite physician of Napoleon, revived and established it.⁽³⁸⁾ Other Frenchmen who contributed to the advancement of medicine were Gaspard Bayle (1774-1816) who did important work on tuberculosis and Pierre Bretonneau (1771-1862) who was to discover new knowledge of typhoid fever and diphtheria.⁽³⁸⁾

It was in the closing period of the eighteenth century that the beginning of one of the schools of medicine which

was to have a wide vogue in America was made. Homeopathy was founded by Samuel Christian Friedrich Hahnemann (1755-1843) a German who took his degree in medicine at Erlangen (39) in 1779. As the result of experiments-some made upon his own person-Hahnemann formulated a new system of medicine. This included three theories: first, that diseases or symptoms of diseases are curable by such drugs as produce a similar pathological effect upon the body (like cures like); second, that the dynamic effect of drugs is heightened by giving them in infinitesimally small doses arrived at by carrying titration to an extreme limit; and, third, that most chronic diseases are only a manifestation of a suppressed itch or "Psora." Hahnemann is also said to have believed that a knowledge of anatomy and physiology was unnecessary and that pathology was a hindrance. Homeopathy found wide acceptance in America after the publication of Hahnemann's doctrine in 1810.

The period also saw the rise of two fads which gained wide acceptance. One of these, cranioscopy or phrenology (40) was the theory of Franz Joseph Gall (1757-1825). He studied medicine at Vienna and Strassburg and became interested in cerebral localization. The guiding thought of the theory was that just as certain organs control certain functions, so the brain is made up of parts that preside over the spiritual, moral, and mental habits of individuals. Some thirty-seven specific cerebral regions were selected which were supposed to be related to the shape and size of the skull and to be determined by skull measurements and the

notation of bosses and protuberances. Lavater (1741-1799) a Swiss doctor founded physiognomy which held that one could read on the face of a person his instincts, his aptitudes, and even his past and future. (41)

Mesmerism which derived its name from Frederick Anton Mesmer (1734-1815) was also a passing fad based upon false dogma. (42) Mesmer of Vienna had a tendency toward the occult. He conceived the idea of human magnetism as a healing force and combined this with an admixture of hypnotism. Mesmer was driven from Vienna, but went to Paris where he held many seances. He wrote a book setting forth his theories which caused them to be accepted by some of the so-called scientific men of Germany.

The foundation of modern public hygiene was laid in in the work of Johann Peter Frank (1741-1821) who has described as a "true modern". (43) His medical contributions proper would have gained him recognition since he was the first to point out the importance of diseases of the spinal cord (1792), defined diabetes insipidis (1794), and wrote an important treatise on therapeutics (1792-1821). Yet his greatest contribution was his work on hygiene actually written in our preceding period, 1777-1788, in which he covered sewerage, water supply, school hygiene, sex hygiene, and many other topics.

The water supply of Paris was long a problem. On the whole the city was not particularly concerned over the quality of the water which it received, for the real-

ization of the modes and results of contamination of the sources of a city's water supply did not come until after the theory of microbes was introduced somewhat later. It is true, however, that the place of taking up water by one of the pumps was moved in 1803 from the edge of the stream near where sewage was dumped into the river to nearer the center of the stream. ⁽⁴⁴⁾ But the city's chief concern was over the inadequacy of the amount of water available. This problem received attention from both the Consulate and the Empire. In 1806 inquiries were made as to the sources of water for Paris, as to the pumps, etc., and some new pumps were installed. Napoleon interested himself in supplying Paris with sufficient water for the fountains. In May of 1806 he decreed that all the fountains of the city should be supplied with water sufficient not only for the usual needs for refreshment but enough to cool the air and to wash the streets as well. ⁽⁴⁵⁾ In 1812, he decreed that water should be furnished free to all the fountains of ⁽⁴⁶⁾ Paris.

Napoleon, however, further contributed to the better sanitation and hygiene of Paris, indirectly, through his generous building program. In certain respects this continued and consummated plans which had been outlined by several generations of Capetians. Moreover, by the immensity of the plans and by the rapidity of execution, it prepared the way for the works of Napoleon III in making Paris the "City Beautiful". Old buildings were torn out

old thoroughfares were widened, and new streets and new bridges were opened along with new building projects. (47)

As one turns from the hospital problem with its related phases of medical and surgical advancement and foundations of public hygiene to those special groups involved in practical humanitarianism, the foundlings and defectives, one finds that they, too, were receiving a good deal of consideration in the period from 1790 to 1815. At the close of the middle period attention was directed to the interest displayed in the foundlings by the Provincial Assemblées and in the cahiers of the Estates General of 1789. (48) The Provincial Assemblies showed a particular interest in the problem of combatting syphilis and recommended the use of cow's milk for food. (49) The cahiers recommended the establishment of special houses in the provinces for the foundlings and the admission of foundlings to the hospitals and to the bureaus of the poor from whence they should go into the homes of farmers to be trained for an agricultural or industrial life. (50)

When the problem of the foundling was taken up by the Committee of Mendicity of the National Constituent Assembly it found that up to that time that the legislative or administrative measures affecting foundlings had given very poor results. (51) The wretched care of the foundling had resulted in a high rate of mortality, in inadequate education, and in atendency toward shiftlessness, idleness, and vice. It was found that even the unusual

foundlings who turned out well were unable to hold a decent place in society because of the prejudice against bastardy.

The Committee recognized that the abandonment of children could not entirely be eliminated, but they believed that the practice could be checked if general conditions were improved by increasing the number of proprietors and by lessening in some way the number of bachelors. (51)

As a temporary measure, the Committee recommended that the custom of caring for and rearing children in the hospitals where they were treated as mendicants should be abolished. The Committee recommended instead that abandoned children should be entrusted to the care of the municipal officers, that the solicitor of the commune should be their trustee, and that the commune should bear the expense of their education. (51) Young children should be inspected by the surgeons and after weaning should be placed in the homes of families who should be paid for the care they gave. Foundlings should receive public instruction. When the girls were fourteen and when the boys were fifteen years of age they should begin apprenticeships. When they should reach the age of eighteen they should have the right to work for themselves, but should remain under the guardianship of the public officers up to the time of their majority or of their marriage. Semi-annual reports of their condition should be made by the public officers to the directors of the districts who in turn should make annual reports to the administrators of the departments who

should have all general supervision and inspection.

The municipal administrators should place in the national treasury all gains or heritages of the children.

The transfer of foundlings from one department to another or to a foreigner in the realm should be forbidden. Adoption which had disappeared from French law since the sixteenth century should be restored.

Recommendations regarding foundlings similar to those outlined by the Committee of Mendicity of the National Constituent Assembly were included in the instructions on the general organization of public assistance which the Minister of the Interior (Benezech) sent in February, 1796, to

the administrators of the departments. He stated that it might be necessary to form establishments for the foundlings. He recommended that they be placed in the country in the hands of clean, healthy nurses and, if possible, they should be kept in country homes rather than be returned to the hospices where, in spite of all that could be done, the conditions were not favorable to their best physical and moral growth. In 1811, the Revolutionary legislation which had regarded foundlings as wards of the state was repealed. The control of public aid was transferred from the central authorities to those of the departments. At the same time each foundling asylum was provided with a revolving crib with the consequent result that the number of deserted children was so greatly increased that the crib had to be

(54)

abolished.

Not only were the unfortunate children accorded consideration in the Revolutionary legislation, but each group of the defectives received attention as well. In the cahiers presented to the Estates General in 1789 were found petitions for special institutions for the demented and pleas that trained physicians and surgeons should devise better means of treating insanity. (55)

Along with its other studies the Committee of Mendicity of the National Constituent Assembly considered in detail the condition of the insane. In the name of the Committee La Rochefoucauld-Liancourt wrote to Dr. Hunter in York, England, one of the founders of the hospital for the insane at that place to ask him various questions about the English treatment of the insane. His queries related to the classes of insane received in the institutions, the methods of handling inmates, the diet given patients, and the medical treatment administered. (56) For some reason the writer received no reply from Dr. Hunter so he wrote to Dr. Richard Price, Unitarian minister and author, to obtain from him information on the manner of treating the insane in England. (57) The Committee also made a special study of the institutions in Paris which sheltered the insane and found that the five hospitals (the Hotel-Dieu, the Salpêtriers, the Bicetre, Charenton, and the Petites-Maisons) and the eighteen pensions which received them con-

tained a total of 1331 imbeciles, epileptics, and violently insane. (58)

In its fourth report the Committee of Mendicity urged France to follow the example of her neighbors, Italy, Spain, and England, in improving the care given the insane. It urged that the insane should be cared for in each canton, or quarter of the cities, under the direction of doctors and surgeons who should be designated to give medical service to indigents, (59) For the department of Paris the Committee proposed that two hospitals should be set up for the special care of the insane. (60) Medical treatment was then being attempted only at the Hotel-Dieu. One of the establishments should serve as an asylum for cases which were recognized as incurable, for treatable as they then were in France many became incurables. However, with proper treatment, said the Committee, many victims of insanity might be cured. At the proposed institutions it should be possible moreover for patients to be placed who could pay for their care and treatment.

It was during the upheaval of the French Revolution that Philip Pinel (1745-1826), who had become a physician in 1773, gained public attention by his remarkable work relative to the causes and the care of insanity. (61) In 1793 (during the Reign of Terror) he was named physician in chief of the Bicetre. Here he brought about a veritable revolution in the treatment of the insane. For the ab-

surd and barbarous methods which had been used up to that time, at the risk of his reputation, his liberty, and even his life, he substituted kindness, justice and firmness tempered by patience. He caused lunatics to be unchained and treated them like sick persons. Blood-letting and drugging which had been much resorted to in treating the insane were abandoned. In 1795, he was transferred to the Salpetriere where he instituted the scientific study of insanity through a class of clinical medicine. Later Pinel was appointed to the chair of medical physics and hygiene and subsequently to that of pathology at the School of Medicine in Paris. He did not abandon his class of clinical medicine, but continued his study and won a prize for his book on insanity. In 1803 he was elected to the Institute.

In spite of the interest taken in the insane by the Committee of Mendicity of the National Constituent Assembly and that aroused later by the work of Pinel the general condition of that group was not greatly affected. Just about the close of the late period of the eighteenth century Esquirol, a pupil of Pinel, wrote of the condition of the insane:

'These unfortunate people are treated worse than criminals, reduced to a condition worse than that of animals. I have seen them naked, covered with rags, and having only straw to protect them against the cold moisture and the hard stones they lie upon; deprived of air, of water to quench thirst, and all the necessaries of life; given up to mere gaolers and left to their surveillance. I have seen them in their narrow and filthy cells, without light and air, fastened with chains in these dens in which one could not keep wild beasts. This I have seen in France, and the

insane are everywhere in Europe treated in the same way.' It was not until 1835 that the insane in France were all-
(62)
transferred to asylums specially built to care for them.

Along with the pleas for the foundlings and the insane in the cahiers presented to the Estates General in 1789 were pleas for the deaf and the blind. For the blind hospices were urged or special places to be provided in the
(63)
existing hospitals.

At this time the only institution of Paris designed exclusively for the blind was the Quinze-Vingts which had been in existence for many years. In this institution there lived some three hundred brothers and sisters who were organized into orders. Blind men were forbidden to marry persons who were blind, but might marry persons who could see, presumably so that they could have some one who could assist them. When the Committee of Mendicity of the Constituent Assembly investigated conditions at the Quinze-Vingts they found there an excessive number of
(64)
women who could see, wives and widows of blind men. The prevailing conditions which the presence of so many persons who could see caused a deputation from the Quinze-Vingts to appear before the National Legislative Assembly in 1792 to complain against the administration of the institution. The deputation declared that the blind who were needy were crowded out by those who were neither
(65)
blind nor needy.

At the Quinze-Vingts pensions were allowed for the maintenance of inmates. (66) In addition to the three hundred persons maintained in the institution some 483 external persons were aided by means of pensions. (67) In 1795, the allowance for both inmates and those aided outside the institution were increased. (68)

In discussing the problem of the blind as it presented itself in the study of the middle period of the eighteenth century (1760-1790) mention was made of the work of Hauy for this group. In September, after the organization of the National Constituent Assembly, M. Hauy asked permission to present the work of his pupils before that body in recognition of the plea that had already been made by M. Charnois for their protection and aid. The permission asked by Hauy was granted and the Assembly was deeply touched by the performance of the blind pupils. (69) who sang and played before them.

In March, 1790, the blind children again appeared before a deputation from the Constituent Assembly and representatives of the districts, the commune, the University, the Academy of Sciences, the Royal Academy, and the Philanthropic Society. Hauy wished to present the work of his pupils in order to gain the favor of these organizations in providing for the financial needs of his institution. In turn, in addition to the exposition, he was asked to write an account of his methods of developing

(70)
the institution.

Whenever the blind pupils appeared fruitful collections usually followed which made the maintenance of the Institute possible. Haüy who had been materially aided by the Philanthropic Society was forced to appeal for help when that group found itself dispersed. In 1791, the Constituent Assembly adopted the young blind and united the Institute for them with that of the deaf. (71) At the time this merger took place it was gladly received by both Institutes and was duly celebrated by a mass at which the Constituent Assembly was invited to assist. (72) In September, 1792, provision was made for the pensioning of twenty-four pupils at the deaf establishment and of thirty at that of the blind. (73)

The Revolutionary years were trying ones for Haüy. In February, 1792, he appealed to the Legislative Assembly for funds which had been accorded him for his work by the Constituent Assembly in the previous July. The Quinze-Vingts, however, refused to pay the 24,000 livres which had been levied against it for the purpose. (74) In September of the same year a number of blind citizens appeared before the National Legislative Assembly to ask aid. They also registered a complaint against M. Haüy, head of the Institute for the Blind. The matters were referred to a Committee on Relief. (75)

In June, 1793, the National Convention Decreed that

there should be established at the expense of the Republic a house in each department at which could be received the poor of both sexes, the crippled, and the blind. It charged the Committee of Instruction and that of Public Aid to propose the most convenient method of putting this decree into execution immediately. (76)

From time to time further action in regard to the blind was taken. In 1794, the Committee on Public Aid asked through a circular that the administrators of districts should report in detail the condition of all the blind (names, ages, size of families, incomes, residence). (77) Financial problems continued to be presented to the National Convention by Hauy. He asked that the salaries for the instructors of the blind should be equal to those given the instructors of the deaf. (78) Somewhat later he asked that the salaries of instructors should be paid in advance. (79)

In May of 1795, the three committees of Finance, Public Aid, and Public Instruction of the Convention submitted a report and a plan of a decree on the definitive organization of an establishment founded at Paris for blind workers. In this report was summarized all that had been done for the blind. Since the National Convention had already made a fixed and definite provision for an establishment for the deaf-mutes it was recommended that they do the same for the blind. The Philanthropic Society,

composed for the most part of rich and distinguished men, had honored the ideas and the work of Hauy and at its own expense and founded a hospice for twenty-four blind persons of whom Hauy was the instructor. In 1791, the Constituent Assembly had assigned 13,900 livres of revenues on the funds of the Quinze-Vingts for the expense of teachers and masters and had allowed an additional 10,500 livres for the annual pension of thirty pupils. The blind and deaf institutions had been united in the house of the Celestins, but the necessity of giving this room for other purposes caused the blind to be moved to the hospice of the Catherinnettes. The Constituent Assembly had provided for only thirty individuals for a year. The Committee asked that this number be increased to eighty-six, equivalent to one from each department. These pupils should be fed, maintained, and taught for five years at the expense of the state.

In the decree effecting into law these recommendations made for the National Institute of Blind Workers (created July, 1791) provision was made for eighty-six indigents between the ages of seven and sixteen who should be instructed for a period of five years. During this time each pupil should be taught a type of work which he could later exercise in the world. Food and maintenance was to be paid by the state, the amount decreasing with the age and skill of the pupil.

In 1801, after a report to Napoleon from Chaptal, Minister of the Interior, the National Institute for the Blind was merged with the Quinze-Vingts. (81) Haüy had become a political suspect and the government withdrew the use of the convent of the Sisters of Saint Catherine. Almost immediately Napoleon caused Haüy to be retired and granted him a pension of two hundred francs. (81) In February, 1802, Haüy started a private school for the blind, but he lacked the funds to make it a success. The Quinze-Vingts and the Institute which had been joined to it also had financial difficulties. The government no longer subsidized it. The Minister of the Interior, in order to set up a foundation for the establishment, applied a part of the hospital property which had been alienated. (81)

The Institute for the Blind in Paris regained its autonomy in 1814 by a royal decree which was followed shortly (1815) by an organic regulation under which it was governed until 1840. (82) The regulation of 1815 instituted ninety foundations, thirty of which were for girls. Intelligent poor children from ten to fourteen years of age were accepted to be given a course of study covering eight years.

The impetus given to the practical training of the blind which resulted from Haüy's efforts in Paris was not confined to France. In 1806, on the invitation of Alexander I of Russia, Haüy was called to Saint Petersburg

where, in 1808, he founded a school for the blind similar to the National Institute in Paris. (83) On his way to Russia Haüy had an interview at Charlottenburg with Frederick William III of Prussia and prevailed upon him to found an institute for the blind at Berlin and to appoint Dr. Zeune as its director.

During the period from 1790 to 1815 institutions for the blind were established at the following places: Liverpool (1791), Edinburgh (1793), Bristol (1793), Southwark (1799), Vienna (1804), Norwich (1805), Berlin (1806), Amsterdam (1808), Prague (1808), Dresden (1808), Dublin (1810 and 1815), Copenhagen (1811), and Aberdeen (1812). (83) Many of these early institutions were asylums. Workshops were usually connected with the schools.

The story, too, of the advances made in the training of the deaf in the closing period of the eighteenth century (1790-1815) centered largely around the efforts of individuals. Upon the death of Abbe de l'Epee in 1789, Abbe Sicard who had earlier studied in Paris under L'Epee was called to Paris from the school for the deaf at Bordeaux which he was then directing to assume charge of the work which L'Epee had started. (84) In the course of the French Revolution Sicard was imprisoned on suspicion for a while. (85) Upon his release, however, he continued until 1822 his work with the Institute for the Deaf. He is said to have given stability and permanence to the system of L'Epee. He ex-

pressed his philosophical ideas and his methods in his "Course of Instruction of a Deaf-Mute", in which he related how he educated his famous pupil, Massieu. Sicard had a number of pupils both at Bordeaux and Paris who showed great natural capacity and who profited from Abbe Sicard's stimulating enthusiasm and genuine skill as a teacher. A number of these pupils afterwards assisted Sicard in his work at Paris.

The most notable, perhaps, of all Sicard's pupils was Jean Massieu (1772-1846) who was one of a family of six deaf and dumb children. (86) He entered Sicard's school at Bordeaux when was about fourteen. When, a few years later, Sicard was called to Paris, Massieu accompanied him in 1791 and three years later was made one of the tutors of the Paris institution. His originality, accuracy, and readiness in responding to the most difficult questions which were put to him when public exhibitions were held helped to add celebrity to the teaching of Abbe Sicard. In 1815, Massieu and Clerf, another famous pupil, accompanied Abbe Sicard to London where their demonstration attracted English attention to the French methods of teaching the deaf and dumb and resulted in a gradual modification of the English method. In 1822, Massieu returned to Bordeaux and soon became an assistant in a school for the deaf and dumb at Rhodéz in south France. Later, after his marriage to a young woman who was not

deaf he moved to Lille where he was principal of an institute for the deaf and dumb.

In Paris, the death of Abbe de l'Epee (1789) had left the institution for the deaf largely without funds. Representatives of the Commune of Paris appealed in February, 1790, to the National Constituent Assembly asking aid for the institution. ⁽⁸⁷⁾ Again in August an appeal was made, this time by a deputation of deaf-mutes who were introduced by Abbe Sicard. ⁽⁸⁸⁾ Sicard himself made an appeal in January, 1791, that the Assembly should hasten to found an establishment. ⁽⁸⁹⁾ In July of that same year M. Prieur in the name of the Committee for the Extinction of Mendicity and those of the Alienation of Finances and of the Constitution made a report of the institution for deaf-mutes and recounted in glowing terms the work undertaken by L'Epee and continued by Abbe Sicard. ⁽⁹⁰⁾ He called attention to the fact that not only were the deaf given scholastic training but that they were given some training in the trades, especially printing. He continued by giving the names of various persons who would assist in the work of the Institute in directing the mechanical arts, stone work, gardening, sculpture, painting, handicrafts, engraving, etc.

In September of 1791, after hearing the reports of committees upon the subject, the National Constituent Assembly moved to unite the institutions for the blind

and the deaf and to locate them in the convent of the Celestins. ⁽⁹¹⁾ The provisions included the right to take funds from the revenues of the Quinze-Vingts if funds of the national treasury proved insufficient, and arranged for some free pensioners at 350 livres each. The treasurer for the deaf-mutes was made the treasurer of the blind, so that the two institutions should constitute a single establishment under the supervision of the department of Paris.

In 1792, the deaf and blind were feeling the pinch of poverty and in July of that year the instructors made a request that the same aid should be given their pupils as was given in 1791. ⁽⁹²⁾ In August, Abbe Sicard asked a continuation of the appropriation of the state for the twenty-four pupils which had been given the previous year, but which had since expired. ⁽⁹³⁾ When the matter came up for consideration one of the Assembly members called attention to the fact that discord between the instructors of the blind and those of the deaf existed. He therefore asked that no appropriation such as requested should be made until after a report of the Committee of Public Instruction asking similar aid for the blind had been presented. His proposition was accepted. Finally, however, in September, the National Legislative Assembly decreed that the same free pensions should be given the twenty-four deaf pupils and the thirty blind pupils as had been

(94)

approved the previous year.

In 1793, the personnel of the Institute of Deaf-Mutes of Paris urged a separation of the Institutes for blind and deaf, declaring that the past year had shown how necessary such a separation was. (95) Among other reasons given were: the lack of emulation which resulted from the union of pupils who worked and those who did not; the economical administration of the one and the extraordinary expenditures of the other; the impossibility of maintaining order; the different hours of work and rest of the two institutions; and, finally, the fact that the creditors of the one bothered the other. The offer was made to divide equally the local revenues and personal property already acquired. If absolute separation could not be granted then provisional separation was urged.

At about the same time an appeal from the institution for the deaf at Bordeaux asking for a fixed status was heard. (96) A member of the Committee of Public Instruction submitted an estimate of the probable cost. In May, the National Convention was asked to do for Bordeaux what the Constituent Assembly had done for the Institute at Paris. (97) The Committee gave the following report. Up to the time of the Revolution the school at Bordeaux had been kept up by citizens. Administrators of the department of Gironde had since temporarily assured the maintenance and education of the pupils. The instructor

had given his fortune as well as his work to the project and the plea was made that it was only just to indemnify him since deaf children from neighboring departments had been admitted. It was proposed that not only Bordeaux and the department of Gironde should be authorized to send pupils there, but that the neighboring departments should be authorized to do so also, thus making it more than ever a national institution. After hearing the Committee's report the National Convention decreed that the school at Bordeaux should have the same status as that at Paris and that it should be maintained at the government's expense. (97) Provision was made also for the free care of twenty-four pupils.

The problem of providing for the indigent deaf-mutes in all France was studied meanwhile by the Committee of Public Aid of the National Convention. This Committee in its report (January, 1794) recommended the establishment of four additional institutions besides the ones at Paris and Bordeaux. (98) In addition, it recommended the establishment in Paris of a school large enough to accommodate twenty pupils who should devote themselves to the education of deaf-mutes and who should submit to a course of three years' training. The proposal for a school roused the opposition of the Committee of Public Instruction. (99) This committee also believed that the two existing institutions sufficed for the actual needs. It contended that

the estimate of four thousand deaf-mutés in France was unfounded. The outcome was a decree/conserving the two existing schools with the provision that poor pupils should be reared from the ages of eight to eighteen at the expense of the Republic while the children of the rich should pay a fee. (100) The education provided should be directed chiefly toward the trades. The profits from the work of the deaf-mutes should be retained by the establishments. At the close of the year (December 26, 1794) a definite plan of organization for the two establishments for the deaf was presented to the National Convention, in the name of the three Committees of Public Instruction, Finance, and Public Aid. (101) After hearing the report, the National Convention decreed that in the two institutions which should be conserved there should be sixty free places open to indigent pupils between the ages of nine and sixteen. (102) Preference, however, should be given the older pupils. Pupils should be kept for a period of five years and each should be trained in a trade. Upon entrance each should be allowed two hundred livres for an outfit. Pupils who distinguished themselves in their training should be given three hundred livres at the time they left the institution. In 1812, the Institute for Deaf-Mutes in Paris contained twenty-six paying pensioners (nineteen boys and seven girls) and seventy pupils maintained at the expense of the state (forty-one boys and twenty-nine girls). (103)

That the interest in the training of the deaf was

general throughout Europe was indicated by the fact that at the close of the eighteenth century (1815) institutions for their care had been established in many countries. The first institutions in the leading countries were: France (1760), Saxony (1772), Bavaria and Prussia (1778), Austria (1779), Italy (1789), Spain and Holland (1790), England (1792), Denmark (1799), Sweden and Russia (1800), Switzerland (1810), and Scotland (1810). A few years later similar institutions were established in Poland and the United States (1817), Belgium (1820), and Norway (1824).⁽¹⁰⁴⁾

In summarizing the humanitarian developments in France in the closing period of the eighteenth century (1790-1815) commonly called the Revolutionary era, one finds that all the humanitarian institutions felt the effect of the Revolutionary movement. The reports of the Provincial Assemblies and the cahiers of the Estates General of 1789 showed that public opinion favored the administration of public beneficence through elected representatives of the municipality or the parish. As the revolutionary movement gained momentum the idea of nationalizing humanitarian institutions was put into effect. The state took over the hospitals and made the foundlings, the deaf and dumb, and the blind wards of the state. The numerous committees of the French revolutionary legislative bodies devoted much attention to the study of the problems of the various groups and to the recommendation of provisions for them.

Just as politically the revolutionary cycle brought a reaction with a gradual return to autocratic power in place of the revolutionary Republic so in the control of the hospitals reversion came to the old form of control. At least for the time being the fruition of democratic plans for state care for the needs of the common man was delayed. The reaction affected all phases of humanitarian work, but did not so definitely affect the care given the foundlings and the defectives. The insane continued to be neglected. In providing for the blind and the deaf the practical rather than the cultural phase of education was stressed. But the movement to care for these defectives first practically demonstrated in France spread throughout Europe.

CONCLUSION: SUMMATIONS

The object of this study has been a review of the development of practical humanitarianism in France in the eighteenth century. This development involved the handling of the pathological problems of society, particularly those relating to the hospitals and the care of the special classes of dependents and defectives.

In tracing the pre-modern and early modern developments of these problems, the foundation upon which eighteenth century developments rose, one found that the chief impetus in caring for the sick, the foundlings, and the defectives lay in the introduction and spread of Christianity which advocated the sanctity of human life and concerned itself especially with the care of the suffering and needy. The Middle Ages saw the rise of many hospitals and foundling asylums. There were also a few institutions for the care of the blind, but, for the most part, defectives received only incidental care or were sadly neglected.

Hospital development through the centuries was accompanied by the cyclic rise and decline of interest in the institutions, the rise marked especially by the organization of Hospitaller Orders and increased building programs, and the decline manifested particularly by neglect or abuses in hospital administration.

As the result of the great religious awakening and other revolutionary movements of the period, the sixteenth century saw the beginning of the transition of hospital control from the Church to the state. This movement was particularly slow in France, however, although here disorders in hospital management eventually brought royal intervention. Royal power over hospitals in France was considerably strengthened in the seventeenth century. During this period Louis XIV turned the resources of institutions no longer in actual use to the support of a new type of institution, the General Hospital.

In the course of time the development of medicine began to correspond to that of the hospitals. Western medicine was derived from the Greeks and until the foundation of the School of Salerno was controlled by the Jews and Arabs. The close of the Middle Ages saw the rise of many schools and universities which greatly increased medical knowledge. Surgery, separated from medicine in the Middle Ages, was long delayed in development. The only trace of public hygiene which as a science did not rise until the eighteenth century were found in a few royal regulations of hygienic problems.

In the early era of the eighteenth century (1715-1760) few new French hospitals were developed and many of the smaller institutions fell into disuse. Royal power was extended more and more over the hospitals, but tended

to favor hospital foundations. Almost nothing was done to advance the care of foundlings or the insane. Little practical work for the blind was attempted, but much philosophical interest was manifested in the problem of their education. The practical education of the deaf-mutes was demonstrated, however, by L'Epee. Modern medicine began about 1720. French leadership in this field advanced with the century, although the early period had not many noted clinicians. French leadership in surgery, however, was pre-eminent and was aided by the establishment of Colleges of Surgery and the Royal Academy of Surgery. The advance in the science of hygiene was negligible.

The middle era of the eighteenth century (1760-1790) saw the rise of many practical humanitarian efforts for social betterment and widespread interest in various phases of such work. In France, local development of hospitals predominated and the religious factor continued strong. There were few hospitals for special needs and hospital services in general were limited. Maladministration of hospitals became very grave indeed and affected practically all phases of the work. This tended to attract critical attention to hospital problems and to the development of theories of social justice. Interest in hospital reforms by administrative leaders led to the first efforts to correct abuses. The marked progress of the period in varied scientific lines accompanied the con-

tinued advances in the curative arts.

The problem of the foundling became more acute as greater numbers of them continued to be brought to the cities from the provinces. The insane were usually regarded as incurable and no efforts were made to treat them except at the Hotel-Dieu in Paris. Great strides in teaching the blind were made by Hauy whose work won wide patronage. The work of L'Epee for the deaf which had been most practical and inspiring gained recognition throughout Europe and resulted in the establishment of schools for the deaf in the various European countries. General interest in France in the condition of the foundlings and all classes of defectives was shown at the close of the period by the recommendations and pleas for their aid found in the reports of the Provincial Assemblies and the cahiers of the Estates General of 1789.

The late period of the eighteenth century (1790-1815), best known for its political upheaval, saw many changes in the administration of French humanitarian work. Efforts were made to put the theory of the natural rights of man into practical application. The Committee of Mendicity of the National Constituent Assembly was created to study the problem of public assistance in all its phases. The reports and recommendations of this Committee formed the basis of the consequent French legislation of the period. Nationalization of hospital property and centralized con-

trol of institutions was attempted in a measure, but the practice did not prove feasible and was not fully carried out. The foundlings, the blind, and the deaf were adopted as wards of the state and efforts made to care for them as such. In time, under the reaction at the close of the period, these groups also were removed from national control.

French influence on the education of the deaf had already spread throughout Europe because of the work of L'Epee. Sicard, successor of L'Epee was now making further notable contributions to the education of the deaf. In this period Haüy's work for the blind was copied and adopted in various European countries. Merely the beginning of special treatment of the insane was made in this period. But on the foundation laid by Pinel the following century was to achieve important results. New schools and fads of medicine continued to develop and France continued to produce medical and surgical leaders. Indirectly public hygiene was considerably advanced by Napoleon's building program and provision for an increased water supply for Paris. Writers of the day were beginning to direct attention to the problems of hygiene, although comparatively little was done to advance the science.

As in all other phases of the civilization through the eighteenth century, one can trace the trend of controversy in the social field. For example, accompanying the cultural ferment of the age came a radical change in the

social attitude toward the sick and defective. Instead of the incidental interest of scattered individuals for the unfortunates society assumed a responsibility for their care. The efforts of the French in handling social problems in the Revolutionary period proved in many respects impractical and bungling, but they were none the less definite expression of the growing belief in society's responsibility for those who need its care. Thereby France contributed surely as much to the process of European civilization -and so to the World- as by any of the more dramatic events of her famed political Revolution. The investigation of these humanitarian contributions has been the incentive and, it is hoped, a sufficient justification of this present study.

FOOTNOTES.

Introduction.

1. This introduction is based upon Dr. F. E. Melvin's unpublished outlines and class lectures on The Controversion of the Eighteenth Century.
2. Gillespie, J. E. A History of Europe 1500-1815. New York, Alfred A Knopf, 1930. Chs. VI and VII.
3. Smith, Preserved. The Age of the Reformation. New York, Henry Holt and Co., 1920. 4.

Chapter I. Pre-Eighteenth Century Developments in Hospitalization and Care of Defectives.

1. Walsh, J. J. Hospital. in The Catholic Encyclopedia. Sixteen volumes. New York, Robert Appleton Co., 1907-14. VII, 480. Hereafter referred to as Walsh, J. J.
2. Hoben, L. The Scourge of Famine in China. in Current History. Volume XXXIV Number I, 63-67. April, 1931. New York, New York Times Co. 64-65.
3. Tourneux, M. Bibliographie de L'Histoire de Paris pendant la Revolution Francaise. Five volumes. Paris, 1890. I, Introduction, IX.
4. Cumston, C. G. An Introduction to the History of Medicine From the Time of the Pharaohs to the End of the XVIIIth Century. New York, Alfred A. Knopf, 1926. 55.
Bonet-Maury, G. Hospitality (Christian) in Hastings,
J. Encyclopaedia of Religion and Ethics. Twelve volumes and index. New York, Charles Scribner's Sons, 1913-27. VI; 805.
5. Cumston. op. cit. supra. 55
Yates, Dr. D. H. and Hamlin, A. D. F. Hospital. in The New International Encyclopaedia. Volume XI, 500-505. Second edition. Twenty-three volumes. New York, Dodd, Mead and Co., 1928. XI, 500.
6. Libby, W. The History of Medicine In Its Salient

Features. Boston, Houghton Mifflin Co., 1922. 90.

7. Walsh, J. J. op. cit. supra. VII, 480.

8. Libby, op. cit. supra. 90.

Walsh, James J. Hospital. in The Encyclopedia Americana. Thirty Volumes. New York, The Americana Corporation, 1926. XIV, 427.

Hereafter referred to as Walsh, James J.

9. Walsh, J. J. op. cit. supra. VII, 480.

10. Walsh, James J. op. cit. supra. XIV, 427.

11. Garrison, F. H. An Introduction to the History of Medicine. Philadelphia, W. B. Saunders Co., 1914. 118.

Walsh, J. J. op. cit. supra. VII, 481.

12. Walsh, James, J. op. cit. supra. XIV, 427.

13. Walsh, J. J. op. cit. supra. VII, 481.

14. Buch, A. H. The Growth of Medicine from the Earliest Times to About 1800. New Haven, Yale University Press, 1917. 236.

Walsh, James J. op. cit. supra. XIV, 427.

15. Hospice or almshouse.

16. Buck. op. cit. supra. 236.

Walsh, J. J. op. cit. supra. VII, 481.

17. Garrison. op. cit. supra. 118.

18. Walsh, J. J. op. cit. supra. VII, 481.

19. Buck, op. cit. supra. 236.

Garrison. op. cit. supra. 118.

Libby. History of Medicine. 90, gives the date for

- Edessa as 372; Bonet-Maury. Hospitality (Christian) in Hastings op. cit. supra. VI, 805, gives Edessa as 370 and Caesarea as 375.
20. Buck. op. cit. supra. 236.
- Walsh, James J. op. cit. supra. XIV, 427.
21. Walsh, J.J. op. cit. supra. VII, 481.
22. Bonet-Maury. op. cit. supra. VI, 805.
23. Garrison. op. cit. supra. 118.
- Walsh, J. J. op. cit. supra. VII, 481.
24. Burdett, Sir Henry. Hospital. in The Encyclopaedia Britannica. Eleventh Edition. Twenty-nine volumes. New York, XI, 791.
25. Walsh, J. J. op. cit. supra. VII, 475.
26. Buck. op. cit. supra. 235.
- Garrison. op. cit. supra. 119.
27. Walsh, J. J. op. cit. supra. VII, 482.
28. Bonet-Maury. op. cit. supra. VI, 805.
29. Garrison. op. cit. supra. 119.
- Walsh, J. J. op. cit. supra. VII, 482.
30. Buck. op. cit. supra. 236.
31. Walsh, J. J. op. cit. supra. VII, 482.
32. Bonet-Maury. op. cit. supra. VI, 805.
- Walsh, J. J. op. cit. supra. VII, 482.
- Garrison. op. cit. supra. 119, gives 641-660.
33. Walsh, J. J. op. cit. supra. VII, 482.
34. Buck. op. cit. supra. 236.
- Walsh, James J. op. cit. supra. XIV, 427.

35. Walsh, J. J. op. cit. supra. VII, 482.
36. Bloch, C. L'Assistance et l'Etat en France a la Veille de la Revolution. 1764-1790. Paris, Picard et Fils, 1908. 39.
37. Garrison. op. cit. supra. 119.
Walsh, J. J. op. cit. supra. VII, 482.
38. Bloch, C. et Tuetey, A. Proceo-Verbaux et Rapports du Comite de Mendicite de la Constituante 1790-1791. Collection de Documents Medits sur L'Histoire Econ-omique de la Revolution Francaise Publies par le Ministere de L'Instruction Publique. Paris, Imprimerie Nationale, 1911. 335, 336.
Walsh, J. J. op cit. supra. VII, 475.
39. Walsh, J. J. op. cit. supra. VII, 475.
40. Garrison, op. cit. supra. 119.
Bonet-Maury. op. cit. supra. VI, 805.
41. Walsh, J. J. op. cit. supra. VII, 482.
42. Bonet-Maury. op. cit. supra. VI, 805.
43. Walsh, J. J. op. cit. supra. VII, 482.
44. Bonet-Maury. op. cit. supra. VI, 805.
45. Garrison. op. cit. supra. 119.
46. Walsh, J. J. op. cit. supra. VII, 482.
47. Buck. op. cit. supra. 238, 239.
Garrison. op. cit. supra. 119.
48. Walsh, J. J. op. cit. supra. VII, 482.
49. Ibid. 483.
50. Ibid. 482.
51. Garrison. op. cit. supra. 119.

52. Walsh, J. J. op. cit. supra. VII, 482.
53. Ibid.
Garrison. op. cit. supra. 119.
54. Garrison. op. cit. supra. 119,120.
Walsh, op. cit. supra. VII, 483.
55. Walsh, James J. op. cit. supra. XIV, 428.
56. Garrison. op. cit. supra. 120.
Walsh, J. J. op. cit. supra. VII, 483.
57. Bonet-Maury. op. cit. supra. VI, 806.
58. Garrison. op. cit. supra. 119.
59. Walsh, James J. op. cit. supra. XIV, 428.
60. Bonet-Maury. op. cit. supra. VI, 805.
61. Ibid.
Blech et Tuetey. Rapports de Comite de Mendicite. 347.
62. Walsh, James J. op. cit. supra. XIV, 428.
63. Garrison. op. cit. supra. 119.
Bonet-Maury. op. cit. supra. VI, 806.
64. Bonet-Maury. op. cit. supra. VI, 806.
65. Bloch et Tuetey. Rapports de Comite de Mendicite. 336.
Garrison. op. cit. supra. 120.
66. Ibid.
Garrison. op. cit. supra. 120-121, 126.
67. Walsh, James, J. op. cit. supra. XIV, 428.
68. Garrison, op. cit. supra. 174.
69. Walsh, J. J. op. cit. supra. VII, 483.
70. Garrison. op. cit. supra. 121.
71. Walsh, J. J. op. cit. supra. VII, 485.
72. Walsh, James J. op. cit. supra. XIV, 428.

Smith, Preserved. The Age of the Reformation.

New York, Henry Holt and Co., 1920. 514.

73. Yates and Hamlin. op. cit. supra. XI, 502.

74. Walsh, J. J. op. cit. supra. VII, 485.

75. Yates and Hamlin. op. cit. supra. XI, 502.

76. Thorndike, Lynn. A Short History of Civilization.

New York, F. S. Crafts Co., 1927. 413.

Walsh, James J. op. cit. supra. XIV, 428.

77. Bloch. L'Assistance et l'Etat. 39.

78. Ibid. 40.

79. Walsh, J. J. op. cit. supra. VII, 483.

80. Bloch. op. cit. supra. 40, Note 2.

He refers to quotation given by Ashley in History and Economic Doctrine of England.

81. Walsh. op. cit. supra. VII, 483.

82. Ibid. 484.

Bloch. op. cit. supra. 40, Note 4.

He refers to Le Grande. Status d'hotels-Dieu et de leproseries. p. 12. (about 1226)

83. Bloch. op. cit. supra. 40, Note 4.

84. Walsh, J. J. op. cit. supra. VII, 483.

85. Ibid. 484.

Bloch. op. cit. supra. 40, Note 4.

86. Walsh. op. cit. supra. VII, 484.

87. Bloch et Tuetey. Rapports de Comite de Mendicite. 337.

Parlement claimed that the administration of the hospitals was reserved to laymen alone. This interpretation

was accepted by the Committee of Mendicity of the Constituent Assembly, but Bloch (Bloch et Tuetey. Rapport de Comite de Mendicite. 338, Note 1.) like Walsh, J. J. (Catholic Encyclopaedia VII, 483) believes such a claim was based upon a false interpretation of the text.

88. Walsh, J. J. op. cit. supra. VII, 483.
89. Walleraux, P. H. La Charite avant et Depuis 1789 Dans les Campagnes de France avec Quelques Exemples Lires de L'Etranger. Paris. 1890.
90. Walsh. op. cit. supra. VII, 487.
91. Bloch et Tuetey. op. cit. supra. 338.
92. Valleriaux. La Charite Avant et Depuis 1789. 55.
93. Bloch. op. cit. supra. 41.
94. Bloch et Tuetey. op. cit. supra. 339.
95. Valleriaux. La Charite Avant et Depuis 1789. 55.
96. Bloch et Tuetey. op. cit. supra. 340.
97. Valleriaux. op. cit. supra. 55.
98. Bloch. op. cit. supra. 45.
100. Walsh, James J. op. cit. supra. XIV, 428.
101. Valleriaux. op. cit. supra. 55.
- Bloch et Tuetey. op. cit. supra. 341, 342.
- The Committee of Mendicity gives the date of establishment as 1612.
102. Valleriaux. op. cit. supra. 55.
103. Bloch et Tuetey. op. cit. supra. 342.
104. Walsh. op. cit. supra. VII, 487.

105. Bloch et Tuetey. op. cit. supra. 343.
106. Bloch. op. cit. supra. 49.
107. Ibid. 50.
108. Bloch et Tuetey. op. cit. supra. 344.
109. Valleriaux. op. cit. supra. 56.
110. Bonet-Maury. op. cit. supra. VI, 805.
111. Walsh. op. cit. supra. VII, 485.
112. Buck. op. cit. supra. 239.
- Walsh. op. cit. supra. VII, 485.
113. Bloch. op. cit. supra. 39.
- Walsh. op. cit. supra. VII, 485.
114. Walsh, J. J. op. cit. supra. VII, 486.
115. Seelig, M. G. Medicine An Historical Outline.
Baltimore, Williams and Wilkins Co. 1925. 3.
116. Ibid. 20.
- Cumston. Introduction to History of Medicine. Ch.IV
117. Seelig. Medicine. 25.
118. Ibid. 26. XI.
- Cumston. Introduction to History of Medicine. Ch.VI
119. Ibid. Ch. XI
- Seelig. op. cit. supra. 36, 37.
120. Ibid. 43.
- Cumston. op. cit. supra. Ch. XIII. On pages 185
and 186 Cumston states that the studies of Dr. Lucien
LeClere and a number of other recent writers, includ-
ing Dr. Gustave Lebon, Prof. G. Colin, Professor
Guibues, Dr. H. Renaud, and Prof. E. G. Browne,
have shown that the Arabian civilization was not
plagiarism as has been generally contended.

121. Garrison. op. cit. supra. 112.
Seelig. op. cit. supra. 46.
122. Seelig. op. cit. supra. 50.
123. Buck. op. cit. supra. 221.
Garrison. op. cit. supra. 88.
Cumston. op. cit. supra. 191-196.
124. Buck. op. cit. supra. 229-230.
125. Garrison. op. cit. supra. 112.
126. Smith, P. The Age of the Reformation. 512.
127. Cumston. op. cit. supra. 212.
128. Seelig. op. cit. supra. 58.
Garrison. op. cit. supra. 117.
129. Garrison. op. cit. supra. 112.
130. Ibid. 94.
131. Walsh. op. cit. supra. VII, 486.
132. Garrison. op. cit. supra. 112.
Seelig. op. cit. supra. 58. The dates given by
the two are not identical.
133. Garrison. op. cit. supra. 113.
134. Ibid. 115.
135. Seelig. op. cit. supra. 122.
136. Smith, P. Age of the Reformation. 513.
Cumston. op. cit. supra. 269.
137. Garrison. op. cit. supra. 116.
138. Ibid. 47, 48.
139. Ibid. 116.
140. Haskins, C. H. Studies in the History of Medieval

Science. Cambridge. Harvard University Press. ²³⁷ 1924.

250.

141. Thorndike. Short History of Civilization. 344.

142. Yates and Hamlin. op. cit. supra. XI, 501.

Chapter II. The Care of Foundlings and Defectives in
Europe Prior to 1715.

1. Ryan, John A. Foundling Asylums. in the Catholic Encyclopaedia. VI, 158-159. Sixteen volumes. New York, Robert Appleton Co., 1907-14. VI, 159.
2. Foundling. The Encyclopedia Americana. Thirty volumes. New York. The Americana Corporation, 1926. XI, 542.
3. Ryan. op. cit. supra. VI, 159.
4. Foundling. Encyclopedia Americana. XI, 542.
5. Foundling Hospitals. in The Encyclopaedia Britannica. Eleventh edition. Twenty nine volumes. New York. X, 746.
6. Ryan. op. cit. supra. VI, 159.
7. Foundling Hospitals. Encyclopaedia Britannica. X, 746.
8. Bloch, C. L'Assistance et l'Etat en France a la veille de la revolution. 1764-1790. Paris. 1908. 49.
9. Bloch, C. et Tuetey, A. France Assemble Nationale Constituante. 1789-1791. Comite de Mendicite. Proces-verboux et Rapports du Comite de Mendicite de la Constituante 1790-1791. Paris, Imprimerie Nationale 1911. 346.
10. Ibid. 337.
11. Tourneux, M. Bibliographie de L'Histoire de Paris pendant la Revolution Francaise. Five volumes. Paris 1890. I Introduction, IX.
12. Bloch. L'Assistance et l'Etat. 49.

13. Bloch et Tuetey. Rapports du Comite de Mendicite.
347.
14. Foundling Hospitals. Encyclopaedia Britannica.
X, 746.
Ryan, John A. Foundling Asylums in the Catholic
Encyclopaedia. VI, 158, 159. 16 Volumes. New York,
Robert Appleton Co., 1907-14. VI, 159.
15. Peterson, F. Insanity in The Encyclopaedia Britannica.
XIV, 597-618. Eleventh Edition. Twenty nine volumes.
New York. XIV, 616.
16. Thorndike, Lynn. A History of Magic and Experimental
Science During the First Thirteen Centuries of Our
Era. Two volumes. New York, The Macmillan Co.,
1923. I, 216.
17. Thorndike, Lynn. History of Magic. I, XXIII, possim.
18. Ibid. V, 585.
19. Peterson. op. cit. supra. XIV, 616.
Seelig. op. cit. supra. 7.
20. Peterson, op. cit. supra. XIV, 617.
21. Thorndike, Lynn. History of Magic. I, 585.
22. Ibid. II, 142,3.
23. Ibid. I, 779.
24. Ibid. I, 754. Quoted from Constantinus. Practica. X, 1.
25. Ibid. II, 142.
26. Ibid. II, 806. Quoted from Arnold Breviarium. I, 26.
27. Peterson. op. cit. supra. XIV, 616.
28. Smith, Preserved. op. cit. supra. 514.

29. Libby, W. The History of Medicine in Its Salient Features. Boston, Houghton Mifflin Co., 1922. 91.
30. Thorndike, Lynn. A Short History of Civilization. New York, F. S. Crafts Co., 1927. 290.
31. Thorndike, Lynn. History of Magic. I, 743. Quoted from Daremburg.
32. Ibid. I, XXXII, possim.
33. Ibid. I, 755. Quoted from Practica. V, 7.
34. Peterson, op. cit. supra. XIV, 616.
35. Garrison. op. cit. supra. 175.
36. Bloch et Tuetey. op. cit. supra. 659.
37. Peterson. op. cit. supra. XIV, 617.
38. Smith, Preserved. op. cit. supra. 519.
39. Einsenstein, J. D. The Blind in Law and Literature. in the Jewish Encyclopedia. III, 248-9. Twelve volumes. New York, Funk and Wagnalls Co., 1901. III, 248.
40. Thorndike, Lynn. History of Magic. II, 860. Quoted from, Arnold's Breviarium I, 13.
41. Old Testament. Lamentations. III, 6.
42. Ibid. Leviticus. XIX, 14.
43. Thorndike, Lynn. History of Magic. II, 365.
44. Stadelman, Joseph M. Education of the Blind. V, 306-315. in, The Catholic Encyclopaedia. Sixteen volumes. New York, Robert Appleton Co., 1907-14. V, 306.
45. Ibid.

- Drummond, W. B. Blindness. in Hastings, J. Encyclopaedia of Religion and Ethics. Twelve volumes and index. New York, Charles Scribner's Sons. 1913-27. II, 712. Drummond gives the date as 1265.
46. Campbell, Sir Francis J. Blindness. in The Encyclopaedia Britannica. IV, 59-72. Eleventh edition. Twenty nine volumes. New York. IV, 61.
47. Stadelman. op. cit. supra. V, 307.
48. Campbell. op. cit. supra. IV, 61.
49. Stadelman. op. cit. supra. V, 307.
50. Campbell. op. cit. supra. IV, 61.
51. Stadelman. op. cit. supra. V, 307.
52. Thorndike, Lynn. History of Magic. I, 536.
53. Payne, A. H. Deaf and Dumb. in The Encyclopaedia Britannica. VII, 880-894. Eleventh edition. Twenty nine volumes. New York. 1910-14. VII, 887.
54. New Testament. Mark VII, 31-37.
55. Payne. op. cit. supra. VII.
- F. A. Moeller. Education of the Deaf and Dumb. in the Catholic Encyclopaedia. V, 315-321, says "Although he (St. Augustine) may have held the opinion of his time that the deaf could not be educated he certainly did not exclude them (adults) from salvation any more than he excluded pagans to whom the gospel had not been preached."
56. Thorndike, Lynn. History of Magic. II, 145, 146.
57. Moeller, F. A. Education of the Deaf and Dumb. in

the Catholic Encyclopaedia. V, 315-321. Sixteen volumes. New York, Robert Appleton Co., 1907-14. V, 316.

58. Payne. op. cit. supra. VII, 887.

59. Moeller. op. cit. supra. V, 316.

60. Payne. op. cit. supra. VII, 887.

Garrison. op. cit. supra. 295, Note 3. "It is said that the idea of a mode of communication for deaf-mutes originated with Ponce de Leon, of Fountain of Youth fame....." Note the evident confusion of persons of that name.

61. Barnard, Henry. History of Deaf Mute Instruction and Institutions in Tribute to Gallandet. Second edition. New York. 1859. 77.

62. Payne. op. cit. supra. VII, 887.

63. Moeller. op. cit. supra. V, 315.

64. Barnard. Deaf-Mute Instruction. 84.

65. Moeller. op. cit. supra. V, 316.

66. Barnard. op. cit. supra. 71.

67. Moeller. op. cit. supra. V, 316.

68. Barnard. op. cit. supra. 71.

Payne. op. cit. supra. VII, 887.

69. Payne. op. cit. supra. VII, 887.

70. Barnard. op. cit. supra.

71. Payne. op. cit. supra. VII, 888.

72. Garrison. op. cit. supra. 295.

Payne. op. cit. supra. 888.

73. Moeller. op. cit. supra. V, 317.

Chapter III. Early Era of the Eighteenth Century, 1715-1760.

Piety and Paternalism Lighten the Problems of Pathology.

1. The general discussion is based largely upon Dr. F. E. Melvin's unpublished outlines and class lectures on "The Controversions of the Eighteenth Century."
2. Gillespie, J. E. A History of Europe 1500-1815. New York, Alfred A. Knopf, 1930. XV, passim.
3. Ibid. 313.
4. The Cambridge Modern History. (Planned by Lord Acton). Thirteen volumes. Cambridge, 1902-12. VI, 168-182. Higgs says that the system of Law (1718-20) had little or no ill effect as a whole upon the royal treasury for it taught useful lessons of power as well as the dangers of credit and proved the folly of striving after fortune by gambling. Higgs. The Physiocrats. 6.
5. Gettell, R. G. History of Political Thought. New York, The Century Co., 1924. XV. Bourne, H. E. The Revolutionary Period in Europe (1763-1815). New York, The Century Co., 1914. III.
6. Lowell, E. J. The Eve of the French Revolution. Cambridge, The Riverside Press, 1892. XVI.
7. Bury, J. B. The Idea of Progress in Inquiry Into Its Origin and Its Growth. London, Macmillan and Co. Ltd. 1920. 164.
8. Ruffini, F. Religious Liberty. tr by J. P. Heyes. Vol. XXXII of Theological Translation Library. New

- York, G. P. Putnam's Sons, 1912. Part III, 148-208. ²⁴⁵
9. Abbott, W. C. The Expansion of Europe A Social and Political History of the Modern World, 1415-1789.
New York, Henry Holt and Co., 1924. 213.
 10. Smith, George. Short History of Christian Missions from Abraham and Paul to Carey, Livingstone and Duff.
Revised edition. Edinburgh, T. and T. Clark, 1890.
128, 129.
 11. Abbot. Expansion of Europe. 216.
 12. Lowe, John. Medical Missions Their Place and Power.
Third Edition. London, Simpkin, Marshall, Hamilton,
Kent and Co., Ltd. 1890. 54.
 13. Smith, George. op. cit. supra. 138, 139.
 14. See, H. E. Economic and Social Conditions in France During the Eighteenth Century. tr. by E. H. Zeydel.
New York, A. A. Knopf, 1927. Introduction XII, XIII.
 15. Botsford, J. B. English Society in the Eighteenth Century as Influenced from Overseas. New York, The Macmillan Co., 1924. 288.
 16. Traill, H. D. Social England; a record of the progress of the people in religion, laws, learning, arts, industry, commerce, science, literature, and manners from the earliest times to the present day by various writers,
ed. by H. D. Traill. Six volumes. London, Cassel and Co. Ltd., 1894-97. V-I, 67.
 17. Ibid. V-II, 567.
 18. Botsford. op. cit. supra. 288.
 19. Garrison, F. H. An Introduction to the History of Medicine. Philadelphia, W. B. Saunders Co., 1914. 331.

20. Valleraux, P. H. La Charite Avant et Depuis 1789
Dans les Campagnes de France avec Quelques Exemples
Tires de L'Etranger. Paris. 1890. 57.
21. Ibid. 58.
22. Bloch, C. L'Assistance et l'Etat en France a la
Vielle de la Revolution 1764-1790. Paris, 1908. 242.
23. Ibid. 243.
24. Ibid. 244.
25. Valleraux. op. cit. supra. 57.
26. Bloch. L'Assistance et l'Etat. 270.
27. Ibid. 392.
28. Valleraux. op. cit. supra. 59.
29. Bloch. op. cit. supra. 52.
30. Ibid. 53.
31. Ibid. 54.
32. Valleraux. op. cit. supra. 58.
33. Bloch. op. cit. supra. 260.
34. Botsford. op. cit. supra. 288.
35. Blodh, C. et Tuetey, A. France Assemblee nationale
constituante 1789-1791. Comite de mendicite. Proces-
Verboux et rapports de Comite de Mendicite de la
Constituante 1790-1791. Paris, Imprimerie nationale.
1911. 345.
36. Bloch. op. cit. supra. 138.
37. Babeau, A. A. La province sans l'ancien regime. Two
volumes. Paris, 1894. II, 296, 297.
38. Seelig, M. G. Medicine An Historical Outline. Baltimore,

- Williams and Williams Co., 1925. 129.
39. Traill. op. cit. supra. V-I, 68.
40. Hahn, Dr. L. Histoire de la Medecine au XVIII
Siecle in La Grande Encyclopedie Inventaire Raisonne
des Sciences, des Lettres et des Arts par une Societe
de Savants et de Gens de Lettres. Thirty volumes.
Paris, H. Lamirault et Cie. XXIII, 540-543.
Seelig. op. cit. supra. 129.
Rambaud, A. La Civilisation Francaise. Two volumes.
Paris, Armand Calin et Cie, 1900. II, 458, 459.
41. Rambaud. op. cit. supra. 461.
De Kruif, P. H. Microbe Hunters. New York, Harcourt,
Brace and Co., 1926. I.
42. Diderot et D'Alembert. Encyclopedie ou Dictionnaire
Raisonne Des Sciences, Des Arts et Des Metiers Par
une Societe de Gens le Lettres. Seventeen volumes.
Illustrated tables. Paris, Briasson..... 1751-1765.
X, 274.
43. Seelig. op. cit. supra. 129.
44. Diderot et D'Alembert. Encyclopedie. Medecine.
X, 260-277.
45. Diderot et D'Alembert. op. cit. supra. Anatomie.
I, 409-437.
46. De Kruif. op. cit. supra. Ch. II.
47. Diderot et D'Alembert. op. cit. supra. I, 409-437.
48. Ibid. XII, 537 f.
49. Hahn. op. cit. supra. XXIII, 541, 542.

50. Cumston, C. G. An Introduction to the History of Medicine from the Time of the Pharaohs to the End of the XVIII Century. New York, Alfred A. Knopf, 1926. 327.
51. Stedman, T. L. A Practical Medical Dictionary. Fifth revised edition. New York, William Wood and Co., 1918. Animism.
52. Cumston. op. cit. supra. 327.
53. Hahn. op. cit. supra. XXIII, 541.
54. Irritability was the theory of the inherent property of muscle--"contractility"--which is usually stimulated by means of nerves, but other forms of stimulation may be substituted.
Cumston. op. cit. supra. 341.
55. Diderot et D'Alembert. op. cit. supra. XII, 538.
56. Stimulism was the idea that the whole phenomena of life, health as well as disease, consisted in stimulus and nothing else. The exciting power might be either external or functional.
Allbut, T. C. Medicine in the Encyclopedia Britannica XVIII, 41-64.
57. Vitalism was the theory that all animal functions are dependent upon a special form of energy or force, the vital force, distinct from any other of the physical forces.
Stedman. op. cit. supra. Vitalism.
58. Lavissee, E. et Rambaud, A. N. Histoire Generale du

- IV e Siecle a nos jours. Twelve volumes. Paris, 1893-1901. VI, 765.
59. Traill. op. cit. supra. V-I, 66.
60. Ibid. V-II, 576.
61. Bloch. op. cit. supra. 251.
62. Ibid. 251, 252.
63. Higgs, H. The Physiocrats Six Lectures on the French Economists of the 18th Century. New York, The Macmillan Co., 1897. II. Quesnay contributed the articles on Grains and on Farmers to the French Encyclopedia.
64. Seelig. op. cit. supra. 132.
65. Traill. op. cit. supra. V-I, 68.
66. Ibid. V-II, 576.
67. Garrison. op. cit. supra. 331.
68. Bloch. op. cit. supra. 151.
Lavissee et Rambaud. Histoire generale. VI, 765.
Diderot et D'Alembert. op. cit. supra. III, 355.
69. Bloch. op. cit. supra. 246.
70. Garrison. op. cit. supra. 325.
71. Bloch. op. cit. supra. 151.
72. Garrison. op. cit. supra. 325.
73. Bloch. op. cit. supra. 151.
74. Ibid. Note 2.
75. Ibid. Note 1.
76. Lavissee et Rambaud. Histoire Generale. VI, 765.
Diderot et D'Alembert. op. cit. supra. III, 355.
Bloch. op. cit. supra. 151.

77. Garrison. op. cit. supra. 326.
78. Bloch. op. cit. supra. 68 Note 3.
79. Buck, A. H. The Growth of Medicine from the Earliest Times to About 1800. New Haven, Yale University Press, 1917. 551.
80. Seelig. op. cit. supra. 148, 149.
81. Diderot et D'Alembert. Recueil de Planches sur Les Sciences et Les Arts. III
82. Diderot et D'Alembert. Chirurgie in Encyclopedie. III, 350-357.
83. Diderot et D'Alembert, Planches I.
84. Garrison. op.cit. supra. 329.
85. Suderman. Progress of Science in XVIII Cent.(1724)
86. Bloch. op. cit. supra. 256, 257.
87. Garrison. op. cit. supra. 331.
88. Bloch. op. cit. supra. 269.
89. Bloch et Tuetey. op. cit. supra. 348.
90. Botsford. op. cit. supra. 288.
91. Foundling Hospitals in the Encyclopedia Britannica. Eleventh edition. Twenty nine volumes. New York. Encyclopedia Britannica Co., 1916-11. X, 747.
92. Garrison. op. cit. supra. 332.
93. Diderot, D. Lettre sur les aveugles a' l'usage du ceux qui voient. in Ouvres Completes de Diderot. 17 volumes. Paris, Garnier Freres, 1876.
94. Campbell, Sir J. F. Blindness. in the Encyclopedia Britannica. IV, 59-72. Eleventh edition Twenty nine volumes. New York. Encyclopedia Britannica Co., 1910-11. IV, 61.

95. Barnard, Henry. History of Deaf-Mute Instruction and Institutions. in Tribute to Gallandet. Second edition. New York, 1859, 79.
96. Payne, A. H. Deaf and Dumb in The Encyclopaedia Britannica. VII, 880-894. Eleventh edition. Twenty nine volumes. New York, 1910-14. VII, 888.
97. Barnard. op. cit. supra. 79.
98. Payne. op. cit. supra. VII, 888.
99. Moeller, F. A. Education of the Deaf and Dumb. in The Catholic Encyclopaedia. V, 315-321. Sixteen volumes. New York, Robert Appleton Co., 1907-14. V, 317.
100. Barnard. op. cit. supra. 78.
101. Moeller. op. cit. supra. V. 317.
102. Barnard. op. cit. supra. 79.
103. Ibid. 80.

Chapter IV. The Middle Era of the Eighteenth Century,
1760-1790: Philosophy Enlightens and Liberal-
izes Social Ideas.

1. These introductory paragraphs are based largely upon the following: Melvin, F. E. Unpublished outlines and class lectures on The Controversion of the Eighteenth Century.

Gillespie, J. E. A History of Europe 1500-1800.

New York, Alfred A. Knopf, 1930. XXII, XXIII.

Bourne, H. E. The Revolutionary Period in Europe (1763-1815). New York, The Century Co., 1914. I-IV.

Gettell, R. T. History of Political Thought. New York, The Century Co., 1924. XIV-XVI.

Muir, Ramsay. The Expansion of Europe. The Culmination of Modern History. Second Edition. New York, Houghton Mifflin Co., 1917.

2. Traill, H. D. Social England----- . Six volumes. London, Cassel and Co., Ltd., 1894-1897. V-II, 558.
3. Bayne, Peter. Howard; and the Rise of Philanthropy. in The Christian Life Social and Individual. Ch. II, passim.
4. Traill. Social England. V-II, 500.
5. Farrer, J. A. Crimes and Punishments; including a new translation of Beccaria's 'Dei delitti e delle pene'. London, Chatto and Windus, 1880. passim.

6. Cambremont, J. de Mestral. Un Grand Serviteur Jean-Frederic Oberlin. Editions Labor. Geneve. possim.
7. Ferdinand-Dreyfus. Un Philanthrope D'Autrefois La Rochefoucauld-Liancourt 1747-1827. Paris, Plan-Nourrit et Cie, 1903. I. possim.
8. Ibid.
9. Young, Arthur. Travels in France During the Years 1787, 1788, 1789. Third edition. London, G. Bell and Sons, 1890. 83.
10. Ibid. 150 and note.
11. Diderot, D. et D'Alembert. Encyclopedie ou Dictionnaire raisonne des sciences des arts, et des metiers-----. Seventeen volumes. Supplements, etc. Paris, Briasson, 1751-1765. X.
12. Ibid. 293 f.
13. Ibid.
14. Bloch, C. L'Assistance et l'Etat en France a la veille de la Revolution, 1764-1790. Paris, 1908. 59.
15. Ibid. 58, Note 1.
16. Ibid. 58.
17. Lavissee, E. Histoire de France Depuis Les Origines Jusqu'a La Revolution. Nine volumes. Paris, Libraire Hachette et Cie, 1910. IX.-I, 163-164.
18. Babeau, A. A. La Province Sans l'Ancien Regime. Deux tomes. Paris, Perrin et Cie, 1894. II, 297.
19. For further details see Bloch. L'Assistance et l'Etat en France. 89 f.

20. Ibid. 90.
21. Diderot, D. Oeuvres Completes. Par J. Assezat. Paris, Garnier Freres, 1875. Hotel-Dieu. in Encyclopedia. XV, 144.
22. Ibid. Hopital, 150.
23. Bloch. op. cit. supra. 60.
24. Tourneux, M. Bibliographie de L'Histoire de Paris pendant La Revolution Francaise. Cing tomes. Paris, 1890. I, Introduction X.
25. Bloch. op. cit. supra. 60.
26. Ibid. 61.
27. Quoted by Bonet-Maury. in Christian Hospitality in Hastings, J. Encyclopaedia of Religion and Ethics. Twelve volumes and index. New York, Charles Scribner's Sons, 1913-27. VI, 806.
28. Voltaire, F. M. Oeuvres Completes de Voltaire. Nouvelle edition avec Notices, Prefaces, Variantes, Table Analytique-----precedee de la vie de Voltaire par Condorcet et d'autres Biographiques. 52 tomes. Paris, Garnier Freres, 1878. XVIII, 136.
29. Ibid. Letter to Dr. Jean Jacques Paulet, 1786. XLVI, 27.
30. Tourneux. op. cit. supra. I, Introduction, X.
31. Bloch. op. cit. supra. 57.
32. Garrison. F. H. An Introduction to the History of Medicine. Philadelphia, W. B. Saunders Co., 1914. Quoted 332.

33. This summary is based upon a very detailed study (from sources largely inaccessible here) made by C. Bloch in L'Assistance et l'Etat.
34. Bloch. op. cit. supra. 62.
35. Ibid. 63.
Valleraux, P. H. La Charite Avant et Depuis 1789 Dans Les Campagnes des France avec Quelques Exemples Tires de L'Etranger. Paris, 1890. 59.
36. Valle raux. op. cit. supra. 59.
37. Bloch. op. cit. supra. 63.
38. Ibid. 64.
39. Ibid. Note 4.
40. Tourneux. op. cit. supra. I, Introduction, IX-X.
41. Bloch. op. cit. supra. 66.
42. Ibid. 67, Note 3.
43. Ibid. 68.
44. Ibid. 69.
45. Rambaud. A Histoire de la civilisation Francaise. Two volumes. Eighth edition. Paris, Armand Colin, 1901. I, 597; II, 51.
46. Bloch. op. cit. supra. 69.
47. Ibid. 70 For further details see same reference.
48. Ibid. 74 f.
49. Ibid. 76.
50. Mercier, Tableau de Paris. Nouvelle Edition Corrigees et augmentees.. Amsterdam, 1782. III, 228.
51. Bloch. op. cit. supra. 79, Note 1.
52. Ibid. 79

53. Ibid. 80.
54. Ibid. 86 f.
55. Lavissee, E. Histoire generale. IX-I, 264.
56. Bloch. op. cit. supra. 88.
57. Ibid. 91.
58. Ibid. 92.
59. Ibid. 80.
60. Ibid. 81-85, possim.
61. Franklin, A. La Vie Privee D'Autrefois Arts et Metiers, Modes, Moeurs, Usages des Parisiens de XII au XVIII Siecle. D'Apres des documents originaux ou inedits. 23 tomes. Paris, E. Plan-Nourrit et Cie, 1890.
Les Horreurs de l'Hotel-Dieu. quoted from Memoire de Tenon. VII, 181-192, possim.
62. Mercier. op. cit. supra. DCIV.
63. Bloch. op. cit. supra. 83, Note 4.
64. Ibid. 84.
65. Ibid. 77.
66. Ibid. 332.
67. Ibid. Ch. III, possim.
68. Ibid. 227.
69. Ibid. 230.
70. Ibid. 229.
71. Ibid. 353.
72. Ibid. 366.
73. Ibid. 365.
74. Ibid. 150.

75. Ibid. 239.
76. Ibid. 78.
77. Diderot et D'Alembert. op. cit. supra. III.
78. Bloch. op. cit. supra. 241.
79. Mercier. op. cit. supra. CL.
80. Bloch. op. cit. supra. 78.
81. Ibid. 246-249.
82. Ibid. 150. Bloch gives the date of discovery as 1756.
Rambaud. La Civilisation Francaise. II, 502, gives
the date 1776.
83. Rambaud. op. cit. supra. II, 499.
Bloch. op. cit. supra. 151, 236-241.
84. Rambaud. op. cit. supra. II, 499.
85. Bloch. op. cit. supra. 243.
86. Ibid. 251 f.
87. Ibid. 239.
88. Bloch.
89. Bloch. op. cit. supra. 253-259, possim.
90. Lavissee. Histoire de France. IX-I, 265.
91. Mercier. Tableau de Paris. CCLXXI.
92. Lavissee. op. cit. supra. 266.
93. Bloch. op. cit. supra. 233.
94. Bloch et Tuetey. France Assemblee nationale
constituante 1789-1791. Comite de mendicite.
Proces-verboux et rapports du comite de Mendicite
de la Constituante 1790-1791. Paris, Imprimerie
Nationale, 1911. 348.

95. Bloch. op. cit. supra. 233-235.
96. Ibid. 337.
97. Ibid. 393.
98. Ibid. 397.
99. Ibid. 413.
- Archives parlementaires de 1787 a 1860: recueil complet des debats legislatifs politiques des chambres francaises; imprime par ordre du corps legislatif, sans la direction de Mm. J. Madival et E. Laurent---- Paris, 1862. II, 83; III, 638.
100. Bloch. op.cit. supra. 85.
101. Ibid. 86
102. Ibid. Note 4.
103. Bloch et Tuetey. op. cit. supra. 659.
104. Bloch. op. cit. supra. 82.
105. Archives Parlementaires. Cahiers.Estates General, 1789. II, 83, 763; III, 629, 638; V, 535; VI, 86.
106. Ibid. V, 317.
107. Diderot. op. cit. supra. I, 275-342.
108. Campbell, J. F. Blindness. in The Encyclopaedia Britannica. IV, 59-72. Eleventh edition. Twenty-nine volumes. New York, Encyclopaedia Britannica Co., 1910-11. IV, 61.
109. Stadelman, J. M. Education of the Blind. in The Catholic Encyclopaedia. Sixteen volumes. New York, Robert Appleton Co., 1907-14. V,152.

110. Tourneux. op. cit. supra. III, 358.
111. Bloch. op. cit. supra. 353-355.
112. Ibid.
- Lacroix, S. Actes de la Commune de Paris pendant la Revolution. Seven volumes. Paris, L. Cerf, 1894-98. IV, 478, notell.
113. Stadelman. op. cit. supra. in The Catholic Encyclopaedia. V, 308.
114. La Grande Encyclopedie. IV, 890.
115. Barnard, Henry. Deaf-Mute Instruction and Institutions. in Tribute to Gallaudet. Second edition. New York, 1859. 81.
116. Ibid.
117. Lavissee, E. Histoire de France depuis les Origines jusqu'a la Revolution. Nine volumes. Paris, Hachette et Cie, 1910. IX-I, 266.
- Bloch et Tuetey. op. cit. supra. 740.
118. Larousse, P. Grand Dictionnaire Universel du XIX Siecle. Seventeen volumes. Paris, Larousse et Bayer, 1866-90. XIV, 677.
119. Archives Parlementaires. VI, 170.
120. Bloch et Tuetey. op. cit. supra. 738.
121. Archives Parlementaires. XI, 644.
122. Guillaume, M. J. Proces-Verbaux du Comite D'Instruction Publique de la Convention Nationale. Six vol-

umes. Paris, Imprimerie Nationale, 1891. III,
514.

123. Biographie Universelle Ancienne et Moderne. Fifty-two volumes. Paris, Michaud Freres, 1811.
XLII, 290.

Chapter V. The Late Era of the Eighteenth Century, 1790-1815:

"Philanthropy Liberates Popularism as Humanitarian Civism"

1. This survey of the trends of the period is based upon the following:

Melvin, F. E. Unpublished outlines and class lectures on The Controversions of the Eighteenth Century.

Bourne, H. E. The Revolutionary Period in Europe. New York, Century Co., 1914.

Gottschalk, L. R. The Era of the French Revolution (1715-1815). Cambridge, Riverside Press, 1929.

Aulard, A. The French Revolution. A Political History 1789-1804. Four volumes. New York, Charles Scribner's Sons, 1910.

Thiers, L. A. History of the Consulate and Empire Under Napoleon. Tr. by D. F. Campbell and J. Stebbing. Twelve volumes. Philadelphia, J. B. Lippincott Co., 1893.

Taine, H. A. The French Revolution. Tr. by J. Durand. Three volumes. New York, Henry Holt and Co., 1878.

2. Bloch, C. L'Assistance et l'Etat en France a la Veille de la Revolution. Paris, Picard et Fils, 1908.

Book III, Ch. III, passim.

3. Ibid. 424

4. Ibid. 425.
5. Ibid. 428-429; also
 Bloch, C. et Tuetey, A. Proces-Verbaux et Rapports
du Comite de Mendicite de la Constituante 1790-1791.
 Paris, Imprimerie Nationale, 1911. Introduction
 X^eXIX.
6. Bloch. op. cit. supra. 429.
7. Ibid. 435-443.
8. Ibid. 438; also
 Gerbaux, F. et Schmidt, C. Proces-Verbaux des Comites
d'Agriculture et de Commerce de la Constituante, de
la Legislative et de la Convention. Four volumes.
 Paris, Imprimerie Nationale, 1906-10. I, 355, 429.
9. Bloch. op. cit. supra. 443-448.
10. Leroux, Ernest. Bulletin Trimestriel Anne 1908.
Ministere de L'Instruction Publique et Des Beaux-
Arts. Commission de Recherche et de Publication des
Documents Relatifs a la Vie Economique de la Revo-
lution. Paris, Imprimerie Nationale, 1908. No. 3.
11. Taine, H. A. The French Revolution. tr. by John
 Durand. I, 166.
12. Leroux. Bulletin Trimestriel Anne 1908. No. 4.
13. Ibid. No. 10.
14. Bloch. op. cit. supra. 447.
15. Ibid. 448.
16. Ibid. 449.
17. Leroux. Bulletin 1908. Nos. 50, 52, 27, 63.

18. Ibid. No. 82.
19. Ibid. No. 108.
20. Ibid. No. 211.
21. Ibid. No. 212.
22. Ibid. No. 296, 305.
23. Ibid. No. 319.
24. Ibid. No. 321.
25. Ibid. No. 331.
26. Ibid. No. 333, 334.
27. Ibid. No. 344.
28. Ibid. No. 398.
29. Ibid. No. 319.

This was at the moment of the reorganization of local government by Napoleon-maintained (essentially) still.

30. Leroux. Bulletin 1908. Nos. 408, 409, 410, 411, 412, 414.
31. Ibid. No. 421.
32. Lanzac de Laborie, Leon. Paris Sous Napoleon.
Second edition. Six volumes. Paris, Plon-Nourrit,
1908. V, 3.
33. Ibid. 7,8.
34. Fisher, Herbert. Napoleon. Home University edition.
New York, Henry Holt and Co., 1927. 168.
35. Gottschalk, L. R. Jean Paul Marat A Study in
Radicalism. New York, Greenberg, 1927. 2.

36. Ibid. Ch. I, passim.
37. Seelig, M. G. Medicine An Historical Outline.
Baltimore, Williams and Wilkins Co., 1925. 170.
38. Ibid. 171.
39. Ibid. 158, 159; also
Garrison, F. H. An Introduction to the History of
Medicine. Philadelphia, W. B. Saunders Co., 1914.
372.
40. Seelig, op.cit. supra. 159 ff.; also
Rambaud, A. Histoire de la Civilisation Francaise.
Two volumes. Eighth edition, Paris, Armand Colin,
1901. II, 569.
41. Rambaud. op. cit. supra. II, 569.
42. Seelig. op. cit. supra. 149.
Rambaud. op. cit. supra. 568-9.
43. Garrison. op. cit. supra. 250-251.
44. Lanzaç de Laborie. op. cit. supra. II, 296.
45. Ibid. II, 299-301.
46. Ibid. II, 302.
47. Ibid. II, Ch. III, passim.
48. Bloch. op. cit. supra. 393.
49. Ibid. 397.
50. Ibid. 413.
51. Ibid. 439.
52. Ibid. 440.
53. Leroux. Bulletin 1908. No. 319.

54. Ryan, John A. Foundling Asylums. in The Catholic Encyclopaedia. VI, 158-159. Sixteen volumes. New York, Robert Appleton Co., 1907-14. VI, 159.
55. Archives parlementaires de 1787 a 1860: recueil complet des debats legislatifs et politiques des chambres francaises; --- Paris, 1862. II, 763; V, 317, 535.
56. Bloch et Tuetey. Rapports du Comite de Mendicite. 19.
57. Ibid. 163.
58. Ibid. 776.
59. Ibid. 397-8.
60. Ibid. 762-3.
61. Garrison. op. cit. supra. 346-7.
Seelig. op. cit. supra. 148.
Larousse, Pierre. Grand Dictionnaire Universel du XIX Siecle. Seventeen volumes. Paris, Larousse et Bayer, 1866-90. XII, 1034.
62. Peterson, F. Insanity. in The Encyclopaedia Britannica. XIV, 597-618. Eleventh edition. Twenty-nine volumes. New York, The Encyclopaedia Britannica Co., 1910-11. XIV, 617.
63. Archives Parlementaires. VI, 700.
64. Bloch et Tuetey. op. cit. supra. 677.
65. Archives Parlementaires. XL, 365.
66. Bloch et Tuetey. op. cit. supra. 678.
67. Ibid. 679.

68. Leroux. Bulletin, 1908. Nos. 259, 283.
69. Lacroix, S. Actes de la Commune de Paris pendant la Revolution. Seven volumes. Paris, L. Cerf, 1894-98. I, 460, 498, 508, 509.
70. Ibid. IV, 465.
71. Leroux. Bulletin, 1908. No. 59.
72. Archives Parlementaires. XXXIV, 501.
73. Leroux. Bulletin, 1908. No. 85.
74. Archives Parlementaires. XXXVIII, 461.
75. Ibid. XLIX, 506.
76. Leroux. Bulletin, 1908. No. 155.
77. Ibid. No. 219.
78. Guillaume, M. J. Proces-Verbaux du Comite D'Instruction Publique de la Convention Nationale. Six volumes. Paris, Imprimerie Nationale, 1891. II, 24.
79. Ibid. IV, 662.
80. Ibid. VI, 158-164.
- Leroux. Bulletin, 1908. No. 290.
- The Bulletin gives the number of free places as 90.
81. Lanzaç de Laborie. Paris Sous Napoleon. V, 104.
82. La Grande Encyclopedie. IV, 890.
83. Campbell, J. F. Blindness. in The Encyclopaedia Britannica. IV, 59-72. Eleventh edition. Twenty-nine volumes. New York, The Encyclopaedia Britannica Co., 1910-11. IV, 62.
84. Barnard, Henry. Deaf-Mute Instruction and Institu-

- tions. in Tribute to Gallaudet. Second edition.
New York, 1859. 82.
85. Archives Parlementaires. XL, 149, 150.
86. Barnard. op. cit. supra. 83, 84.
87. Archives Parlementaires. XI, 645.
88. Ibid. XVIII, 249.
89. Ibid. XVIII, 506.
90. Ibid. XXVIII, 489.
91. Ibid. XXXI, 532.
92. Ibid. XLVII, 271.
93. Ibid. XLVIII, 638.
94. Ibid. XLIX, 549.
95. Guillaume. Procès-Verbaux du Comité D'Instruction
Publique de la Convention Nationale. I, 382-383.
96. Ibid. I, 412.
97. Ibid. I, 414-415.
98. Ibid. III, 268.
99. Ibid. III, 525.
100. Ibid. IV, 39.
101. Ibid. V, 367.
102. Ibid. V. 370 ff.
103. Lanzaac de Laborie. op. cit. supra. V, 104.
104. Barnard. op. cit. supra. 90.

BIBLIOGRAPHY

A. GENERAL HELPS

Biographie Universelle Ancienne et Moderne. 52 volumes. Paris, Michaud Freres, 1811.

The Catholic Encyclopedia. 16 volumes. New York, Robert Appleton Co., 1907-14.

The Encyclopaedia Britannica. Eleventh edition. 29 volumes. New York, The Encyclopaedia Britannica Co., 1910-11.

The Encyclopedia Americana. 30 volumes. New York, The Encyclopedia Americana Corporation, 1926.

The Jewish Encyclopedia. 12 volumes. New York, Funk and Wagnalls Co., 1901.

The New International Encyclopaedia. Second edition. 23 volumes. New York, Dodd, Mead, and Co., 1928.

La Grande Encyclopedie Inventaire Raisonne des Sciences, des Lettres et des Arts par une Societe de Savants et de Gens de Lettres. 31 volumes. Paris, H. Lamirault et Cie, 1886-1902.

Hastings, James. Encyclopaedia of Religion and Ethics. 12 volumes. New York, Charles Scribner's Sons, 1913-27.

Larousse, Pierre. Grand Dictionnaire Universel du XIX Siecle. 17 volumes. Paris, Larousse et Bayer, 1866-90.

Melvin, Frank Edgar. Syllabi: Controversions of the Eighteenth Century.

Stedman, Thomas Lathrop. A Practical Medical Dictionary. Fifth revised edition. New York, William Wood and Co., 1918.

Tourneux, Maurice. Bibliographie de L'Histoire de Paris pendant la Revolution Francaise. 5 volumes. Paris, 1890.

B. PRIMITIVE SOURCES

I. PUBLIC

Adher, J. Recueil de documents sur l'assistance publique dans le district de Toulouse de 1789 a 1800. Toulouse, E. Privat, 1918.

Archives parlementaires de 1787 a 1860: recueil complet des debats legislatifs et politiques des chambres francaises; imprimes par ordre du corps legislatif, sous la direction de Mm. J. Mavidal et E. Laurent. Paris, 1862.

Aulard, Francois Victor Alphonse. Recueil des actes du Comite de salut public, avec la correspondance officielle des representants en mission et le registre du Conseil executif provisoire. Volumes 1-26. Paris, 1889-1923.

Bloch, Camille et Tuetet, Alexandre. Proces-verbaux et rapports du Comite de mendicite de la Constituante 1790-1791. (Collection de documents inedits sur l'histoire economique de la revolution francaise pub. par la soins du ministre de l'in-

struction publique.) Paris, Imprimerie nationale, 1911.

Diderot, Denis et D'Alembert. Encyclopedie ou Dictionnaire raisonne des sciences, des arts et des metiers. par une societe de gens de lettres. 17 volumes, illus. tables. Paris, Briasson, 1751-65.

The University of Kansas is fortunate in having this unusual set of French Encyclopedia which formerly belonged to the late Count of Paris.

Gerbaux, Fernand et Schmidt, Charles. Proces-verbaux des comites d'agriculture et de commerce de la Constituante, de la Legislative et de la Convention. 4 volumes. Paris, Imprimerie nationale, 1906-1910.

Guillaume, M. J. Proces-verbaux du Comite d'Instruction publique de la Convention Nationale. 6 volumes. Paris, Imprimerie nationale, 1891.

Lacroix, Sigismond. Actes de la Commune de Paris pendant la Revolution. 7 volumes. Paris, L. Cerf, 1894-98.

Leroux, Ernest. Bulletin Trimestriel Anne 1908. Ministere de l'Instruction Publique et des Beaux-Arts. Commission de Recherche et de Publication des Documents Relatifs a la Vie Economique de la Revolution. Paris, Imprimerie nationale, 1908.

II. PRIVATE

Farrer, James Anson. Crimes and Punishments; including a new tr. of Beccaria's 'Dei delitti e delle pene.' London, Chatto and Windus, 1880.

Diderot, Denis. Oeuvres Completes. Revues sur les editions originales comprenant ce qui a ete publie a diverses epoques et les manuscrits inedits conserves a la bibliotheques de l'ermitage.--- 93 volumes. Paris, Garnier Freres, 1876.

Franklin, Alfred. La Vie Privee d'Autrefois. 23 volumes. Paris, 1887-98.

Mercier, Louis Sebastien. Tableau de Paris. Nouvelle ed. corrigee et augmentee. 12 volumes. Amsterdam, 1782-88.

Voltaire, Francois Marie Arouet de. Oeuvres Completes. Nouvelle edition avec notices, prefaces, variantes, table analytique---precedee de la vie de Voltaire par Condorcet et autre biographiques. 52 volumes. Paris, Garnier Freres, 1878.

Young, Arthur. Travels in France During the Years 1787, 1788, 1789. With an introduction, biographical sketch, notes by M. Betham-Edwards. Third edition. London, G. Bell and Sons, 1890.

C. DERIVATIVE SOURCES

I. WORKS OF GENERAL INTEREST

- Abbot, Wilbur Cortez. The Expansion of Europe A Social and Political History of the Modern World 1415-1789. New York, Henry Holt and Co., 1924.
- Bury, John Bagnall. The Idea of Progress An Inquiry into Its Origin and Its Growth. London, Macmillan and Co., Ltd., 1920.
- Cambridge Modern History (Planned by Lord Acton.)
13 volumes. Cambridge, 1902-12.
- Gettell, Raymond Garfield. History of Political Thought. New York, The Century Co., 1924.
- Gillespie, James Edward. A History of Europe 1500-1815. New York, Alfred Knopf, 1930.
- Lavissee, Ernest. Histoire de France depuis les Origines jusqu'a la Revolution. 9 volumes. Paris, Hachette et Cie, 1910.
- Lavissee, Ernest. Histoire de France Contemporaine depuis la Revolution jusqu'a a la Paix de 1919. Paris, Hachette, 1920-22.
- Lavissee, Ernest et Rambaud, Alfred. Histoire Generale du IVe Siecle a Nos Jours. 12 volumes. Paris, 1893-1901.
- Lecky, William Edward. A History of England in the Eighteenth Century. 8 volumes. New York, D. Appleton and Co., 1878-90.
- Muir, Ramsay. The Expansion of Europe The Culmination of Modern History. Second edition. New

York, Houghton Mifflin Co., 1917.

Rimbaud, Alfred. La Civilisation Francaise. Eighth edition. 2 volumes. Paris, Armand Colin et Cie, 1900.

Rimbaud, Alfred. Histoire de la Civilisation Contemporaine en France. Eighth edition. Paris, Armand Colin et Cie, 1909.

Thorndike, Lynn. A Short History of Civilization. New York, S. F. Crafts Co., 1927.

Traill, Henry Duff. Social England; a record of the progress of the people in religion, laws, learning, arts, industry, commerce, science, literature, and manners from the earliest times to the present day by various writers. 6 volumes. London, Cassell Co., 1894-97.

II. TREATMENTS OF SPECIAL TOPICS OR PHASES

Aulard, Alfred. The French Revolution A Political History 1789-1804. 4 volumes. New York, Charles Scribner's Sons, 1910.

Babeau, Albert. La Province Sous l'Ancien Regime. 2 volumes. Paris, 1894.

Babeau, Albert Arsene. La Vie Rural dans l'Ancienne France. Second edition. Paris, 1885.

Babeau, Albert Arsene. Le Village Sous l'Ancien Regime. Paris, Third edition./ Perrin et Cie, 1915.

Barnard, Henry. Tribute to Gallaudet. Second edition.

- New York, 1859.
- Bayne, Peter. The Christian Life Social and Individual. Boston, Gould and Lincoln, 1858.
- Bloch, Camille. L'Assistance et l'Etat en France a la Veille de la Revolution 1764-1790. Paris, Picard et Fils, 1908.
- Bloch, Camille. Etudes sur l'Histoire Economique de la France, 1760-1789. Paris, 1900.
- Botsford, Jay Barrett. English Society in the Eighteenth Century As Influenced From Overseas. New York, The Macmillan Co., 1924.
- Bourne, Henry Eldridge. The Revolutionary Period in Europe (1763-1815). New York, The Century Co., 1914.
- Buck, Albert H. The Growth of Medicine from the Earliest Times to About 1800. New Haven, Yale University Press, 1917.
- Cambrement, J. de Mestral. Un Grand Serviteur Jean Frederic Oberlin. Edition Labor, Geneva, 1929.
- Cumston, Charles Greene. An Introduction to the History of Medicine From the Time of the Pharaohs to the End of the XVIII Century. New York, Alfred A. Knopf, 1926.
- De Kruif, Paul Henery. Microbe Hunters. New York, Harcourt, Brace and Co., 1926.
- Dietz, Frederick C. The Industrial Revolution. New York, Henry Holt and Co., 1927.

- Dreyfus, Ferdinand. Un Philanthrope D'Autrefois
La Rochefoucauld-Liancourt 1747-1827. Paris, Plon-
Nourrit et Cie, 1903.
- Fisher, Herbert. Napoleon. Home University ed.
New York, Henry Holt and Co., 1913.
- Garrison, Fielding H. An Introduction to the His-
tory of Medicine. Philadelphia, W.B. Saunders Co.,
1914.
- Gottschalk, Louis Reichenthal. The Era of the French
Revolution (1715-18 15). Cambridge, Riverside Press,
1929.
- Goßtschalk, Louis R. Jean Paul Marat A Study in Rad-
icalism. New York, Greenberg, 1927.
- Haskins, Charles Homer. Studies in the History of
Medical Science. Cambridge, Harvard University Press,
1924.
- Higgs, Henry. The Physiocrats. Six Lectures on the
Eighteenth Century. New York, The Macmillan Co., 1897.
- Hoben, Lindsay. The Scourge of Famine in China. in
Current History. Vol. XXXIV, NO. I. New York, New
York Times Co., 1931.
- Lanzac de Laborie, Leon. Paris Sous Napoleon. Sec-
ond edition. 6 volumes. Paris, Plon-Nourrit et Cie,
1908.
- Libby, Walter. The History of Medicine In Its Sal-
ient Features. Boston, Houghton Mifflin Co., 1922.

- Lowe, John. Medical Missions Their Place and Power. Third edition. London, Simpkin, Marshall, Hamilton, Kent and Co., Ltd., 1890.
- Lowell, Edward Jackson. The Eve of the French Revolution. Cambridge, The Riverside Press, 1892.
- Ruffini, Francesco. Religious Liberty. tr. by J. P. Heyes. Vol. XXXII of Theological Translation Library. New York, G.P. Putnam's Sons, 1912.
- See, Henri Eugene. Economic and Social Conditions in France in the Eighteenth Century. tr. by E. H. Zeydel. New York, A. A. Knopf, 1927.
- Seelig, Major Gabriel. Medicine An Historical Outline. Baltimore, Williams and Wilkins Co., 1925.
- Singer, Charles Joseph. From Magic to Science Essays on the Scientific Twilight. New York, Boni and Liveright, 1928.
- Smith, George. Short History of Christian Missions from Abraham and Paul to Carey, Livingstone, and Duff. Revised edition. Edinburgh, T. and T. Clark, 1890.
- Smith, Preserved. The Age of the Reformation. New York, Henry Holt and Co., 1920.
- Taine, Hippolyte Adolphe. The Ancient Regime. tr. by John Durand. New edition, revised. New York, 1896.
- Taine, Hippolyte Adolphe. The French Revolution. tr. by John Durand. 3 volumes. New York, Henry Holt and Co., 1878.

Thiers, Louis Adolphe. History of the Consulate and Empire of France Under Napoleon. tr. by D. Forbes Campbell and John Stebbing. 12 volumes. Philadelphia, J. B. Lippincott Co., 1893.

Thorndike, Lynn. A History of Magic and Experimental Science During the First Thirteen Centuries of Our Era. 2 volumes. New York, The Macmillan Co., 1923.

Valleroux, P. Hubert. La Charite Avant et Depuis 1789 Dans les Champagnes de France avec Quelques Exemples Tires de l'Etranger. Paris, 1890.

Suderman, George. Progress of Science in Eighteenth Century. (Master's thesis, Kansas University, 1925)