Closing Down Local Hospitals in Seventeenth-Century France:

The Mount Carmel and St Lazare Reform Movement

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By the beginning of the seventeenth century, small hospitals in France were seen by royal and city officials as inefficient, redundant and frequently duplicating services already available. In 1672, acting upon this perception, Louis XIV authorized the Order of Notre Dame of Mount Carmel and of St Lazare to undertake a vast enquiry into the operation of these institutions, to shut down those which were corrupt or were not fulfilling the obligations specified in their charters, and to confiscate their holdings and revenues. This article examines the results of this experiment by looking at the operation of the Mount Carmel and St Lazare "reform" and by examining the grass-roots functioning of three small hospitals in southeastern France.

Au début du dix-septième siècle, les administrateurs royaux comme ceux des grandes villes de France considéraient que les petits hôpitaux des villes et des villages étaient inefficaces et dépassés et faisaient souvent double emploi en matière de services. Pour ces raisons, Louis XIV a autorisé, en 1672, l'Ordre de Notre-Dame-du-Mont-Carmel et de Saint-Lazare à entreprendre une vaste enquête sur les opérations de ces établissements, à fermer ceux qui étaient corrompus ou qui ne fournissaient pas les services exigés par leurs chartes et à confisquer leurs biens et revenus. Cet article retrace le bilan de cette expérience à la lumière des résultats de la « réforme » du Mont-Carmel et de Saint-Lazare et du fonctionnement de trois petits hôpitaux du sud-est de la France.

From the beginning of the seventeenth century, French monarchs increasingly questioned the usefulness of the thousands of small institutions of poor relief scattered throughout the towns and villages of the Kingdom. Funded by capital and land donations often dating from the Middle Ages, these *maladreries* and hospices were multipurpose; they were to receive lepers, treat the sick, lodge impoverished itinerants and succour the village poor. They operated side by side with institutions whose functions had been specifically

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limited by their founders, like the Easter Charity at Oppède in the Luberon, which gave alms to the poor on Good Friday, or the foundations in Périgueux for the distribution of foodstuffs on Mardi Gras and Pentecost. Royal authorities perceived these institutions as disposing of limited funds and staff and contended that they had never been capable of adequately providing the multitude of services specified in their charters. Their role had always been limited to insufficient and indiscriminate hand-outs to vagabonds and to the village poor.[1]

These hospices, *maladreries* and *léproseries* came under attack in the sixteenth and seventeenth centuries as the cities of the Kingdom, not the towns and villages, had come to represent the most critical problem of poverty. This problem was singled out in numerous royal decrees during the sixteenth century ordering officials to refuse entry to the numerous "Bohemians", "Egyptians" and vagabonds who were flocking to Paris and the other cities.[2] Rapid population growth after the Black Death and waves of emigration of poor peasants from the countryside to the urban areas led to the gradual breakdown of the framework of medieval charity.[3]

There were two different phases in the evolution toward new structures to deal with the increasing numbers of urban poor. First, there was a change in the late medieval attitude toward charity. Medieval people thought riches the work of the devil and so urged those with means to give freely in order to attain salvation, rather than as a means of helping the poor out of their wretched state.[4] Natalie Davis demonstrated how the Christian Humanist Movement from the early sixteenth century argued that indiscriminate charitable

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1. Robert Favreau, "La pauvreté en Poitou et en Anjou à la fin du Moyen Âge", in Michel Mollat (ed.), *Études sur l'histoire de la pauvreté (Moyen Âge-XVI^e siècle)*, 2 vols. (Paris: Publications de la Sorbonne, 1974), 1, 589-620; Jean-Marc Bienvenu, "Pauvreté, misère et charité en Anjou aux XI^e et XII^e siècles", *Le Moyen Âge*, 72 (1966), 389-425; Georges Duby, "Les pauvres des campagnes dans l'Occident médiéval jusqu'au XIII^e siècle", *Revue d'histoire de l'Église de France*, 52 (1966), 25-32; Michel Mollat, *Les pauvres au Moyen Âge* (Paris: Hachette, 1978).

2. "Édit défendant l'entrée du royaume aux Bohémiens et enjoignant à ceux qui y sont d'en sortir", Paris, 24 June 1539, in François Isambert *et al.*, *Recueil général des anciennes lois françaises depuis l'an 426 jusqu'à la Révolution de 1789*, 29 vols. (Paris, 1822-1833), XII (1827), 566; *see* similar edicts issued in 1540, 1541, 1545, 1547.

3. Jean-Pierre Gutton, *La société et les pauvres : l'exemple de la Généralité de Lyon* (Paris: Les Belles Lettres, 1971), 173-176; Richard Gasçon, "Immigration et croissance urbaines au XVI^e siècle : l'exemple de Lyon", *Annales E.S.C.*, 25, 4 (1970), 988-1001; Alain Croix, *Nantes et le pays nantais au XVI^e siècle : étude démographique* (Paris, 1974), 171-190 and 198-199.

4. The acceptance of the notion of Christian poverty during the 12th and 13th centuries was made clear during Michel Mollat's seminar on the history of poverty, held at the Sorbonne from 1962 to 1972. Many of the papers presented have been published in *Études sur l'histoire de la pauvreté*; *see* Jean Longère, "Pauvreté et richesse chez quelques prédicateurs durant la seconde moitié du XII^e siècle", 255-274; Christine Pellistrandi, "La pauvreté spirituelle à travers les textes de la fin du XII^e siècle", 275-293; and Lester K. Little, "L'utilité sociale de la pauvreté volontaire", 447-459.

donations often did not reach the groups who were most in need of them and that traditional charity structures had had little effect in reducing the ever-increasing numbers of poor. The Humanists pointed out that it would be far more rational for municipal governments to organize welfare and to set criteria for the distribution of aid, eliminating those who were capable of gaining their living (sturdy beggars) and providing more substantial aid to the sick beggars, the handicapped, the orphans and the widows.[5]

The second phase in the evolution of attitudes toward the poor and charity occurred at the end of the sixteenth century when, in the wake of the political and economic crises of the Wars of Religion, there was a further acceleration of immigration into the more secure urban centres. This concentration of poor was frequently cited as the cause of the increased violence and criminality which became a menace to public order.[6] Jean-Pierre Gutton has shown that by the 1580s, the social elite of Lyon came to perceive the poor of their city as increasingly violent and dangerous and to put forward the idea that they should be separated from the rest of society.[7] This movement in favour of "excluding" the poor led the Lyon city council to create La Charité in 1622. La Charité, a "hospital" which could lodge 500-600 poor, was intended to clear the city streets of both the poor and the sick. Behind its walls, these "marginal" elements of society were to be reformed; first, all were to receive lessons in moral and Christian doctrine and, second, those capable of working were to be forced to acquire experience and work habits in attached workshops, or by being sent daily to work for city manufacturers.[8]

By the middle of the seventeenth century, the new urban "hospital" was promoted by royal officials as the ideal way to wipe out urban poverty and social disorder. It was the basic component of the Europe-wide policy known in France as the *grand renfermement*, which aimed at creating a combination hospital-workhouse-poorhouse in all major cities to contain the poor and thereby to rid the streets of undesirable elements. Although the new approach had been widely contested during the late sixteenth and early seventeenth centuries, by the 1650s, few voices were raised to defend traditional, indiscriminate charity or to oppose the involvement of municipal governments and

5. Juan Luis Vives, *De l'assistance aux pauvres*, trans. by R.A. Casanova and L. Caby (Brussels, 1943).

6. Brian Pullan and Kathryn Norberg have both demonstrated that attitudes toward charity evolve as a function of relations between the rich and poor segments of the community; *see* Pullan, *Rich and Poor in Renaissance Venice* (Cambridge, Mass.: Harvard University Press, 1972); and Norberg, *Rich and Poor in Grenoble, 1600-1814* (Berkeley: University of California Press, 1985).

7. Jean-Pierre Gutton, "À l'aube du XVII^{e} siècle : idées nouvelles sur les pauvres", *Cahiers d'histoire*, X (1965), 87-97; and *La société et les pauvres...*, 85-122.

8. Gutton, *La société et les pauvres...*, 295-302 and 326-350.

benevolent associations in the reform of welfare. Even the major charitable orders of the Counter-Reformation church and leaders like St Vincent de Paul eventually came to organize or serve in these institutions.[9]

But how were local charitable institutions affected by these changes? This movement away from indiscriminate charity was one of the principal factors in defining royal scepticism toward town and village institutions. This scepticism was translated into action by a series of royal edicts inviting *baillis, sénéchaux* and other judges to inspect the accounts of small hospices and to root out what the royal administrators perceived as the "disorder" in their management.[10] It became a major task for the central government either to redefine or to suppress these charities. Attempts at reform were continually confronted by the legal clauses of the foundation charters, by opposition to projects for redirecting hospice funds toward other priorities and, above all, by the resistance of the patrons of these institutions to any attempts at suppressing their charitable foundations.

This article will treat the first of the large-scale royal attempts to "reform" and effectively eliminate certain forms of local poor relief. It will first concentrate upon the organization of the Order of Notre Dame of Mount Carmel and of St Lazare which was selected to carry out the closures, and it will show the scope of the reform carried out in local hospices and *maladreries* between 1672 and 1692. Second, in the face of royal accusations of mismanagement and corruption, it will analyse the structures and the functioning of the local charitable institutions at the grass-roots level in three small towns in southeastern France during the late sixteenth and seventeenth centuries. Finally, it will discuss the different sources of resistance to the Order of Mount Carmel, showing how opposition to the goals and to the functioning of the reform eventually brought an end to the whole movement.

Royal Projects for Town and Village Poor Relief Funds

The first major seventeenth-century effort by the royal government to suppress local welfare foundations aimed at redirecting their funds toward support for gentlemen who had served in the King's armies. The idea for this reform was initially proposed in 1611, but the structures and powers necessary for carrying it out were not created until sixty-one years later. In 1672, the Order of Mount Carmel and of St Lazare was selected to investigate each hospice in the Kingdom with the mandate to suppress those which were judged

9. Emmanuel Chill, "Religion and Mendicity in Seventeenth-Century France", *International Review of Social History*, 7 (1962), 400-425.

10. *See* Edict of Fontainebleau, 19 December 1543, in Isambert *et al.*, XII (1827), 841-843. This edict was reissued in varying forms on 19 May and 17 June 1544, January 1545, 26 February 1546, 12 February 1553, 25 July 1560, December 1560, April 1561, July 1566 and June 1579.

redundant and to assume the management of those which were seen as corrupt. The revenues from all of these totally or partially suppressed institutions were to be distributed annually to the members of the Order.

The desire to "reform" what royal administrators saw as the corrupt and out-dated foundations for local poor relief had begun in the sixteenth century. Francis I had particularly targeted the almost deserted *leproseries* when he asked, in 1543, that inspectors of small *maladreries* should try to eliminate the "disorder" in their management.[11] The first indication of attempts to redirect the funds of these foundations toward a different purpose came in a 1606 edict when Henri IV created the *Chambre de la Charité* which became the *Chambre de la Générale Réformation* in 1612. This body was ordered to inspect the account books of all small foundations and "the funds recuperated during this inspection shall be used to maintain poor gentlemen and injured soldiers."[12] The indiscipline of the nobility and their adamant defense of the decentralized, feudal power base were one of the principal problems confronted by the seventeenth-century monarchy.[13] The Wars of Religion, the Huguenot Wars and the Fronde all had provided vehicles for greater and lesser nobles to contest the increasing centralization of royal power and, under Louis XIV, obtaining control over the second estate became an absolute priority. Payments and pensions to the nobility were the basis of this new approach and William Beik has recently demonstrated how the nobility of Languedoc was drawn into closer collaboration with the central government by being accorded increasing financial gains in both central and provincial government operations.[14]

Louis XIV's edict of December 1672 was another step in this direction. It empowered the nobles of the Order of Notre Dame of Mount Carmel and of St Lazare to take possession of the funds of all hospices and *maladreries* which were not providing the services designated in their charters and to distribute the resulting revenues among its members. The edict dwelt at length on the fact that the order, created in 1608, represented a fusion of the Order of St Lazare, the oldest existing order of military and hospitaller origin, founded in the Holy Land during the fourth century and repatriated in France in 1137, and the Order of Notre Dame of Mount Carmel, founded by Henri IV in 1608

11. "Édit attribuant aux baillis, sénéchaux et autres juges la surveillance de l'administration des hôpitaux et maladreries, avec faculté de remplacer les administrateurs", Fontainebleau, 19 December 1543, printed in François Isambert *et al.*, *Recueil général des anciennes lois françaises depuis l'an 426 jusqu'à la Révolution de 1789*, 29 vols. (Paris, 1822-1833), XII (1827), 841-843.

12. Michel Foucault, *Folie et déraison* (Paris: Gallimard, 1972), 14.

13. Denis Richet, *La France moderne, l'esprit des institutions* (Paris: Flammarion, 1973), 71-77 and 108-114.

14. William Beik, *Absolutism and Society in Seventeenth-Century France: State Power and Provincial Aristocracy in Languedoc* (Cambridge: Cambridge University Press, 1985), esp. chaps. 10 and 11.

with the goal of compensating army officers for their services.[15] From its very conception, the project sought to use the hospitaller order to reroute town and village poor relief funds to nobles in order to buy their obedience. The new order was an ideal vehicle for carrying out the transfer of funds from the church-linked institutions of poor relief to the military. As a religious order, it could not be accused of laicizing ecclesiastical holdings and since it was also a military order, the expropriated holdings could be turned over to army officers within the structures of the order.

In 1672, the moving force behind the project was the Marquis de Louvois, Louis XIV's dynamic Minister of War. Louvois had already demonstrated his interest in finding ways to compensate those who served in the King's army. His support for a hospital to house injured and abandoned soldiers and officers led the King to undertake the construction of the giant Invalides in 1670.[16] The directors of the Order of St Lazare approached Louvois early in 1672 asking for new measures to increase their funding.[17] Françoise Dissard argues that during these discussions, the Minister became convinced that the order would be an ideal means to investigate and suppress defunct or out-of-date foundations for poor relief and to channel their funds to compensate French nobles for service and obedience. The resulting 1672 edict authorized the Order to acquire two types of foundations: first, the hospices and *maladreries* which were not respecting their charters or whose officials were engaged in graft and corruption; and, second, the holdings of all other military and hospitaller orders whose rights to operate institutions had either expired or been revoked.[18] To accomplish these transfers and suppressions, the edict abolished the *Chambre de la Générale Réformation*, created at the beginning of the century. It had received insufficient powers to carry out the desired suppressions and as a result, most of its decisions had led to long judicial procedures. It was replaced with by the *Chambre de l'Arsenal* which was accorded wide-ranging authority to receive all cases for first and last hearings and to register declarations, edicts and regulations concerning the "reform".[19]

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15. Françoise Dissard, *La réforme des hôpitaux et maladreries au XVII^e siècle* (Paris: Les Éditions Internationales, 1938), 72-77. For the general context of this reform, *see* Colin Jones, *The Charitable Imperative. Hospitals and Nursing in Ancien Régime and Revolutionary France* (London: Routledge, 1989), 41-42.

16. Dissard, *op. cit.*, 72-74; R. Baillargeat (ed.), *Les Invalides, trois siècles d'histoire* (Paris, 1974); Jean-Pierre Bois, "Les anciens soldats dans la société française au XVIII^e siècle", doctorat d'état thesis, Université de Paris IV, 1986; and Claire Guérin, "Une tentative de réforme militaire et hospitalière, 1672-1693 : son application en Normandie", thesis, École Nationale des Chartes (Paris, 1975), 132-138. (I am indebted to Colin Jones for bringing the Guérin thesis to my attention.)

17. Dissard, *op. cit.*, 76.

18. "Édit du Roi en faveur de l'Ordre de Notre-Dame-du-Mont-Carmel et de Saint-Lazare de Jérusalem, décembre 1672", Archives Nationales [hereafter A.N.], MM 233, f. 6.

19. *Ibid.*, f. 7.

While obviously aimed at buying and assuring noble fidelity, the project fitted into the ambiguous notion of "charity" held by the seventeenth-century elite. Just as Kathryn Norberg has shown that "charity" in Grenoble extended to confiscating the children of Huguenots and shutting them up in city institutions to educate them in the "true faith",[20] so, too, the elite of the time praised the royal measures to compensate the King's commanders and soldiers. In the supporting documents submitted to the royal council at the time of the 1672 edict, it was argued that:

> C'est la plus juste et plus glorieuse charité que le Roi puisse faire, que de soulager des officiers de condition et de mérite, qui ont employé leur jeunesse, qui ont été estropiés et qui ont consommé leurs biens au service de l'État.

Another document noted that "they are the first and most illustrious poor of the state and they are the most deserving of aid..."[21]

To demonstrate his intention to direct personally and to expedite this "reform", Louvois had himself named Vicar-General of the Order. Among the thirteen members of the Council of St Lazare named in March 1673, seven came from the ranks of the judiciary. Through edicts registered in the provincial *parlements*, this group proceeded to oversee the confiscation of hospices and *maladreries* belonging to other hospitaller orders, like the Order of St Esprit of Montpellier and the Teutonic Knights.[22] For the numerous charitable institutions independent of these orders, the Councillors verified titles, contracts and documents to determine their legal status. They sent commissioners to inspect their buildings, charters and financial records to be certain that their responsibilities were being adequately fulfilled. Their enquiries always concentrated upon discovering fraud, the lack of conformity with charter provisions, the absence of the type of disease for which the charity had been created, or the out-dated nature of the form of welfare provided. Any of these reasons could motivate a request that the institution be incorporated into the Order and that all or part of its funds be transferred to St Lazare. The hearings on these demands were presented before the *Chambre de l'Arsenal.*

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20. Norberg, *op. cit.*, 65-80.

21. "Mémoires servant de réponse à MM. les Commissaires du Conseil concernant l'Ordre de Saint-Lazare", A.N., MM223.

22. "Édit du Parlement de Grenoble ordonnant que tous les hôpitaux, léproseries et maladreries de la Commanderie de Valence de l'Ordre de Saint-Esprit soient réunis à l'Ordre de Notre-Dame-du-Mont-Carmel et de Saint-Lazare, 1 mars 1678", *Recueil des édits et déclarations du Roy. Lettres patentes et ordonnances de Sa Majesté, arrêts et règlements de ses Conseils et du Parlement de Grenoble*, 26 vols. (Grenoble: Chez Gaspard Giroud et André Giroud, 1690-1783), II, doc. 98.

The *Chambre* was made up of five *conseillers d'État* and eight *conseillers au Grand Conseil* and *maîtres de requêtes* who were to carry out the necessary research for each request for suppression. Seven judges and at least one court councillor sat to hear the cases presented. During the first seven years of its existence, this group kept up a feverish pace as the Council of the Order of Mount Carmel and of St Lazare presented hundreds of demands for the suppression of foundations and/or the transfer of their funds. In 1679, the number of judges was reduced to five, indicating that the initial suppression movement had peaked and that the number of cases to be heard had begun to decline. During the existence of the reform, the *Chambre* heard over 1,700, often long, drawn-out, cases involving suppressions in almost every diocese of the Kingdom.

What was the effect of this "reform" on the structures of poor relief in France? It is clear that the Order of Mount Carmel and of St Lazare succeeded, first, in closing down or obtaining management rights over the holdings of thousands of small institutions and, second, in obtaining annual pension payments from thousands of other hospitals and institutions which continued to function. A register in the Archives Nationales drawn up in 1682 contains a list of institutions whose funds were fully or partially transferred to the Order and of the institutions over which the Order sought control. The list indicated 4,078 hospitals, *maladreries* or *bureaux de charité*.[23]

The institutions suppressed or to be suppressed were located in virtually every diocese in the Kingdom, but the "reform" tended to concentrate on the more heavily populated areas surrounding Paris (*see* Map 1). Virtually all of the dioceses with more than one hundred "suppressed" institutions were located in that zone: Sens, Bourges, Rouen, Chartres, Blois, Amiens, Tours, Poitiers, Soissons, Laor, Rheims, Langres and Dijon. In the smaller and poorer southern dioceses like Valence, Die, Uzès or Tarbes, the Order incorporated fewer than twenty institutions. The rare dioceses where hospice revenues were left untouched were clustered in the Comtat Venaissin under papal authority, or situated along the French borders.

The pensions which the Order of Mount Carmel and of St Lazare had distributed to its knights in 1672, before the expropriations, totalled around 25,000 *livres*.[24] This total jumped to over 250,000 *livres* after the acquisition of local hospice funds. While this was considerable, Claire Guérin argues that Louvois had believed that the "reform" would enable the Order to recuperate considerably more than 250,000 *livres*. A preliminary 1675 listing of institutions to be incorporated into the Order in Normandy had included three times the number which were eventually taken over.

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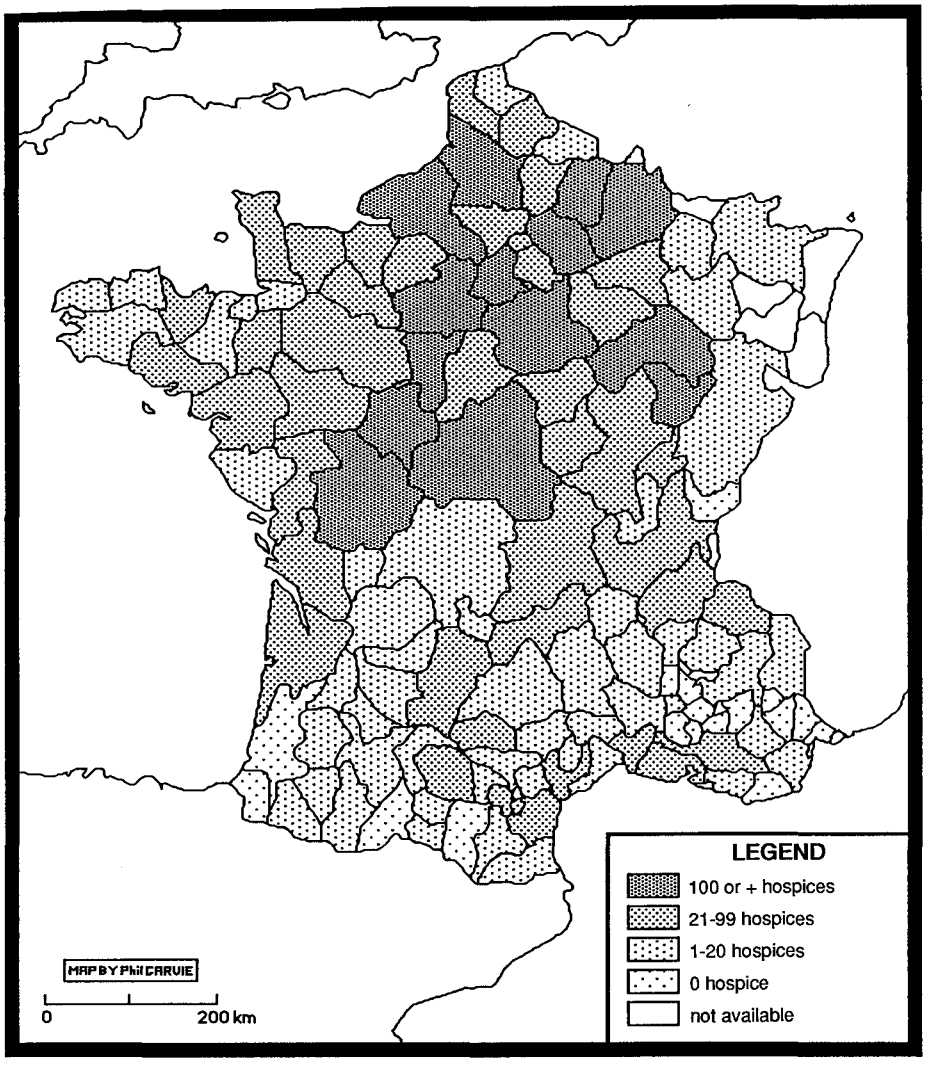
23. "Ordre de Saint-Lazare, fouille ou recueil général de toutes les maladeries du Royaume, hôpitaux, hostels-dieux, aumôneries et avec leurs prix, 1682", A.N., MM219.

24. Dissard, *op. cit.*, 75.

Map 1

Institutions of Poor Relief taken over or targeted for takeover by the Order of Mount Carmel and St Lazare in each French diocese, 1672-1682



These observations for Normandy seem to hold true for all of France. The uneven geographical sources of the funds acquired by the Order can also be seen from the revenues which were actually transferred to each holder of one of the *commanderies* created by the Order of St Lazare and listed in the 1682 register. The Kingdom was divided up into five Great Priories, each of which contained twenty-nine *commanderies* which were distributed to members of the Order. Each *commanderie* was funded from the hospitals, *maladreries* and hospices incorporated into the Order diocese by diocese. From the listing of revenues which were actually transferred to each holder of one of these *commanderies*, it is clear that the revenues of 21,276 *livres* from the combined dioceses of Chartres and Blois, 18,305 from Rouen, 17,082 from Amiens, 13,929 from Paris, 13,156 from Sens and 10,078 from Tournai dwarfed all the other entries. Even all of the heavily populated dioceses did not produce the anticipated revenues (*see* Map 2). Although the *Généralités* of Paris, Rouen, Amiens, Arras, Caen, Rennes and Alençon all contained over fifty inhabitants per square kilometre, only seven dioceses in that region actually procured over 10,000 *livres* for the Order.[25] The Great Priory of Brittany, among the most densely populated in France, contained only two dioceses (Chartres and Blois combined) in which the suppressions produced more than 10,000 *livres* and the revenues from the other twelve dioceses listed in the register ranged from 123 *livres* for St Malo to 7,601 for Orléans. From a close examination of the sources of revenue of the four northern Priories, it becomes obvious that absolutely no funds were received from most of the dioceses and that it was in the six dioceses surrounding Paris, where over one hundred institutions of poor relief had been suppressed, that the contributions were the most substantial. The listing does not break down the aggregate figure for the Great Priory of Languedoc, so it is impossible to calculate the funds actually provided by the southern dioceses.

This data on the sources of financing for the *commanderies* created by the Order demonstrates that the "reform" was very uneven. It did not follow demographic patterns and it procured the vast majority of its financing from a few dioceses close to the capital where the Order of Mount Carmel and of St Lazare had been traditionally implanted. It also shows that Louvois seemingly overestimated the wealth controlled by the supposedly prodigal local foundations and that he had been overly optimistic concerning the ability of the Order to expropriate those revenues.[26] The resources received from the long drawn-out procedures for suppression were only sufficient to fund around 145 pensions to "compensate" nobles for their military services.

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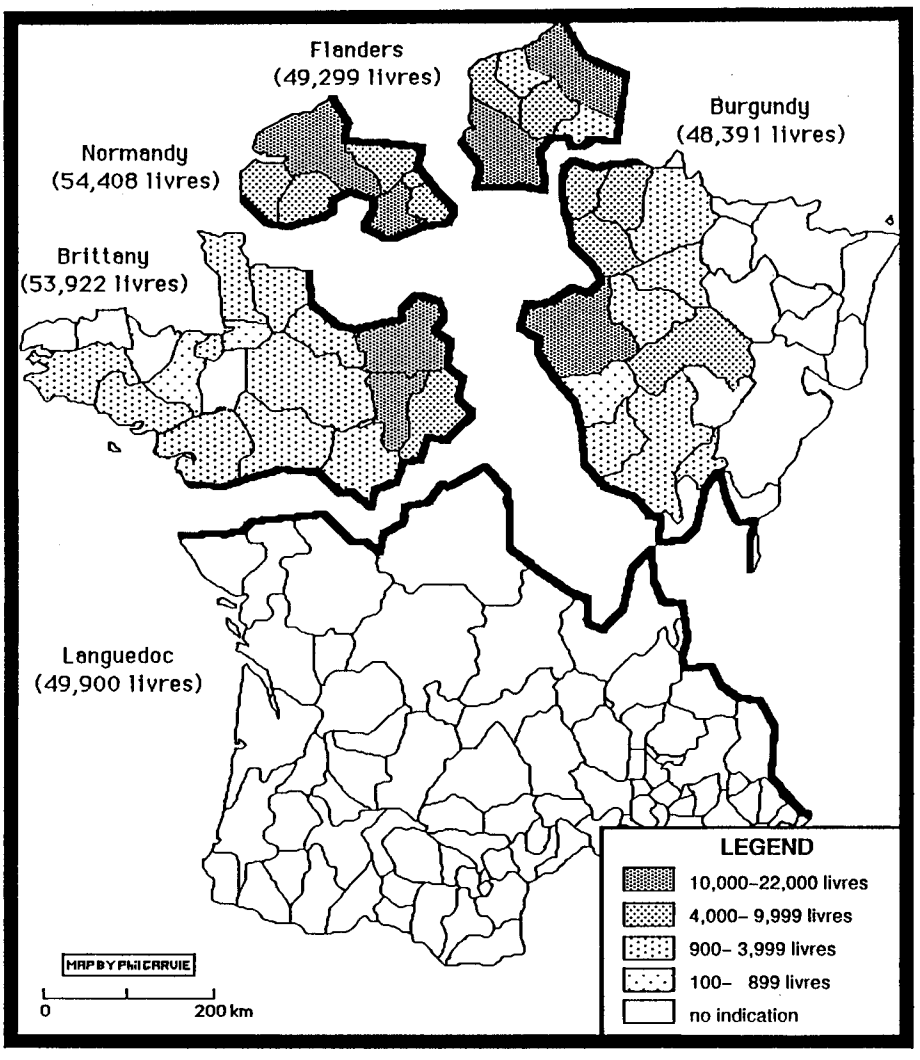
25. Jacques Dupâquier, *Histoire de la population française* (Paris: Presses Universitaires de France, 1989), II, 75-80.

26. Claire Guérin, "Une tentative de réforme militaire et hospitalière", 406-408 and 524.

Map 2

Revenues obtained from the hospices incorporated into the St Lazare Order in 1682, indicated by diocese, with total revenues for each Great Priory in parentheses



The St Lazare drive to suppress town and village poor relief institutions produced the first really effective royal intervention into a traditional field of village competence. Thousands of hospices and *maladreries* were incorporated into the Order and their revenues were diverted to the former officials of the French armies. Yet, the suppressions necessitated the creation and maintenance of a large judicial bureaucracy, and the revenues obtained from the lengthy enquiries and proceedings were not at all up to expectations. Louvois and most royal officials had overestimated the revenues of the tumbled-down and poorly-financed institutions and he had underestimated the efficiency and local support structures of the institutions which did control substantial revenues. These institutions were generally successful in resisting suppression.

The Functioning of Local Welfare Institutions

Royal administrators had targeted town and village poor relief foundations as wasteful, out-dated institutions monopolizing revenues which could be more effectively employed elsewhere. In fact, how did these foundations function? Did they merely continue the medieval practices of indiscriminate charity, or was there some evolution in the services they offered to the poor?

A partial reply to these questions can be obtained by consulting the archives of these institutions. However, it should be noted that few of them possess complete record series. Documentation on most of those which were totally suppressed in 1672 or in the course of the eighteenth century, has been lost; sometimes, a few papers concerning their charters and the records of their land holdings can be found in the archives of the city hospitals which eventually inherited their property and revenues. A few towns and villages, however, did maintain their institutions in one form or another and in these cases, most of the original archives were preserved. This section examines the foundations for poor relief in three small towns in the southeastern region of France. The study will concentrate on the towns of Étoile and Grignan along the plains of the Rhône valley and on the town of Seyne high up in the southern Alps.

The population of these three towns varied between 1,000 and 2,000 inhabitants. In the 1699 *révision des feux*, or hearth tax census, Étoile had a population of roughly 2,000, including 350 *roturier* heads of family, three families of gentlemen and four priests.[27] Grignan, in replying to a 1726 ordinance by the Intendant for Provence, claimed 263 *roturier* heads of family, one priest, six canons and eleven dignitaries attached to the Chapter of St Sauveur, for a population total of about 1,100.[28] Isolated in the southern

27. "Révision des feux, 1699", Archives Départementales [hereafter A.D.] Isère, II C 321, Étoile, f. 196 verso.

28. "Réponse à l'ordonnance de Le Bret, 1627", Archives Communales [hereafter A.C.] Grignan, CC 15.

Alps along a secondary commercial route linking Briançon with Digne and Cannes, Seyne listed 500 heads of family in the 1698 *affouagement*, indicating approximately 2,000 inhabitants.[29]

These communities had relatively similar poor relief structures harking back to their medieval origins and to the concept of indiscriminate charity and multiple services described in the charters of poor relief foundations. In all of the communities, a director of services to the poor, or a *recteur*, was elected each year at the same time as the *consulat*, the governing body of the municipality. These *recteurs* presided over a group of members of the local elite who composed the *Bureau* of the poor. These structures were supposed to provide three basic services to the poor. To the poor vagabonds (*passants*), they were to offer handouts in the form of money or hospitality; sick vagabonds could be cared for in the hospice for four or five days before being sent or carried away. The hospice was to offer shelter to the sick and needy among the local poor who generally consisted of abandoned or illegitimate children and sick and dying women. Finally, the administrators of the institution were to draw up lists of the local poor who should benefit from distributions of bread or grain during the winter and spring months, or as in the case of Grignan, twelve months a year. In addition, they were to furnish money for the dowries of poor girls and to assist the respectable poor (*pauvres honteux*).

To provide these services, each of the hospitals possessed buildings, endowments and property. The hospital in Étoile, La Charité, had been receiving the poor since the 1300s, but its modern foundation dated from a 1545 grant of 356 *écus* by Count Guillaume of Poitiers to be used for the interment of thirteen sick poor for whom care was calculated at 18 *deniers* a day.[30] His daughter Diane, Comtesse d'Étoile and mistress to Henri IV, added another 500 *livres* to the hospital endowment in 1564.[31] In 1724, the Étoile hospital consisted of an old two-storeyed house with a kitchen, a room for the caretaker, two bedrooms, each with six beds and a fireplace, one for the men, the other for the women, and a third small bedroom with a fireplace for passing clerics or other distinguished poor. Besides this house, La Charité possessed a chapel, a courtyard and a garden all located outside the bourg.[32]

Similar facilities existed in Grignan. The town had possessed a medieval hospital and a *léproserie*, but the seventeenth-century hospital had been re-established, like that of Étoile, through a later grant. In 1444, Dame Alix

29. Édouard Baratier, *La démographie provençale du XIII^e au XVI^e siècle avec des chiffres de comparaison pour le XVIII^e siècle* (Paris: SEVPEN, 1961), 163.
30. "Testament de Guillaume de Poitiers, 1545", AC Étoile, A1.
31. "Historique de l'Hôpital La Charité", 17th century, AC Étoile, B5-B6, doc. B9.
32. "Contenu de La Charité, 29 décembre 1749", AC Étoile, B5-B6, doc. B7.

Auriol had left a dwelling in the bourg, near the old oven, to house the poor.[33] By 1588, the foundation had received enough grants to build a new hospital outside the walls of the town in order to replace the 1444 house which had become too small. Just as in Étoile, the local nobles were the principal benefactors and each generation of the Counts of Grignan donated considerable sums of money to the Grignan hospital.[34] Louis d'Adhémar, Count of Grignan, himself served as *Recteur* of the poor from 1662 to his death; in 1668, and under his direction, a permanent caretaker was hired.[35] Nonetheless, the Grignan facilities seem to have been more primitive than those of Étoile and the 1665 accounts note the purchase of blankets and four straw mattresses which the Bishop of Die had ordered the hospital to acquire during his 1664 pastoral visit to the town.[36] In 1676, when new rules and regulations for the institution were adopted, there were still only four mattresses: two in the upstairs rooms and two downstairs for vagabonds.[37]

The situation in Seyne demonstrated one of the problems inherent in individual and indiscriminate charity. At the beginning of the seventeenth century, the town actually possessed two welfare structures: the Hôpital Saint-Jacques, whose origins could be traced back to a 1293 grant, and the Hôtel-Dieu, which had been founded prior to the fifteenth century. Each of these institutions possessed separate administrations and frequently provided the same services to the same poor. In 1656, the town council convened a general meeting to unite the two institutions and, in 1680, they approved the construction of a new hospital.[38]

Truly adequate funding never existed to carry out the multiple services to which each of these institutions was committed, but donations to poor relief in the three communities did increase steadily and significantly throughout the seventeenth century. Such increases do not represent isolated examples, for Kathryn Norberg and Cissie Fairchilds as well as Michel Vovelle and Pierre Chaunu have all demonstrated the important increase in charitable donations everywhere in France, even if it does not appear that it was always the same

33. Abbé Fillet, "Grignan Religieux", *Bulletin de la Société d'archéologie et de statistique de la Drôme*, XIV, 53 (1880), 165-166.

34. *Ibid.*, 166-169.

35. "Acte d'établissement d'un concierge à l'Hôpital de Grignan, 1664", A.D. Drôme, 44 H 23, F1.

36. "Comptes du Rectorat de M. le Comte, 1664", A.D. Drôme, 44 H 17, E9/12; and "Comptes du Rectorat de M. le Comte, 1645", *ibid.*, E9/13.

37. "Règlements de l'Hôpital de Grignan et additions aux règlements, 1676", A.D. Drôme, 44 H 11, E/2; and "Délibérations du Bureau de la charité", Grignan, 13 September 1676, A.D. Drôme, 44 H 11, E/1.

38. C. Allibert, *Histoire de Seyne, de son bailliage et de sa viguerie* (Barcelonnette, 1904; reprint Marseilles; Lafitte, 1972), 405-409.

social group which was responsible for the increases.[39] Patrice Berger has demonstrated the involvement of the Pontchartrain family in promoting new forms of charitable aid on their estates in the late seventeenth century.[40] Just like the Pontchartrain family, nobles and members of the community elite in the Southeast were very generous to charity organizations. As previously mentioned,the Adhémar family was active in supporting and directing the Grignan hospital. Three major grants to the institution were left in the family testaments during the seventeenth century: one in 1660 by Comtesse Marguerite d'Ornano who bequeathed 1,400 *livres*, the second by Louis Adhémar who left 600 *livres* in 1668, and the third by Charles-Philippe Adhémar who donated 800 *livres* in 1672. But others supported the hospital as well. The collegiate Chapter of St Sauveur church made an annual grant of 4 *charges* of rye to the hospital, amounting to an average annual gift of about 30 *livres*, or about 3,000 *livres* during the century. Individuals — canons, notaries, county administrators — and wealthy residents' also gave to the hospital. In the accounts, from 1656 to 1700, twenty-one different donations can be identified, ranging from 3 *livres* to 204 *livres*, adding some 1,482 *livres* to the hospital revenues.[41]

Partly derived from social attitudes developed by Counter-Reformation Catholicism,[42] this interest in charity accounted for a spectacular increase in the revenues of town and village as well as urban institutions. For the three hospitals studies, annual revenues increased over tenfold during the seventeenth century. Even when the revenues in *livres* are translated into *quartals* of wheat to compensate for the effects of devaluations and inflation, the increases in hospital revenues remain just as impressive. For all three institutions, they go from the levels of 100-200 *quartals* at the beginning of the

39. Norberg, Fairchilds, Gutton and Vovelle have all noted that charitable bequests increased regularly in size and frequency after 1630, peaking at different points in the first half of the 18th century. At the same time, studies of urban testaments have demonstrated that the social groups responsible for the charitable bequests differed markedly from one region and century to another with Norberg arguing that magistrates were the principal initiators in Grenoble, followed by nobles and bourgeois *rentiers* while in 17th-century Paris, Chaunu argues that noble families set the pattern. *See* Norberg, *op. cit.*, 117-137; Michel Vovelle, *Piété baroque et déchristianisation en Provence au XVIII^e siècle* (Paris: Seuil/Points Histoire, 1978), 229-264; Cissie C. Fairchilds, *Poverty and Charity in Aix-en-Provence* (Baltimore: The Johns Hopkins University Press, 1976), 18-37; Jean-Pierre Gutton, *La société et les pauvres...*, 419-437; Pierre Chaunu, *La mort à Paris aux XVI, XVII et XVIII siècles* (Paris: Fayard, 1978), 392-427.

40. Patrice Berger, "Rural Charity in Late Seventeenth-Century France: The Pontchartrain Case", *French Historical Studies*, X, 3 (Spring 1978), 393-415.

41. "Comptes des recteurs de l'Hôpital", A.D. Drôme, 1656-1679, 44 H 17, E/9 and 1680-1700, 44 H 17, E/10.

42. Michel Vovelle, *op. cit.*, 109-126 et *Mourir autrefois. Les attitudes collectives devant la mort aux XVII^e et XVIII^e siècles* (Paris: Archives/Gallimard, 1974), 46-53; Pierre Chaunu, *La mort à Paris*, 249-260.

century to averages of 1,000-3,000 *quartals* by the 1750s (*see* Graph 1).[43] Of course, these revenues did not reflect real annual donations to the institutions. Donations of land or capital were generally noted once in the revenue section, but, thereafter, they were integrated into the hospital holdings and rented or loaned out by the *recteur*. Their interest produced the income which is listed as revenues in the annual hospital accounts. The instability of the revenue curve is influenced by these sporadic donations as can be seen from the deviations in the Étoile curve in 1729 and in the Seyne curve in 1745. Additional explanations for disparities in the curves come from the fact that each *recteur*, upon balancing the accounts of his term of office, usually returned a certain number of late lease or interest payments and, sometimes, these accounts were closed up to two or three years after his term expired such that late payments were constantly being entered into the revenue section.

Despite the significant increases in charitable donations to these three institutions, it is obvious that they still had difficulty meeting their many obligations to the poor. Just as in humanist-inspired city reforms of the 1530s, there was growing support for limiting charity to local residents and a conspicuous resistance to the concept of indiscriminate handouts. This was obvious in all three communities, which at various times during the seventeenth century, restricted their poor relief measures to local residents.[44] In Grignan, the revision of the rules and regulations of the hospice in 1676 contains even clearer reference to the new principles of welfare distribution. In a series of regulations for the hospital, drawn up by the Archbishop of Die and the Count of Grignan, distinctions were clearly drawn as to who qualified for bread distributions among the town poor and, in a 1686 addition to the regulations, limits were placed on aid to *passants* or vagabonds. The 1676 document ordered that the *Bureau* of the poor carry out an annual inspection of the homes of those requesting the status of *pauvres* and that they grant this status to the physically infirm or to those with too many children to nourish. The *Bureau* was then to use this list to draw up two rolls: one for the distribution of bread every Sunday for the first five months of the year, and the other for giving out money to invalids and to the sick (who were to be visited monthly to be sure that they still needed assistance).[45] A 1686 addition to these regulations was drafted by the Count of Grignan, who noted the considerable influx of vagabonds into the region and that under such pretences as making

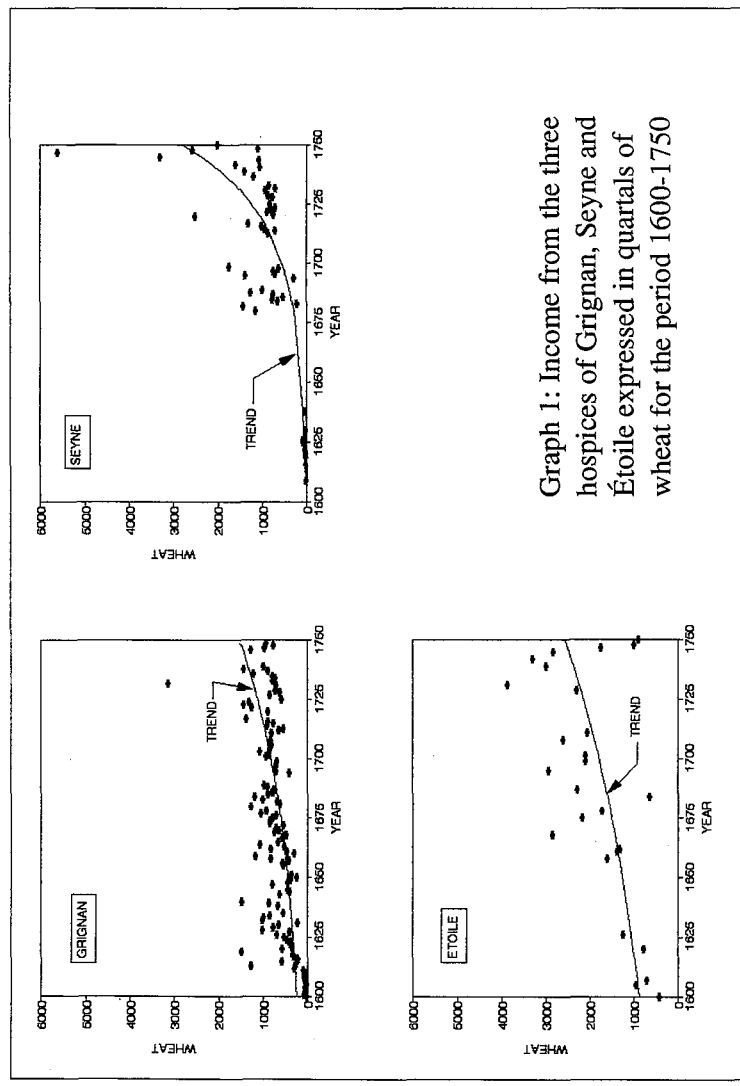
43. Graph 1 is based on annual accounts of the three hospitals: Étoile, A.C. Étoile, E7-9, E20, E32, E35, E37, E40, E42, E44-45, E48-50, E54-55; Grignan, A.D. Drôme, 44H12-44H18; Seyne, A.D. Alpes de Haute-Provence, 54H E1-2, 54H E7-8. The revenues in *livres* were thereafter multiplied by the price of wheat on the Grenoble market using the data collected by Robert Latouche and published by Henri Hauser, *Recherches et documents sur l'histoire des prix en France de 1500-1800* (Paris, 1936), 365-370. I would like to thank Prof. Albert Hamscher for suggesting this method of compensating for devaluations and inflation.

44. "Délibération du Bureau des pauvres de Seyne", 15 March 1625, A.D. Alpes de Haute-Provence, 54H, Seyne, E1.

45. "Délibérations, établissement du Bureau des distributions, 1676", A.D. Drôme, 44 H 11, E1/1.

pilgrimages, they were demanding to be housed in the hospital and aided by village welfare. Referring to a 1671 Royal Decree ordering the expulsion of vagabonds from town and village hospitals, the Count forbade any future lodging or aid to vagabonds in the Grignan hospital.[46]

Graph 1



Graph 1: Income from the three hospices of Grignan, Seyne and Étoile expressed in quartals of wheat for the period 1600-1750

46. "Ordonnance de M. le Comte, 1686", A.D. Drôme, 44 H 11, E1/2.

Such alterations in the rules and regulations of small local hospitals represented merely an outward sign of the real changes which were taking place in the distribution of aid to the poor. In fact, since the beginning of the century and the increases in charitable donations, the institutions were becoming more discriminating in their aid to the poor. A clear indication of this new approach can be seen in the distribution of aid by two of the three hospitals between the early 1600s and the 1680s (Table 1).[47] It becomes obvious from both Étoile and Grignan that the increased revenues were distributed overwhelmingly to poor townspeople either in the form of bread or as monetary payments. The medieval tradition of handouts to *passants* persisted, but came to represent a minimal part of hospice operation.

Table 1

	Outsiders	Inhabitants	Bread Distribution
		Grignan	
1600-1601	8.95 livres	11.10 livres	3.7 + 6 charges grain
1680	40.00 livres	220.10 livres	395.1 + 24 charges grain
		Étoile	
1603-1604	18.00 livres	20.00 livres	
1667-1669	11.00 livres	674.00 livres	

A better appreciation of the type of change which had occurred in the services rendered to the poor in the three institutions can be seen from a detailed examination of the lists of poor aided by the hospital in Étoile. The recipients of relief changed considerably between 1603-1604 and 1667-1669. On the hospice roll for 1603-1604, when Louis Tosserand was *procureur*, the institution had treated or distributed bread or money to forty-five residents of Étoile and ninety-five outsiders. Among those receiving aid, thirty-four were sick. Most of them were outsiders carried to the hospital on stretchers to be lodged and treated for a maximum of six days before being sent off to hospitals at Livron, Valence, Beaumont or La Vache for similar treatment. It was a standard practice in these institutions that outsiders could not be kept for more than four or five days. Claize Mounier was the only resident of Étoile to be treated in the hospital and she stayed there for sixteen days.[48] By 1667, when Charles Point was *procureur*, there were virtually no outsiders receiving significant aid and the amounts distributed to the recognized town poor had increased to stipends of 54, 29 or 17 *livres*. Although most of those receiving

47. For Grignan, *see* "Comptes", 1600-1601, A.D. Drôme, 44 H 12, E4; and "Comptes", 1680, 44 H 17, E10/1. For Étoile, *see* "Journal que tient Loys Tosserand, procureur de l'Hôpital, 1603-1604", A.C. Étoile, E7; and "Comptes de Charles Point, 1666-1667", A.C. Étoile, E37.

48. "Journal que tient Loys Tosserand, procureur de l'Hôpital, 1603-1604", A.C. Étoile, E7.

aid did not live at the hospital, a caretaker was employed to maintain *hospitalité* and the *Bureau* of the poor paid a doctor to care for the sick.[49]

It is evident from a close examination of the accounts of the three institutions that through the regular interventions of their bishops, noblemen and *recteurs*, they were evolving toward more rational, selective forms of poor relief resembling the urban models.[50] But despite the improvements and increased efficiency of their services, there were problems in these institutions, problems which were regularly revealed by royal administrators and by the inspectors of the Order of St Lazare. The major difficulty was fraud and embezzlement. At all three hospitals, cases of theft, overcharging or sloppy bookkeeping led to accusations and legal actions. At Seyne, in 1613, the *Recteur* Pierre Garcin was stripped of his functions and accused by the *Bureau* of the poor of selling hospital land holdings and pocketing profits.[51] In drawing up the regulations for the Grignan hospital, in September 1676, and in the subsequent additions to these regulations, the Count of Grignan and the Bishop of Die were particularly concerned with the accuracy of the accounts submitted by the *recteurs*. They required the regular inspection of those accounts and the written justification of each expenditure with the obvious goal of reducing embezzlement.[52]

But the difficulties of town and village poor relief administration went much farther than the cases of embezzlement encountered in Étoile, Grignan and Seyne. Much greater was the problem of the lack of hospitals or any form of poor relief in most small towns and villages of the region and the difficulty of maintaining the hospices which did exist in small communities.[53] In Dauphiné, the church struggled for many generations to overcome this problem by imposing a tax of a 24th of the *dîme* (*la 24e partie*) to support the poor in every town and village. Conscious of the weakness of small hospitals and charitable foundations, and probably inspired by the Humanist reforms of the early sixteenth century, this tax on ecclesiastical revenues was created by an act of the *Parlement* of Grenoble in 1564. It was regularly resisted by local *curés* on two grounds: first, that in many cases, they did not even control parish *dîmes*, which had often been sold or transferred to others; and, second, even when they did collect *dîmes*, the revenues were barely enough to maintain the

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49. Comptes de Charles Point, Hôpital d'Étoile, 1667-1669, A.C. Étoile, E37.

50. Local hospitals were often better managed and more efficient than they were reputed to be. Colin Jones has shown that when the Sisters of Charity extended nursing and medical services into their 18th-century hospitals, over half of the institutions affected were small rural and semi-rural establishments. *See* Jones, *The Charitable Imperative*, 176.

51. "Délibérations du Bureau de l'Hôpital, 27 mai 1613", A.D. Alpes de Haute-Provence, 54 H, E1.

52. "Règlements de l'Hôpital de Grignan", 13 September 1676, A.D. Drôme, 44 H 11, E1/1; 25 September 1700, *ibid.*, E1/3; 2 January 1706, 44 H 11, E1/3.

53. Certainly, Olwen Hufton makes this point in emphasizing the general lack of significant village holdings for poor reflief. *See* Olwen Hufton, *The Poor of Eighteenth-Century France, 1750-1789* (Oxford: Oxford University Press, 1974), 137-139.

parish. Nevertheless, toward the beginning of the eighteenth century, the 24th appears to have been distributed in most towns and villages of Dauphiné.[54] It has been argued that the lay authorities in each village were ultimately the ones who intervened to distribute the 24th and that the demographic level of a community seems to have been a critical factor in permitting it to distribute the 24th, or to support a workable poor relief programme.[55]

Étoile, Grignan and Seyne were therefore somewhat exceptional communities which were able to support what, at the period, must have been seen as exemplary poor relief institutions. These institutions are much more typical of the "municipal" approach to charity found in the small towns of southern France than of the more individualistic and increasingly religious approach found in the small hospitals and hospices of northern towns. The Catholic Reformation profoundly affected the structures of the hospitals in the North where new religious communities took over and reorganized town charities on the basis of increased private donations.[56] In addition, the hospitals of Étoile, Grignan and Seyne appear exemplary when compared to the institutions of surrounding villages. The pastoral visits of the period demonstrate that poor relief funds had been effectively rerouted: in Rousset, they were used to pay the schoolmaster; in Barnave, Prébois and La Croix-de-Cornillon, they were used to rebuild churches; in St Martin-de-Clelles, poor relief funds were used to pay its bellringer; and in Sinard, the Confrères de Saint-Esprit used the revenues from their holdings to pay themselves a banquet on Pentecost with the remaining funds going to the poor.[57]

The Order of St Lazare had been created to look into such diversions of poor relief and into the corrupt management of local foundations. It was to suppress the institutions where such practices were discovered and to use their funds to compensate the military service of its members. The problem was that the revenues of the corrupt or non-functioning foundations were non-existent or at best very meager. In fact, most of the funds held by small hospices were

54. René Favier, "L'Église et l'assistance en Dauphiné sous l'Ancien Régime : le vingt-quatrième des pauvres", *Revue d'histoire moderne et contemporaine*, XXI (juillet-septembre 1984), 448-464.

55. Maurice Basque, "L'assistance aux pauvres dans le Dauphiné rural du XVII^{e} siècle : l'exemple du diocèse de Die", M.A. thesis, Département d'histoire-géographie, Université de Moncton, 1986, 62-79. This leadership of the laity in the direction and distribution of poor relief corresponds to the findings of Philip Hoffman and Keith Lauria who have both demonstrated that numerous Counter-Reformation measures were initiated and directed by the laity; *see* Hoffman, *Church and Community in the Diocese of Lyon, 1500-1789* (New Haven and London: Yale University Press, 1984), chap. IV; Lauria, "Territories of Grace: Seventeenth-Century Religious Change in the Diocese of Grenoble", Ph.D. thesis, Department of History, University of California at Berkeley, 1982, 245-308.

56. I will be expanding upon this difference in a book which I am currently preparing on town and village hospitals in France during the 17th and 18th centuries.

57. Jules Chevalier, *Le diocèse de Die en l'année 1644 : procès-verbal d'une visite pastorale* (Valence, 1914), 83, 116-117, 138, 154, 156, 164, 170.

in the hands of institutions like Étoile, Grignan or Seyne, dynamic institutions which were active and innovative in aiding their poor and which had constantly increased their capital and holdings in the course of the seventeenth century. These institutions had confronted the problem of internal corruption by taking measures to ensure that all expenses were properly justified and that the accounts of the *recteurs* were properly audited. However, to increase significantly its financial reserves, the Order of St Lazare had to tap the resources of a certain number of these active and well-run local institutions, an initiative which brought increasing legal confrontation and resistance.

Resistance to the St Lazare Reform

From 1672 to 1679, the Royal Chamber for the "reform" of the *maladreries* and hospitals actively sought to expropriate the capital and land holdings of the foundations which were not providing the services required by their charters. It concentrated upon the two types of institutions which Louis XIV had specifically turned over to the Order of Mount Carmel and of St Lazare in his 1672 edict: *maladreries* which had been abandoned and where foundation revenues had been diverted to other purposes; and the holdings of regular and hospitaller orders whose rights to operate hospitals had expired or had been abolished. But in order to increase its funding, the Order eventually went beyond these two types of institutions as it sought to acquire funds from all *maladreries* where *hospitalité* was not maintained.[58] Using these three criteria, but placing special emphasis upon the maintenance of *hospitalité*, the Chamber sent commissioners to every questionable institution to test its functioning.

Twenty-six *maladreries* and hospitals were incorporated into the Order in the Diocese of Grenoble, twelve in Die and fourteen in Valence.[59] Even the Étoile hospital, whose operations seemed to have been above reproach, was visited by an inspector who recommended that it be taken over by the Order of St Lazare. Most of the neighbouring hospitals, Beaumont, Loriol, Montélier and Montélimar had revenues expropriated and services partially or totally suppressed. Typical of what seemed to be the haphazard method of the "reform", the Grignan hospital never figured in the register, nor did Seyne, which was situated in a relatively inaccessible diocese where no *maladrerie* was annexed.[60]

What were the reasons evoked by the officials of Mount Carmel and of St Lazare to add Étoile to their Valence Priory? The basic accusations against La Charité of Étoile can be found in the correspondence of André Serret, *Recteur* of the hospital for 1681. He protested against the decision to annex Étoile taken by the Royal Judge Jean-Guy Basset of Grenoble, member of the

58. Dissard, *op. cit.*, 79-82.

59. Hôpital de l'Étoile, Comptes, 1682, A.C. Éoile C44.

60. "Ordre de Saint-Lazare, Poullie, 1682", A.N. MM219, Grenoble, f. 224; Die, f. 226; Valence, f. 253; and Seyne, f. 256.

Royal Chamber. The initial protest from Serret, written on 7 January 1681, noted that the Basset decision was based on a visit to the town on 4 July 1680 in which an inspector, M. Cachod, had observed that there was no caretaker present at the hospital and that the institution contained only one poor girl lying on a straw mattress on the floor.[61] This became the essential point in the St Lazare case that *hospitalité* was not maintained. The case for Étoile was argued in detail in June 1681 when André Serret advanced three major points. First, that it was unacceptable to judge the hospital on the basis of the regulations promulgated in 1531 by Guillaume de Poitiers since, legally speaking, they did not constitute a charter. Second, on the point concerning the lack of *hospitalité*, Serret produced the minutes and accounts of the *Bureau* of the poor to demonstrate that a caretaker had always existed, that the buildings were kept up, and that a daily mass was said in the chapel according to Guillaume de Poitiers' regulations. Third, the officials produced annual hospital accounts to demonstrate that there had been no tampering with either foundation funds or revenues destined for the poor, and they specifically denied that the accounts from 1672-1678 had been readjusted to produce a more favourable image of the institution.[62]

Why were the Étoile *recteur* and the town *consuls* so opposed to this expropriation of the revenues of their hospital? The reason lies in the fact that beside the 1,500 *livres* of revenue, they stood to lose management rights over the hospice. Their outright opposition to the "reform" raises the question of why they were so determined to protect the revenues of the poor. Were they genuinely interested in the humanitarian aspect of poor relief, or were they simply defending the privileges of the town? The answer to these questions lies in a close examination of the functioning of such hospitals in Étoile, Grignan and Seyne. As previously explained, the *recteurs* were chosen at the same time as the *consuls* from the same group of town patricians; almost every *consul* had been *Recteur des pauvres* at one time or another. As *recteurs*, they were responsible for managing the capital and land holdings of the institution for periods of one to five years. They made loans of the capital holdings and leased out the lands which had been bequeathed to the institution. The interest payments received from these transactions were used to finance poor relief. Generally, those who leased the lands and borrowed the capital were also members of the major town families. The rates of interest imposed for these leases or loans were much lower than the market rates prevailing in local cities and the whole operation provided a very advantageous source of local credit. André Serret's adamant defense of the institutions of local welfare was a fight

61. Sieur André Serret, Recteur moderne de l'Hôpital de l'Étoile contre l'Ordre de Saint-Lazare, 7 janvier 1681, A.C. Étoile, E38.

62. Sieur André Serret, Recteur moderne de l'Hôpital de l'Étoile contre Monseigneur le Grand Vicaire-général, Commandeur et Chevalier de l'Ordre de Notre-Dame-du-Mont-Carmel et de Saint-Lazare de Jérusalem, 17 juin 1681, A.C. Étoile, E 38.

on behalf of the financial interests of the local elite. They saw any erosion of hospice powers as a threat not only to revenues distributed to the poor, but also to one of the few local sources of credit.

It was the resistance of towns such as Étoile in the 1,700 cases brought before the *Chambre de l'Arsenal* which seems to explain the fact that Mount Carmel and St Lazare never received the revenues which it had anticipated from the suppressions. In fact, the *Chambre* never heard the Étoile case. The hospital continued to function normally and its accounts never reveal any payment made to the Order. In Étoile, as everywhere, the town and village institutions with the most considerable revenues were precisely those which were best able to resist expropriation or to limit the payments which they were ordered to make to the *commanderies* of the Order.

This local resistance slowed down the overall takeover movement, but the Mount Carmel and St Lazare reform was ultimately stopped not by the protests of the small communities, but by two influential groups: the disgruntled hospitaller orders who had been dispossessed of their holdings by St Lazare, and the *dévots* who had been working with the large municipal governments since the 1620s to organize new urban charitable structures. These opposition groups concentrated first upon what they portrayed as the scandal of the diversion of poor relief funds to compensate former army officers and soldiers and second upon the absence of prior papal consent to the confiscations and seizures of holdings which had belonged to the Teutonic Knights, to the Order of the St Esprit of Montpellier, to the Order of St Jacques and to the Order of the Holy Sepulture.[63] The objections of the hospitaller orders to the "reform" had particularly concrete results in the 1690s due to papal intervention. In a period when Louis XIV was trying to settle his differences with Rome, the Pope insisted that no general settlement could be obtained without resolving the problem of the expropriations of the traditional hospitaller orders.[64]

The death of Louvois in 1691 deprived the Order of St Lazare of its principal protector in royal court circles. By 1692, the seriousness of the opposition to the Order led the King to appoint commissioners to examine all objections to the 1672 edict. During the resulting enquiry, it was clearly demonstrated that the King did not have the right to authorize the transfer of the holdings of other hospitaller orders to St Lazare without papal consent, and

63. Dissard, *op. cit.*, 109-111.

64. From the very beginning of the "reform", Rome had opposed the transfer of foundations belonging to the traditional hospitaller orders. Father Coquelin had been sent to Rome in 1672 and in 1673 to try to negotiate this question with the Pope, but the mission was a failure. Rome insisted that this question be addressed in negotiating the "Régale" and again, in 1687, the Marquis de Chamlay tried to negotiate a settlement with the new Pope, Innocent XII, under which the 1672 edict could be maintained. This second failure seems to have led Louis XIV to envisage rescending the edict. On this question, *see* Claire Guérin, "Une tentative de réforme militaire et hospitalière", 352-378, 489-502 and 513.

that the whole project had constituted a massive usurpation of funds specifically bequeathed to the poor and rerouted to benefit the Order of St Lazare.[65]

The results of the enquiry led to a March 1693 edict repealing the 1672 legislation which had permitted the Order of St Lazare to take control of small local institutions and to expropriate all or part of their funds.[66] The King ordered that all the holdings seized over the previous twenty years should be returned to their original owners and he appointed twelve commissioners to carry out this restitution. However, in a declaration the following August, Louis XIV revealed the new directions of the charitable reforms. He ordered that in the cases where the revenues of local institutions were insufficient to maintain *hospitalité* and to provide efficient aid to the poor, they should not be re-established and their funds should be turned over to what he considered the more efficient regional hospitals.[67] This interpretation confirms the activity of the *dévots* in opposing the St Lazare reform in order to take over the funds of small institutions to continue their vast projects of urban reform.[68]

The failure of the St Lazare mouvement did, in fact, precipitate direct royal intervention in the field of local poor relief. Since the middle of the seventeenth century, Louis XIV had issued edicts and directives to promote and consolidate large urban hospitals as an essential part of the *grand renfermement* and, now, local poor relief was seen as another element to be incorporated into the continuing urban reform. Between 1693 and 1699, the initial stage of this project led to the fusion and suppression of local hospitals in favour of regional institutions and in 1724, a new edict went even further in the concentration of poor relief institutions. With the goal of totally eliminating mendicity, 156 general hospitals in the Kingdom were selected to serve for the arrest and confinement of all beggars and vagabonds, a reform in which Louis XV again ordered the suppression of the remaining town and village charities in order to finance the selected institutions.[69]

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65. Guérin, *ibid.*, 112-114.

66. "Édit de désunion de l'Ordre de Mont-Carmel et de Saint-Lazare", March 1693, A.N., F15.

67. "Déclaration du 24 août 1693", A.N. AD XIV 2. *See* the explanations of this document in Dissard, *op. cit.*, 127-130.

68. Even as the St Lazare "reform" was proceeding, the activity of the *dévots* was evident. Huguenot consistories and their holdings, including a certain number of rural hospitals in places like Nyons, were suppressed and their revenues transferred to the new urban general hospitals like Grenoble; *see* Norberg, *op. cit.*, 79. In addition, in 1676, the King ordered that French bishops aid the new general hospitals by suppressing and expropriating the funds of poorly managed rural poor relief institutions in the cases where their holdings had not already been given over to another organization; *see* Dissard, *op. cit.*, 119-120.

69. As Olwen Hufton argues, the *hôpitaux, bureaux des pauvres* and *ateliers de charité* were the typical government responses to the eighteenth-century problem of charity; *see* Hufton, *The Poor of Eighteenth-Century France*, 139-216.

Like most attempts by the State or its agents to intervene in local areas of jurisdiction in early modern times, the success of the St Lazare experiment was compromised for a number of reasons: the meager resources of the suppressed hospices, the determined resistance of community leaders and the continual judicial contestations of the affected villages. Royal authorities had seriously overestimated the riches of the small foundations which they charged with graft and corruption. Most of the suppressed institutions possessed few or no funds and most of those which did possess significant capital or land holdings were not at all corrupt and out-dated institutions. Like Étoile, Grignan and Seyne, they were efficiently managed following the general urban charitable trends and the St Lazare agents had great difficulty finding excuses to expropriate their resources.

For a century, the monarchs and the cities pursued their policy of trying to control the influx of undesirable rural immigration toward urban centres by subsidizing the building of hospitals, *dépôts de mendicité* and workhouses to incarcerate the vagabonds, invalids, beggars and poor who had invaded the city streets. Towns and villages were frequently targeted to contribute to the construction costs of these new institutions. Just as the confiscation of local poor relief funds to compensate former army officials appeared to the Crown as an imaginative way to deal with noble discontent in the St Lazare reform, so too, did the expropriation of these funds seem a useful way to subsidize the creation of new urban hospitals in the 1690s and well into the eighteenth century as the Crown pursued its policy of excluding and confining all undesirable elements of French society. However, by the mid-eighteenth century, the cost of maintaining these urban institutions was becoming prohibitive and the influx of poor from the countryside to the urban areas had not ceased. A change in the direction of poor relief became inevitable and Turgot, acting upon the recommendations of Loménie de Brienne, proposed such a reform in 1774. The reform bluntly argued for a return to the treatment of poverty at its source, at the town and village level, through subsidies to the local *bureaux* of the poor and through orders to the police to return beggars and vagabonds to their native villages.[70] With this change, the attitudes toward institutions of local charity came full cycle and the earlier royal scepticism concerning their efficiency, which had produced the St Lazare reform, gave way to the rediscovery of the remaining hospices, *maladreries* and *bureaux* of the poor as valuable local intermediaries in the dual struggle to limit poverty and to control the expenses of welfare structures.

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70. Camille Bloch, *L'assistance et l'État en France à la veille de la Révolution. Généralités de Paris, Rouen, Alençon, Orléans, Chalons, Soissons, Amiens (1764-1790)* (Paris, 1908; reprint Geneva; Slatkine, 1974), 184-190. Olwen Hufton has argued that the real effects of the Turgot reforms were very limited due to the meagre resources of the *bureaux* of the poor; *see* Hufton, *op. cit.*, 159-176; but the recent book by Robert Schwartz demonstrates that for the *Généralité* of Caen, the Turgot measures, based upon a combination of aid and more efficient policing, were better applied than has been previously thought; *see* Schwartz, *Policing the Poor in Eighteenth-Century France* (Chapel Hill: University of North Carolina Press, 1987), 154-172.