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Citation: Murphy, Neil (2022) Plague Hospitals and Poor Relief in Late Medieval and Early Modern France. *Social History*, 47 (3). pp. 349-371. ISSN 0307-1022

Published by: Taylor & Francis

URL: <https://doi.org/10.1080/03071022.2022.2112859>
<<https://doi.org/10.1080/03071022.2022.2112859>>

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To cite this article: Neil Murphy (2022) Plague hospitals and poor relief in late medieval and early modern France, *Social History*, 47:4, 349-371, DOI: [10.1080/03071022.2022.2112859](https://doi.org/10.1080/03071022.2022.2112859)

To link to this article: <https://doi.org/10.1080/03071022.2022.2112859>



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Published online: 06 Oct 2022.



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Plague hospitals and poor relief in late medieval and early modern France

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ABSTRACT

Plague hospitals played a key role in the provision of poor relief in late medieval and early modern France. As the poor came to be identified as the principal carriers of plague, they were singled out for attention and special measures were imposed upon them – controls that were justified by the claim that they were being taken in the wider interests of public health. Yet plague hospitals were not just institutions for the confinement of the poor. Municipal councils developed these institutions as places where the poor could gain access to medical treatment and care. This article shows that plague hospitals played a formative role in the *grand renfermement* of the poor in seventeenth-century France. As places where the poor were confined and received care, it became natural for such hospitals to be used to house the poor outside of plague times. This article argues that municipal governments rather than the crown took the lead in the provision of welfare to the poor before the mid-seventeenth century, following which both the systems used to combat plague and wider poor relief schemes came increasingly under royal control.

KEYWORDS

Plague; poverty; France; hospitals; poor relief

For more than a century, historians have produced an abundance of studies of poor relief in medieval and early modern France. Running alongside and intersecting with this historiography of poverty is an extensive literature on the history of the hospital. While both these subjects have been fertile fields for social historians of pre-modern France, plague hospitals are largely excluded from this literature.¹ There is no dedicated study of French plague

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¹See below for a discussion of the secondary literature relating to France. For key studies of poor relief outside of France, see: S. Cavallo, *Charity and Power in Early Modern Italy: Benefactors and their motives in Turin, 1541–1789* (Cambridge, 1995); M. Flynn, *Sacred Charity: Confraternities and social welfare in Spain, 1400–1700* (London, 1989); J. Henderson, *Piety and Charity in Late Medieval Florence* (Oxford, 1994); R. Jütte, 'Poor relief and social discipline in sixteenth century Europe', *European Studies Review*, 11 (1981), 25–52; R. Jütte (ed.), *Poverty and Deviance in Early Modern Europe* (Cambridge, 1994); R.M. Kingdon, 'Social welfare in Calvin's Geneva', *American Historical Review*, 76 (1971), 50–69; C. Lis and H. Soly, *Poverty and Capitalism in Pre-Industrial Europe* (Brighton, 1979); L. Martz, *Poverty and Welfare in Habsburg Spain: The example of Toledo* (Cambridge, 1983); J. Nolf, *La réforme de la bienfaisance publique à Ypres au XVIe siècle* (Ghent, 1915); B. Pullan, *Rich and Poor in Renaissance Venice: The social institutions of a Catholic state, to 1620* (Cambridge, MA, 1971); B. Pullan, 'Catholics, protestants and the poor in early modern Europe', *Journal of Interdisciplinary History*, 35 (2005), 441–56; T. Riis (ed.), *Aspects of Poverty in Early Modern Europe* (Sijthoff, 1981); P. Slack, *Poverty and Policy in Tudor and Stuart England* (New York, 1988); H. Soly, 'Continuity and change: attitudes towards poor relief and health care in early modern Antwerp' in O.P. Grell and A. Cunningham (eds), *Health Care and Poor Relief in Protestant Europe, 1500–1700* (New York, 1997), 84–107.

hospitals and – despite being one of the principal measures used to combat plague – they typically receive only a cursory discussion in the historiography of plague in France. For instance, Jean-Noël Biraben, in his *Les hommes et la peste*, which remains the key study of plague in France, only briefly discusses pest houses.² Furthermore, while the interaction between plague and poverty is well studied for Italy, there are few dedicated studies on this theme for France.³ Moreover, the literature on plague hospitals in general is sparse, with the principal work dedicated to this subject being Jane Steven Crawshaw's work on Venice.⁴

Seeking to address this important gap in the historiography, this article shows that plague hospitals played a fundamental role in the development of poor relief systems in France. It argues that municipal governments, rather than the crown, took the lead in providing welfare to the poor during outbreaks of plague until the mid-seventeenth century, following which both the systems used to combat plague and wider poor relief schemes came more and more under royal control. The ambitions of the increasingly absolutist Bourbon monarchy dovetailed with the emergence of the *dévo*t reform movement of the French Counter-Reformation Church, which focused on the provision of social welfare. In the second half of the seventeenth century, Church and crown worked together to reform hospital provision and poor relief across the kingdom, seen especially through the creation of the *hôpitaux généraux*.

In terms of plague, the crown had already begun to seek to control municipal efforts from the 1630s, although it was really the expansion of the *intendants* in the mid-seventeenth century which allowed the royal government to assert authority over urban plague measures. When plague struck Marseille in 1720–1721 – the last major outbreak to hit France – the mechanisms put in place to combat the disease were largely directed by the crown. Yet, in terms of both plague provision and wider poor relief schemes, the Bourbon monarchy, rather than innovating, took control over systems that urban governments had devised and implemented on their own initiative from the later Middle Ages.

²J.-N. Biraben, *Les hommes et la peste en France et dans les pays européens et méditerranéens*, 2 vols (Paris, 1975–1976), II, 169–73.

³One of the few studies for France is the short article 1974 by Biraben: 'Les pauvres et la peste' in M. Mollat (ed.), *Études sur l'histoire de la pauvreté (Moyen Âge–XVIIIe siècle)* (Paris, 1974), 505–18. For plague and poverty in Italy, see: A. Carmichael, *Plague and the Poor in Renaissance Florence* (Cambridge, 1986); S.K. Cohn, *Cultures of Plague: Medical thinking at the end of the Renaissance* (Oxford, 2009), 208–37; J.S. Crawshaw, *Plague Hospitals: Public health for the city in early modern Venice* (Farnham, 2012), 79–108; J. Henderson, *Florence Under Siege: Surviving plague in an early modern city* (New Haven, 2019), 51–117; B. Pullan, 'Plague and perceptions of the poor in early modern Italy' in T. Ranger and P. Slack (eds), *Epidemics and Ideas: Essays on the historical perception of pestilence* (Cambridge, 1992), 101–24; K. Siena, 'Poor bodies and disease' in D. Hitchcock and J. McClure (eds), *The Routledge History of Poverty, c. 1450–1800* (London, 2020). For England and Spain, see: K.W. Bowers, *Plague and Public Health in Early Modern Seville* (Rochester, 2013), 35–42; P. Slack, *The Impact of Plague in Tudor and Stuart England* (London, 1985).

⁴Crawshaw, *op. cit.*

Focusing on plague hospitals in towns across the kingdom, both large and small, this article seeks to integrate these institutions into the extensive historiography on poor relief in pre-modern France. It aims to understand the impetus that lay behind the development of plague hospitals as centres for the provision of welfare to the poorest members of society. The definition of poor as a social category expanded during times of plague. In addition to those involuntary poor who were considered to always live in poverty – such as vagrants, beggars or low-income workers surviving on the breadline – the socio-economic devastation caused by the widespread shutdown of industry and commerce during plague outbreaks could reduce even skilled workers and their families to poverty. Juan Luis Vives (who wrote one of the most influential treatises on poor relief during the sixteenth century – see below) stated that ‘there are many kinds of diseases ... which bring distress on worthy homes’. He advised that these families should be provided with assistance during outbreaks of disease to prevent them from lowering their position further by having to pay for medical care. Impoverishing workers whose situation had been reduced because of the impact of plague could only further damage the wider urban community.⁵ By offering medical care to those people whom municipal councils deemed worthy was a way to enable wealth redistribution, with the richer members of society, by means of gifts or taxes, paying for plague hospitals to offer medical care to the poor who could otherwise not have afforded it.⁶

As well as providing support to the poor during outbreaks of plague, the construction of permanent plague hospitals played an important role in the wider development of poor relief in France, and these spaces came to be strongly associated with the distribution of welfare in the urban landscape. From the later sixteenth century, plague hospitals were used for the wider confinement of the poor outside of plague years. In this way, these institutions played an important embryonic role in the *grand renfermement* (‘great enclosure’) of the poor in seventeenth-century France. While historians have written at length about the development of *renfermement*, the role that plague hospitals played in this process is poorly studied. This article reveals the strong conceptual and functional links between plague hospitals and the institutions that appeared in France from the early seventeenth century to enclose the poor. Plague hospitals were constructed as places where the ‘deserving’ poor were both confined and received care in the form of food, medical treatments and shelter, in addition to religious instruction. As the rationale behind the development of poor houses also focused on

⁵*ibid.*, 16–17; M. Pelling, ‘Illness among the poor in an early modern English town: the Norwich census of 1570’, *Continuity and Change*, 3 (1988), 273–90, at 274. For Vives see note 47.

⁶On this point, see: N.Z. Davis, ‘Poor relief, humanism and heresy: the case of Lyon’, *Studies in Medieval and Renaissance History*, 5 (1968), 217–75, at 236.

these issues, it became natural to use plague hospitals to place the poor outside of plague times. Overall, the development of plague hospitals played an important role, hitherto neglected by scholars, in the provision of the urban poor relief system in pre-modern France.

Poor relief in pre-modern France

A wide range of studies examine various aspects of poor relief in pre-modern France, principally the creation of the *hôpitaux généraux* to house the poor from the mid-seventeenth century. These works often emphasise the role the royal government played in the provision of poor relief, arguing that an emerging absolutist monarchy, seeking to assert its power in myriad ways, deliberately supplanted local authorities in the control of welfare systems. This position was established particularly in the early twentieth century by Léon Lallemand and Christian Paultre, both of whom emphasised the leading role of the state in this process.⁷ Camille Bloch refined this view by arguing that while the crown attempted to develop a national social welfare system through the creation of *hôpitaux généraux*, it ultimately failed in this endeavour, a claim that was reasserted by J.-P. Gutton in his influential examination of poor relief in Lyon.⁸ In contrast, while Jean Imbert highlighted the difficulties the crown faced, he argued that the Bourbon monarchy devised a successful poor relief policy that it imposed over the towns during the later seventeenth century.⁹

From the 1980s a range of works – largely by anglophone historians – nuanced this statist view. While Cissie Fairchilds highlighted the key role the monarchy played in the provision of poor relief in her study of Aix-en-Provence, she emphasised the important role that local officials played in the day-to-day running of these institutions.¹⁰ Daniel Hickey demonstrated that the administrators of smaller hospitals resisted royal efforts to control poor relief funds, although, again, like Fairchilds, he found that the crown retained ultimate control over these institutions.¹¹ In the most recent major study of French hospitals, Tim McHugh, building on the work of Colin Jones, emphasises the ongoing importance of municipal governments to poor relief systems throughout the seventeenth century.¹² Yet while McHugh's findings are important, he also excludes plague hospitals from

⁷L. Lallemand, *Histoire de la Charité*, 5 vols (Paris, 1902); C. Paultre, *De la répression de la mendicité et du vagabondage en France sous l'ancien régime* (Paris, 1906).

⁸C. Bloch, *L'Assistance et l'État en France à la veille de la Révolution* (Paris, 1908); J.-P. Gutton, *La société et les pauvres: L'exemple de la généralité de Lyon, 1534–1789* (Paris, 1971).

⁹J. Imbert, *Histoire des hôpitaux français: Contribution à l'étude des rapports de l'Église et de l'État dans le domaine de l'Assistance publique* (Paris, 1947). See also for this view: R. Nougaret, *Hôpitaux, léproseries et bodomies de Rodez, de la grande peste à l'hôpital général (vers 1340–1676)* (Rodez, 1986).

¹⁰C. Fairchilds, *Poverty and Charity in Aix-en-Provence, 1640–1789* (Baltimore, 1976).

¹¹D. Hickey, *Local Hospitals in Ancien Régime France: Rationalisation, resistance, renewal, 1530–1789* (London, 1997).

¹²T. McHugh, *Hospital Politics in Seventeenth-Century France: The crown, urban elites and the poor* (Aldershot, 2007); L. Brockliss and C. Jones, *The Medical World of Early Modern France* (Oxford, 1997); C. Jones, *The Charitable Imperative: Hospitals and nursing in ancien régime and revolutionary France* (London, 1989).

his considerations – a significant omission given that plague hospitals were for the bulk of their existence overwhelmingly under the direction of urban administrations (and certainly before the mid-seventeenth century, after which there were few national outbreaks of the disease in France anyway).¹³

Other studies have emphasised the role that the post-Tridentine Catholic Church came to play in poor relief in early modern France. For Colin Jones, the absolutist state worked with the Church from the late sixteenth century so that ‘the bishop rather than the town council was now the monarchy’s favoured agent for poor relief reform’.¹⁴ Kathryn Norberg also argues for the key role played by the Counter-Reformation Church in poor relief in France, while Emmanuel Chill found that it was the religious confraternity, the Company of the Holy Sacrament, that laid the grounds for the enclosure of the poor from the mid-seventeenth century.¹⁵ Certainly, the focus on the provision of charity to the needy was a key element of Counter-Reformation Catholicism, especially during the seventeenth century, with groups such as the Company of the Holy Sacrament playing key roles in the development of poor relief schemes, including the *hôpitaux généraux*. This article finishes by showing that, in terms of plague and poor relief, the Church and religious confraternities, with the backing of both the papacy and the Bourbon monarchy, also sought to take control of the running of plague hospitals during the seventeenth century. If they failed to achieve this goal, it was probably a consequence of the fact that, as mentioned above, from the mid-seventeenth century there were few major outbreaks of plague in France, which meant that there was no need to open plague hospitals.¹⁶

Many historians have taken a highly negative view of medieval and early modern plague hospitals (and, indeed, hospitals more widely), seeing them as visions of hell, where inmates lived in appalling conditions and received little in the way of medical care, and as essentially just places where the sick were sent to die. In his study of plague in Savoy, Nicholas Greslou described plague hospitals as ‘true prisons, ante-chambers of death’ (*véritables prisons, antichambres de la mort*), while in her influential study of the Parisian *hôpital* St Louis, which was the largest plague hospital in seventeenth-century Europe, Hilary Ballon writes that the ‘worst of all [the various types of hospitals in early modern France] were plague hospitals, [which]

¹³Nor does Muriel Jeorger discuss plague hospitals in her influential overview of the structure of the French hospital system in the early modern period: M. Jeorger, ‘La structure hospitalière de la France sous l’ancien régime’, *Annales: Économies, Sociétés, Civilisations*, 32 (1977), 1025–51.

¹⁴C. Jones, ‘Perspectives on poor relief, health care and the Counter-Reformation in France’ in J. Arrizabalaga, A. Cunningham and O.P. Grell (eds), *Health Care and Poor Relief in Counter-Reformation Europe* (London, 1999), 222.

¹⁵K. Norberg, *Rich and Poor in Grenoble, 1600–1814* (Berkeley, 1985); E. Chill, ‘Religion and mendacity in seventeenth-century France’, *International Review of Social History*, 7 (1962), 400–25.

¹⁶For the decline in the frequency of outbreaks of plague in France during the seventeenth century, see the figures in Biraben, *Les hommes et la peste, op. cit.*, I, 363–74.

... were considered more deadly than the disease itself.¹⁷ This view is also grounded in Michel Foucault's gloomy assessment of pre-modern French hospitals and his assertion that they were institutions of repression rather than care.¹⁸ Yet, while the poor were undoubtedly seen as a dangerous group that needed to be contained, municipal authorities also devised plague hospitals out of a concern to provide the disadvantaged with levels of medical support and care they would ordinarily have been denied. As Brian Pullan observes in his study of early modern Italy, the poor were both 'subjects of pity and objects of fear'.¹⁹ As we shall see, the development of plague hospitals in France was an expression of a more compassionate attitude towards the poor deriving from ideas about common good and the obligation to take care of those who could not take care of themselves.

If Foucault's ideas about the conditions of pre-Revolutionary French hospitals are problematic, his concept of biopolitics – especially the link between the health of a population and the security of the state – is a useful way to help understand the interplay between public welfare and the control of the poor.²⁰ Yet while Foucault considered this to derive from the development of a centralised state in the eighteenth century, these concerns were clearly manifested in earlier periods.²¹ It was local administrations rather than the monarchy that created new institutional spaces for public health, and it was urban authorities working in conjunction with medical workers, such as physicians and surgeons, who developed and devised the values shaping these new public health measures. For Foucault, the targeting of the poor as the prime sources of contagion for the social body was a product of the urban expansion that followed industrialisation, and which led governments to impose medical measures and surveillance systems on the poor.²² Yet a similar process was already at work in France in previous centuries as a result of plague. As the poor came to be identified as the principal carriers of the disease, they were singled out for attention and special measures were imposed upon them – justified by the claim of being in the wider interests of public health. Yet the poor were not just to be monitored:

¹⁷N. Greslou, *La peste en Savoie (aux XVIe et XVIIe siècles)* (Chambéry, 1973), 89; H. Ballon, *The Paris of Henri IV: Architecture and urbanism* (New York, 1991), 166. For negative views of pre-Revolutionary French hospitals, see: E.H. Ackerknecht, *Medicine at the Paris Hospital 1794–1848* (Baltimore, 1967); J. Frangos, *From Housing the Poor to Healing the Sick: The changing institution of Paris Hospitals under the Old Regime and Revolution* (London, 1997); M.-J. Imbault-Huart, *L'École pratique de dissection de Paris de 1750 à 1822* (Paris, 1975); D. Vess, *Medical Revolution in France, 1789–1796* (Gainesville, 1974).

¹⁸M. Foucault, *The Birth of the Clinic: An archaeology of medical perception* (Abingdon, 2003), 77–106.

¹⁹Pullan, 'Plague and perceptions of the poor', *op. cit.*, 106.

²⁰M. Foucault, 'The birth of social medicine' in P. Rabinov and N. Rose (eds), *The Essential Foucault: Selections from essential works of Foucault, 1954–1984* (New York, 2003), 319–37; M. Foucault, *Machines à guérir: Aux origines de l'hôpital moderne* (Brussels, 1979), 7–18. See also: M.H. Nadesan, *Governmentality, Biopower, and Everyday Life* (London, 2008), 93–137.

²¹For the eighteenth century, see: C. Stein, 'The birth of biopwer in eighteenth-century Germany', *Medical History*, 55 (2011), 331–37.

²²Foucault, 'The birth of social medicine', *op. cit.*, 333.

authorities intervened to improve their health and gave them access to medical care in the expectation that this would safeguard the broader population.

Plague hospitals as institutions for the poor

During the second half of the fifteenth century, towns across France began to construct plague hospitals for the specific purpose of providing the infected poor with specialist medical treatment and care. While we can find some instances of wealthier members of society being admitted to plague hospitals, there is no doubt that these institutions became overwhelmingly associated with the treatment of the poor. For instance, the entrance records for the plague hospital for Tours in 1584 show that it was without exception the poor who were admitted.²³ It was during this period – both in France and across Europe more widely – that social elites increasingly saw plague as first and foremost a disease of the poor. Certainly, plague and poverty became conflated in the minds of urban authorities. In 1533, the town council of Paris met with the *parlement* to discuss ‘vagabonds and also the plague infected of this town’ (‘pauvres mandicans et aussi des pestiferez de ceste ville’).²⁴ The measures urban governments took against plague were largely measures against the poor. Arising during the fifteenth century, this identification between plague and poverty became stronger during the course of the sixteenth century, as Samuel Cohn has shown.²⁵ Indeed, the relationship between the poor and plague remained strong into the eighteenth century. When plague ravaged Marseille in 1721, for instance, Avignon’s *consuls* decided to enclose the city’s homeless poor.²⁶

The belief that the poor were the principal carriers of plague developed alongside the growth of civic humanism, a movement that emphasised urban rulers had a duty to treat those who could not afford specialist medical care. Longstanding ideas about the *bien commun* – specifically those relating to the maintenance of public order, cleanliness, public health and the provision of foodstuffs – also encouraged elites to take action to help the poor.²⁷ A public health ordinance confirmed by Charles VIII in Rouen in 1487 stated that the sanitary regulations it imposed to protect the population from disease were for the common good (‘bien commun de la

²³Archives Municipales [subsequently AM] Tours GG 2.

²⁴A. Tuetey (ed.), *Registres de délibérations du Bureau de la ville de Paris: Tome deuxième, 1527–1539* (Paris, 1886), 168–69.

²⁵Cohn, *op. cit.*; Archives Départementales [subsequently AD] Vaucluse, Archives Communales [subsequently AC] Avignon BB 93, fol. 95r.

²⁶AD AC Avignon BB 93, fol. 95r. On the association between poverty and disease in the eighteenth century, see: K. Siena, *Rotten Bodies: Class and contagion in eighteenth-century Britain* (New Haven, 2019).

²⁷G. Naegle, ‘Armes à double tranchant? Bien commun et chose publique dans les villes françaises au Moyen Âge’ in É. Lecuppre-Desjardin and A.-L. Van Bruaene (eds), *De bono communi: The discourse and practice of the common good in the European city (13th–16th c.)* (Turnhout, 2010), 55–56.

chose publique’).²⁸ By appealing to the common good, urban governments drew on established mechanisms to encourage townspeople to contribute money for the benefit of the wider community (see below).²⁹ Municipal councils frequently made appeals to the common good to raise the money needed to construct and maintain fortifications and thus maintain the security of the civic body, imagery that lent itself well to the war against plague. By developing plague hospitals, municipal councils accorded the poor a place of belonging in the wider civic community rather than expelling them.

Certainly, prior to the development of plague hospitals, the urban poor were often treated especially harshly during outbreaks of the disease. When plague first struck France in the mid-fourteenth century, the poor – along with Jews – were accused of deliberately spreading plague.³⁰ While this type of violence was short-lived, the Black Death nonetheless ushered in an era of increased suspicion towards the poor.³¹ As plague continued to strike France regularly over the next 250 years, social elites increasingly labelled the poor as the main spreaders of the disease, believing that they polluted the air and the environment. While the sick poor customarily went to the *Hôtels-Dieu* when ill, the development of harsh views towards the poor during plague times saw them excluded from these institutions. In the fifteenth century, when the infected in towns such as Beaune and Dijon attempted to gain admittance to the *Hôtel-Dieu*, they were driven away – an action that led to riots.³²

Before the development of plague hospitals, the wider measures issued by French urban governments during plague times hit the poor disproportionately hard. In Bergerac, those who could not remain enclosed in their houses were expelled from the town. This especially affected the poorer classes, who could not support themselves in home isolation. The construction of a plague hospital in the town in the 1520s alleviated this harsh treatment by offering welfare rather than expulsion to the infected poor.³³ When plague struck Poitiers in 1512, the town council expelled the infected; in 1520, the town constructed a plague hospital for the first time and the sick were

²⁸M. de Laurière et al (eds), *Ordonnances des roys de France de la troisième race*, 21 vols (Paris, 1723), XX, 39.

²⁹A. Rigaudière, ‘Donner pour le bien commun et contribuer pour les biens communs dans les villes du Midi français du XIIIe au XVe siècle’ in Lecuppre-Desjardin and Van Bruaene, *op. cit.*, 30–34. See also: D. Le Blevet, *La part du pauvre: L’assistance dans les pays du Bas-Rhône du XIIe siècle au milieu du XVe siècle*, 2 vols (Rome, 2000); F. Michaud, ‘Le pauvre transformé: les hommes, les femmes et la charité à Marseille, du XIIIe siècle jusqu’à la Peste noire’, *Revue Historique*, 650 (2009), 243–90.

³⁰R. Horrox (ed.), *The Black Death* (Manchester, 1994), 222–23.

³¹B. Geremek, *The Margins of Society in Late Medieval Paris* (Cambridge, 1987), 167–69.

³²C. Jones, ‘The construction of the hospital patient in early modern France’ in N. Finzsch and R. Jütte (eds), *Institutions of Confinement: Hospitals, asylums and prisons in Western Europe and North America, 1500–1950* (Cambridge, 1997), 61.

³³G. Charrier (ed.), *Les jurades de la ville de Bergerac tirées des registres de l’Hôtel de ville*, 4 vols (Bergerac, 1892–1904), I, 336.

sent there instead.³⁴ Saint-Flour's first plague hospital, established in 1466, while basic in comparison to later standards, marked an important move in alleviating the harsh measures used in the town up to that point and provided the poor with access to the services of a professional medical staff, including a surgeon.³⁵

Civic governments in France instructed those wealthier members of society – those who could afford to pay surgeons or physicians – to stay at home and receive treatment there. At the same time, municipal leaders established plague hospitals for the poor so that they could receive the same type of medical care given to the wealthy. In 1519, Rouen's municipal council declared that the city required a dedicated hospital for the 'poor plague sick' ('povres malades de la maladie de peste'), while Paris established its first plague hospital in 1580 specifically for those who could not afford to pay for treatment in their own homes.³⁶ At the other end of the kingdom, Narbonne sent the poor to the plague hospital and ordered those who could afford it to be treated at home.³⁷

Besides economic considerations, it made medical sense for the wealthy to be treated at home as they were more likely to live in well-ventilated and well-heated houses, where they had access to clean clothing and bed linen as well as a good diet – all of which were fundamental elements in the medical treatment of plague.³⁸ Not all physicians believed in contagion – indeed, this debate persisted throughout the early modern era – but instead drew on humoral theory and advised that plague could be treated through diet. In any case, medical treatises on plague, from both sides of the contagion debate, advised staying at home and regulating the environment – particularly with regards to the circulation of air – as well as following a diet of good-quality foodstuffs which achieved the balance of humours necessary for good health.³⁹ As this was not possible for the poorer members of society, municipal councils stepped in to provide them with a specialised hospital in which they could convalesce in an appropriate medical environment and have access to a good diet. Furthermore, town councils distributed

³⁴R. Favreau, 'Épidémies à Poitiers et dans le Centre-Ouest à la fin du Moyen Âge', *Bibliothèque de l'École des chartes*, 125 (1967), 349–98, at 387–88.

³⁵M. Boudet and R. Grand, *Étude historique sur les épidémies de peste en Haute-Auvergne (XIV^e–XVIII^e siècles)* (Paris, 1902), 58, 79.

³⁶AD Seine-Maritime 3E 1, AC Rouen A 11, fol. 271; A. Tuety (ed.), *Registres de délibérations du Bureau de la ville de Paris: Tome cinquième, 1558–1567* (Paris, 1892), 228.

³⁷AM Narbonne BB 5, fol. 463. See also Rouen: Rouen AD Seine-Maritime 3E 1, AM Rouen A 20, fol. 257.

³⁸For housing and medical tracts on plague, see: Cohn, *op. cit.*, 218–22; Crawshaw, *op. cit.*, 98–99; Henderson, *Florence under Siege*, *op. cit.*, 51–83. For healing and diet, see: M. Nicoud, *Les régimes de santé au Moyen Âge: Naissance et diffusion d'une écriture médicale en Italie et en France (XIII^e–XV^e siècle)* (Rome, 2007), 285–338.

³⁹Henderson, *Florence under Siege*, *op. cit.*, 111–12. For food standards and health, see: J. Coomans, 'Food offenders: public health and the marketplace in the late medieval Low Countries' in C. Rawcliffe and C. Weeda (eds), *Policing the Urban Environment in Pre-Modern Europe* (Amsterdam, 2020), 121–48. For French medical treatises on plague, see: J. Coste, *Représentations et comportements en temps d'épidémie dans la littérature imprimée de peste, 1490–1725* (Paris, 2007); C. Jones, 'Plague and its metaphors in Early Modern France', *Representations*, 53 (1996), 97–127.

food among the poor more widely during plague times.⁴⁰ This was intended to both help the poor avoid contracting the disease in the first instance – which then minimised the chance of them spreading it among the urban body more widely – and reduce the potential for increased social disorder among the poorer classes as they sought to gain access to foodstuffs during times of adversity.⁴¹ Accordingly, there was a strong degree of self-interest from urban elites in providing welfare and charity to even the healthy poor during plague times.

As well as being places of treatment, plague hospitals were designed to contain the poor and thus prevent them from infecting others. Accordingly, the development of plague hospitals was a key aspect in the institutionalisation of vagrants, who were confined rather than permitted to beg in public because of fears that they would spread plague through these actions. Influential writers of the time advocated the confinement of the poor in hospitals during times of plague. One such writer was Heinrich Corneille Agrippa (who spent much of his career in France), who encouraged authorities to use hospitals

to take care of the poor and the sick so that none are induced by the condition of poverty to sin and steal, and that wandering beggars do not infect towns . . . throughout the kingdom with the calamitous contagion of pestilence, and that they may not fall dead from hunger.⁴²

The first instruction Narbonne's *consuls* gave the town's health board when plague struck in 1580 was to establish a hospital for the poor so that they did not have to beg on the streets.⁴³ During a severe outbreak of plague in Paris in 1531, the town council observed that the poor were required to beg in public places and mix with the healthy to support themselves. To prevent the poor from spreading plague by this behaviour, the town council decided to buy land at the Grenelle (the plain lying just outside the city walls to the southwest) in order to construct a plague hospital in which to place them and provide them with medical care and food.⁴⁴

Plague and the deserving poor

While plague hospitals were principally institutions for the poor, they were not open to all those who lived in poverty. In particular, urban councils drew a distinction between the 'deserving' local poor and 'undeserving'

⁴⁰Biraben, 'Les pauvres et la peste', *op. cit.*, 513.

⁴¹For the development of urban social welfare schemes, particularly the distribution of food as a means to prevent disorder among the poor, see: Davis, 'Poor relief, humanism and heresy', *op. cit.*, 217–75.

⁴²Cited in McHugh, *op. cit.*, 12.

⁴³AM Narbonne BB 5, fol. 408v.

⁴⁴Tuetey, *Registres de délibérations de Paris, 1527–1539*, *op. cit.*, 135. See also: A. Chereau (ed.), *Les ordonnances faites et publiées a son de trompe par les carrefours de ceste ville de Paris pour éviter le dangier de peste 1531* (Paris, 1873).

foreign vagrants. During the plague outbreak in Narbonne in the early 1630s, the town council installed a committee to work with the clergy and decide parish by parish who was permitted to remain (native poor) and who was to be expelled (foreign poor).⁴⁵ Town councils gave some attention to considering how to define native and foreign. During the plague outbreak in Gap in 1565, the town council considered the native poor to be those who had lived in the city for 10 years or more.⁴⁶

This concern with ‘deserving’ and ‘undeserving’ poor – and especially how money was to be raised to support them – was a development occurring in towns across Europe from the early decades of the sixteenth century, driven to a large degree by the publication of Juan Luis Vives’s *De Subventione pauperum* in 1526 (published in Paris from 1530), which gave a shot in the arm to a longer tradition extending back into the late Middle Ages of municipal councils seeking to take control of wider hospital provision and poor relief in their towns, of which the development of plague hospitals in the fifteenth century was a further expression.⁴⁷ This broader social reform movement, which encompassed Catholics and Protestants alike in the sixteenth century, sought to take a more compassionate view towards the poor, who were provided with relief paid for by civic administrations that generated revenue for this purpose by levying taxes and encouraging charitable giving. Town councils decided how the deserving poor were to be provided with the resources they required, for which purposes they typically used institutions such as hospitals. Their principal concern was in giving to local poor rather than outsiders, who were seen as an undeserving drain on resources.⁴⁸

This urban concern with foreign vagrants was amplified during plague epidemics, as large numbers of the destitute flocked to towns during times of crisis. In 1629, Agen’s *consuls* informed the town’s health board that there was a great number of poor seeking refuge in the town.⁴⁹ Fear of the foreign poor was heightened during times of plague because of the belief that they were most responsible for spreading plague. In Clermont-Ferrand in 1631, the ‘foreign poor’ (*pauvres étrangers*) who had fled to the town in the previous year because of famine in the region were blamed for having brought plague to the town.⁵⁰ As soon as the rulers of St Pons learned in 1603 that plague had infected Dauphiné and Provence they immediately decided to close the gates to

⁴⁵AM Narbonne BB 18, fol. 153.

⁴⁶Biraben, ‘Les pauvres et la peste’, *op. cit.*, 512.

⁴⁷B. Geremek, *Poverty: A History* (Oxford, 1994), 9; D. Hitchcock, ‘The vagrant poor’ in Hitchcock and McClure, *op. cit.*, 72; Jones, *Charitable Imperative*, *op. cit.*, 2–4. For Vives, see also: A.A. Travill, ‘Juan Luis Vives: the *De subventione pauperum*’, *Canadian Bulletin of Medical History*, 4 (1987), 165–81; M. Bataillon, ‘J. L. Vives, réformateur de la bienfaisance’, *Bibliothèque d’humanisme et Renaissance*, 14 (1952), 141–58. For the text, see: J.L. Vives, *De Subventione Pauperum sive De Humanis Necessitatibus, Libri II*, ed. C. Matheeußen et al. (Leiden, 2002).

⁴⁸On this point, see: G. Alfani, ‘The economic history of poverty, 1450–1800’ in Hitchcock and McClure, *op. cit.*, 26.

⁴⁹AM Agen BB 51, fol. 99r.

⁵⁰Cited in P. Charbonnier, ‘La peste de 1631 à Clermont’, *Revue d’Auvergne*, 79 (1965), 77–128, at 103.

‘the least useful’ (‘les moins utiles’) and ordered hospitals not to receive any foreign poor without written authorisation from civic officers.⁵¹ When plague struck the Limousin in 1529, the rulers of Limoges observed that there were large numbers of the poor flocking to the town ‘most of whom are sick, screaming, begging and dying, night and day in the crossroads and streets’ (‘la pluspart estoient malades, crians, vagantz et mourans nuyt et jour par les carrefours et rues’).⁵² In Rouen in 1595, the foreign poor who arrived in the city were blamed for having brought plague into the city.⁵³ Given these prejudices, municipal councils targeted the foreign poor first when they uncovered outbreaks of plague. In Bergerac in 1529, the homeless poor were driven out of the city on the orders of the municipal council as soon as it learned that plague was present among the population.⁵⁴ Certainly, medical thought of the time justified the expulsion of the foreign poor alongside the use of hospitals for native poor.⁵⁵

As town councils were especially keen to avoid public begging (which they believed was one of the principal ways in which plague spread), they sought to keep the poor off the streets by expelling foreigners and then providing for the native poor by placing them in a hospital and giving them healthy food and shelter so that they did not need to beg. As part of the plague measures introduced in Nevers in 1530, hundreds of foreign beggars were rounded up from the city streets and taken by boat down the Loire. At the same time, the local poor were placed in the plague hospital, to prevent their begging on the streets.⁵⁶ When plague re-emerged in Bordeaux in July 1636, the initial actions the town council took were to prepare the plague hospital and expel foreign vagrants from the town.⁵⁷ Aside from placing the infected poor in a plague hospital, municipal councils provided the healthy poor with food to help prevent them from begging on the streets. When plague appeared in Paris in 1533, the town council similarly ruled that foreign beggars were to be expelled, but that those from the city were to be provided with food instead.⁵⁸ These measures remained in use right through the very last major outbreak of plague in France. In Marseille in 1720, the town council expelled 4000 non-native vagrants and then enclosed the native poor and provided them with food so that they would not need to beg on the streets.⁵⁹

⁵¹M.J. Sahuc, *Ville de Saint-Pons: Inventaire sommaire des archives communales antérieures à 1790* (Montpellier, 1895), 2.

⁵²R. Fage, ‘Les calamités publiques en Limousin’, *Bulletin de la Société archéologique et historique du Limousin*, 60 (1910), 281–310, at 291.

⁵³Rouen AD Seine-Maritime 3E 1, AM Rouen A 21, fol. 235.

⁵⁴Charrier, *Jurades de la ville de Bergerac*, *op. cit.*, I, 355.

⁵⁵Henderson, *Florence Under Siege*, *op. cit.*, 56.

⁵⁶F. Boutillier, *Ville de Nevers: Inventaire sommaire des archives communales antérieures à 1790* (Nevers, 1876), 53–54.

⁵⁷Dast Le Vacher de Boisville, *Inventaire sommaire des registres de la Jurade, 1520 à 1783*, 5 vols (Bordeaux, 1896–1913), I, 567–68.

⁵⁸Tuetey, *Registres de délibérations, Paris, 1527–39*, *op. cit.*, 168–69.

⁵⁹Biraben, ‘Les pauvres et la peste’, *op. cit.*, 512.

In some instances, towns provided care to foreign poor during plague times.⁶⁰ In these cases, they often developed a separate institution outside the walls to stop them before they gained entry and thus to prevent these people introducing disease into the town. In Lyon in 1653, rather than receiving poor from Provence and Languedoc infected by plague, the health board rented a house in the suburb of La Guillotière to house them.⁶¹ In 1652, Narbonne declared that the foreign ‘beggars and looters’ (‘gueux et pillards’) would be put in their own plague hospital outside the town, which was to be guarded.⁶² In 1632, Limoges set up a specific hospital for the foreign poor.⁶³ By treating even outsiders, these urban elites could demonstrate the extent of their commitment to both civic humanism and Christian charity as well as their efforts to keep the town safe.

Treating the poor

The development of plague hospitals marked an important stage in the provision of specialist medical care to the poor. Prior to the development of these institutions, French hospitals tended to have few, if any, physicians or surgeons attached to them. Yet from the outset, plague hospitals employed a range of medical staff. Physicians, whose services could only normally be afforded by the wealthy, tended directly to the poor in plague hospitals. At Lyon’s St Laurent plague hospital, the physician made a tour each day to hear ‘the complaints of the sick’ (‘les plaints des malades’) and advised on the specific treatments each patient should receive.⁶⁴ The poor also received the services of surgeons, who performed many of the key medical procedures used to treat the disease, such as phlebotomy and the lancing of buboes. The physicians and surgeons who worked in plague hospitals were supported by a range of other staff, including nurses, cooks and cleaners.⁶⁵ These people also played key roles in the medical treatment of the sick, as the regulation of diet and environment were key elements of early modern medicine. The treatments the poor were provided with in plague hospitals reflected contemporary medical knowledge. This included the provision of drugs, such as theriac, which were very expensive and thus typically beyond the means of the poor.⁶⁶ Some plague hospitals had their own pharmacies within the building and apothecaries on the staff, while

⁶⁰For this more compassionate attitude towards the foreign poor, see also: Cavallo, *op. cit.*, 61–62.

⁶¹AM Lyon BB 207, fol. 165r.

⁶²AM Narbonne BB 23, fol. 143.

⁶³É. Rubin (ed.), *Registres consulaires de la ville de Limoges*, 3 vols (Limoges, 1867–1884), III, 285, 290.

⁶⁴Cited in M. Lucenet, *Lyon malade de la peste* (Palaiseau, 1981), 106.

⁶⁵For instance: F. Chavant, *La peste à Grenoble 1410–1643* (Paris, 1903), 8; Le Vacher de Boisville, *Registres de la Jurade, Bordeaux, op. cit.*, I, 39.

⁶⁶For town councils purchasing drugs for plague hospitals, see also: AM Lyon BB 53, fol. 149r, CC 156; AM Narbonne BB 5, fol. 408v, BB 18, fol. 148r; E. Rolants (ed.), ‘Les remèdes employés à Lille contre la peste au début du XVIIe siècle’, *Revue d’histoire et de la pharmacie*, 77 (1932), 37–39, at 37.

other town councils had physicians advise on the most effective drugs to use against plague.⁶⁷

Urban governments and physicians worked together to offer the infected poor a range of nourishing food and drink, as disease was often attributed to a deficient diet.⁶⁸ According to medical knowledge of the period, red meat, bread, wine and eggs were believed to help avoid the bad humours associated with disease. As these goods often lay beyond the financial reach of the poor, urban governments distributed them to the infected needy via a plague hospital.⁶⁹ In addition to their unsatisfactory diet, the poor were believed to be especially at risk of infection due to their substandard living conditions. Certainly, late medieval and early modern medical literature emphasised the role of salubrious living conditions in arresting the spread of plague.⁷⁰ To help create this setting, town councils also provided the plague sick with good-quality clothing and bedding.⁷¹ Moreover, as the poor could not afford the herbs and other items required to keep their living spaces free of disease, they could be given goods such as candles, coal, juniper and vinegar, which were all used to help create a conducive environment for healing.⁷²

As well as providing the poor with access to these goods and the attention of professional medical staff to attend to their physical healing, plague hospitals also employed clergy to attend to the spiritual needs of the patients.⁷³ Prayer was used in combination with medical procedures, such as bloodletting, to treat plague. During the plague outbreak in Nevers in 1530, the town council paid a priest to hear confession and administer the sacrament to the infected.⁷⁴ When the Parisians constructed a large permanent plague hospital at the Grenelle in 1580, they employed a team of clergy to be constantly available for the plague victims.⁷⁵ Some health boards had the power to appoint clergy, such as that installed at Narbonne in 1580 which named two priests to hear confession from the plague sick.⁷⁶ Yet, given the dangers of tending to the infected, clergy could also be reluctant to serve in plague hospitals, which posed a particular problem for town councils as their authority did not extend over the clergy. Given the essential role that the clergy played in plague care, urban governments appealed to regional sources of royal authority to compel them to tend to the sick. When Rouen set up a plague hospital in 1580, the town council petitioned the city's

⁶⁷Boutillier, *Ville de Nevers: Inventaire sommaire, op. cit.*, 72.

⁶⁸Cohn, *op. cit.*, 215.

⁶⁹Boutillier, *Ville de Nevers: Inventaire sommaire, op. cit.*, 73; Le Vacher de Boisville, *Registres de la Jurade, Bordeaux, op. cit.*, I, 537, 539, 550, 586.

⁷⁰Crawshaw, *op. cit.*, 98–99.

⁷¹See, for instance: Boutillier, *Ville de Nevers: Inventaire sommaire, op. cit.*, 50, 68, 72; Le Vacher de Boisville, *Registres de la Jurade, Bordeaux, op. cit.*, I, 564, 574.

⁷²A. Matton, *Ville de Laon: Inventaire sommaire des archives communales antérieures à 1790* (Laon, 1889), 98.

⁷³*Registres de la Jurade, Bordeaux, op. cit.*, 547.

⁷⁴Boutillier, *Ville de Nevers: Inventaire sommaire, op. cit.*, 53. See also: Le Vacher de Boisville, *Registres de la Jurade, Bordeaux, op. cit.*, I, 526.

⁷⁵P. Guérin (ed.), *Registres de délibérations du Bureau de la ville de Paris: Tome troisième, 1539–1552* (Paris, 1886), 228.

⁷⁶AM Narbonne BB 5, fol. 408v.

royal lieutenant to instruct the clergy ‘to administer the sacraments to the sick and to confess them’ (‘pour administrer les sacremens aux mallades et les confesser’).⁷⁷ In 1634, Amiens’s *échevins* asked the *parlement* of Paris to order the clergy to administer the sacrament to the sick, some of whom were dying without having received the sacrament because the clergy were refusing to enter the same space as the infected.⁷⁸

If the regular parish clergy could be reluctant to administer to the plague sick, members of religious orders were increasingly keen to offer to serve in plague hospitals from the later sixteenth century. Tending to the sick – and especially the poor sick – was a key manifestation of Counter-Reformation piety, with Charles Borromeo, who had personally tended to Milan’s poor during the severe plague outbreak of the 1570s, providing a model that others sought to emulate.⁷⁹ The Jesuits, in particular, were keen to serve in French plague hospitals, a role that formed part of their wider mission to provide the poor with religious care and instruction.⁸⁰ Given that plague hospitals were institutions that tended to both Protestants and Catholics, the Jesuits perhaps saw this as an opportunity to return Huguenots to the Catholic Church. From the late sixteenth century, Jesuits went on missions throughout France specifically for this purpose, especially in areas with significant numbers of Protestants. In the early seventeenth century, Jesuits volunteered to serve in the plague hospitals of Bordeaux, a city which then had a significant Protestant population.⁸¹ Indeed, the conditions of a plague hospital, where the infected were close to death, may have made the poor especially receptive to ministrations from the Jesuits. Should the infected person recover from the disease (and survival rates could be high), they might well feel that their survival was a result of the efforts of the Jesuits, while those who were close to death may have been inclined to have their souls saved by the people tending to them in their final hours. More widely, the Jesuits believed that the poor had to be helped materially through the provision of charity and spiritual instruction – and they used hospitals as a vehicle through which to achieve this.⁸² This emphasis on providing religious instruction and guidance to the poorer members of society via municipal institutions was rolled out more widely in France during the seventeenth century, especially with the development of the *hôpitaux généraux*.⁸³

⁷⁷AD Seine-Maritime 3E 1, AM Rouen A 20, fol. 101v.

⁷⁸AM Amiens BB 63, fol. 16v.

⁷⁹Cohn, *op. cit.*, 227–29.

⁸⁰For Jesuits serving in plague hospitals, see for instance: Boutillier, *Ville de Nevers: Inventaire sommaire, op. cit.*, 73; Vacher de Boisville, *Registres de la Jurade, Bordeaux, op. cit.*, I, 538–39, 543.

⁸¹J.F. Boshier, ‘Huguenot merchants and the Protestant International in the seventeenth century’, *William and Mary Quarterly*, 52 (1995), 77–102.

⁸²McHugh, *op. cit.*, 21.

⁸³*ibid.*, 170.

Paying for poor relief

The cost of building and maintaining hospitals, as well as the wages for the staff and the cost of the food, drink and drugs provided to the patients, was a significant drain on civic budgets. When plague struck Narbonne in 1652, the monthly wages of the staff alone came to 2000 *livres* per month, in addition to which the provisions for the sick amounted to 100 *livres* (and 10 *sétiers* of wheat) per day.⁸⁴ During the plague outbreak in Bordeaux in the 1640s, the town council was paying out up to 5000 *livres* a month in expenses for the city's two plague hospitals.⁸⁵ To meet these running costs, municipal councils used a range of revenue-generating schemes. As the hospitals were institutions for the poor, urban leaders drew on long-standing conceptions of charity to obtain funding. Indeed, plague hospitals became the focus for charitable bequests even without prompting from urban administrations. A plague hospital was first constructed in Grenoble in 1485 as a result of a charitable bequest of 3000 florins left in the will of a wealthy resident (Grâce d'Archelles) so that the sick could be placed in this institution rather than be expelled from the town.⁸⁶ While plague hospitals were run by public authorities, they also provided opportunities for the wealthy to display private charity. In 1569, a commission appointed to repair the plague hospital in Narbonne received a gift from 'a good man' ('ung homme de bieu') for 400 *livres*.⁸⁷ Lyon expanded its St Laurent plague hospital in the 1530s by adding a magnificent new wing following a donation from the wealthy merchant Thomas Gadagne.⁸⁸

Yet as town councils could not simply rely on donors to come forward of their own volition, they launched wider fundraising drives. When Narbonne's *consuls* decided to construct a plague hospital in 1565, they appointed a commission specifically to make 'the search [for gifts] to complete the hospital' ('la queste pour parachever l'hospital').⁸⁹ Following a severe outbreak of plague in Bergerac in 1528, a commission was set up in 1529 to raise funds for a hospital for the poor.⁹⁰ Municipal councils employed these kinds of funding drives for other poor relief institutions, including the *Hôtels-Dieu* and the poor houses.⁹¹ When Lyon started enclosing its homeless poor in the early seventeenth century (using the plague hospital for this purpose, as discussed below), the town council first sought charitable bequests (which raised 6000 *livres*) and then placed

⁸⁴AM Narbonne BB 23, fols. 227r, 240r, 242v, 243v, 246v, 253v.

⁸⁵Vacher de Boisville, *Registres de la Jurade, Bordeaux, op. cit.*, I, 578, 580.

⁸⁶Chavant, *op. cit.*, 6.

⁸⁷AM Narbonne BB 2, fol. 185v.

⁸⁸AM Lyon BB 55, fol. 106v. See also: AM Lyon BB 67, fol. 8v.

⁸⁹AM Narbonne BB 2, fol. 17v.

⁹⁰Charrier, *Jurades de la ville de Bergerac, op. cit.*, I, 339, 368, 370, 391.

⁹¹W.J. Pugh, 'Catholics, protestants and testamentary charity in seventeenth-century Lyon and Nîmes', *French Historical Studies*, 11 (1980), 479–504, at 480.

impositions on householders for the rest in order to cover the annual running cost of 28,000 *livres*.⁹²

In addition to the revenue required to construct a plague hospital, the running costs of these institutions became especially large when plague outbreaks persisted for years. When plague hit Bordeaux in the summer of 1629, the monthly cost of paying for the upkeep of those in the plague hospital had already reached 3200 *livres* by November that year.⁹³ By October 1630, the baker who supplied the plague hospital refused to provide any more bread, stating that he was already owed thousands of *livres*.⁹⁴ In such circumstances, charity was not enough in itself to cover all the costs and town councils had to look for other sources of revenue. By 1631, as the plague entered its third year at Narbonne, the *consuls* took out multiple loans amounting to thousands of *livres* to cover the costs of treating the poor in the plague hospital.⁹⁵ When plague returned to Narbonne again in 1652, by the end of the year the *consuls* had accrued loans totalling 21,000 *livres* (as well as hundreds of bushels of wheat) to cover the plague costs.⁹⁶ Voluntary payments were also much more difficult to sustain when outbreaks could persist for a long time. For instance, while charitable donations played an important role in the construction of a plague hospital in Paris in 1580, they had slowed by the end of the year. As a result, on 22 February 1581 the municipal council had the *parlement* issue orders compelling those who had not yet contributed willingly to provide sums for the plague hospital.⁹⁷ As the plague outbreak continued into 1584 – and donations became even sparser – the civic council had to appeal to the *parlement* again for further support to help raise finances.⁹⁸ During the same outbreak, Rouen's town council used a combination of fines for breaking plague regulations and subscriptions to fund the building of a plague hospital for the poor.⁹⁹

Town councils placed levies on urban populations to pay for plague hospitals. This was not a measure specifically devised for plague hospitals, but rather, as we saw above, one developed out of a wider concern to organise municipal poor relief schemes where funding would be centrally gathered by the municipal council and distributed to those in deserving need of it through civic institutions, including *Hôtels-Dieu*, *bureaux des pauvres* and plague hospitals. While urban governments of the fourteenth

⁹²AM Lyon BB 152, fols. 50v–52v.

⁹³Vacher de Boisville, *Registres de la Jurade, Bordeaux, op. cit.*, I, 545. For continuing to supply the plague hospital with sums for the upkeep of the poor infected, see *ibid.*, 547, 554, 555.

⁹⁴*Ibid.*, 548. Over a decade later, Bordeaux was still paying back the sums it owed for the bread provided for the plague hospital in 1631, with the baker's son bringing a case against the town council for sums it still owed his father: *ibid.*, 570.

⁹⁵AM Narbonne BB 18, fols. 62v, 67v, 173v.

⁹⁶AM Narbonne BB 23, fols. 227, 240, 242v, 243v, 246v, 253v.

⁹⁷Guérin, *Registres de délibérations, Paris, 1539–1552, op. cit.*, 548.

⁹⁸P. Guérin (ed.), *Registres des délibérations du Bureau de la ville de Paris: Tome huitième, 1576–1586* (Paris, 1898), 548.

⁹⁹AD Seine-Maritime 3E 1, AM Rouen A 20, fol. 101v.

and fifteenth centuries laid the foundations for these schemes, it was really from the early sixteenth century, as a result of growing rates of poverty and severe outbreaks of plague, that they began to be employed widely for epidemics. Certainly, devastating outbreaks of the disease stimulated funding drives to pay for hospitals. The severe plague that struck France in the late 1620s, and persisted throughout much of the following decade, led to a wave of construction of new plague hospitals across the kingdom. When Beauvais established a plague hospital in the 1620s, it placed an initial levy of 3600 *livres* on the inhabitants, which was then followed by further levies of 3000 *livres* and 4000 *livres* as the costs spiralled. While the town's clergy also contributed 3300 *livres*, even these sums were not sufficient and the town had to borrow a further 3000 *livres*.¹⁰⁰

Rocketing costs of plague care, which proved too onerous for even the largest cities to bear, increasingly led civic governments to petition the crown for financial support through the levying of taxes or other financial impositions. In 1629, Louis XIII authorised Nevers's *échevins* (aldermen) to place a levy on the inhabitants, both lay and clerical, for three years to raise the sum of 30,000 *livres* they needed for the poor of the plague hospital.¹⁰¹ In Paris in 1596, the *Chambre des Vacations* (an emergency court staffed by members of the *parlement* which operated during times when the *parlement* was not sitting) ordered all residents of Paris both lay and clergy to provide contributions to the city's plague costs. The town council then drew up lists by *quartier* stating how much each bourgeois was to contribute.¹⁰² Beyond seeking authorisation from the king or *parlement* to raise these sums, municipal councils utilised the support of the clergy to encourage townspeople to make these contributions to help support the poor in plague hospitals. Having the assistance of the clergy was helpful especially because employing parish structures was a highly effective way to communicate with townspeople and organise collections. In Rouen in 1562, the costs of plague led the town council to publish instructions in each parish stating that they would be making a door-to-door collection for gifts, with the townspeople being encouraged to donate as a mark of devotion.¹⁰³ Again in 1581, Rouen's parish priests gave sermons on behalf of the town council encouraging their parishioners to make gifts to help with the plague support.¹⁰⁴

While town councils were glad to have the clergy's assistance when raising funds for plague hospitals, they resisted efforts by the Church to take over the running of these institutions. This formed part of a wider struggle by urban elites from the later Middle Ages to supplant the Church

¹⁰⁰R. Rose, *Ville de Beauvais: Inventaire sommaire des archives communales antérieures à 1790* (Beauvais, 1887), 30.

¹⁰¹Boutillier, *Ville de Nevers: Inventaire sommaire, op. cit.*, 131.

¹⁰²A. Tuetey (ed.), *Registres de délibérations du Bureau de la ville de Paris: Tome onzième, 1594–1598* (Paris, 1902), 307, 309, 311, 319, 474.

¹⁰³AD Seine-Maritime 3E 1, AM Rouen AA 18, fol. 126v.

¹⁰⁴AD Seine-Maritime 3E 1, AM Rouen AA 20, fol. 98.

as the principal provider of poor relief. Municipal councils accused the clergy of misadministration in their running of institutions – such as the *Hôtels-Dieu* and leper houses – and corruption in raising taxes for poor relief schemes. The development of plague hospitals from the mid-fifteenth century provided a further way for urban governments to assert their authority over poor relief, although the clergy could resist these efforts. From the late sixteenth century, the canons of the cathedral chapter of Saint-Pierre in Troyes sought to wrest control of the city's plague hospital from the municipal council. This was probably an effect of the measures taken by the Council of Trent, which, as part of its efforts to reassert the power of the papacy, affirmed that bishops should have control over the hospitals in their area. This struggle in Troyes continued for decades until the *parlement* of Paris confirmed the municipal council's authority over the plague hospital in 1602. Yet when plague struck the city again in the 1630s, the bishop, René Breslay, attempted to gain further control of the plague hospital by seeking to establish a confraternity dedicated to the care of the poor in the building. This move was strongly resisted by the town council, which led the bishop to appeal first to the pope in 1634, and then to Louis XIV in 1642.¹⁰⁵ However, these efforts came ultimately too late as Troyes was not struck by a major plague outbreak after the 1630s.

Turning plague hospitals into poor houses

Spreading steadily across the kingdom from the mid-fifteenth century, plague hospitals became one of the key urban spaces for the distribution of charity to the poor. Given this close connection between plague and poor relief, municipal governments started to use these buildings as places in which to put the poor even outside of outbreaks of the disease. Paris built its first permanent plague hospital at the Grenelle in the early 1580s. When the outbreak subsided by the middle of the decade, the hospital was turned into a poor house where 2000 poor were confined and fed.¹⁰⁶ At Lyon in 1614, again immediately following an outbreak of the plague, the *échevins* transformed the St Laurent plague hospital into a poor house.¹⁰⁷ By 1616, 600 poor were enclosed in the hospital at an annual cost of 28,000 *livres* – with the pressure on space encouraging the approval of a design for a new purpose-built poor house (the *hôpital de la Charité*) in which to place them.¹⁰⁸ This was one of the earliest and most influential poor houses established in France and has been called 'a model for' the wave of

¹⁰⁵T. Boutiot, *Recherches sur les anciennes pestes à Troyes* (Troyes, 1854), 43–44.

¹⁰⁶Guérin, *Registres de délibérations, Paris, 1539–1552, op. cit.*, 548.

¹⁰⁷AM Lyon BB 150, fol. 53r.

¹⁰⁸AM Lyon BB 151, fols. 47r, 78r; BB 152, fols. 50v–52v. For the *hôpital de la Charité*, see: AM Lyon CH/B/93.

hospitaux généraux that were established in France from in the mid-seventeenth century.¹⁰⁹

Across the kingdom, plague hospitals were transformed into poor houses from the early seventeenth century. When Beauvais established its first permanent poor house in the 1620s, this was again directly following a plague outbreak and it was instituted at the plague hospital.¹¹⁰ In Troyes, the city's poor were enclosed in a plague hospital outside of plague times right through to the eighteenth century.¹¹¹ In Toulouse, in 1647 the plague hospital of Saint-Sébastien was renamed Saint-Joseph de la Grave and used for the enclosure of the city's poor.¹¹² In Paris, Bicêtre – which was initially the location for a plague hospital in the sixteenth century – was used as the city's *hôpital général* for men in the mid-seventeenth century.¹¹³ In many ways, it was natural for the *hospitaux généraux* to develop from plague hospitals as they shared similar aims and conceptional links, in that only the deserving local poor were to be admitted into these institutions and the foreign undeserving poor expelled from the city.¹¹⁴ We see this process at work in other European states of this period. Brian Pullan has shown that plague hospitals in Italian cities such as Genoa were used to house the poor even after outbreaks had ended, while Paul Slack highlights the link in England between the confinement of the poor during plague times and the 'great confinement'.¹¹⁵

Plague hospitals existed as part of a wider communal apparatus developed by urban authorities to seek to centralise poor relief efforts. Poor houses came to be used alongside plague hospitals during times of disease. Indeed, they became especially important during plague outbreaks because of the need to contain even the healthy poor and prevent them from spreading disease through begging. When plague struck Lyon in 1628, 18,000 poor were provided with support at the beginning of the outbreak, although the severity of the outbreak decimated their numbers so that only 6000 remained when it finally passed in the early 1630s.¹¹⁶ Plague hospitals became centres for distribution of food to the urban poor and thus became more widely associated as key places for poor relief. In 1635, Bordeaux's town council installed an officer in the plague hospital specifically to distribute food to the poor.¹¹⁷ This was part of the process whereby hospitals

¹⁰⁹Pugh, *op. cit.*, 480. See also: J.-P. Gutton, *L'État et la mendicité dans la première moitié du XVIIIe siècle: Auvergne, Beaujolais, Forez, Lyonnais* (Lyon, 1973); Paultre, *op. cit.*

¹¹⁰Rose, *Ville de Beauvais: Inventaire sommaire, op. cit.*, 30–31.

¹¹¹Boutiot, *op. cit.*, 45.

¹¹²B.B. Davis, 'Poverty and poor relief in sixteenth-century Toulouse', *Historical Reflections/Réflexions Historiques*, 17 (1991), 267–96, at 280.

¹¹³McHugh, *op. cit.*, 94–95.

¹¹⁴*ibid.*, 93, 132–33.

¹¹⁵Pullan, 'Plague and perceptions of the poor', 122; Slack, *Impact of Plague*, 308. On this point, see also: Siena, 'Poor Bodies and Disease', *op. cit.*, 131.

¹¹⁶J. Guiart, 'La peste à Lyon au XVIIe siècle', *Biologie médicale*, 19 (1929), 1–36, at 12.

¹¹⁷Vacher de Boisville, *Registres de la Jurade, Bordeaux, op. cit.*, I, 550.

were becoming an increasingly important focus for the provision of welfare and charity, and as such key institutions in the effort to maintain order in pre-modern towns.¹¹⁸

The design of plague hospitals was also highly suited to the intended function of the poor houses, particularly in terms of having the poor under surveillance and guided in religious instruction.¹¹⁹ When Troyes prepared to build a new plague hospital during the plague of 1629–1632, it settled on a design with a number of halls, off which were rooms isolated from each other in a hemicycle, and with the chapel as its axis. This design underscored the ongoing centrality of the religious element to healing, which was now formalised in the design of plague hospitals.¹²⁰ In Amiens in 1631, the town council constructed a new plague hospital for the poor, each of whom could ‘from the door of their room hear the mass which was sung in the chapel of the house and see easily the altar of the same’ (‘pourront, de la porte de leur chambre, ouyr la messe qui se chantera dans la chappelle de ladictie maison, et veoir librement sur l’autel d’icelle’).¹²¹ As well as being pivoted around a centrally located chapel, the buildings established for the *hospitaux généraux* in the seventeenth century followed the design of plague hospitals in terms of health concerns. Like plague hospitals, they were typically based around a large courtyard focused on the garden – crucial for healing – and in buildings designed to encourage the circulation of fresh air. These institutions were also enclosed by a wall to keep the population inside separate from that outside and were focused on providing shelter to the poor.¹²² In short, the development of poor houses in France continued one of the functions of the plague hospital: to provide nourishing food and adequate accommodation to those who could not afford it, which was believed to be among the best ways to prevent the poor from spreading disease.

Conclusion

While the poor were seen as a dangerous group who needed to be controlled, plague hospitals also developed out of a genuine concern to provide the disadvantaged with welfare.¹²³ Indeed, these institutions became vehicles for the redistribution of wealth in the form of food, clothing and medicine. They were expressions of ideas about civic humanism and the common good, in terms of both the obligation to take care of those who could not take care of themselves and the need to maintain social control

¹¹⁸On this point for Italy, see: Henderson, *Piety and Charity*, *op. cit.*, 367.

¹¹⁹McHugh, *op. cit.*, 133.

¹²⁰Boutiot, *op. cit.*, 46.

¹²¹AM Amiens BB 62, fol. 198v.

¹²²Cavallo, *op. cit.*, 235–36.

¹²³On this point for Italy, see: Henderson, *Florence Under Siege*, *op. cit.*, 227; Crawshaw, *op. cit.*, 14, 99; Cohn, *op. cit.*, 35, 278–79.

and order – issues that were vitally important during crisis moments such as epidemics. The focus on taking care of the local deserving poor rather than foreign vagrants also reflected the civic ideology that inspired this welfare scheme. The control of welfare to the poor was a way to enhance the authority of urban governments by emphasising the actions they were taking to address the conflated issues of plague and poverty, which were perhaps the greatest concerns for the urban governments of late medieval and early modern Europe.

As we have seen, plague hospitals played a crucial early role in the development of poor houses. Many of the earliest dedicated poor houses in France emerged directly out of plague hospitals and a concern to regulate their inhabitants to prevent the spread of disease. It was a concern with keeping the contagious poor off the streets so as not to infect the wealthier classes that lay at the heart of the *grand renfermement* of the poor in the seventeenth century.¹²⁴ In this way, the development of plague hospitals in France was part of a broader European trend. From the mid-fifteenth century, we find a growth in the belief that the sick poor should be physically separated from others. Italian cities also placed the poor in plague hospitals to use outside of plague times. For instance, in the seventeenth century the plague hospital in Milan was used to house beggars and the poor following famine.¹²⁵ Rather than being hidden away, plague hospitals were monumental structures that symbolised civic pride. When Amiens decided to construct a new plague hospital for the poor in 1631, it commissioned experts to design the institution and prominently emblazoned the city's arms in stone above the main gate, with an inscription proclaiming that it was the city's 'house of health' ('Maison de santé de la ville d'Amiens').¹²⁶ The magnificent new building constructed for the St Laurent plague hospital in Lyon in the 1530s was designed by the Florentine architect Salvator Salvatori and declared to be 'very sumptuous' ('fort sumptueulx').¹²⁷

Between the mid-fifteenth and mid-seventeenth centuries, municipal councils dominated poor relief schemes – of which plague hospitals were a key part. During this period, rather than seek to curtail municipal command over the provision of welfare, the monarchy supported urban elites in their efforts. When the crown did intervene, it was typically to help urban governments, such as by giving them the right to set taxes to raise money to pay for the development and upkeep of plague hospitals. Yet as municipal plague provision came increasingly into the purview of the crown, the monarchy acted to exert control over these instructions. In the 1630s, Louis XIII sent the governor of Picardy to take control of the plague hospital

¹²⁴Jones, 'Perspectives on poor relief', *op. cit.*, 228.

¹²⁵Crawshaw, *op. cit.*, 98.

¹²⁶AM Amiens BB 62, fol. 201.

¹²⁷AM Lyon BB 55, fol. 106v.

in Amiens following accusations that the town council was failing to run the institution effectively (similar reasons would lead Louis XV's government to take over the response to the plague outbreak in Marseille in the 1720s).¹²⁸ The crown's effort to exert control over plague provisions – and hospitals and poor relief more widely – increased further after the *Fronde*, when many towns joined the great nobles in rebellion against the crown. By the 1660s, the increasingly absolutist Bourbon monarchy was empowering the *intendants* (key agents of royal power in the provinces) to control urban taxation as well as encouraging major institutions such as hospitals to have royal charters, thus weakening further civic control over poor relief schemes.¹²⁹ With the *intendants* now controlling urban taxation, these royal officials also instructed civic governments to transfer municipal revenue (such as the profits raised from the tolls levied on goods entering a town) to support institutions that were now coming under the control of bishops working in partnership with the crown. Yet we should not over-emphasise the extent of royal control over urban hospitals – including those specialising in treating the plague sick – as civic governments remained essential to the day-to-day running of these institutions into the eighteenth century.¹³⁰

Acknowledgments

I wish to thank Samuel Cohn for his advice and the two anonymous readers of the manuscript for their many helpful comments.

Disclosure statement

No potential conflict of interest was reported by the author.

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¹²⁹O. Ranum, *The Fronde: A French Revolution 1648–1652* (New York and London, 1993), 34–36; W. Beik, *Absolutism and Society in Seventeenth-Century France: State power and provincial aristocracy in Languedoc* (Cambridge, 1985), 98–116; R. Bonney, *Political Change in France under Richelieu and Mazarin 1624–1661* (Oxford, 1978), 57–75.

¹³⁰Fairchild, *op. cit.*; Hickey, *op. cit.*; McHugh, *op. cit.*