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978-0-521-38208-3 - The Physician-Legislators of France: Medicine and Politics in the Early Third Republic, 1870-1914

Jack D. Ellis

Excerpt

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INTRODUCTION

During the 1889 campaign for parliament in the district of Morlaix, department of Finistère, a monarchist newspaper expressed bewilderment over the popularity of the republican candidate, Dr. Jean Clech, noting that his stuttering rendered him a clumsy orator who, in any case, had never exhibited any qualifications for the past of deputy: “In the old days it was said: Let each do his job and the cows will be well tended. The republicans have changed all that. Doctors of all kinds leave their patients and their clients, wishing to save agriculture.” Voicing the same sentiments was a resident of Lanmeur, where Clech had been mayor for ten years:

We people of the commune of Lanmeur have a lot to complain about; our doctor wants to leave us to go to Paris to the Chamber of Deputies. What would a doctor be able to do up there? If it is to treat the sick, it seems to me that in Paris there are celebrities of a renown superior to that of our modest country doctor (I take nothing away from the abilities of Mr. Clech – they are certainly sufficient for rural maladies which, lacking all the refinements of well-being and civilization in the capital, also lack all the vices and evils). But if, good Lord, it is to occupy himself with the country’s affairs, I must say that our doctor is not quite up to handling what’s required for that.

Noting that three other medical men in Finistère were also in the running, the writer remarked that if every department were in the same situation and if every physician-candidate were elected, there would be nearly four hundred doctors in the Chamber of Deputies: “Is France to be considered an insane asylum?” he asked.¹

The elections in Finistère, in which Dr. Clech went on to win an easy first-ballot victory, were typical of local politics under the Third Republic, despite complaints that medical men had invaded all branches of public life and that parliament, as the saying went, had become “an assembly of assistant veterinarians.” Between

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1871 and 1914, a total of 358 physicians won election as deputies or senators. They were most prominent on the republican Left, denoting a common ideological tendency among physicians of that era that contrasts with the political conservatism of medicine in our own times. Second only to lawyers among the liberal professions in parliament, doctors exercised an influence over the political life of France that was out of proportion to their numbers in society.

For most practitioners, such a phenomenon was only natural. “The medicine of today,” wrote one provincial doctor in 1897, “is the crossroads of all the sciences: Through hygiene, it touches on politics; through the latest physiological research, it borders on philosophy; through the pity it exhibits in regard to all human miseries, it becomes a religion.”² The medical press had been hammering away at this theme since the birth of the Republic, reminding readers that the healing arts had long transcended individual therapy and that it was the doctor who directed local hygiene and welfare, ran the country’s insane asylums, dominated its scientific societies, and implemented its social laws. Medicine, declared *L’Union médicale*, was the social science par excellence: “It is not our fault if this terrain borders on that of politics and sociology.”³

Modern historians have come to recognize the importance of medicine as a political activity, one whose progress has rarely been dictated by events in the laboratory alone.⁴ The France of the early Third Republic offers a useful framework for observing the interplay between medicine and politics and the reciprocating social forces that govern the development of each. Despite the horrors of battlefield surgery during the war with Prussia, the prestige of medicine grew steadily in the years after 1870. The ideas of Louis Pasteur and Joseph Lister vindicated themselves in the decline of hospital mortality rates and in the success of new animal and human vaccines. An understanding of the role of microorganisms in the transmission of cholera and typhoid fever spurred the building of modern sewer systems and the tapping of pure water sources. Here, and in other areas, new and comprehensive theories of public health threatened the rights of local governments, weakened old notions of individual liberty and property rights, and furthered the intervention of the state in economic life. At the same time, the social movement of the late nineteenth century

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sought to extend the benefits of progress to the very young and the very old, to the indigent sick, and to men and women who labored in unhealthy mines and factories. Welfare programs created new bureaucracies, which relied on the medical judgments of physicians and often on their administrative and political talents.

Although Molière's image of the physician as a quack and cynic died hard in France, the prestige of medical men was visible in many ways. At the local level, the doctor began to supplant the priest in status and influence, indicating a shift in social perceptions that had begun before 1870 and that was often mirrored in popular literature. Local politics reflected the trend. Doctors were present on almost every municipal council in the nation and served as mayors of hundreds of villages, towns, and cities, including Lyon, Marseille, Bordeaux, Limoges, Reims, Amiens, and Toulouse. They often headed the Municipal Council of Paris and as a group formed 8.6 percent of its membership between 1870 and 1914. The same patterns applied to the *conseils généraux*, or departmental legislatures. Indeed, by the 1890s, medical men made up between 12 and 14 percent of their membership, at a time when the total number of doctors stood at only 12,000. The second-class practitioners known as *officiers de santé* formed an additional 2,500. Remnants of the Napoleonic reorganization of medicine, they had been declining in number since mid-century and were much less active in politics than were regular medical doctors.

The prestige of doctors in national life is best measured by their presence in parliament. When judged by their numbers in the population, they tended to have higher rates of success than did men of law, at least if the latter are defined in a very broad sense. In 1891, for example, the total membership of all judicial professions in France stood at 40,695, which meant that the 174 jurists who sat in the legislature of that period represented just 0.42 percent of all jurists.⁵ If one counts only the most characteristic parliamentary type – the *avocat*-deputy – in relation to the total number of *avocats*, the figure rises to 1.36 percent. Physicians were second, constituting 0.57 percent of all doctors of medicine. This outranked all other professions, including engineers and architects (0.15%) and primary and secondary schoolteachers (0.01%).

The distribution of parliamentary membership by occupation reflected these patterns. In 1871, lawyers (*avocats, avoués*), magistrates, and notaries accounted for 227 of all deputies, or about a

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Legislative assembly	Number of doctors	Percentage in assembly	Total number of doctors in France
1876–7	43	8.0	10,743
1877–81	60	11.4	
1881–5	65	12.0	11,643
1885–9	55	9.6	
1889–93	58	10.3	12,407
1893–8	71	12.5	
1898–1902	63	11.0	15,415
1902–6	65	11.3	
1906–10	65	11.3	18,211
1910–14	65	11.2	

third of the total. This proportion remained fairly constant in each of the ten legislatures of the post-1876 period and on occasions went even higher. Nearly 41 percent of the deputies in the Chamber of 1881–5 had degrees in law; for that of 1906–10, the figure stood at just over 37 percent. Jurists, as Yves-Henri Gaudemet has noted, held a “quasi monopoly” over the politics of the Third Republic.⁶

Doctors followed next among the liberal professions, usually constituting between 10 and 12 percent of each legislature. Their actual numbers and percentages break down as shown in Table I.1. The Senate, chosen by a limited suffrage, had a total of 125 doctors over the period as a whole, of whom 52 had served first in the lower house. Of these, the majority (59 percent) was elected for one nine-year term, 33 percent for two terms, and 8 percent for three terms. The proportion of physician-deputies that went on to win seats in the Senate (19.2 percent) was almost identical to that for all deputies.

In addition, thirteen physicians served as cabinet ministers. Three of them, all radicals, were of special importance in the history of the Third Republic: Paul Bert, who, before his death from cholera in 1886 helped ensure passage of lay educational laws; Emile Combes, who as prime minister helped bring about separation of church and state in 1905; and Georges Clemenceau, who had practiced medicine among the poor of Montmartre during his youth and served as prime minister between 1906 and 1909 and

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again during World War I. These are just the most famous of a type that Erwin H. Ackerknecht once described as the “medico-politician.”⁷ One could mention also Théophile Roussel, author of the law of 1874 on wet nursing; Victor Cornil, professor on the Paris medical faculty, who contributed to almost all laws on medicine and public health; François-Vincent Raspail, champion of social medicine and one of the founders of cellular pathology; Alfred Naquet, author of the divorce law of 1883; and D. M. Bourneville, editor of *Le Progrès médical*, who led the campaign to expel the nursing orders from the hospitals. Among the socialist leaders holding medical degrees were Edouard Vaillant, Paul Brousse, Paul Lafargue, Siméon Flaissières, and Victor Augagneur.

In addition, parliament contained thirty-six pharmacists, whose appearance in politics signified an extensive influence at the local level, and eleven doctors of veterinary medicine. Members of both groups were active in the fight against epizootic diseases and in the crusade for pure food and drink laws. A dozen or so other deputies and senators had backgrounds in physiology or chemistry, including Charles Chamberland, one of Pasteur’s most famous collaborators, and Marcellin Berthelot, a pioneer in chemical studies on organic synthesis.

This visibility of doctors in the political assemblies of France had few counterparts in other societies. Although German medical men had been active in the revolutions of 1848 and in the nationalist movements that had preceded them, they had largely disappeared as a force in politics with the weakening of middle-class parties of the Left under Otto von Bismarck. In 1887, the Reichstag contained only 10 doctors and in 1902 only 6. Austria’s parliament by that point had 15, that of Hungary, 5. In England, the House of Commons contained 11, most of them Irish. Canadian physician-legislators were a little more in evidence, the Senate having 9 and the House of Commons, 15. By contrast, the United States had only 2, both in the Senate. Despite the earlier prominence of a few, such as Benjamin Rush, the American medico-political tradition remained weak. Of 1,040 state governors holding office between 1870 and 1956, only 13 held degrees in medicine.⁸

Many more politically active doctors could be found in rural societies lying beyond the primary zones of economic modernization. In 1905, Italy’s parliament contained thirty doctors, that

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of Spain twenty-two, and of Portugal, eleven. In Italy, as in Iberia, medical men tended to be associated with advanced political ideas. The same was true for Turkey and for Russia, where practitioners of “zemstvo medicine” helped foster hygienic improvements at the local level and by the turn of the century had emerged as a national force for social reform. Similar examples can be found in other countries, ranging from José Rigal of Manila, in the Philippines, executed for his resistance to the Spaniards, to Sun Yat-sen, in China. In Latin America, doctors had played a political role since the liberation movements of the early nineteenth century. Typical was the young surgeon Juan B. Justo, leader of the socialist party of Argentina, who translated *Das Kapital* into Spanish. The continuity of this leftist tradition is evidenced in modern times by the careers of Salvadore Allende (Chile) and even Che Guevara (Cuba).⁹

It was in France, however, that a medicopolitical tradition was manifested most strongly and most consistently. Its origin can be traced to the intellectual and demographic forces that had begun to transform French society during the late eighteenth century. A growing desire to prolong life promoted a greater awareness of corporal well-being and weakened old assumptions regarding the inevitability of sickness as part of the divine order. An emerging bourgeois sensibility concerning the tragedy of infant deaths reflected these trends, as did a new consciousness among the elderly who, as Philippe Ariès has noted, no longer accepted at the close of their productive lives the social death that preceded physiological death. Although improvements in diet and in the material conditions of life contributed more to the fall in death rates after 1760 than did medicine, doctors of that era were already asserting a competence that transcended old therapies.

As social hygienists, these doctors stressed that preventive medicine was the key to improving the happiness and well-being of humanity. The claims of *la médecine preservative* had enormous political implications, for in extending diagnosis from the bodily to the social organism, doctors sought to make all institutions the legitimate objects of medical inquiry and authority. Many insisted that health was a basic right of the citizen and that the state had an obligation to aid the sick and disinherited, a doctrine that the philosophers of that era termed *philanthropie* and that during the 1790s was subsumed under the revolutionary catchword of *frater-*

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nité. Such ideas fit well into the doctors' professional aspirations, for they appeared to promise a medical role in the formulation of all policies that touched on the physical well-being of citizens. The doctor, as the hygienist Jean Noel Hallé wrote, was to become "the counsel and spiritual guide to the legislator."¹⁰

Educated and articulate, physicians took an active part in the local assemblies that in 1789 prepared the grievances of the Third Estate.¹¹ Afterwards, 22 medical men won election to the Estates-General, which increased to 28 in the Legislative Assembly and to 49 in the Constitutional Convention of 1793, the most radical legislature of the epoch. Altogether, a total of 123 medical men sat in the assemblies of the revolutionary and Napoleonic periods.¹² There were firebrands and terrorists among them, from Jean-Baptiste Bô of Aveyron to Jean-Paul Marat, the bloodthirsty editor of *L'Ami du peuple*. More typical, however, were the moderate, small-town doctors and surgeons coming from the rural center, west, and southwest, along with a few professors and medical reformers of the cities. Among the latter were Jacques Tenon, crusader for hospital reform, and Jean Gallot, long identified with the public health work of the Royal Society of Medicine. Even better remembered is Joseph-Ignace Guillotin, professor of anatomy on the Paris faculty, whose arguments on behalf of decapitation for capital crimes (by means of an instrument that he had not invented but that, to his dismay, soon bore his name) sprang from his desire to create a humane method of execution. An intelligent and hardworking man who had long campaigned for public health in Paris, Guillotin's main efforts while in office centered on issues of hygiene, assistance, and medical reform, as was true for most other physician-deputies.¹³

Between 1815 and 1848, the number of doctors in national political life declined. The Restoration Chamber had just fourteen, and the various legislatures of the July Monarchy had only thirty-eight, over half of whom belonged to the Left opposition. The reason for their absence was their inability to pay the requisite electoral tax. In 1827, the taxes paid by the average member of the Chamber of Deputies represented an annual income of twenty thousand francs a year, beyond the capacities of most physicians. The lowering of the tax requirements after the revolution of 1830 doubled the number of deputies from the professions, but doctors still found it hard to qualify. Their situation was more favorable

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within the departmental *conseils généraux*. By 1848, doctors constituted 6.7 percent of the membership of these assemblies, as compared with 27 percent for lawyers and notaries. Included were a number of wealthy practitioners, but the majority fell far below other members in their annual incomes. About 35 percent, for example, earned five thousand francs or less, whereas an additional 21 percent earned between five thousand and ten thousand francs.¹⁴

Although excluded from the legislatures of the pre-1848 period, doctors were involved in numerous other political activities. Membership lists of secret societies, for instance, show great numbers who participated in conspiratorial activities, ranging from Philippe Buchez, a founder of the French *carbonari*, to Pierre Caffé of Saumur, condemned to death in 1821. Doctors also appeared among the advocates of schemes to cure the ills of early industrial society. The plans of the utopian visionary Charles Fourier for model communities – the *phalanstères* – were especially attractive because of their emphasis on preventive medicine (each community was to have a physician, who would be paid in proportion to the health of its members). Jean Maitron's massive *Dictionnaire biographique du mouvement ouvrier français* includes seventy-two major entries for doctors on the Left between 1789 and 1864; of these, fifty-five called themselves republicans or socialists, terms that often meant the same thing.¹⁵ It is true that one could find doctors in all political camps; yet the idea of *la République* held a strong attraction. It symbolized the career open to talents, universal suffrage, and the possibility of participation in public life. It also promised to spread the values of science and lay education and to wage war against the ignorance and religious credulity that nourished the power of illegal practitioners among the lower social orders. The latter formed the potential basis for medical power in French society but had long remained indifferent to hygiene and hostile to the claims of scientific medicine.¹⁶

The revolutions of 1848 saw physicians reappear among the political vanguard of the nation. Jules Guérin, editor of *La Gazette médicale de Paris*, argued that the doctor was obligated to become involved in public affairs, for only he understood the defects of social organization and the means by which to improve the physical and moral condition of the lower classes.¹⁷ Physicians who ran for parliament that year repeated these themes in numerous ways, reminding voters that they had lived among the people and

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knew their grievances firsthand and that they themselves had suffered from class inequality.¹⁸ The subsequent Constituent Assembly contained 52 doctors, the Legislative Assembly of the following year, 42. Ten of these fell victim to the repression following Louis Napoleon's coup d'état in December 1851. The degree to which physicians as a group were perceived as a threat to the new regime can be seen in the lists of those who were arrested or deported: Of 1,671 professional men, 325 were doctors, and 225 were lawyers.¹⁹

During the years that followed, doctors again faded as a force in national politics. Only twelve sat in the Corps législatif during the Second Empire and only four in the Senate. They did, however, remain active at the local level, accounting in 1870 for 7 percent of the departmental *conseils généraux*.²⁰ In the cities, the doctors' influence can be seen in their emergence as a political force soon after the outbreak of war with Prussia in 1870. They appeared in numerous branches of administration in Paris, for example, and several served with distinction as mayors of the twenty arrondissements. At first, most were radical republicans, but as the siege wore on these were eclipsed by more militant practitioners who identified with the revolutionary Left. The latter soon came to dominate the political life of the poorer quarters, and as the war came to an end, they appeared on numerous candidate lists for elections to the National Assembly in February 1871.²¹ Throughout the country as a whole, thirty-three medical men won seats to the new legislature, the majority of them small-town practitioners.

Thus, by 1870 a tradition of medical involvement in politics had long existed in France and had manifested itself most strongly during those brief interludes when universal male suffrage had temporarily erased the barriers of wealth. It was the birth of the Third Republic, however, that allowed doctors to achieve a sustained influence at the local and national levels. During the years that followed, they scored enormous successes in expanding the range of their political activities, at the same time presenting to voters a similarity in outlook, goals, and behavior that would have no parallels in the post-1919 era. Most important, they exercised an unprecedented influence over the affairs of parliament and over most of the new social laws it passed. As Theodore Zeldin remarked in 1973, the rise to power of the French medical corps

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stands as one of the most striking features of modern political history.²²

This book will try to answer the most important questions related to this phenomenon. Who were the doctors in parliament, and what is known about their reasons for entering politics? Had they studied medicine only as a general preparation for occupations elsewhere, or were they professional failures who chose politics as a substitute career? To what extent was their decision to enter public life prompted by the difficulties that they encountered in the practice of medicine, from low fees and professional overcrowding in the cities to the competition of the *curés*, nursing orders, and assorted charlatans who flourished with impunity in the countryside? Were they all atheists, materialists, and freemasons intent on spreading the dogmas of science among the peasants, as the Right charged? Having achieved political power, did they use it to promote any special ends as a corporate group, whether the cause of public health or the economic interests of the medical profession?

Especially important is knowing whether the doctors' political commitment was the natural and logical extension of their medical commitment and whether the interaction between their professional and social concerns produced a distinct medicopolitical behavior and ideology. Many doctors stressed that their medical work among peasants and workers had first stirred their social consciousness and had given to them special insights into the relationships between disease and social institutions. Others spoke of *la médecine sacerdoce* – the priesthood of medicine – and in their calls for political reforms that would improve the physical condition of the people, they echoed the 1848 dictum of the famous German pathologist Rudolf Virchow that “medicine is a social science, and politics nothing but medicine on a grand scale.”²³

The evidence presented here will show beyond doubt that medicine had a direct bearing on the decision of the physician-legislators to enter politics and that it played a large part in their tendency to identify with the republican Left. It will also show that far from being professional failures, the majority were successful practitioners whose political triumphs rested on their status as part of the local elites and on their medical work among the people. Like other members of the middle and lower-middle classes, most were attuned in their social vision to the country