

The *Officiers de Santé* of the French Revolution: A Case Study in the Changing Language of Medicine

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Revolutionary Language

The revolutionary period in France was a time of great turmoil. It affected all aspects of society including medicine.¹ One feature which has received some attention is the concomitant change in language.² The adoption of the general term *officier de santé* (literally “health officer”) to denote all those practising medicine at the time provides a particularly interesting example, which has never been properly studied. The distinguished French historian of medicine, Jean-Charles Sournia, has said that the term deserves special attention, but he devotes no more than half a page to it.³

Language is always important in shaping the social construction of reality and the Revolution illustrates this thesis particularly well. There were many attempts to create a new and better world simply by changing the vocabulary. One way of dissociating the new order from the *ancien régime* was to make certain words and names taboo. Most famously, the respectful bourgeois titles of *Monsieur/Madame* were replaced by the universal *citoyen/citoyenne*. We shall see that the democratization of language extended to several aspects of

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¹ Some might say *especially* medicine. Thus David M Vess speaks of a “revolution” in French medicine: *Medical revolution in France, 1789–96*, Gainesville, University Presses of Florida, 1975. However, for the argument in favour of considerable continuity, see L W B Brockliss, ‘Before the clinic: French medical teaching in the eighteenth century’, in Caroline Hannaway and Ann La Berge (eds), *Constructing Paris medicine*, Amsterdam, Rodopi, 1998, pp. 71–115; see also Ann La Berge and Caroline Hannaway, ‘Paris medicine: perspectives past and present’, in *ibid.*, pp. 1–69, p. 51.

² Several authors have shown a special interest in political discourse, e.g. Keith Baker, *The political culture of the old regime*, Oxford, Pergamon, 1987. There is a valuable perspective in Lynn Hunt, *Politics, culture and class in the French Revolution*, Berkeley, University of California Press, 1984, ch. 1, ‘The rhetoric of revolution’. I am particularly indebted to

François Furet (*Interpreting the French Revolution*, Cambridge University Press, 1981) for his argument for the importance of language in the revolutionary period. Both he and Mona Ozouf have shown an interest in language, yet in their massive and wide-ranging *Critical dictionary of the French Revolution* (transl. Arthur Goldhammer, Cambridge, MA, Belknap Press of Harvard University Press, 1989), one looks in vain for some article on discourse, language or vocabulary. It may be too early to expect a satisfactory comprehensive treatment of French revolutionary language. See also John Renwick (ed.), *Language and rhetoric of the Revolution*, Edinburgh University Press, 1990, especially ch. 2: Philippe Roger, ‘The French Revolution as logomachy’. There is more recent relevant material in Sophia Rosenfeld, *A revolution in language: the problem of signs in late eighteenth-century France*, Stanford University Press, 2001, pp. 138–9, 150, 164–72, 181–3, 307–8. Some references that appear to be relevant to the new revolutionary vocabulary in fact reflect the concern in this period to replace various regional languages within France by French.

³ “La locution ‘officier de santé’ mérite . . . une attention particulière”, J-C Sournia, *La médecine révolutionnaire (1789–1799)*, Paris, Payot, 1989, p. 131.

medicine. Religion, or more specifically Catholicism, could be more easily dismissed when it was described as “fanaticism” (*fanatisme*).⁴ It was not only religion, however, which was attacked as superstition. A few revolutionaries went further and described belief in doctors (“*les médecins et leur art*”) as a kind of superstition.⁵

The most fundamental words relating to the treatment of disease, both as applied to the subject, *la médecine*, and the practitioner, *le médecin*, were no longer acceptable. The abandonment of the term *médecine* had both negative and positive aspects. On the one hand it was associated with privilege, book learning as opposed to practical skills, and the use of Latin and esoteric terminology. All these aspects had been parodied by Molière, who created an image of the physician perhaps most justly applied to the ultra-conservative Paris Faculty of Medicine and widely believed by many people in the eighteenth century.⁶ In many respects the status of the surgeon, or at least of many leading surgeons in towns like Paris, had risen during the course of the century.⁷ By the time of the Revolution, therefore, the status of the more eminent French surgeons was probably rather higher than that of their British counterparts.

In addition to questions of professional status and education there was the political dimension. In the new democratic age a title was sought that could be applied equally to all medical practitioners, thus abolishing the traditional superior position of the physician. It is not too surprising, therefore, that the French might consider a common term to denote both physician and surgeon. This was soon to be reinforced by the argument of Antoine-François Fourcroy (1755–1809) in 1794 that the physician and surgeon should receive a common training, more practical in nature than physicians had undergone previously. This article is, therefore, largely concerned with the influence of language on the unification of the profession. At the same time it considers political influences on the control of medical practice.

To put the issue in its historical context, two major instances of systematic linguistic change in the revolutionary period will be studied before the medical dimension is discussed in more detail. The first is the reform of weights and measures. In May 1790 the National Assembly urged such a reform, which was to be undertaken by a commission of the Paris Academy of Sciences.⁸ By 1792 the Academy was involved in the establishment of a systematic nomenclature for the proposed new measures of the metric system, with new terms such as “metre” and “kilogram”.

⁴J F La Harpe, *Du fanatisme dans la langue révolutionnaire*, 2nd edn, Paris, Migneret, 1797, p. 9.

⁵François Lathenas, ‘De l’influence de la liberté sur la santé’, *Journal de Médecine, Chirurgie et Pharmacie*, vendémiaire year II [1793], p. 8. It is interesting that P J G Cabanis spoke of the medical profession as a kind of priesthood: “Sous certains rapports, la profession de médecine est une espèce de sacerdoce”. *Du degré de certitude de la médecine*, [Paris, Firmin Didot] nivôse year VI, 1798, 2nd ed., 1803, reprinted Geneva, 1989, p. 151n.

⁶*Le malade imaginaire* (1673), e.g. Troisième intermède. See also *Le médecin malgré lui* (1666), e.g. Act 2, Scene 2. For a full analysis of Molière’s criticisms, see Laurence Brockliss and Colin Jones, *The medical world of early modern France*, Oxford, Clarendon Press, 1997, pp. 336–44.

⁷Brockliss and Jones, op. cit., note 6 above, p. 549. See also Toby Gelfand, *Professionalizing modern medicine: Paris surgeons and medical science and institutions in the eighteenth century*, Westport, CT, Greenwood Press, 1980.

⁸G Bigourdan, *Le système métrique des poids et mesures*, Paris, n.p., 1901, ch. 2.

The foundation of the Republic in September 1792 seemed to many revolutionaries to mark the beginning of a new era in the history of the human race and, following the moves to establish a new system of weights and measures, it was proposed that there should also be a new calendar. In his report to the Convention, the mathematician Gilbert Romme (1750–95) argued that both the number of days in the traditional week with its Sabbath and the names of the months were founded on superstition and should be changed.⁹ A week of ten days was, therefore, substituted, with names for the months reflecting the four seasons.

In the metric system and the revolutionary calendar we see clear statements of ideology, and particularly of an ideal of nature as providing a standard. More directly political influence was brought to bear on a number of other areas. In a period when power was intermittently vacant and seen to be accessible to orators of different persuasions, “power”, as Furet has remarked, “resided in the word”.¹⁰ Two alternative fates befell terms indicating privilege. Either, like “aristocrat”, they degenerated into a term of abuse (and were even occasionally applied to physicians¹¹) or, more commonly, they were replaced with a term more concordant with revolutionary ideology.¹² All the learned academies were under attack in 1793 and the word *académie* disappeared from the French language. For several years one could not belong to an academy, a term suggesting privilege, although, if a scientific organization could describe itself as a *société libre*, it was politically acceptable for scientists to belong to it, and many former members of the Académie Royale des Sciences did so on a temporary basis.¹³ When a largely disorganized medical profession tried to unite in 1796 in the Société de Santé, they too claimed protection as a *société libre* under the constitution.¹⁴

Physicians and Surgeons

Another academic term, “*faculté*” was also considered redolent of privilege and even corruption (particularly in relation to some of the more venal provincial faculties of medicine, such as that of Orange, in the final years of the *ancien régime*), and the term was dropped, although it was still permissible to speak of a “school” (*école*). In addition, the concept of charity and the giving of alms was alien to the new republic, and so, by association, were the many hospitals that had been founded on principles of Christian charity. Louis St Just stated that “the words ‘alms’ and ‘hospital’ must be erased from

⁹ ‘Rapport sur l’ère de la République, par G. Romme’, Convention, Séance du 20 septembre 1793, reprinted in J Guillaume (ed.), *Procès-verbaux du Comité d’Instruction publique de la Convention nationale*, 6 vols, Paris, Imprimerie nationale, 1891–1957, vol. 2, pp. 440–51. The revolutionary calendar, like most of the revolutionary medical terms, enjoyed only temporary favour.

¹⁰ Furet, op. cit., note 2 above, p. 49.

¹¹ Brockliss and Jones, op. cit., note 6 above, p. 807.

¹² Ferdinand Brunot, *Histoire de la langue française des origines à 1900*, Paris, Colin, 1967, vol. 9, part 2. Jean-Pierre Seguin, *La langue française au XVIIIe siècle*, Paris, Bordas, 1972.

¹³ Roger Hahn, *The anatomy of a scientific institution: the Paris Academy of Sciences, 1666–1803*, Berkeley, University of California Press, 1971, pp. 266–8.

¹⁴ Article 300, Constitution of 5 fructidor year III [1795], Charles Desbach and J M Pontier (eds), *Les Constitutions de la France*, 2nd edn, Paris, Dalloz, 1989, p. 89.

the revolutionary vocabulary”,¹⁵ and this was duly done, with *hôpital* being replaced for a short time by *hospice*. (Complementing many hospitals (*hôpitals Dieu*) of religious foundation were large *hôpitaux généraux*, essentially workhouses set up by the state.) Thus the famous Paris Hôtel Dieu became the Hospice de l’Humanité, and the Charité, founded by the Brothers of Charity, became the Hospice de l’Unité. The circumlocution *l’art de guérir* (the healing art), already with some currency under the old regime, became the acceptable replacement for the term *médecine*, now considered élitist. All this illustrates well François Furet’s contention that, in the revolutionary turmoil, “there was a competition of discourses for the appropriation of legitimacy”.¹⁶

Against this background¹⁷ we are in a better position to understand the replacement of the designation *médecin* by that of “*officier de santé*”.¹⁸ Unfortunately, in the nineteenth-century this same term was often applied to provincial medical practitioners with inferior qualifications.¹⁹ It is important to make a distinction between that later usage and the very different meaning of the term in the revolutionary period, which is the main subject of this paper.

The revolutionary title *officier de santé* had several implications. One was the positive emphasis on health. But a major factor, with consequences for medicine well beyond the Revolution, was the wish to end the traditional distinction between physicians and surgeons. The dominance of the physician over the surgeon had not only been mentioned in the great eighteenth-century *Encyclopédie*, but one article had gone so far as to support the legitimacy of the permanent subordination of the surgeon to the physician, a subordination which, it claimed, was “founded on the nature of things and on the very subject of their studies”.²⁰

¹⁵F Dreyfus, *L’Assistance publique sous le Législatif et la Convention (1792–95)*, Paris, 1904, p. 73, quoted by George Rosen, *From medical police to social medicine*, New York, Science History Publications, 1974, p. 243.

¹⁶Furet, op. cit., note 2 above, p. 49. See also p. 178, where Furet argues that “the Revolution was not so much an action as a language”.

¹⁷A word may need to be said about the successions of legislatures in the revolutionary period. After a financial crisis had led to the calling of the Estates General in May 1789, the clergy and nobility were supplanted by the Third Estate, led by the bourgeoisie. They declared themselves to be the true representatives of the nation and called themselves the National (Constituent) Assembly, which sat until the end of September 1791. This was succeeded by the Legislative Assembly, which lasted for a year, being replaced by the Convention (September 1792–October 1795). The most extreme measures that took place in this period, including mass executions, may in a small part have been excused by the war emergency. A more equable period, the Directory, followed from 1795 to 1799, during which the five Directors were guided by the Council of Elders and the Council of 500. The coup d’état of Bonaparte in November 1799 brought the Directory to an end and inaugurated the Consulate until 1804. The medical world was in a state

of flux under these successive regimes. Although medical problems were raised occasionally in these assemblies, detailed proposals were usually handed down to committees, of which the one most relevant to this paper was the Health Committee (Comité de Salubrité). For a general source of information on many aspects of the revolution, see Colin Jones, *The Longman companion to the French Revolution*, London, Longman, 1988.

¹⁸Cf. Lawyers (*avocats* or *procureurs*) became “*hommes de loi*”.

¹⁹Thus, for example, in Matthew Ramsey, *Professional and popular medicine in France, 1770–1830* (Cambridge University Press, 1988) many of the references to *officiers de santé* are to the nineteenth-century inferior practitioners. For a full discussion of these practitioners, see Robert Heller, ‘*Officiers de santé: the second-class doctors of nineteenth-century France*’, *Med. Hist.*, 1978, 22: 25–43.

²⁰“... une subordination fondée sur la nature des choses, et sur l’objet même de leur étude”. Denis Diderot and Jean Le Rond D’Alembert (eds), *Encyclopédie*, 39 vols, Lausanne, 1778–1782, vol. 5, ‘Docteur en médecine’, pp. 8–9. The author of the article was a certain Lavirotte, Doctor of the Paris Faculty of Medicine.

Right up to the Revolution, if a surgeon wrote a thesis to become *Maître en chirurgie*, he had to submit it to a board under the partial control of the Faculty of Medicine.²¹ This situation was to come to a head in November 1794 with Fourcroy's proposal for a common education for physicians and surgeons on the principle that "medicine and surgery are two branches of the same science",²² but the idea actually originated earlier. Well before the Revolution, the distinguished Montpellier Faculty of Medicine had provided for a combined degree in medicine and surgery.²³ In 1791 the College of Surgery at Nantes had argued that surgery deserved equal status with medicine and the two separate names should be abandoned in favour of a common term applicable equally to both:

We would like the two branches [of medicine] to form a single unity, subject to the same laws, to the same regime (which we will share according to our talents), to the same positions and the same rights in society. *We would like the very names of physician and surgeon to be suppressed and a common expression substituted for them, which will efface even the memory of the words which has marked this injustice.*²⁴ [Italics added.]

The members of the College were doing no more than expressing the widely felt sentiment that in skill and in medical effectiveness surgeons were at least the equal of physicians. Once war was declared, in April 1792, surgeons were to prove themselves on the battlefield, again at the expense of the physicians.²⁵ Yet the assimilation was more than a simple effect of the war. As early as August 1790 the Société de Médecine was to hear complaints about growing "confusion between medicine, surgery and even pharmacy".²⁶ But, if the tripartite distinctions in medicine were already becoming less absolute at the beginning of the Revolution, later developments were to provide the opportunity for rethinking in a fundamental way the relationship between the different branches of the medical profession.

But the perspective of the patient must also be considered. Guillaume Daignan (1732–1812), an early reformer, told the National Assembly in 1789 that he thought that the sick should have the freedom to consult anyone they wanted, qualified or not: "whether a physician, surgeon, apothecary, midwife, monk, nurse, mountebank or charlatan of whatever kind they may be".²⁷ But he admitted that such liberty would make sense only if a qualified practitioner were required to make a check on the progress of the patient, a highly impractical suggestion, involving at the very least duplication of labour, not to mention a serious potential conflict between rival practitioners. The Société de Médecine

²¹ Sournia, *op. cit.*, note 3 above, p. 102.

²² E H Ackerknecht, *Medicine at the Paris hospital, 1794–1848*, Baltimore, Johns Hopkins Press, 1967, p. 32. This idea was opposed by both the Paris Faculty of Medicine and the College of Surgery, Gelfand, *op. cit.*, note 7 above, p. 156.

²³ Gelfand, *op. cit.*, note 7 above, p. 153.

²⁴ *Réponse du collège de chirurgie de Nantes, à l'invitation du Comité de Salubrité touchant les moyens de perfectionner l'art de guérir*, Paris, 1791.

²⁵ Vess, *op. cit.*, note 1 above.

²⁶ Jean-Gabriel Gallot, *Vues générales sur la restauration de l'art de guérir, lues à la séance publique de la Société de Médecine le 31 Août 1790 et présenté au Comité de Salubrité de l'Assemblée nationale le 6 octobre*, Paris, 1790.

²⁷ Guillaume Daignan, *Réflexions d'un citoyen sur ce qui intéresse le plus essentiellement le bonheur de tous les ordres de la société, adressées à l'Assemblée nationale, spécialement sur l'éducation, les subsistances, la santé, les moeurs et l'ordre public*, n.p. [1789?], p. 71.

in 1790 also argued in favour of freedom of consultation in principle, but jealously guarded the right to use the title of *médecin*.²⁸

The Revolutionary *Officier de Santé*

With the gradual adoption of the term *officier de santé* the floodgates of ambiguity were opened. In the end, however, it was the political concept of freedom (*liberté*), applied not so much to the patient as to the practitioner, which really mattered. It has been said that, in general, “of all the professions, medicine enjoys the tightest legal monopoly”.²⁹ Yet in the French Revolution, a movement, launched under the banner of freedom, was soon to develop into a free field for almost anyone to practise medicine. As an introduction to the extraordinarily wide use of the phrase *officier de santé*, it might be useful to look briefly at the late eighteenth-century usage of the words *santé* or health, and *officier*.

In the *Encyclopédie* the word *santé* had been defined as “the most perfect state of life”, as if describing an earthly paradise or a state of perfection, to which human beings, given suitable circumstances, could aspire.³⁰ The Revolution provided an opportunity to try to put into practice some of the idealistic views of the *philosophes*. The Constituent Assembly in 1790–91 was to consider the right of man (i.e. all men and women) to health.³¹ This positive concept of health, reflecting the growing interest in public health,³² was to make much use of the term *santé* but had no use at all for the word *médecine*. There is, of course, a political aspect to the Republican focus on health, a more democratic concept than medicine. Every person can make their own decision about their health and whether to follow doctor’s orders. Doctors may dispense medicine but they do not dispense health. Public health is even more the concern of the community.

Much of this move towards social medicine was due to the medical reformer Joseph Ignace Guillotin (1738–1814), a physician, professor at the Paris Faculty of Medicine and a deputy. It was in this latter capacity that on 21 September 1790 he asked the National Assembly to approve the establishment of a health committee, containing a large number of deputies with medical qualifications,³³ to consider problems of the practice of medicine (now universally called *l’art de guérir*), hospitals, and public health (*la salubrité publique*). Because of this latter concern the committee became the “Comité de

²⁸ Félix Vicq-d’Azyr, *Nouveau plan de constitution pour la médecine en France. Présenté à l’Assemblée nationale par la Société Royale de Médecine*, Paris, 1790, p. 104.

²⁹ Matthew Ramsey, ‘The politics of professional monopoly in nineteenth-century medicine: the French model and its rivals’, in Gerald L Geison, *Professions and the French State, 1700–1900*, Philadelphia, University of Pennsylvania Press, 1984, pp. 225–305, on p. 225.

³⁰ Diderot and D’Alembert, op. cit., note 20 above, vol. 14, pp. 628–30. See also William Coleman, ‘Health and hygiene in the *Encyclopédie*: a medical doctrine for the bourgeoisie’, *J. Hist. Med. Allied Sci.*, 1974, **29**: 399–421.

³¹ Dora B Weiner, ‘Le droit de l’homme à la santé: une belle idée devant l’Assemblée Constituante,

1790–1791’, *Clio Medica*, 1970, **5**: 209–23. Despite its promising title, a large part of the article is devoted to the rivalry between J I Guillotin and J G Thouret, who represented the interests of the rival Comité de Mendicité.

³² Caroline Hannaway has pointed out that Vicq-d’Azyr’s reform plan of 1790 was partly concerned with guiding the future practice of medicine towards the needs of public health: ‘Medicine, public welfare and the state in eighteenth-century France: the Société Royale de Médecine of Paris (1776–93)’, PhD thesis, Johns Hopkins University, 1974, p. 535.

³³ Dora B Weiner, *The citizen–patient in revolutionary and imperial Paris*, Baltimore, Johns Hopkins University Press, 1993, p. 90.

Salubrité”, although it was also often referred to as the “Comité de Santé”.³⁴ Over the next few years there were many administrative changes, but on the whole successive governments continued to refer medical matters to a health committee. Thus a succession of health committees were functioning in 1794 under the Convention.³⁵

In his concern for medical reform, Guillotin sought a general term for medical practitioners, and in 1790 used the phrase *ministres de santé* (ministers of health). The same term was used a little later by De Lavaud, the author of a text entitled *La révolution médicale*.³⁶ He proposed a scheme for establishing hospitals in every department of France, each hospital being staffed by at least four of these *ministres de santé*. This term, however, never gained currency, possibly because of its clerical association. Another phrase used occasionally was *ouvriers de santé*³⁷ (health workers), but since this was more appropriate for ancillary workers than medical practitioners, it too never came into general use.

The term that came to be accepted, *officier de santé*, soon prevailed for a number of reasons. In the first place it had already been used in a military context under the old regime as a convenient description of members of the medical corps.³⁸ Obviously, in a military context *officier* was an apt description, but it was also found to be acceptable in civilian life, with the connotation of a certain rank or office. For example, under the old regime in households of the nobility it was often used for those concerned with the preparation or serving of food.³⁹ In a revolutionary civilian context it suggested an official, someone with responsibility for a specific area of public welfare. Indeed, after 1803, when *officier de santé* was given a quite different meaning, being reserved for only partly trained medical practitioners working in the provinces (i.e. second-rate doctors), it was felt by some that the title was possibly too imposing. By suggesting an official government function, it might impress the rural populace unduly, even dazzling the uneducated.⁴⁰

But this brings us to another aspect of the term. In so far as it implied an office within the state bureaucracy, it marked a break with the tradition whereby a physician or surgeon was essentially a member of a professional corporation. This new title suggested that the first loyalty of the medical practitioner was to the state rather than to the medical corporations, notably the Paris Faculty of Medicine and the College of Surgeons. It is understandable that

³⁴ Both terms are to be found in official documents. Sournia, *op. cit.*, note 3 above, p. 96.

³⁵ Vess discusses the numerous changes of title over the revolutionary period, *op. cit.*, note 1 above, pp. 154–5. See also Ramsey, *op. cit.*, note 19 above, pp. 73–4.

³⁶ De Lavaud, *La Révolution médicale, un perspective de l'état futur de l'art de guérir en France*, Paris. The tract is undated but the context makes clear that it was published between October 1790 and September 1792.

³⁷ On 27 germinal year II (16 April 1794) a law was passed permitting foreign medical practitioners to stay in France as *ouvriers de santé*. This class was obviously intended to be subservient to the *officiers de santé*.

³⁸ For example, *Règlement fait par ordre du roi pour établir dans les hôpitaux militaires de Strasbourg*,

Metz et Lille des amphithéâtres destinés à former en médecine, chirurgie et pharmacie des officiers de santé pour le service des hôpitaux militaires du royaume et des armées, Paris, 1775, cited by Vess, *op. cit.*, note 1 above, p. 198. The standard French army medical history (Jean Guillemaud, *Histoire de la médecine aux armées*, Paris, C Lavouzel, 1982, vol. 1, *De l'Antiquité à la révolution*) is less than helpful on the question.

³⁹ Also the term *officier de santé*, apart from its military use, described below, had been applied to the medical attendants of the royal household.

⁴⁰ Ramsey speaks of a “populace, dazzled by the health officer’s title”, *op. cit.*, note 19 above, p. 81; see also p. 184, where the title is described as an “official sounding credential”.

such a major shift should come with the Revolution, but it had actually been suggested as far back as the 1770s by the pioneering Félix Vicq-d'Azyr (1748–94), later to become First Physician to Queen Marie Antoinette.⁴¹ This early use of the title *officier de santé* was to have far-reaching implications for the organization of the medical profession.

A fully statist version of the reorganization of medicine was made explicit by Vicq-d'Azyr, Secretary of the Société Royale de Médecine, in his *Nouveau plan*, presented to the National Assembly in 1790. The Revolution obviously provided the opportunity for the implementation of earlier ideas. However, while mentioning the old regime, it is worth remembering that the very foundation of the Société Royale de Médecine in 1776⁴² had constituted an important step in the extension of state authority to territory previously considered the preserve of the old-established medical corporations. The ancestry of the revolutionary term *officier de santé* is a small part of that history.

What really established the designation *officier de santé* during the revolutionary period was the state of emergency produced by the war declared in April 1792. After a huge loss of medically-trained personnel serving with the armies, there was a general requisition by the government of all civilians with medical training, whether physicians, surgeons or pharmacists. The law of 1 August 1793 described these collectively as *officiers de santé*.⁴³ August 1793, however, was part of a period of general confusion with the general requisition of the male population for military service, known as the *levée en masse*, and it was not until February 1794 that a more authoritative law was passed, firmly establishing the *officiers de santé* and explaining their duties. It is interesting that this law of 3 ventôse year II (21 February 1794), although using and indeed establishing the general term *officier de santé*, still referred to the division between the three traditional branches of the profession. It was significant, however, that the pay of physicians, surgeons and pharmacists was to be the same in each rank, thus maintaining a hierarchy, which distinguished between those in the first class, the second class and the third class, according to seniority and ability.⁴⁴

Although most of the evidence for the reason why the blanket term *officier de santé* was introduced derives from surgeons who wanted to lose their previously subordinate status, there is one piece of evidence, which, in an extraordinary way, suggests that the title could also provide protection for physicians in a military context. On 8 December 1793, during the Terror, one deputy in the Convention named Merlin urged that physicians should be banned altogether from the army because they killed so many of their patients.⁴⁵ This may have been a case of class prejudice from someone who favoured surgeons. It was certainly true that in a military context, near the front line, the skills of a surgeon were to be preferred to the broader

⁴¹ See 'Lieutaud' [Joseph, first president of the Société de Médecine] in Félix Vicq-d'Azyr, *Oeuvres*, 6 vols, Paris, Baudouin, year XIII, 1805, vol. 3, p. 26. Vicq-d'Azyr actually introduced the term *officier de santé* quite casually after speaking of Lieutaud's concern for public health. He used the term to describe medical practitioners in the provinces, who would need some support (*appui*), and he said that they should have the protection of the government.

⁴² Hannaway, *op. cit.*, note 32 above.

⁴³ Decree of the Convention, 1 August 1793, *Ancien Moniteur*, vol. 17, p. 300. The inclusion of pharmacists in the military context under the label of *officiers de santé* should be noted.

⁴⁴ *Convention nationale* (February–May 1794), 23, p. 101. Physicians and Apothecaries of the first class were to receive 400 livres a month, second class 300 livres, and third class 200 livres.

⁴⁵ *Archives Parlementaires de 1787 à 1860*, reprint, Lichtenstein, 1969, Series 1, vol. 81 (18 frimaire year II [1793]), p. 128.

education of the physician.⁴⁶ Thus, in war, the physician was more vulnerable to criticism. However, the physician-deputy, J F Baraillon, sprang to the defence of his professional colleagues. He suggested that people should no longer speak of *médecins* (physicians) but rather use the term *officier de santé* for all medical staff in the army. Had this proposal been made earlier and in a civilian context, it could have altered our whole understanding of the introduction of *officier de santé*. But as it had been widely used in a military context well before the Revolution, this incident, though interesting, does not alter the general perspective.

In March 1796 a number of *officiers de santé* in Paris held the first meeting of a group which they called the “Société de Santé”.⁴⁷ Article 6 of their constitution spoke of combining the journal of the former Society of Medicine with that of the former Academy of Surgery in a common publication. But Article 21 went further in accepting not only former physicians and surgeons as members but also apothecaries and veterinary surgeons.⁴⁸ With Edmé J-B Bouillon-Lagrange as secretary and Jacques-François Demachy, Nicolas Deyeux and Pierre Joseph Pelletier among the members, pharmacy was particularly well represented, suggesting that apothecaries, now calling themselves pharmacists (*pharmaciens*), were taking advantage of their new status as equal partners in the reconstructed medical profession. One member declared that as the term *santé* was closely linked with the political movements of the early revolution, it was thus, by implication, less suitable in 1796.⁴⁹ So in December of that year the name of the society was changed to “Société de Médecine”,⁵⁰ suggesting that the pendulum of history was beginning to swing back.

Although the term *officier de santé* was first given wide currency in a military context, its adoption in a civilian context is more interesting. Prominent among the reforms that Vicq-d’Azyr advocated in his 1790 pioneering plan for changes in medicine was the unification of medicine and surgery.⁵¹ It is intriguing that, in this early stage of reform, he proposed that “all will be designated physicians” (*médecins*),⁵² thus selecting as a common name that of the socially superior of the two branches of medical practice. Another of his concerns was the reform of rural medicine. Country areas had no physicians,⁵³ and the few medical practitioners not based in towns were usually lacking in formal qualifications. It was largely to supply the medical needs of rural areas that a good case could be made out for medical practitioners with a *general* training in medicine and surgery, and possibly pharmacy as well.

A further advocate of general medical training in 1790 was the Poitou physician, Jean-Gabriele Gallot, a Montpellier graduate and now secretary of the Comité de Salubrité of the National Assembly, who represented the views of the Société Royale de Médecine. He was particularly concerned with the treatment of the poor: “It will be absolutely

⁴⁶ Vess, op. cit., note 1 above, p. 117.

⁴⁷ *Recueil Périodique de la Société de Santé*, 2e édition, year V, 1 [1796–97]: Avant-propos.

⁴⁸ *Société de Médecine de Paris, 1796–1896. Livre du centenaire*, Paris, 1896, pp. 8, 12.

⁴⁹ Terence D Murphy, ‘The French medical profession’s perception of its social function between 1776 and 1830’, *Med. Hist.*, 1979, **23**: 259–78, p. 265.

⁵⁰ From 27 pluviôse year V (15 February 1797). See *Recueil de la Société de Santé*, year V, **2**: 237ff. for a discussion of the changes of name.

⁵¹ F Vicq-d’Azyr, ‘Nouveau plan de constitution pour la médecine en France’, reprinted in A de Beauchamp (ed.), *Enquêtes et documents relatifs à l’enseignement supérieur*, Paris, 1888, vol. 28. A full analysis is given by Hannaway, op. cit., note 32 above, ch. 8.

⁵² Quoted by Gelfand, op. cit., note 7 above, p. 157.

⁵³ Medical services were provided by barber surgeons.

necessary that men who devote themselves to the relief of the poor, especially in the countryside, should practise medicine, surgery and even, sometimes, pharmacy".⁵⁴ As early as 1790 Gallot had used "*officier de santé*" as a portmanteau term to describe this new kind of general practitioner.

The civic implications of the description *officier de santé* may also have fitted well into the new conception of medicine of the Paris physician, dreamer, and future member of the revolutionary National Convention, François Lanthenas (1754–99). His polemical pamphlet of 1792, *De l'influence de la liberté sur la santé*, has been described as a Rousseauist fantasy.⁵⁵ He saw doctors as having primarily a political rather than a strictly medical role. If they could help to create a utopia from which tyranny was excluded, there would be no need for medical intervention. The practitioner would train citizens through discipline and diet. Disease was interpreted as a product of social ills and was expected to disappear in a perfect society. But for one Lanthenas, dismissed by Jean-Paul Marat as weak in the head, there were many who wanted not to reduce but to extend the role of medical practice. They advocated a major expansion of medical care and they expected the medical profession to have an important role to play in social reform.

Medical Education

Plans for medical education became largely the work of Fourcroy after the premature death of Vicq-d'Azyr in 1794. Speaking to the Convention on 1 frimaire year III (27 November 1794) on behalf of the Committees of Public Safety and Public Instruction, Fourcroy made a strong case for soldiers at the front line being tended by qualified medical practitioners.⁵⁶ Medicine, always now described as the healing art (*l'art de guérir*), required the immediate establishment of several large medical schools, described significantly as *écoles de santé*, with a major practical input. He advocated a common training for physicians and surgeons, but excluded pharmacists, partly because their training did not require so much knowledge of the human body and partly because a special school of pharmacy already existed in Paris. The law establishing three *écoles de santé* in Paris, Montpellier and Strasbourg was passed on 4 December 1794.

So by the end of 1794 the term *santé* was embedded in two major pieces of national legislation, one governing the *officiers de santé* in the army and the other new *écoles de santé*, which were to provide for both military and civilian spheres. Since medical education had previously been in the hands of individual universities and the respective professional organizations, it was a major innovation to have national legislation imposing a uniform system for the whole country. As Ackerknecht has noted, this opened the way for a national licensing system.⁵⁷

Although further changes were to take place within a few years, both the term *officier de santé* and the concept of a basic general training were to endure well into the nineteenth century. Unfortunately, by then the term *officier de santé* had come to be applied

⁵⁴ Gallot, op. cit., note 16 above, p. 9.

⁵⁵ Ramsey, op. cit., note 19 above, p. 72.
Michel Foucault, *The birth of the clinic*, transl.

A M Sheridan, London, Routledge, 1989, pp. 33–5.

⁵⁶ *Réimpression de l'ancien Moniteur*, 16
frimaire year III [1794], pp. 663–6.

⁵⁷ Ackerknecht, op. cit., note 22 above, p. 33.

exclusively to second-class doctors mainly practising in rural areas.⁵⁸ It was the law of 1803 that clearly defined this new situation. It marked a permanent advance in bringing physicians and surgeons closer together. From now on *officiers de santé* were to be distinguished by their superficial training,⁵⁹ at least in the early nineteenth century,⁶⁰ when they were constantly criticized by their urban colleagues with superior medical qualifications. A partial justification of the legislation for inferior medical practice in country areas was the prevalent view that country people had simpler ailments and that, therefore, less well-trained practitioners⁶¹ would be good enough for these peasants.

The rationale in the 1790s for bringing together physicians and surgeons under the title of *officiers de santé* has been explained in detail above. But this is only half the story and a measure which is far from reflecting discredit on the revolution. Indeed it was a major achievement to put an end to the traditional rivalry between physicians and surgeons, thus exemplifying *fraternité*. What now needs to be emphasized, however, is that the same title was accorded to anyone practising medicine and, for political reasons, anyone wishing to earn a living as a medical practitioner was permitted to do so regardless of ability or experience, thus putting into practice at its most extreme, the slogan *liberté, égalité*.

The law of 2 March 1791, abolishing all trade associations and guilds, gave anyone the right to follow the occupation of his choice, subject only to the payment of a tax or licence called a *patente*.⁶² This applied to medicine, as if it were a trade, no less than to commerce. There was now to be no distinction between the liberal and the mechanical arts. As has been pointed out, doctors and cobblers were henceforth subject to the same law.⁶³ This marks a dramatic step in the effective “demotion” of doctors. Yet there was an even more serious issue than professional status. The legislation and, most importantly, the phrase *officier de santé* failed to discriminate between trained practitioners and the untrained. Of course there had always been fringe practitioners, often described as “empirics”, since they lacked a theoretical basis for their practice.⁶⁴ In many instances they learned their craft by trial and error, gradually gaining experience. The new law encouraged not only existing unlicensed practitioners but also a flood of new recruits without knowledge or experience. Also they were all able to describe themselves by a term that implied official authority, but which was appropriate only in the case of the trained minority. When the *écoles de santé* were founded in 1794, it was specified that lectures should be open to the public in the hope that a number of unqualified practitioners would seek to remedy their lack of medical knowledge. This proved utterly unrealistic—another utopian dream.⁶⁵

⁵⁸ Heller, op. cit., note 19 above. The rural *officiers de santé* were in some ways a reincarnation of the barber surgeons of the old regime.

⁵⁹ The choice of the term *officier de santé* for second-class doctors was perhaps implicitly an admission of its association with practitioners of doubtful credentials.

⁶⁰ Standards were raised over the course of the century.

⁶¹ Legally they were second-class physicians, the term doctor being reserved for doctors of medicine and surgery.

⁶² *Archives Parlementaires*, op. cit., note 45 above, vol. 23, pp. 625–30.

⁶³ Jan Goldstein, *Console and classify: the French psychiatric profession in the nineteenth century*, University of Chicago Press, 2001, p. 31.

⁶⁴ For French empirics, see Ramsey, op. cit., note 19 above, Part 2 ‘Popular medicine’, pp. 129–228.

⁶⁵ Foucault, op. cit., note 55 above, p. 72.

There is some irony in the decision of the Comité de Salubrité in late November 1790, near the beginning of the Revolution, to send out an enquiry to licensed surgeons throughout France about unlicensed practice in their respective localities. The majority reported the existence of a significant number of “charlatans”, whether folk healers, peddlers of secret remedies, mountebanks at fairs or ignorant peasants exploiting superstitions. The French medical historian Jean-Pierre Goubert argues that what is most significant here is that (since surgeons rather than physicians dominated medical practice in the countryside) a major part of the medical profession was concerned to emphasize the boundary between themselves and their more humble competitors.⁶⁶ Yet only three months later their world was turned upside down by the government decision to throw medical practice open to all, with no differentiation, as implied in the common designation *officier de santé*.

The revolutionary period was anything but homogeneous. By August 1797, under the new government of the Directory, a speaker in the Council of 500 could suggest that the title of *officier de santé* was beginning to lose its appeal.⁶⁷ He pointed out that it had been claimed by quacks in the marketplace, whereas, now that new medical schools had been founded, they would produce graduates with appropriate training. Moreover, at the end of 1796 these medical schools had abandoned the description *école de santé* in favour of the more traditional *école de médecine*.

It is important not to lose sight of the political background. In November 1795 the Convention had been replaced by the Directory. After the excesses of the Terror, the pendulum was swinging back. The accumulation of wealth became more acceptable and a class of *nouveaux riches* began to form. As France moved gradually away from the influence of the Jacobins, the extremes of revolutionary vocabulary began to seem out of place and some of the old terms reappeared. With the rise of Bonaparte we find, for example, the final abandonment of the revolutionary calendar and eventually the creation of a new nobility, but there were already signs of such change under the Directory with the partial re-emergence of a royalist faction. In medicine also such political considerations as civic pride and patriotism were now seen as much less relevant than technical expertise.⁶⁸

Yet, by contrast, the problem of those that the Revolution had labelled *officiers de santé* was to last for a full ten years. Not even influential medical philosophers such as P J G Cabanis were prepared to insist unambiguously on proper medical qualifications.⁶⁹ The law of December 1794, establishing medical schools, did not state that only graduates of such schools would be able to practise. Of course these schools came to be widely recognized as training the best doctors of the next generation, but, meanwhile, thousands of medical practitioners were required, and attempts to compel all practitioners to hold a minimum qualification came to nothing.⁷⁰

⁶⁶ Jean-Pierre Goubert, ‘L’art de guérir. Médecine savante et médecine populaire dans la France de 1790’, *Annales, Economies, Sociétés, Civilisations*, 1977, 2: 908–926, p. 911.

⁶⁷ Jacquinet, *Observations sur le projet de résolution présenté au Conseil de 500*, Séance 16 thermidor year V (3 August 1797), p. 3.

⁶⁸ Brockliss and Jones, op. cit., note 6 above, p. 820.

⁶⁹ Conseil de 500, *Rapport par Cabanis sur l’organisation des écoles de médecine*, 1798, p. 10.

See also, however, Martin S Staum, *Cabanis: Enlightenment and medical philosophy in the French Revolution*, Princeton University Press, 1980, pp. 269–70.

⁷⁰ For example, in 1797 (17 prairial year V) Baraillon brought to the Council of 500 a project which would have made it compulsory for all medical practitioners to possess a diploma from one of the *écoles de santé*. J F Baraillon, *Défense d’exercer l’art de guérir . . . sans titre authentique*, 1797, p. 2.

Under the Le Chapelier law of 1791 all trade and professional organizations were banned, thus preventing qualified practitioners from organizing to restrict medical practice.⁷¹

Charlatans

The greatest problem of all was that of the many charlatans who took advantage of the protection offered by the term “*officier de santé*”, but it was not clear to everyone who were the real charlatans. In May 1795 there had been proposals for the introduction of examinations for the admittance and promotion of *officiers de santé* in the army,⁷² but the need for medical treatment in the middle of a war was so urgent that it could never wait for candidates to pass an academic test. Indeed there were those such as Ferdinand Guillemardet who, speaking on behalf of the Comité de la Guerre and according to the spirit of Jean-Jacques Rousseau,⁷³ argued that the task of the *officier de santé* in the army was to return medicine to a state of simplicity in conformity with nature.⁷⁴ Far from wanting to recruit personnel with formal qualifications, it was such people that he labelled charlatans and he had nothing but contempt for “scientific formulae” (*les formules scientifiques*), which he could only interpret as an apothecary’s trick to make money. The result of all this was not only that *officiers de santé* were regularly without paper qualifications, but, in many cases, without much practical skill. In 1795 it was even claimed that the countryside then had worse medical provision than previously, since “a new kind of charlatan, escaped from military hospitals, or claiming to be attached to one, has spread out in all directions and, taking advantage of credulity and need, earn their living at the expense of others”.⁷⁵

But it was not only the countryside which suffered from charlatans. In 1797 a number of physicians, including Guillotin and Jean Nicolas Corvisart, drew up a petition asking for reform of medical legislation, and pointing out that in Paris alone the number of persons practising medicine had increased by several hundred since the Revolution. In the current *Almanach de Commerce* more than 700 persons in the city were listed as *officiers de santé*.⁷⁶ On the list were many former army surgeons and a few young men recently graduated from the new medical schools, but at least half of the practitioners had no formal training in medicine. If this was the case in the capital, the proportion of licensed medical practitioners in smaller towns and the countryside was likely to be much smaller.⁷⁷

⁷¹ Ramsey, op. cit., note 19 above, p. 236.

⁷² André Dumont, *Rapport et projet de décret et de règlement relatif à l'organisation des hôpitaux militaires*, Paris, floréal year III [1795], pp. 67–73; see, for example, Titre III.

⁷³ See, for example, *Sur l'origine de l'inégalité*, Part 1, in Jean-Jacques Rousseau, *Oeuvres complètes*, ed. B Gagnebin and M Raymond, Paris, Gallimard, 1964, vol. 3, p. 139. I owe this reference to Philip Robinson.

⁷⁴ “... ramener la médecine à cet état de simplicité ou l’officier de santé doit être celui de nature”.

F P M D Guillemardet, *Rapport fait au nom du Comité de la Guerre, sur l'organisation du service de la santé des armées et des hôpitaux militaires*, [Paris, 1794?] p. 3.

⁷⁵ A F Fourcroy, *Rapport et projet du décret sur l'établissement d'une école centrale de santé à Paris*, Paris, year III, 1795, p. 3.

⁷⁶ Archives Nationales F15. 1917, quoted by P Ganière, *Corvisart, médecin de Napoléon*, Paris, Flammarion, 1951, p. 49.

⁷⁷ Sourmia, op. cit., note 3 above, p. 126.

It was suggested that they were more likely to kill than to cure. More provision for medical training was called for by the Committee of Public Instruction.⁷⁸ Yet it was one thing to agree on the desirability of better medical education and quite another to arrive at a general agreement on what precisely constituted the necessary training for future medical practitioners.⁷⁹

It is instructive to contrast the idealism of Fourcroy in November 1794 regarding the *officiers de santé* with his bitter appraisal of the situation nine years later. In 1794 Fourcroy had hoped that, with the new medical schools, “all enlightenment will be brought together in the *officiers de santé*”. He was of course referring to future graduates of the medical schools, who would combine a good knowledge of medicine with surgical skills. The trouble was that medical graduates were to be an élite, small in numbers compared to the thousands who were to take advantage of the loose legislation and the title of *officier de santé* to practise medicine.⁸⁰ It is, therefore, worth quoting *in extenso* from Fourcroy’s report of 1803, looking back over the period of virtual anarchy, which owed more than a little to the common designation of all medical practitioners as *officiers de santé*:

Since the decree of August 18, 1792, which abolished faculties and learned corporations, no regular graduations of physicians or surgeons have taken place. Those who have learned their art are put on the same level with those who have not the slightest notion of it. The life of our citizens is in the hands of men who are as ignorant as they are greedy. The most dangerous empiricism, the most shameless charlatanism are everywhere exploiting credulity and good faith. No proof of skill or knowledge is necessary. Those who during the last seven and one-half years studied in the three medical schools instituted through the law of 14 Frimaire year III [1794] are barely able to have officially stated that they have acquired knowledge⁸¹ and to be distinguished from the so-called curers one sees everywhere. The cities and the country are infested with charlatans who distribute poisons and death with an audacity which the old laws cannot stop. The most murderous practices have replaced the art of midwifery. Bonesetters and quacks misuse the title of *officier de santé* to cover up their ignorance and greed.⁸²

One may make some allowance for Fourcroy’s personal feelings as a graduate of the old Paris Faculty of Medicine with a possible prejudice in favour of a professional monopoly.⁸³ Yet examination of evidence from the political assemblies confirms that there was a problem with unqualified practitioners, often called not only charlatans but assassins.

⁷⁸ Conseil de 500, *Rapport fait par L. Vitet, député du département du Rhône*, Séance 17, ventôse year VI (7 March 1798).

⁷⁹ See, for example, the discussion on compulsory examinations, *Procès-verbaux du Conseil de 500, vendémiaire year VI* (September 1797), pp. 128–31, 217–18, 220–4.

⁸⁰ A report of 1798 gives an estimate of the number of *officiers de santé* in France as greater than 12,000. *De l’état actuel de l’école de santé de Paris*, 1798, p. 22n. This compares with not many more than a hundred graduating in the early years from the Paris school, the largest of the three. However, the school grew rapidly and by the year X (1801–2), there were 1,390 students. Ackerknecht, *op. cit.*, note 22 above, p. 36.

⁸¹ It was not until 1798 that the medical schools began to issue certificates to graduates. Brockliss and Jones, *op. cit.*, note 6 above, p. 820. According to Weiner “some medical students asked for and received ‘certificates of capacity’ from the Paris Health School during the ten years when medical diplomas did not exist officially”, *op. cit.*, note 33 above, p. 391.

⁸² Quoted in R Roland, *Les médecins et la loi du 19 Ventôse an XI*, Paris, 1883, p. 11, English translation from Ackerknecht, *op. cit.*, note 22 above, p. 38.

⁸³ Fourcroy, however, had been hostile to the extreme conservatism of the Faculty.

On 29 germinal year V (19 April 1797) the Directory sent to the Council of 500 a list of serious complaints against charlatans derived from reports from the provinces over the past two years. In one case a so-called health officer had indulged in substantial mutilation in order to deal with a boy's hernia. From the department of Loire Inférieure there were three serious complaints about the "murderous incompetence" ("*l'impéritie meurtrière*") of practitioners posing as health officers (*prétendus officiers de santé*). Finally there was a horrific case involving gross incompetence in the delivery of a baby: "The Directory spares you the details of the dreadful torture that the woman was made to undergo by the empiric who undertook the confinement".⁸⁴

In 1798 the Council of 500 had unsuccessfully proposed abandoning the blanket term *officier de santé* and a return to the tripartite division of the profession, headed by physicians, now called *médecins praticiens*.⁸⁵ Faced with the total abolition of examinations, diplomas and licences, they stressed the importance of reinstating the examination system. Although all future members of the profession could attend classes in the medical schools, the physicians would emerge as the best qualified because they would have been required to study for a longer time and pass more examinations. Thus, reacting to the abuses of the past few years, the committee hoped that a profession based on academic qualifications would emerge. However, action had to wait till 1803. Until then, qualified practitioners had to swallow their pride in being lumped together with many very dubious and even some criminally incompetent practitioners.⁸⁶ The important distinction made in the law of 1803 was between the qualified (whether physician or surgeon) and the unqualified, who had, nevertheless, practised as *officiers de santé*. Each category was given a different recognition, established by signing in separate registers.⁸⁷

Robespierre spoke of "the empire [power] that words have over the minds of men", especially the popular classes.⁸⁸ Yet the argument in this paper has not been from a determinist position, that a choice of language caused the assimilation of different branches of medicine but rather that it consolidated the new revolutionary situation. However suggestive the phrase *officier de santé* as used for the military in the pre-revolutionary period, it was only after 1790 that it was available to legitimize a more open approach to general medical practice. But it went much too far by including those who had no medical qualifications or even no medical experience. This latter group had a title of misleading authority. Political enthusiasm for the overthrow of restrictions on trade, with competition creating an open market, should not have been extended to the medical field. On the other hand it was only because of the flexibility of the revolutionary situation that ideas mooted under the old regime, such as bringing together physicians and surgeons, were able to be put into practice nationally and had a permanent influence on medical education far beyond the frontiers of France.

Indeed, once free travel to France was resumed in 1815, the exceptional developments in French medicine during the revolutionary and Napoleonic period came to be

⁸⁴ *Procès-verbaux du Conseil de 500*, germinal year VII, pp. 614–16.

⁸⁵ Vitet, *op. cit.*, note 78 above, p. 12.

⁸⁶ Although still described as *officiers de santé*, graduates of the new medical schools from 1798 were at least issued with a certificate of competence.

⁸⁷ See, for example, *Moniteur*, 18 May 1803, p. 1003.

⁸⁸ Quoted by Rosenfeld, *op. cit.*, note 2 above, p. 168.

studied by foreign students and doctors among the crowds of visitors.⁸⁹ The bringing together of physicians and surgeons in a common education, which might seem at first sight to be no more than a minor and temporary chapter in French medicine, could serve as a model for others to copy, but detached from the political ideology that had largely inspired it.

⁸⁹ John Cross, *Sketches of the medical schools of Paris*, London, printed for J Callow by Smith and Davy, 1815. See also Ackerknecht, *op. cit.*, note 22 above, ch. 16, and John Harley Warner,

'Remembering Paris: memory and the American disciples of French medicine in the nineteenth century', *Bull. Hist. Med.*, 1991, **65**: 301–25.