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THE MUNICIPAL COUNCIL OF PARIS AND THE PROBLEMS OF PUBLIC WELFARE IN FRANCE (1885–1914)

During the first decade after the disastrous war of 1870, the conflation of two controversial issues brought the city of Paris and the national government of France into conflict. One was the question of anticlericalism, especially as it affected the secularization of public schools. The other was a debate about municipal autonomy, which had smoldered for a time in the emotional and legal debris of the Paris Commune before flaring again once the Third Republic was firmly established. Together these related matters reached a level of crisis in December 1879, when the Municipal Council of Paris (CMP) voted to divest the Roman Catholic Church of its property within the city limits and to eliminate all religious appropriations from the municipal budget¹. This unilateral step was both disavowed by the French cabinet as »an absolutely illegal action« and damned with a formal decree of annulment from the current French premier, Jules Ferry, whose judgment was unequivocal: »The Municipal Council of Paris has exceeded the limits of its jurisdiction«².

The result was a kind of institutionalized bickering in the early 1880s, as the central administration gradually yielded to the demands of the more radical and impatient city government through enactment of the so-called Ferry laws. At stake was not so much the general conception of compulsory, free, and secular public education – of which Ferry and his political allies were already fully persuaded – but the speed and mode of its enforcement. Paradoxically, however, as the program of complete secularization of public schools in Paris was in the process of implementation, the CMP was thereby deprived of its most compelling motivation. It was just at this point, in the autumn of 1883, that the national government appointed as prefect of the Seine a man of extraordinary administrative ability and a brisk determination to back down the CMP; Eugène-René Poubelle. The circumstances of the initial clash between the new departmental administrator and the Paris city councillors were comic opera. Taking advantage of a temporary hiatus between electoral mandates, on the eve of municipal balloting in early 1884, Poubelle issued a prefectoral decree requiring that Parisians henceforth retain their trash inside apartment buildings in metallic containers, which must then be placed on the street only at designated periods of collection. Dubious immortality came swiftly and unexpectedly to him once the CMP denounced his autocratic disregard for the democratic

1 Procès-verbaux du Conseil Municipal de Paris (hereafter cited as CMP), 17 December 1879.

2 Journal Officiel de la République Française, 21 December 1879. CMP, 24 December 1879.

process and the Parisian populace satirized his new sanitary regulations by baptizing their galvanized garbage cans with the prefect's name³.

In more than one respect this administrative intermezzo set the tone for what followed. Thereafter, with France's educational policy seemingly settled, attention of the CMP increasingly shifted to public health and hygiene. No longer the secularization of schools but of hospitals became the focus of altercation. Throughout, the national government remained inflexible about the limits of municipal prerogatives. When the CMP passed two resolutions in criticism of the administration's laxness in allowing religious personnel to serve in public medical installations, Poubelle appeared at the Hôtel de Ville in January 1885 to read another notification of annulment: the Council, he announced, had »doubly exceeded the limits of its competence«. He also cancelled a motion previously adopted by the CMP that would have created a standing committee to monitor decisions of the French cabinet⁴. For the time being the CMP was consequently reduced to further jeremiads about alleged infringements of municipal rights, such as a complaint that »the administration has not taken greater account of the wishes of the Parisian populace and of the Council in the question of secularization«⁵. Accordingly, Poubelle acquired the harsh reputation as a protector of conservative and clerical interests. One councillor put it openly and without nuance: »His friends are on the Right.« But the prefect was undeterred. He continued to abrogate the Council's more radical manifestos with unapologetic regularity, and he offered its members an unsought lesson in political theory: in Paris, under the existing constitution of the Third Republic, the prefect of the Seine »exercises the functions of a mayor«⁶.

As the French Kulturkampf grew in intensity, then, a definable pattern of political enmity between city and state began to emerge. The annulment of Council resolutions acquired a formulistic quality of routine: either the CMP was advised by the government that it had »manifestly exceeded the limits of its legal attribution« or that it had »ruled on a question that was not within its competence«⁷. For their part, the councillors inveighed vigorously against Poubelle's imperious manner and highhanded tactics, accusing him variously of harboring sinister interests, clerical ambitions, or monarchist plots. But they were invariably met with an intractable rebuff: »You protest against the law«⁸! Therewith the rhetorical lines were rigidly fixed.

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Real issues, not rhetoric, of course determined political arrangements in the French capital. To fathom this phenomenon without losing one's way in its complexities, it is useful to distinguish between the general structure of public hygiene in Paris and the more precise problems of medical care.

3 For the background and an analysis of events up to this point, see Allan MITCHELL, *Crucible of French Anticlericalism: The Conseil Municipal de Paris, 1871-1885*, in: *Francia* 8 (1980): 395-405.

4 CMP, 26 January 1885.

5 A motion to this effect by councillor Robinet was passed by a vote of 57 to 11. CMP, 28 January 1885.

6 CMP, 6 November 1885 and 2 April 1886.

7 CMP, 2 and 21 June 1886.

8 *Ibid.* On the general circumstances of the French Kulturkampf, see Allan MITCHELL, *Victors and Vanquished. The German Influence on Army and Church in France after 1870*, Chapel Hill and London 1984, pp. 220-243.

In the wake of the Great Revolution French welfare agencies were left in an awkward age of transition⁹. Private charity was no longer adequate and public health was insufficiently developed, a deplorable circumstance that existed until the war of 1870 and beyond. By the 1880s barely half of French departments had public welfare agencies (*bureaux de bienfaisance*) to dispense what meager aid was available to the needy; and private institutions were scattered irregularly across the landscape, usually offering philanthropic assistance only in urban areas. As always, Paris was exceptional, able to maintain an elaborate and relatively well furnished public health system of its own. The remarkable demographic expansion of the city in the early nineteenth century, however, had created pressing needs for improved sanitation, only some of which were assuaged by Baron Haussmann's herculean efforts before 1870¹⁰. The central government was meanwhile content to leave welfare for the most part to local and private institutions. As a benchmark we should retain the modest figure of 7 500 000 francs, which was the total contributed by the French state in 1885 to *assistance publique*. By the outbreak of the First World War, to place such derisory funding into some perspective, the municipality of Paris alone would annually budget ten times that amount for public welfare¹¹. Not until 1886 did the government finally found the first national Bureau of Public Health and Hygiene within the Ministry of the Interior. This administrative act signaled the beginning of great expectations for an expansion and thoroughgoing reform of the state's welfare system.

Yet it also and unavoidably meant a sharpening of the »profound differences« between Paris and the national regime, as the city councillor (and later senator) Paul Strauss explained, because of a marked tendency by the latter to »take no account of the justified complaints of the Municipal Council«¹². One obvious example was provided by the *bureaux de bienfaisance*. Should the city's tax revenues be channeled through these state welfare agencies, over which the municipality exercised little or no control? Even the Socialist councillor Edouard Vaillant, certainly no ideological foe of centralization, was opposed¹³. Then, too, there was the perennial problem of personnel. Should welfare agencies remain staffed in part by priests and nuns, or should they not, along with the hospitals, be secularized before distributing public funds to the needy? Convinced that the Roman Catholic hierarchy would otherwise misdirect tax revenues for purposes of religious indoctrination, a large majority of the Council naturally favored a clean sweep. But predictably, Poubelle at first discounted the CMP's demands, declaring that it would be »excessive, indeed abusive« to impose its will in a fashion that might cause more harm than benefit to the poor¹⁴. Even when the current cabinet indicated its agreement in principle to »laicisation« (a neologism of the time), suspicion of Poubelle's willingness to

9 See Olwen HUFTON, *The Poor of Eighteenth Century France*, London 1969; and Alan FORREST, *The French Revolution and the Poor*, New York 1981.

10 See David H. PINKNEY, *Napoleon III and the Rebuilding of Paris*, Princeton 1958.

11 »Statistique des dépenses publiques d'assistance en France pendant l'année 1885«, Conseil Supérieur de l'Assistance Publique, fasc. 24, 1885 (to be found in the Musée Social, Paris). The allocation by the Council for public welfare in Paris during 1912 was 73 millions francs. CMP, 29 December 1911.

12 CMP, 5 July 1886.

13 CMP, 28 June 1886.

14 CMP, 18 October 1886.

implement the policy persisted. A councillor named Levraud was not alone to attack the prefect as an »adversary of secularization«, whose comportment was »unworthy of the head of the administration in the city of Paris«. He added: »If there is no secularization, it is because he is a defender of nuns«¹⁵.

It would be supererogatory to narrate a long series of exclamations and imprecations that rang through Council chambers during the late 1880s. Sufficient is the notation of a ballot, 65 to 7, that in June 1887 ratified a motion for the »immediate [and] complete secularization« of all publicly supported hospitals and welfare agencies. Those who favored the declaration ascribed France's »shameful« record in public hygiene to the »pure anarchy« of the state's welfare administration. Prevented from being masters even in their own house, the citizens of Paris had to suffer inefficiency and incompetence that contrasted starkly with the well conceived programs of such German municipalities as Munich and Berlin¹⁶. In contrast, opponents of the proposed anticlerical measures stressed the heretofore significant role of charitable societies in France, the long hours of dedicated service by religious personnel, and the consequent rise in administrative costs that would inevitably follow an attempt to expel them. A mixture of plea and threat was apparent in the eloquent defiance of one Catholic councillor, Georges Berry, who expressed to the CMP's majority his worry that »your hatred for everything that concerns God will bring the ruin of public welfare.« Needless to belabor, the adversaries of clerical influence in the Paris hospitals and *bureaux de bienfaisance* remained nonetheless unmoved¹⁷.

Meanwhile, as mentioned, Paris was forced to contend with a host of specific medical problems resulting from demography and disease. After 1870 nearly 90 percent of France's population growth was concentrated in the capital. The rest of the nation was in effect supplying urban migrants while remaining almost stagnant; and many rural regions were actually in numerical decline¹⁸. The consequence was that Parisian hospitals and hospices were chronically overcrowded, creating a necessity either to return some patients to the countryside or to construct vast new medical facilities in the city. By some reckoning, moreover, at least a third of Parisians were inadequately housed¹⁹. Such urban concentration made the capital a natural breeder of communicable diseases like cholera, smallpox, diphtheria, typhoid fever, and – as we shall consider in more detail – tuberculosis. Although the city's medical corps was large, at least a quarter of all the physicians in France, it could scarcely keep pace with all these accumulating health problems. Attempts to do so were partially thwarted by what may be described as a symbiotic medical fraud. Often doctors were unable or unwilling to visit all of the sick who found no hospital space, whereas the afflicted were likewise unable or unwilling to travel

15 CMP, 10 November 1886 and 11 February 1887.

16 CMP, 10 and 13 June 1887.

17 CMP, 26 December 1887.

18 See the detailed reports on French demography by Dr. Gustave LAGNEAU, *Bulletin de l'Académie de Médecine*, 20 January 1885 and 15 July 1890; and the summary by Dr. Rochard, *ibid.*, 10 March 1891. These were amplified by the French statistician Jacques Bertillon in the mid-1890s, causing the public alarm recorded by Paul STRAUSS, »Bulletin«, *Revue philanthropique* 1 (1897): 155–160.

19 Jacques BERTILLON, *Des logements surpeuplés à Paris en 1896*, Paris 1899, pp. 4–10.

through the city for consultation. As a result, so members of the CMP were told in lurid detail, relatives or friends sometimes reported in behalf of a patient, obtained a medication or prescription, and then sold the drugs at a profit on the black market. While we have no way to quantify these illicit operations, expressed concern about their frequency does suggest that the existing health service was functioning very imperfectly and failing to meet the needs of the city's population²⁰.

For that fact there was an additional and more institutional explanation: the uneven distribution of funds and facilities among the capital's twenty administrative arrondissements. Areas around the Paris Opera and the Champs Elysées, for instance, received not only a share of public welfare allocations but also relied on generous private donations and legacies from their wealthy residents. Other sections, notably those on the northeastern perimeter, contained a disproportionate population of paupers and poor workers but claimed few charitable institutions of any consequence. Sentiment in the Municipal Council ran strong to redistribute public funding more fairly throughout the city. Yet to reduce civic aid, say, to the prosperous ninth or sixteenth arrondissements would only discourage philanthropic gifts there, because the indirect effect would be to siphon away that money to other quarters²¹. In addition, as usual, there was the status of the church to consider. Was a recipient of religious charity to be automatically deprived of public welfare funds, or should the Catholic faithful be favored with a double dip? For these nagging questions the city fathers had no ready answer. Instead, they found it more convenient to complain about the »legendary slowness« of the French state to respond to municipal needs²².

In view of this lengthy list of public health and medical problems in Paris, the ultimate question was inexorably posed: how was welfare to be financed? Municipal appropriations for that purpose were rising at an annual rate of nearly one million francs, and they passed 30 million by 1894. The bulk of such funds went to support the city's hospitals, but those paupers who preferred or required home care also received assistance through the *bureaux de bienfaisance*. Although its budget was already stretched near the limit, the CMP debated the feasibility of guaranteeing a ten-franc monthly minimum to every inhabitant. Yet that pitiful sum, as one councillor observed, would surely condemn the poor to begging; and it was, in any event, »unworthy of a civilized society and especially of a democracy«²³. The reality thus limped far behind the vision. In the desperately poor twentieth arrondissement, reported Edouard Vaillant, the elderly were afforded a monthly dole of barely three francs, just enough to assure a slow and painful death in the midst of winter. Manifestly, he said, Paris was saddled with a welfare system that »functions badly« and that needed a total reorganization²⁴. Where should the city obtain the requisite

20 CMP, 27 February and 18 March 1889.

21 CMP, 20 March 1889 and 8 July 1892. At the latter session councillor Bompard estimated the per capita funds available in the 16th arrondissement of Paris at 205.06 francs and in the 20th at 21.49 francs. Later a system was devised whereby $\frac{1}{3}$ of funds distributed by the *bureaux de bienfaisance* were divided equally among the arrondissements and $\frac{2}{3}$ were devoted exclusively to the poorer sectors of the city. Yet the problem of maldistribution remained unresolved. CMP, 6 April 1900.

22 CMP, 5 June 1893.

23 Statement by councillor Cattiaux, CMP, 11 July 1891.

24 CMP, 13 and 17 June 1892.

financial revenues? One proposal, often advanced by the CMP, was for the capital to receive a far larger share of pari-mutual funds, which were collected by Paris racetracks but controlled, curiously, by the Ministry of Agriculture. It was undoubtedly a symptom of perplexity that so much of the Council's frustration was centered on this single solution, a palliative at best. The obvious answer, a full reform of the nation's tax structure, lay well beyond the purview or power of a municipal council²⁵.

All of the foregoing issues were magnified in 1893 by the passage through parliament of an omnibus welfare bill that promised free medical aid to every needy French citizen. The political, medical, and financial implications of this legislation for the French nation and for the city of Paris were impossible to foresee. Only two things were manifest: that France had definitively set foot on the path to a welfare state; and that the problems and conflicts of the past were certain to be compounded.

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If ever a mood of optimism prevailed in the Municipal Council of Paris, it may be located in the late 1890s. Certainly spirits in the Hôtel de Ville were bound to be lifted by the resignation in 1896 of the CMP's perpetual nemesis at the prefecture of the Seine. With Monsieur Poubelle gone, at long last, city councillors could hope that his successor would prove more accommodating. Indeed, one of them even foresaw that with the changing of the guard they might be witnessing »a sort of revolution in the constitution of public welfare in Paris«²⁶.

Yet the alteration in tone had another and far less coincidental reason, one that may appear improbable at first glance but that fostered at least a temporary sense of solidarity between city and state. This was the period, namely, when the French first realized that their nation faced a health crisis of epidemic proportions through tuberculosis. The medical problem of pulmonary infections had a long history before the 1890s, of course, but TB had generally been evaluated as a hereditary ailment by the medical profession and endured with a certain stoicism by the French population. These attitudes did not begin to change, and then very slowly, until the discovery of the tubercle bacillus by Robert Koch in 1882; and it was not before 1890 that the full statistical magnitude of the disease was revealed to the public in detail. France was losing an estimated 150 000 persons a year to tuberculosis, of whom more than 12 000 died annually in Paris²⁷. These disturbing mortality rates had two consequences for the Municipal Council. First, they provoked much recrimination and some reconsideration of the city's financial priorities: whether welfare aid to the poor, the aged, and the orphaned should be rechanneled to TB victims? Or should Paris perhaps abandon plans to construct a metro system in time for the international

25 CMP, 28 December 1893.

26 CMP, 31 December 1895.

27 Discussions of TB were frequent within the medical profession before 1890, as evidenced by the »Bulletin de l'Académie de Médecine«, 14 April 1885, 30 July 1888, and especially the weekly sessions throughout the autumn of 1889. But it did not become an issue in the Municipal Council until thereafter: CMP, 24 November and 3 December 1890, 20 March 1893, 12 July 1894, 7 December 1896, etc.

exposition of 1900²⁸? But second, they also promoted a mutual concern about efforts to combat what everyone suddenly recognized as the greatest scourge of modern society. As councilman Navarre put it, tuberculosis »does not have an exclusively Parisian character but also a national significance«. Hence, he concluded, »the government appears disposed to help the city of Paris through financial cooperation«²⁹.

That, proverbially, was easier said than done. To respond adequately to the perceived crisis Paris would need more hospice and hospital space, more specialized medical facilities and personnel, and above all vastly more funding. The new director of the Paris public health system, Dr. Henri Napias, articulated the predicament quite simply: »The progress of welfare measures has not followed the growth of population«; and because of its insufficient resources, the city thus found itself in »an extremely painful situation«. Accordingly, a massive infusion of capital from the state was imperative if Paris were to wage a fullscale war against tuberculosis³⁰.

To encourage such efforts was no doubt an ambition of French officials at all levels of administration. But the mutual suspicion and basic incompatibility between the CMP and the cabinet were once more evident. The state's Bureau of Public Health and Hygiene wanted Paris hospitals to provide special new isolation wards for tuberculosis patients, whereas council members had reason to fear that complying with this directive would only create a disincentive for the government to act on its own. Only one major new TB facility was constructed in the Paris region before 1900, a sanatorium at Angicourt which was begun in 1893 but which was treating exactly fourteen patients seven years later – at a time when Germany already boasted sanatorium beds for thousands³¹. No political or financial genius was required to draw the conclusion stated rather stiffly before the Municipal Council by Dr. Navarre: »If the state does not intervene we will be powerless, because we do not have sufficient resources to undertake by ourselves the struggle against tuberculosis«³². That sentiment was reinforced by the chairman of the CMP's standing committee on public health, Ambroise Rendu, who claimed that 75 percent of the Parisian poor were born outside the city. The capital was therefore bearing a burden for the entire nation, and the municipal budget was cracking under the load. Despite immense sacrifices, Rendu stressed, Paris could not endure: »We have spent more, we have healed less. That formula summarizes the entire history of public welfare in the past quarter of a century«³³.

The tuberculosis question continued to occupy dozens of hours of the Council's time around the turn of the century. Again, it would be of little utility to pursue these discussions here in further detail, especially since they remained variations on the same theme. As the CMP had hoped, the new prefect of the Seine, Justin de Selves, did prove to be more pliable than Poubelle. He assured councillors that the government was amenable in principle to sharing the cost of additional hygienic

28 CMP, 14 December 1896.

29 CMP, 30 December 1896.

30 CMP, 13 June 1898 and 6 April 1900.

31 CMP, 13 July and 12 November 1900.

32 Ibid.

33 CMP, 30 December 1900.

programs in Paris, and he promised that an increased percentage of pari-mutual proceeds would be forthcoming. Yet the Council continued to regard itself as an unrequited lover and repeatedly passed resolutions proposing »every measure necessary to obtain from public authorities a positive solution concerning an annual participation of the national budget in the expenses of public welfare«³⁴. It is arguable that this persistent cajoling of the cabinet was now accompanied by a keener sense of political realism. If the Municipal Council expected the national government to cooperate with the capital's municipal welfare system, then maybe an easing of anticlerical pressure was appropriate. So it seemed. In December 1900, for the first time in decades, a motion to secularize all Paris medical institutions still staffed by religious personnel was defeated by a vote of 39 to 36. Only two, the hospitals of Hôtel-Dieu and Saint Louis, retained a special legal status because of their founding charters, which had been upheld in a recent ruling by the Conseil d'Etat. Consequently, as Rendu conceded, »secularization cannot be effected« there and a decision to the contrary by the Council would be »necessarily sterile«. Although judicial considerations cannot in this instance be separated from the rest, this shift in the CMP's stance was surely not unrelated to its imminent need to solicit more welfare funds. Ironically, therefore, an alleviation of anticlerical passions in the Hôtel de Ville was perceptible just as the French parliament was drifting onto a course toward the total separation of church and state³⁵.

In fact, a Paris councillor might well have been tempted to believe that the onset of a new century represented a watershed in the relations of city and state. The tuberculosis crisis was at its peak, and the necessity for a general welfare reform was everywhere admitted. The case for an augmentation of the municipal budget with state funds was undeniable, and the CMP was ostensibly willing to ease up on other demands to obtain it. Both a conciliatory prefect and a moderate new director of the Paris public health system were in place. Surely, then, the moment had come for a breakthrough? Yet none occurred. The Council waited in vain for a concrete financial gesture from the parliament or cabinet. By early 1902 Rendu was forced to describe the expectation of major allocations from the state as a »dead letter«; and Dr. Napias qualified the French campaign to combat tuberculosis as »deplorable [and] shameful«. For lack of sanatoria and enforced procedures of disinfection, he added, the Paris death rate through pulmonary disease was undiminished, and »unfortunately, gentlemen, we are virtually disarmed to fight against this mortality«³⁶. The decision to build a second specialized recuperation center for TB victims at Brévannes could not basically brighten this somber picture, whereas it did constitute another drain on the city's dwindling financial reserves. By 1903, to check that indispensable barometer once more, the annual Paris budget for public welfare approached 60 million francs, almost triple the total of a decade before³⁷.

Disappointment is a quantity more difficult to measure. It is nonetheless clear that

34 CMP, 21 June 1901.

35 CMP, 30 December 1900. Eighteen months later the Council voted by approximately the same margin (39-34) not to approve any further secularization without a popular referendum. CMP, 9 June 1902.

36 CMP, 10 and 24 March 1902.

37 The exact figure was 57.4 million francs, of which 7.5 million were distributed through the *bureaux de bienfaisance*. CMP, 31 December 1902.

the CMP was becoming gradually inured to frustration. After a lengthy period of straining to mount civic initiatives, with the frayed pretention of acting for the entire French nation, the capital city seemed to slump back into a reactive posture. We can catch a glimpse of this change by examining three issues – of fundamental concern to both Paris and France – that came to a head about 1905. Characteristically, each went well beyond the Municipal Council's capacity to determine the outcome.

First, there was an agonizing reappraisal of tuberculosis treatment. In the initial two decades after Koch's identification of the bacillus, the French medical profession was thrown onto the defensive. The Germans inaugurated a compulsory health system, founded powerful insurance companies, accumulated vast fiscal reserves for health and hygiene, built numerous sanatoria. Embarrassingly, the French could match none of these advances; and as the death toll from TB declined across the Rhine, it continued to climb in France. No sooner had this unflattering pattern become established, however, than it was placed in doubt. Several members of the French Academy of Medicine challenged the German claims of a high cure rate, and recent French statistics from Angicourt indicated that an alarming number of remissions were very temporary. If so, rather than relying on sanatoria, which required long and costly separation of patients from their families, the French might be better served by a broader program that provided neighborhood dispensaries (to encourage early detection and home treatment) and that promoted slum clearance like that so successful in London. This kind of rethinking was eventually to have an important impact on Paris, because it stimulated both the organization of public hygienic services, such as disinfection, and the planning of extensive public housing projects (*habitations à bon marché*, or HBMs)³⁸.

The second overriding problem was the separation of church and state. The sores of the French Kulturkampf had been festering for decades, and while the CMP was a frequent irritant, as we saw, the religious situation was becoming chronic on a national scale. For our purposes it is relevant to note only that the Municipal Council of Paris was largely a bystander in the culmination of the crisis. This is not to assume that Paris councillors remained oblivious to the implications – including a possible financial bonanza – for the city. At a meeting in July 1903 the CMP approved minor allocations for dispensaries and soup kitchens in the capital, then moved on to an agenda item that, under terms of the Concordat, required an outlay of 185 000 francs for the maintenance of church property. The juxtaposition of these two provisions was all too patent for several members, who touched off a debate over the separation question pending before the parliament. A ballot was inconclusive – 19 for, 15 against, and 43 abstentions – but the anticlerical point was not lost. Later that year, not for the first time, a motion was offered that left nothing to the imagination: the city's entire budget for the support of religious institutions should be diverted to public welfare. Without a formal abrogation of the Concordat by the Senate and the Chamber of Deputies, such action by a municipal council was clearly

38 As Ambroise Rendu said in summarizing a long report: «We are still in a period of study.» Ibid. Doubts among the medical community about German methods had already appeared in the «Bulletin de l'Académie de Médecine», 19 March, 2 April, 2 July, and 24 December 1901. The case for a more varied program of anti-tuberculosis measures was best formulated by a member of the Academy, Professor Joseph GRANCHER, *Tuberculose pulmonaire et sanatoriums*, Paris 1903.

illegal, and the measure was referred to committee. But there was no longer a reasonable doubt that the French government, now firmly in anticlerical hands, would henceforth do the rest³⁹.

Third, the welfare issue itself was reaching a new plateau. In the quarter of a century since 1880 the city of Paris had made total allocations of 600 million francs for this single budgetary category, plus an additional 40 million for »extraordinary« expenses, mostly construction. Yet, as Ambroise Rendu told his fellow councillors, Paris and France had failed to achieve a coordinated program of public health; they were left with only »a system of small packages«. Furthermore, the state wanted the CMP to approve a scheme to create a large number of isolation wards for TB and other communicable diseases, which would require another commitment of 28 million francs⁴⁰. Staggering as such sums were to contemplate, Rendu might also have mentioned the rising cost of aid to widows, orphans, and large families, up at a rate of almost one million francs annually, and the expense of efforts to repress (besides TB) the two other great plagues of European society, syphilis and alcoholism⁴¹. These were matters that could not remain unattended in any large city; and even if Paris officials had been inclined to neglect them, the momentum of national welfare reform was irresistible. Once the bill of 1893 on free medical care had been implemented, demand arose to provide more extensive coverage for the elderly, the disabled, and the incurably stricken. In essence, France was being slowly swept into the process of founding a social security system that would guarantee a minimum existence for every citizen. When more legislation was enacted in 1905, the destitute population of Paris was of course first in line. It only remained to see how much they would be paid, and by whom⁴².

The response of the Paris Municipal Council to these larger developments typified the ambiguous attitude of many of its members toward the state. Few of them could really object on grounds of principle or politics to the implantation of a welfare system. Most were solidly in favor of expanded medical care for the poor, total secularization of hospitals, public housing, and the rest. Yet in the words of the CMP's newly installed president in 1905, Paul Brousse, their objections were nevertheless unmitigated against the »administrative dictatorship« consistently exercised by the national regime, no matter what the composition of the cabinet⁴³. The wording of a resolution adopted at the end of that year was consequently reminiscent of the CMP's initial protests against Poubelle two decades earlier. It pointed out that the city of Paris, bereft of adequate financial support from the parliament, was carrying fully 72 percent of the welfare costs generated in the capital. Yet on most of the crucial issues of the day, »the opinion of the Municipal Council has not been sufficiently taken into account«. Therefore the CMP emphatically demanded the

39 CMP, 10 July and 13 November 1903. From the vast literature on this topic, see especially Jean-Marie MAYEUR, *La separation de l'église et de l'état*, Paris 1966.

40 CMP, 24 March 1904.

41 CMP, 30 December 1904, 30 June and 12 July 1905, 14 March 1906, etc. The interconnection among these hygienic problems is analyzed in MITCHELL, *The Unsung Villain: Alcoholism and the Emergence of Public Welfare in France, 1870-1914*, in: *Contemporary Drug Problems* 13 (1986), 447-471.

42 See Henri HATZFELD, *Du paupérisme à la sécurité sociale, 1850-1940*, Paris 1971, pp. 65-79.

43 CMP, 27 March 1905.

abolition of existing laws governing welfare organization and requested the »municipalisation« of public health services⁴⁴. Precisely what that term meant, we can only speculate. It is perhaps best accepted simply as an expression of dismay, albeit one that could not altogether dissimulate a certain spirit of resignation. Above all, we cannot fail to note an implicit selfcontradiction in the pleas of the Municipal Council, at the same time, for more state aid and less state control.

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Politically speaking, the final decade before the First World War was marked in the municipal chambers of Paris by drabness and a loss of verve. True, this was the fabled Belle Epoque, which in the drawing rooms and ballrooms of the capital easily lived up to its epithet. Yet the practical difficulties of directing the city were manifold, and few of them had been mastered since the mid-1880s. To penetrate into this period, therefore, it is important to analyze how and why this malaise was manifest.

One endless source of discomfort for the Municipal Council was the fact that »municipalisation« remained a mirage. More often vaunted than carefully defined, the objective of greater autonomy for the Paris program of public welfare proved to be largely a rhetorical exercise, and it should be treated as such. Records of the CMP are sprinkled with cynical remarks by city councillors about their counterparts in the state administration, who conducted themselves with »a flagrant lack of courtesy«. Protests or blandishments were to no avail with them, alas, for the simple reason that the status of public health agencies was still regulated by an 1849 law, and the French parliament had no interest in modifying it. Consequently, as Dr. Navarre commented, »we are treated like children« and the Council was consigned to a »humiliating situation«. The well established pattern of political antagonism between city and state thus continued in the same form it had assumed since the conclusion of the Paris Commune⁴⁵.

Much the same may be said of finances. The difficulty was uncomplicated and inflexible: welfare costs rose but tax revenues, in the same measure, did not. Part of the explanation was probably the self-proclaimed success of the CMP in finally obtaining the complete secularization of public health facilities in Paris through the expulsion of nuns from the hospitals of Hôtel-Dieu and Saint Louis. But the price for that schadenfreude was steep: according to Ambroise Rendu, the expense of providing for lay medical personnel had tripled in the fifteen years since 1892⁴⁶. Even more formidable was implementation of the 1905 law on welfare for the aged, infirm, and incurable. After much debate the Council decided to set the monthly rate of public assistance for those categories at 30 francs (although the actual number of poor receiving such benefits was still unknown!). A motion that the distribution of this aid be made contingent on an award of subsidies to the city by the state was rejected by the CMP, generally on the humanitarian grounds that the needy had a right to an assured minimum existence, no matter what the resulting fiscal plight of the city. Yet highminded principles do not meet bills. The councillors' recognition of

44 CMP, 30 December 1905.

45 CMP, 25 November 1907 and 31 December 1910.

46 CMP, 31 December 1907.

that elementary truth was epitomized by a wry comment, variously attributed, that circulated among them like some Chinese proverb: he who seeks reform should be prepared to pay for it⁴⁷. The gap between theory and practice was well illustrated in two sessions of the CMP during November 1906. In the first Rendu closed a discussion of the alarming death rate due to inadequate housing and hygiene by observing that an infusion of 50 million francs from state funds might enable the city to cope; whereas a week later Dr. Navarre reported triumphantly that a delegation of councillors had managed to extract from the Ministry of Agriculture the promise of an additional 500 000 francs in *pari-mutual* proceeds⁴⁸.

In view of these inveterate fiscal deficiencies, one might have expected the Municipal Council to join the crusade to pass a progressive income tax. Yet a forthright affirmation was conspicuously absent in its deliberations. To assume that such reticence was merely a realistic admission of parliamentary prerogatives would be mistaken. The truth was that most Council members, including leftists, were frankly apprehensive that new taxation measures would only increase the city's share of the national budget; and if so, an even greater hardship would thereby be imposed on Parisian artisans and workers, who drew higher verifiable wages than laborers or peasants in the provinces. To this reluctance can of course be added that of every self-respecting Parisian bourgeois who worried that the state might impose a mandatory declaration of earned and inherited wealth⁴⁹. Withal, the CMP found itself ensnared in another dilemma, vociferously denouncing a fiscal impasse yet balking at its most suitable resolution.

At the same time, the epidemic of tuberculosis raged unabated. The best available statistics (one must recall that registration of the disease was still not obligatory in France) indicated that in 1907 precisely 689 more Parisians died of pulmonary TB than in 1906. In other terms, the mortality rate of the city exceeded thirty tuberculosis victims a day, more than one thousand each month⁵⁰. Failure to construct popular sanatoria because of cost overruns was only one factor. There was also continued doubt in the French medical community about the efficacy of therapeutic techniques pioneered by the Germans. »The question has not been resolved,« a public health official told the CMP; indeed, the latest statistics had created »obscurity« concerning the curative value of prolonged physical inactivity. In that case, at a time »when science is uncertain and troubled about treatment,« it might be inadvisable to allocate huge sums for specialized TB facilities⁵¹. A lack of resolve thus reinforced the shortage of funds. No less to blame was the fierce resistance of suburban communities near the capital that opposed the location of contagion centers in their midst. In their opinion, with which many administrators and mayors concurred, the municipality of Paris had no right to threaten the health of citizens in outlying communes by dumping its undesirables there. City councillors were not insensitive to these objections, but they despaired of the alternatives: either to retain within city limits

47 CMP, 30 December 1904, 17 December 1906, and 31 December 1907. »Qui veut des réformes doit les payer«, were the exact words of Henri Rousselle on the last day of 1907.

48 CMP, 19 and 26 November 1906.

49 CMP, 8 July 1907.

50 CMP, 30 March 1908 and 28 November 1910.

51 CMP, 7 April 1909.

a numerous and highly infectious cohort of tuberculosis victims, or to invest heavily in TB sanatoria far off in some rural region to which few Parisians would freely consent to be banished⁵².

Public housing was a further issue on which the CMP temporized during the prewar years. Recent statistics demonstrated that 37 percent of the Parisian population were inadequately housed – perhaps not excessive, relatively, for a European metropolis of that era, and yet more than enough to confirm a *crise de logement*. We have witnessed that an effort to build HBMs had already begun before 1900, but it was relegated largely to the realm of private enterprise with scattered and mixed results. Now the Municipal Council wished to take the matter in hand through a concerted attempt to rid Paris of its »dark islands« (*îlots noirs*), in which disease, alcoholism, and crime were thriving. Two obvious hindrances blocked the way. The first, as always, was finance. It would be tiresome to rehearse once more all the debates that were provoked and the «profound differences» that were again revealed between the proponents of private and public initiative⁵³. Amazingly, in the end total unanimity was reached when the CMP voted 72-0 to obtain from the state a 200 million franc loan – a decision promptly ratified by the Chamber of Deputies and the Senate in the spring of 1912. But this action hardly represented a resounding victory for municipal autonomy⁵⁴. Beyond that, a second confounding problem was expropriation. Successful as it was, the reconstruction of Paris by Haussmann a half-century before had fortified reluctance of the CMP to sanction indiscriminate dispossession of private residences. Nor was the sequence of demolition and construction inconsequential. Unless new housing were provided before the old was destroyed, paupers and TB patients would be thrown helplessly onto the city streets. As a result, many a condemned building, still occupied, stood long beyond its time, and the »dark islands« did not soon disappear⁵⁵.

The faltering of reformist élan may be ascribed, finally, to growing doubts about the entire orientation of French public welfare. In a sense, this reconsideration was inseparable from the nationalist revival that occurred after 1905 and especially following 1911. It was always in comparison to imperial Germany that France measured the demographic deficit, and that now became more urgent than ever. Ambroise Rendu went straight to the essentials: the number of births in France had declined from one million in 1861 to 770 000 by 1909; the intervening half a century had meant an absolute loss of 230 000 »little Frenchmen« every year. None of Rendu's auditors, of course, could overlook the military innuendo. In addition, he went on to suggest that the French welfare system, in light of these numbers, needed to reorder its priorities: »Let us not fear to say it, for it is the truth. A nation should above all protect the productive elements of its population. It has a duty, in order to survive and develop, to think first of those who will be the future rather than of those

52 CMP, 14 February 1910.

53 CMP, 12 April 1905; 14 March, 11 June, and 19 November 1906; 24 June 1907. The issue of public housing continued to preoccupy the Council until reaching its peak, *ibid.*, 30 March and 1 April 1912.

54 CMP, 2 April and 12 July 1912.

55 CMP, 27 March, 12 July, and 29 December 1911; and 4 November 1912. On this question see Nicholas BULLOCK and James READ, *The Movement for Housing Reform in Germany and France, 1840–1914*, Cambridge 1985.

who represent the past.« Instead of devoting millions of francs to care of the aged and ailing, France should divert the bulk of welfare funds to large families, founding children, unwed pregnant women, and curable tuberculosis patients. Welfare policy would thereby become »exactly the opposite« of years past by »breaking old molds« and »completely transforming« the existing system of public health⁵⁶.

One must comment that these brave proposals came very late in the day, that they diverged radically from a far more sober reality, and that they were spoken into a municipal chamber long ago disabused of the ambition to implement them. Although Rendu was chairman of the CMP's permanent committee on public welfare, and hence among the most influential of Paris councillors in that sector of civic activity, there is no evidence that his political and oratorical skills importantly altered the course of affairs. A more accurate gauge of the Council's disposition was provided by a session in November 1912, when Rendu followed his programmatic statements with a preemptory demand that elderly residents of Paris, who had immigrated from the provinces and who were without family support and dependent on welfare allocations, should be required to return to the departement of their origin. Most councillors could agree with Rendu that the shortage of housing and of hospital beds in Paris was acute. But the folly of his proposal was exposed by a colleague, who observed that the aged simply refused to volunteer for departure: »They want to die where they have lived, that's all. It is very human.« Rendu had no rebuttal, and the matter was dropped⁵⁷.

The Municipal Council of Paris thereupon approached the year 1914 in a subdued and chastened mood. As the prefect of the Seine admitted, the city's budget faced a »hideous deficit«⁵⁸. Moreover, the main policy conflicts with the state were mostly unresolved – unless one wishes to count the separation of church and state as a great anticlerical achievement to which the CMP had contributed. In the final session of 1913, met at the Hôtel de Ville on New Year's Eve, the Council's principal topic was not surprisingly the 1914 budget. The city was under pressure from the state to raise the tax rate, whereas the councillors assumed their long accustomed stance of requesting a grant of larger subsidies from the regime. »Is it forbidden for us to hope«, one of them asked whistfully, »that at least some of our justified claims against the state will finally gain satisfaction«? If the Council should ultimately agree to increase local levies, he added, »that will be solely to close the gap created by the arbitrary authority of the state in municipal finances«. The debate carried on into the night and ended, appropriately, without firm conclusions. It was shortly before 3 a.m. when the weary councillors finally departed into the city's darkened streets⁵⁹. That chilly morning of January 1, 1914, is the proper terminus of the CMP's prewar history. The subsequent records of that year are strangely silent concerning the issues that had agitated it since 1885 and before. A special session was convened in February to discuss the question of grain supply for Paris in the event of a national mobilization. Later, in March, an examination of the city's role in aiding military personnel was conducted with scarcely a reference to the potential budgetary

56 CMP, 25 July 1910.

57 CMP, 15 November 1912.

58 CMP, 31 December 1913.

59 Ibid.

impact⁶⁰. The minutes of the Municipal Council in 1914, in short, are conspicuous for what they do not betray about the past. Even before the fateful assassination that summer at Sarajevo, we must conclude, an atmosphere of apprehension was already abroad in Paris. The CMP's final session occurred on July 10, solemnly, totally without the rhetoric and rancor of years gone by, as if everyone were awaiting the first great roar from the guns of August.

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Looking back across the entire history of the Municipal Council of Paris between the wars of 1870 and 1914, one has the inescapable sensation of viewing a collection of wrinkled daguerreotypes discovered in an attic. The images are now brown and blurred, the faces faded virtually beyond recognition. Very few individual members of the Council have left any distinctive trace; or they are, like Georges Clemenceau and perhaps Paul Strauss, more likely to be recalled for other reasons. Nor do these ancient snapshots have sturdy political frames. That is to say, in retrospect, that parties and organized political factions played remarkably little part in the Council's proceedings at least until a more conservative phase began after 1900. Its orientation was ordinarily leftist: the overwhelming majority of Paris councillors were Radicals and Socialists of one stripe or another. But that went without saying at the time, and it would not be useful to conceive of the subject in such terms. Truth to tell, the CMP was one of those rare political assemblies dominated not by individuals or interest groups but by issues.

At the head of the list, of course, came anticlericalism. From beginning to end the Council supported separation of church and state, thereby serving as a constant prod to the French national government. The shift of emphasis in secularization from schools to hospitals was a consistent extension of that principle from one public institution to another. The same rationale, shared by most Paris councillors over half a century, always obtained: that the taxpayer's money should not be employed to favor one portion of the population over others, and that public establishments should not be podiums for sectarian propaganda. What was clear enough in theory was often obfuscated in practice, however, and the Council can fairly be charged with occasional displays of an oppressive attitude of self-righteousness, acting as if the Roman Catholic clergy somehow maintained a monopoly on prejudice. Still, the CMP stood firmly for secularization and accepted full responsibility for fostering that policy in the city of Paris.

By contrast, in its other major objective the Council totally failed. No doubt the urge to strengthen municipal autonomy always had something fanciful about it within the venerable context of French centralism. Tocqueville probably had it straight in his commentary on the fall of the Old Regime: Paris was France. But the blade cut both ways: France was also Paris. That was the lesson of the Commune in 1871, and it could not be obliterated thereafter. The ambition of the CMP to act for the entire nation was repeatedly overruled. The republican constitution allowed Paris no mayor, and it thereby created an unequal contest between the CMP and the prefect of the Seine. That tilt was most evident during the long administrative tenure

60 CMP, 13 February and 25 March 1914.

of Eugène-René Poubelle, but it was structural rather than episodic, institutional rather than personal. The lowly French trashcan might be considered as a fittingly banal symbol of the Council's futility and wasted effort. After all, it was Poubelle who prevailed and who is, even if unconsciously, commemorated each day by millions.

The most accurate litmus test of the CMP's lack of effectiveness was unquestionably finance. Local initiatives depend on a capacity for separate spending. It is one thing to propose or proclaim a reform, another to pay for it. The problem was that, by any definition, social progress only brought increased fiscal strain. Introduction of compulsory primary education and expansion of secondary schooling could not fail to encumber the budget of a city whose population continued to grow even as the nation suffered through a demographic slump. The same pressure was exerted after 1885 by the proliferation of hospitals and of public health agencies. Meanwhile the French state possessed the power, and used it, to pass legislation that further deepened the city's obligations. Yet one cabinet after another refused to sponsor major state subsidies to meet municipal expenses, while the French parliament dithered over a decision to adopt a progressive income tax. Unavoidably, then, the city was left holding an empty bag with which it could only beg alms. The massive loans contracted by the CMP shortly before 1914 put fiscal matters into their proper perspective and tell as much about the true profile of French politics during the early Third Republic.

A slow waning of civic aggressiveness therefore became apparent after 1900. Partly that loss may be attributed to a healthy realization of the distance between rhetoric and reality. But mostly it was an instance of national issues crowding out local concerns, all the more so as France's longstanding international rivalry with Germany assumed ominous proportions. As the crisis approached there was pride as well as resignation in acknowledging that Paris was not simply a city but the city, not just a municipality but first of all and above all the capital of a great nation. Hence, when the Great War commenced, the *union sacrée* melded not only parties or classes together but also city and state. For a brief time, at least, Paris and France were one.