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Public Health and the Politics of Haussmannization in Nineteenth-Century Paris, 1830-1870

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Table of Contents

Introduction

Beginning in 1852, Second Empire ruler Napoléon III and his Prefect of the Seine, Georges Haussmann, transformed Paris through the construction of boulevards that cut through the city, the expansion of the sewer system, and the clearance of what the state considered insalubrious working-class housing. By characterizing workers' housing as insalubrious, Napoléon III and Haussmann leveraged public health concerns to justify the large-scale destruction of working-class neighborhoods to reduce the threat of disease and suppress working-class militancy. Essentially, Napoléon III and Haussmann appropriated public health as a tool of state control to reduce disease and civil unrest. While Napoléon III and Haussmann's use of public health as a mechanism of social control was novel, their declaration of working-class areas as insalubrious was directly reflective of hygienists' pathologization of workers over the last two decades. Prominent hygienists such as Louis-René Villermé, Alexandre Parent-Duchâtelet, and Eugène Buret laid the intellectual groundwork that Napoléon III used to rationalize Haussmannization during the Second Empire. In this way, my thesis adds to current literature that suggests Haussmannization aimed to consolidate control over workers by eradicating working-class spaces and elaborates on public health's role in legitimizing Napoléon III's marginalization of workers. Furthermore, I argue that Napoléon III used hygienists' classification of poverty, crime, and working-class militancy as public health crises to justify his intention to redesign the city and decrease workers' potential social and political power.

During the first half of the nineteenth century, French hygienists grappled with the "social question" that arose with rapid industrialization and urban migration. The social question encompassed a wide range of issues that included the proliferation of poverty, disease,

criminality, and environmental degradation.[1] Anxiety about the social question heightened during the July Monarchy as ruler Louis-Phillipe and Prime Minister François Guizot sought to increase the constitutional monarchy's power and consolidate control over workers amid outbreaks of cholera and working-class unrest. As a result, the monarchy assigned hygienists an increasingly influential role in its goal to consolidate political authority and stamp out working-class insurgencies. For their part, hygienists advocated for the expansion of state power to implement state-level public health reforms that would address the threat that poverty and working-class militancy posed to the regime's political and social stability.

The hygienist community was comprised of experts from a wide range of disciplinary fields, including physicians, chemists, veterinarians, and engineers who aimed to investigate and address causes of diseases ranging from inadequate urban sanitation infrastructure to industrial pollution. From its outset in the late eighteenth century, the modern disciplinary development of public hygiene had been strongly tied to state-funded institutions such as the Paris Faculty of Medicine and the Royal Society of Medicine. However, hygienists' status as state authorities was strengthened with cholera's arrival in France in 1832 and the increase in violent conflicts between workers and the police during the 1830s. From a long-term perspective, French society's recognition of hygienists as authoritative figures was also the product of a movement among political groups such as the Doctrinaires to secularize knowledge and diminish the clergy's authority in the decades before and following the French Revolution.[2] For this reason, hygienists became prominent state figures during the July Monarchy even as they shared similar beliefs with the clergy in identifying moral degeneration as the root of poverty and crime.

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[1] Andrew Aisenberg, *Contagion: Disease, Government, and the "Social Question" in Nineteenth-Century France* (Stanford, Calif: Stanford University Press, 1999), 3.

[2] Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge [Cambridgeshire]; New York: Cambridge University Press, 1987), 4.

Concerns regarding moral degeneration were not new to nineteenth-century France. Before the French Revolution, clergymen similarly identified disease, poverty, and crime as social ills endemic to an urbanizing society. To curtail these issues and reinforce their social and political authority, the Catholic Church established hospitals, poor houses, and asylums to reform individuals through prayer and charity.[3] However, an emerging community of professional hygienists began to assume clergymen's authority as social reform leaders after the French Revolution. For these hygienists, scientific objectivity and empiricism rather than religion would compose the intellectual foundation for future social reform. Solutions to man-made problems such as disease, poverty, and crime would be rooted in medicine, psychology, and biology.[4] Moreover, hygienists proposed that these solutions be ideally implemented through state-level public health reforms to increase the efficacy of measures over large urban populations. To this end, state-run medical institutions overseen by licensed professionals would replace the clergy's unregulated and privately funded establishments. Despite hygienists' persistent efforts in compelling the central government to implement public health reforms, Bourbon monarchs Louis XVIII, his successor Charles X, and their respective cabinets could not dedicate resources to expanding public health bureaucracies and infrastructure amid fierce political opposition during the 1820s. During this period, hygienists received limited government funding to study industrialization's effects on workers and recommend local measures to improve workers' health. However, these recommendations were often poorly heeded due to a lack of enforcement and funding. As I will show, however, the cholera epidemics and working-class uprisings in 1832, 1834, and 1839 strengthened the relationship between hygienists and the July Monarchy

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[3] *Ibid*, 278.

[4] Ann Fowler La Berge, *Mission and Method: The Early Nineteenth-Century French Public Health Movement*, Cambridge History of Medicine (Cambridge ; New York: Cambridge University Press, 1992), 6–7.

government. Effectively, cholera's outbreak demonstrated the necessity of hygienists' proposed statist public health model and justified the constitutional monarchy's efforts to expand its authority as an excuse to subdue insurgent working-class groups. For this reason, I suggest that this alignment between the state and hygienists' interests to politically suppress workers and centralize public health regulation culminated in the creation of scholarship that directly informed Napoleon III and Haussmann's justification for reconstructing Paris.

This study explores how the developing field of public health molded the processes of Haussmannization throughout the Second Empire. I demonstrate how hygienists' persistent efforts to implement state-level public health reforms throughout the nineteenth century justified Napoleon's use of state power to clear insalubrious housing in Paris by employing the 1850 Law on Insalubrious Dwellings. This law along with hygienists' classification of poverty, crime, and cholera as public health crises allowed Napoléon III to expand Haussmann's powers as the Prefect of the Seine to address rampant insalubrity by destroying working-class neighborhoods. For this reason, my study reinforces current narratives that argue that Napoléon III used Haussmannization as a method to suppress working-class dissent by demonstrating the hygienists' role in justifying the marginalization of workers. To this end, I examine the political and social contexts that influenced hygienists' rise to power as state authorities during the July Monarchy to illustrate how and why Napoléon III was able to weaponize public health as a mechanism of state control against workers. Critically, I outline how frequent cholera outbreaks elevated hygienists' importance in French society as they collaborated with municipal authorities to implement disease-mitigating policies in the 1830s and 1840s. Moreover, hygienists such as Louis-Rene Villermé and Eugene Buret suggested that working-class militancy contributed to cholera's transmission and could even be considered a public health issue in its own right. By

framing working-class militancy as a public health concern rather than a political matter, hygienists enabled Napoléon III's expansion of state power to target working-class spaces under the guise of improving public health. Effectively, Napoléon III and Haussmann's appropriation of public health allowed them to legally impede upon the personal liberties of workers by citing the insalubrity of workers' houses to legitimize their destruction of entire communities. Napoléon III and Haussmann cited hygienists' long-term efforts to implement hygienic reform, to circumvent accusations of state overbearance which had incited numerous working-class uprisings over the prior two decades. In this way, hygienists exerted a substantial influence on the expansion of state power and Haussmannization through the weaponization of public health against workers during the nineteenth century.

Medicine as Power

The history of medicine and its relationship to political power owes much to Michel Foucault's *Birth of the Clinic* and his theory of the archeology of knowledge. Foucault's *Birth of a Clinic* articulates the relationship between medical discourse and power in 18th and 19th-century European societies. Tracing the roots of medical positivism to the Age of Enlightenment and the French and American Revolutions, Foucault argued that the medical clinic was not only a site of learning but also an institution that reflected medicine's status as a new form of discursive power in French society.[5] In building their reputations as objective, rational authorities who rooted their conclusions in empirical evidence, doctors replaced clergymen as eminent experts on the human body.[6] Subsequently, Foucault maintained that "the clinic-constantly praised for its empiricism, the modesty of its attention, and the care with which it silently lets

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[5] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, 1st American ed., World of Man (New York: Pantheon Books, 1973), xiii.
[6] *Ibid*, xv.

things surface to the observing [medical] gaze without disturbing them with discourse-owes its real importance to the fact that it is a reorganization in-depth, not only of medical discourse but of the very possibility of a discourse about disease."[7] According to Foucault, French society characterized doctors as experts who formed their medical opinions as facts unadulterated by social or political pressures. Significantly, Foucault's study revealed that the objective archetype of the modern doctor was symbolic of an epistemic shift that placed the site of knowledge production about the body, disease, and medicine in the clinic rather than the church.[8] For this reason, Foucault's study is instrumental in the historiography of disease and hygiene as it illustrates how medical experts cultivated discursive power in French society during the nineteenth century.

Foucault's emphasis on the clinic as a dominant site of knowledge production during the nineteenth century has been carried throughout a diverse body of contemporary social and political histories that outline medicine's role in modern French political discourse. Jan Goldstein's *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* exemplifies the prevalence of Foucault's theory of knowledge and power as it shaped the discourse on the history of medicine in the 1980s and 1990s. Goldstein provides a historical genealogy of the psychiatry profession in France, starting with its origins in the late eighteenth century and tracing its development throughout the nineteenth century. As Foucault had done previously in *Birth of the Clinic*, Goldstein emphasizes how knowledge secularization fundamentally transferred authority away from the clergy and into the hands of a growing number of professionalizing physicians in the wake of the French Revolution. As Goldstein points out, this shift in power reflected the condemnation of the Roman Catholic Church's

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[7] *Ibid*, xix.
[8] *Ibid*, xv.

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corruption and rejection of priestly authority during the French Revolution. The clergy's decline in power coincided with the professionalization of medical fields such as psychiatry that spawned from the Enlightenment.[9] Physicians distinguished their practices from faith-based methods of treatment in Catholic hospitals and asylums by rooting their investigations and findings in the language of empiricism and scientific objectivity.[10] Notably, Goldstein's later chapters examine how the psychiatric profession became intertwined with state politics through the Doctrinaires' passage of the Law of 1838, which aimed to reinforce social order by establishing a network of state-sponsored secular asylums that reduced the presence of charity-run Catholic asylums.[11] For this reason, Goldstein remarks that the history of French psychiatry is "really a set of concurrent histories" that encapsulate the intellectual history of scientific development during the Enlightenment, the social context from which secularization and professionalization emerged during the French Revolution, and the political history of psychiatry's institutionalization and appropriation by the state.[12]

Goldstein distinguishes herself from traditional Foucauldian genealogists by showing how psychiatry's professionalization was influenced by political and social instability following the French Revolution. Foucault's *Birth of the Clinic* evaluates how clinics and hospitals developed into sites of discursive power that formed the foundation of physicians' authority by focusing on conceptual shifts in knowledge formation during the eighteenth and nineteenth centuries that occurred independently of political regimes. In contrast, Goldstein emphasizes that psychiatry's professionalization was shaped as much by post-revolutionary government policies as by intellectual shifts toward secularization. In other words, Foucault's work does not

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[9] Goldstein, *Console and Classify*, 4-6.
[10] *Ibid*, 3-4.
[11] *Ibid*, 278.
[12] *Ibid*, 1.

emphasize the importance of political regimes while Goldstein's narrative strives to highlight how psychiatry's development reflected shifts in political power. Nevertheless, Goldstein acknowledges the Foucauldian ring her analysis possesses as it pertains to her study of the development of psychiatry's classification system and its ability to establish the parameters of normal and deviant behavior.[13] However, her study's primary concerns are understanding how psychiatry gained authority in French culture and its consequences outside of the asylum in nineteenth-century France. In this way, *Console and Classify* exemplifies the eminence of Foucault's influence in the 1980s and 1990s while still applying a historical methodology to provide a broader picture of medicine's social and political power. For this reason, Goldstein's intent to seat the history of psychiatry within the intellectual, social, and political contexts of nineteenth-century France informs the purpose of this thesis as I seek to demonstrate how the intellectual development of public health was enmeshed within the July Monarchy's tumultuous social and political landscape.

Published only a few years following *Console and Classify*, Ann La Berge's *Mission and Method: The Early Nineteenth-Century French Public Health Movement* contextualizes public health's development and institutionalization within the context of competing ideologies of liberalism, conservatism, socialism, and statism during the Bourbon Restoration and July Monarchy.[14] While Goldstein and La Berge trace the development and professionalization of their respective medical fields, they differ significantly in articulating medicine's relationship to state power. Whereas Goldstein's narrative highlights the professionalization of psychiatry as a process tied intimately to shifts in state power, La Berge's work does not delve deeply into the relationship between hygienists and political regimes. Instead, *Mission and Method* confines its

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[13] *Ibid*, 5.
[14] La Berge, *Mission and Method*, 2–3.

analysis of the public health movement to its most notable proponents, such as Villermé and Parent-Duchâtelet, and the emergence of critical public health organizations and committees during the early nineteenth century.[15] La Berge primarily concentrates on the intellectual development and subsequent formation of public health organization and municipal bureaucracies, with little mention of the political conditions that influenced the profession's earliest debates over the state's role in public health regulation. Nevertheless, *Mission and Method* is a foundational piece of scholarship in the historiography of French public health because La Berge provides an overview of the field's early ideological debates and the beginning of hygienists' attempts to introduce state-level public health reforms. As La Berge demonstrates, hygienists' efforts to advocate for a statist public health model radically influenced the July Monarchy's approach to crises such as cholera.[16] In this way, La Berge's scholarship provides a solid foundation for understanding the ideological tensions between statism and liberalism that shaped the structure and goals of the public health movement.

Crime and Poverty as Moral Diseases

In addition to the work of Goldstein and La Berge, who explore the institutionalization and professionalization of medicine, this paper also draws upon scholarship that evaluates hygienists' moralization of crime and poverty as a response to emerging cultural anxieties regarding working-class unrest. Published in 1984, Robert Nye's *Crime, Madness, and Politics in Modern France* highlights how social changes were central in shifting medical discourse during the Third Republic. Essentially, Nye argues that physicians' fixation on moral degeneration was a response to contemporary social and cultural anxieties that linked crime,

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[15] *Ibid*.
[16] *Ibid*, 32-34.

mental illness, prostitution, and addiction to national decline in light of France's defeat in the Franco-Prussian War.[17] However, Nye maintains that social anxiety about moral degeneration during the Third Republic resulted from "the attitudes and value orientations that encouraged doctors to apply medical criteria to the whole of social life."[18] As such, Nye suggests that the emergence of doctors as influential authorities in public health reforms and legal cases led to the medicalization of a wide range of social issues, including poverty and crime.[19] Nye explains that the pathologization of deviance "served the thoroughly cultural aim of explaining to the French the origins of national decadence and the weaknesses of their population."[20] From the perspective of nineteenth-century physicians, moral degeneration was the root of poverty and crime but could be diagnosed and solved through careful medical treatment. In medicalizing deviance as a threat to social stability, the French state could justifiably infringe upon the individual's rights to preserve the collective well-being of society.

Adopting a similar approach to studying the social and political history of disease, David Barnes' *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France* and Andrew Aisenberg's *Contagion: Disease, Government, and the "Social Question" in Nineteenth-Century France* illustrate the role of government institutions in moralizing and regulating disease. For Barnes, the French state's war against tuberculosis was a proxy for the bourgeois' conflict with the working class as factory laborers disproportionately contracted tuberculosis. The prevalence of tuberculosis amongst workers compared to their wealthier bourgeois counterparts was interpreted as evidence of working-class immorality because the

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[17] Robert A. Nye, *Crime, Madness, & Politics in Modern France: The Medical Concept of National Decline* (Princeton, N.J: Princeton University Press, 1984), xii.
[18] *Ibid.*
[19] *Ibid.*
[20] *Ibid*, xiii.

dirtiness of working-class neighborhoods was considered an indication of laziness and ignorance.[21] Similarly, Aisenberg suggests that the state viewed working-class immorality as contagious and therefore a threat to the social order. Furthermore, the state used the ambiguous concept of contagion as a way to "reconceive the relationship of the individual to the social order outside of the framework of individual right, in the process providing the government with the justifications and techniques to address the social problems and sources of social conflict created by the exercise of individual rights."[22] Government authorities could rationalize their infringement on the individual rights of working-class citizens by defining an entire class as pathological and inherently immoral. Significantly, their assertions would be supported by the work of hygienists like Villermé and Buret. As both Barnes and Aisenberg's scholarship suggests, the state's goal in implementing public health measures was not just to prevent the spread of disease but to also contain the threat that working-class unrest posed to the state's power. In this regard, my thesis builds upon Barnes and Aisenberg's work by highlighting hygienists' pathologization of working-class poverty and crime as a response to cholera's arrival in France in 1832 and the rise of working-class unrest during the July Monarchy. As I will show, the pathologization of working-class militancy integrally informed the destruction of workers' arrondissements during Haussmannization.

From a broader perspective, the historical relationship between hygiene and power also echoes throughout the expansive historiography of scientific theories of race and criminology. Informed by national anxieties about racial deterioration and the belief that criminality possessed a hereditary component, European medical experts and criminologists sought methods to identify

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[21] David S. Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France* (Berkeley, CA: University of California Press, 1995), 4, 56-57.
[22] Aisenberg, *Contagion*, 2.

biological features that increased one's propensity to commit a crime. Criminologists commonly highlighted race and class as major determining factors in the committing of crime. However, scientific theories that related race and class to crime were often mobile concepts that could be appropriated by the state to criminalize and punish those that threatened the sanctity of social hierarchies in nineteenth-century European societies. Joshua Goode's article "Corrupting a Good Mix: Race and Crime in Late Nineteenth-and Early Twentieth Century Spain" articulates the malleability of scientific understandings of racialized criminology in its application to various contexts. Rather than focusing on racial purity or a lack thereof as many European eugenicists asserted, Spanish criminologists emphasized racial mixture to explain rising rates of criminality in cities and working-class neighborhoods.[23] Goode's article engages with the scholarship of Robert Nye and Daniel Pick's *Faces of Degeneration* in suggesting how particular socio-political contexts informed the urgency of medical studies on criminality. Pick's study aims to convey the "recognition of the political complexity of the idea of degeneration, its over-determination, and irreducibility to a single cause or origin," emphasizing the "historical specificity of the model of degeneration."[24] Goode, Nye, and Pick communicate the distinct national influences that shaped medical discourse about race and criminality and the dominant position that individuals on society's fringes occupied in the state's goals to consolidate social control over dissident groups. In this regard, the centrality of criminality in state and medical discourses is a self-perpetuating problem. The state could take action to subjugate its opponents directly, but doing so would potentially create an unseen and unknown danger if it could no longer easily

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[23] Joshua Goode. "Corrupting a Good Mix: Race and Crime in Late Nineteenth- and Early Twentieth-Century Spain." *European History Quarterly* 35, no. 2 (2005): 243-244.; Joshua Goode. *Impurity of Blood : Defining Race in Spain, 1870-1930*. (Baton Rouge: Louisiana State University Press, 2009),143-146.

[24] Daniel Pick, *Faces of Degeneration: A European Disorder, c.1848-c.1918, Ideas in Context* (Cambridge ; New York: Cambridge University Press, 1989), 2–3.

surveil problematic individuals. However, allowing subversive workers to remain in highly visible spaces also posed the danger of spreading anti-state rhetoric that challenged the premises of state power. Consequently, Napoléon III and Haussmann chose to incorporate aspects of both approaches by relegating workers to the suburbs while keeping them central to the discussion of public health to justify their surveillance.

Although scientific rationale reinforced the perception of workers' inferiority, workers did not accept their social position as natural or rational during the mid-nineteenth century. Despite the best attempts of early hygienists, the working class frequently pushed back against rhetoric that dismissed their rebellion against poor working and living conditions in Paris as unfounded critiques of the masses. In protesting against state tyranny, workers forced the state to adapt its policing strategies to avoid being accused of reviving the Ancien Règime's corruption and inciting another revolution. Consequently, Napoléon III utilized hygienists' pathologization of working-class spaces to distinguish himself from Ancien Règime monarchs as he justified his efforts to diminish workers' political power by destroying their homes as a measure to improve public health.

Understanding the Impetus and Consequences of Haussmannization

Haussmannization has remained largely absent from the historiography of public health. As Georges Haussmann's memoir highlights, however, the eradication of working-class neighborhoods was purportedly necessary to remove insalubrious spaces from the city's crowded center.[25] Despite this admission, historians have cited public health as a tangential motivation for Hasussmannization. Instead, historians have traditionally portrayed the motivations of Haussmannization in the following ways: 1) Napoléon III and Georges Haussmann's political

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[25] Georges Eugene Haussmann, *Memoirs of Baron Haussmann* (1890; repr., Paris, France, 2007), 461–63.

ambitions to bolster Napoleon's political legitimacy, 2) an effort to ease the chronic social tensions caused by overcrowding and unemployment, and 3) a way to diminish workers' potential social and political power. However, my study aims to demonstrate how public health reform was integral to Napoléon III's goal to undermine workers' political agency by justifying the destruction of their communities as a necessary public health reform.

David Pinkney's *Napoleon III and the Rebuilding of Paris* presents an overview of Haussmann's extensive urban reform projects. Effectively, Pinkney provides an exhaustive account of Haussmannization's every phase, detailing the construction of boulevards, buildings, and parks as well as the expansion of water distribution systems and the sewers underneath the streets. Pinkney depicts Napoléon III and Georges Haussmann as the forward-thinking visionaries of Paris's urban renewal that persisted against adversity, overcoming obstacles like financial hardships and labor shortages that frequently threatened to halt the projects.[26] Outside of lionizing Napoléon III and Haussmann as progressive heroes for their urban reforms, Pinkney's main interests lie primarily in outlining Napoléon III's plan to renovate Paris as a method to gain public approval. Pinkney dedicates a significant portion of his narrative to Haussmann's navigation of various financial and engineering hardships. Public health reform is tangential to Pinkney's narrative and is only mentioned insofar as it bolsters Napoléon III's reputation by providing a much-needed expansion to sanitation and water infrastructure. Moreover, Pinkney does not address any of the problems Haussmannization caused with the forced relocation of workers to the city's periphery. In brief, Pinkney notes Haussmann aimed to improve public health but does not extend the discussion past that point. In this aspect, Pinkney's

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[26] David Pinkney, *Napoleon III and the Rebuilding of Paris*.(Princeton University Press, 1958) 179-180.

work functions as a strictly introductory text, creating a platform from which further scholarship emerged on Haussmannization.

Anne Louise Shapiro's *Housing the Poor of Paris, 1850-1902* challenges Pinkney's heroization of Napoléon III and Haussmann by evaluating Haussmannization's impact on working-class housing. Essentially, Shapiro highlights how the destruction of working-class neighborhoods and subsequent relegation of workers to the city's periphery was detrimental to alleviating already-existing housing shortages in Paris. Shapiro begins her account of the working-class housing crisis with the passage of the 1850 Law on Insalubrious Dwellings and ends with the Public Health Act of 1902, reflecting the role of public health policies in worsening housing shortages. While Shapiro problematizes Napoléon III and Haussmann's projects for their displacement of workers, she also points out that sanitary reformers' insistence on strengthening and enforcing housing regulations and rampant real estate speculation compounded the housing crisis.[27] The political influence wielded by an emerging class of physician-legislators worsened the working-class housing shortage as they endeavored without compromise to eliminate sources of insalubrity that contributed to the spread of disease in working-class neighborhoods.[28] Moreover, the displacement of thousands of workers to accommodate Haussmann's boulevard construction projects aggravated the housing crisis and relocated the problem of insalubrious housing to the periphery of Paris's newly annexed suburbs.[29] While Shapiro's focus is not necessarily on the long-term intellectual, social, and political historical developments influenced Haussmannization, her account is invaluable in

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[27] Ann-Louise Shapiro, *Housing the Poor of Paris, 1850-1902* (Madison, Wis: University of Wisconsin Press, 1985), xiv-xv.
[28] *Ibid*, 136–39, 141, 144.
[29] *Ibid*, 111-112.

challenging David Pinkney's heroization of Napoléon III and Haussmann and drawing attention to the authority wielded by physician-legislators during the latter half of the century.

David Harvey's *Paris, Capital of Modernity* also takes a critical perspective toward Pinkney's heroic depiction of Haussmannization by examining how changes in Paris's architecture and organization affected social relations between classes. At its core, Harvey's analysis of the class impacts and motives of Haussmannization serves as an early discussion of nineteenth-century gentrification in Paris by underlining the political and economic interests that drove workers out of the city's center to promote the circulation of capital. Harvey highlights how the spectacle of Paris's modern boulevards, sprawling parks, and sophisticated sewer system legitimized Napoléon III's authority among upper-class residents and the stream of tourists that populated the city's newly renovated downtown and western neighborhoods. However, Haussmann's boulevard construction and rising rent prices drove workers out of their downtown neighborhoods.[30] These boulevards also allowed police to surveil the city's displaced wage earners better, providing Napoléon's army and police officials with a straight path into the city's suburbs to swiftly subdue working-class uprisings.[31] Furthermore, Harvey demonstrates that industrial workers' social and spatial marginalization to the city's suburbs was symptomatic of Paris's economic shift from heavy industry to finance and trade.[32] According to Harvey, Paris's modernization aimed to optimize the speed of financial transactions and trade by enabling faster movement through the city and oppressing any force that threatened that goal.[33] In this regard, Harvey argues that boulevards served complementary purposes of expediting the flow of commerce and providing a direct route to working-class suburbs that the state could use to

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[30] David Harvey, *Paris, Capital of Modernity* (New York: Routledge, 2003), 127–128.
[31] *Ibid*, 146-149.
[32] *Ibid*, 132.
[33] *Ibid*, 133–37.

swiftly deploy soldiers in the event of an uprising.[34] Effectively, Harvey demonstrates that Napoléon III used Haussmannization as a tool of state control by redesigning the city to meet the needs of commerce and legitimize his rule. Moreover, Harvey points out that Napoléon III could use the boulevards to dispatch troops that could efficiently subjugate any working-class uprising that threatened to slow the circulation of capital or diminish his authority as a strong ruler. In this way, my thesis seeks to add to Harvey and Shapiro's work by demonstrating how public health justified Napoléon III's marginalization of workers to diminish workers' agency.

Finally, Esther da Costa Meyer's *Dividing Paris: Urban Renewal and Social Inequality, 1852-1870* represents the field's most recent comprehensive history of Haussmannization. Building on David Harvey's work, Costa Meyer focuses on the "production and perception of urban space" to fully contextualize how different social groups accepted, transgressed, and interpreted the modernization of Paris. Similar to Harvey, Costa Meyer examines the effects of gentrification in working-class neighborhoods during Haussmannization as an attempt to facilitate commerce and as a mechanism of social control in the forced relocation of workers to the periphery.[35] While Harvey's account presents a Marxist perspective of Haussmannization by arguing that economic interests fundamentally informed Napoléon III's desire to renovate Paris and its effect on social relations in Paris, Costa Meyer's narrative explores how workers interpreted and coped with changes brought about by urban renewal.[36] Essentially, *Dividing Paris* argues that histories of Haussmannization have neglected workers as active agents in both the physical and social interpretations of urban spaces during Haussmannization. Whereas David Pinkney and David Harvey approach Haussmannization from a top-down perspective to examine

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[34]*Ibid*, 142-144.
[35] Esther da Costa Meyer, *Dividing Paris: Urban Renewal and Social Inequality, 1852-1870*, 1st ed. (Princeton: Princeton University Press, 2022), 5.
[36] *Ibid*, 6.

how Napoléon III sought to reconstruct Paris as the crown jewel of his accomplishments and establish Paris as a hub of commerce in Europe, Costa Meyer aims to provide insight into how Parisians from many different backgrounds imbued the city with their own meanings. In this respect, Costa Meyer challenges the unspoken assumption in Pinkney and Harvey's narratives that the state and bourgeois were the only entities that shaped how Paris was interpreted and defined for those that traversed the city. Instead, Costa Meyer argues that Paris was defined by multiple and often competing interpretations of all the people that traversed its streets. [37] Costa Meyer's work asserts the fact that Paris, like all cities, was not just a reflection of Napoléon III's power but a "transient [entity] in constant flux, generating ambiguities and contradictions."[38] The citizens of Paris were never passive participants in the reinvention of Paris as a symbol of state power. Instead, people of all classes and backgrounds constructed multiple Parises by appropriating urban architecture and space for their own uses. While public health is tangential to Costa Meyer's narrative, *Dividing Paris* discusses how disease and poverty only worsened throughout Haussmannization and were markers of increasing class inequality during the Second Empire. For this reason, Costa Meyer's work serves as a reminder that although science and medicine purportedly underlaid urban reform measures to improve public health, these efforts were neither successful in unilaterally improving the health of all Parisians by reducing disease, poverty, and crime nor were they an effective means of controlling Paris's working-class population.

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[37] *Ibid.*
[38] *Ibid*, 9.

Chapter 1: The Origins of the Modern Public Health Movement, 1770-1830

Before the advent of the modern public health movement in the late eighteenth century,
local authorities only enacted public health measures as emergency responses to epidemics by
enforcing quarantines on affected populations or as specific policies targeting local issues such
as waste disposal and regulation of offensive trades that produced foul scents and pollution.[39]
Public health practices were intended to be temporary and restricted to affected localities.
However, post-Enlightenment scholars shifted the understanding of public health to promote the
introduction of permanent policies to reduce mortality rates and improve quality of life.[40] Public
health measures went from being reactionary and temporary to becoming prescriptive to address
ongoing and future public health issues. Fitting with this shift, the state increasingly relied upon
hygienists to investigate potential sources of disease and make policy recommendations to
bureaucratic offices, reflecting the prominence of professionalizing medical fields in late
eighteenth-century French society. As both La Berge and Goldstein's work acknowledge, the
state's efforts to distance itself from the Catholic Church after the French Revolution promoted
the secularization of knowledge and the subsequent conceptual transformation of public health.[41]
In this regard, the Enlightenment and the French Revolution fundamentally shaped the
reconceptualization of public health and elevated its importance in French society. As such,
public health's newfound status in eighteenth and nineteenth-century French society is indicative
of the growing recognition of medicine's authoritative power.

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[39]La Berge, *Mission and Method*, 9.
[40] *Ibid*.
[41] La Berge, *Mission and Method*, 14-17.; Goldstein, *Console and Classify*, 5-6, 23-28.

Medicine as Social Progress and Early Public Health Organizations

The Enlightenment belief in progress is central to understanding the emerging importance of public health beginning in the late eighteenth century. Effectively, revolutionary-era social reformers and early hygienists proposed that observing and protecting an individual's right to health was a vital component to promote social progress.[42] Condorcet, a prominent revolutionary era philosopher and reformer, was an influential proponent in equating social progress with public health and shaped the understanding of health as a right by arguing that all citizens had an equal right to health. [43]Condorcet's *Esquisse d'un tableau historique des progrès de l'esprit humain* reasoned that citizens could only achieve this right if society expanded its scientific knowledge in the natural and social sciences.[44] Condorcet maintained that civilization could progress toward a perfect condition by discovering and applying scientific laws to solve social problems. As such, Condorcet emphasized that public health would play a vital role in extending the human lifespan by eliminating disease. [45] Condorcet explained that gathering and analyzing empirical data would be essential in prescribing preventive medical measures to mitigate disease.[46] Essentially, Condorcet equated public health with social progress, assigning early modern hygienists the responsibility of demonstrating the progressive power of public health. Effectively, Condorcet called upon a robust and diversely educated group of hygienists with intellectual backgrounds in medicine, engineering, chemistry, and politics to act as leaders in social reform. Despite the breadth of disciplinary backgrounds represented in the early hygiene movement, hygienists shared Condorcet's belief in the power of human rationality and progress

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[42] *Ibid*, 37-39.

[43] Jean-Antoine-Nicolas de Caritat marquis de Condorcet, *Esquisse d'un tableau historique des progrès de l'esprit humain* (1794; Paris: Agasse.), 351.

[44] *Ibid*.

[45] *Ibid*, 352–55.

[46] *Ibid*, 355-356.

and aimed to transform society by solving all public health that negatively affected mortality and quality of life. In this way, hygienists were committed to promoting social progress by generating solutions to public health problems through the employment of scientific rationality and the collection of empirical data.

To share the results of their investigations, many hygienists belonged to at least one professional public health institution or council, which emerged with the rise of hygienists in the late eighteenth century. Although Anne la Berge mentions that the intellectual development of public health in France was not initially "dependent on any particular governmental form," there were several institutions that provided hygienists with a network of other experts to share their ideas and discuss pressing public health concerns.[47] In other words, there was no one central institution that served as a forum for hygienists to congregate but rather a myriad of different organizations that hygienists utilized to spread their ideas. However, the Royal Society of Medicine was founded in 1776 as one of the first government bodies to coordinate disease prevention efforts. The society was responsible for receiving information on epidemics from provincial correspondents and dispatching personnel to assist in containing the disease.[48] Significantly, society members sent to address provincial epidemics educated residents about hygienic measures grounded in science and promoted the spread of Enlightenment ideals. In this way, the Royal Society of Medicine played an essential role in linking public health with Enlightenment ideas and diffusing scientifically backed hygiene principles to citizens. Additionally, the society played an important role in codifying empiricism as a critical

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[47] La Berge, *Mission and Method*, 14.

[48] *Ibid*, 14-15.; William Coleman, *Death Is a Social Disease: Public Health and Political Economy in Early Industrial France*, Wisconsin Publications in the History of Science and Medicine (Madison, Wis: University of Wisconsin Press, 1982), 30–36.

component in studying public hygiene.[49] As Condorcet's work highlights, hygienists stressed the importance of empirical data in their investigations to measure the effectiveness of their proposed solutions to regulate disease. Hygienists also collected and presented data for state bureaucrats that measured the efficacy of public health policies and determined the accuracy of hygienists' theories regarding disease and mortality.[50] Moreover, data collection was also important because it differentiated hygienists' recommendations from practices implemented by the clergy before the modern public health movement emerged. In this way, data substantiated hygienists' authority as men of science and was instrumental in their attempts to advocate for state-level public health reform.

Working Toward Centralization: Public Health Institutions and State Regulation Before the July Monarchy

As Jan Goldstein has argued, post-revolutionary state officials often appealed to scientific expertise to distinguish their policies from those of corrupt Ancièn Regime aristocrats and Catholic clergymen who had rooted their authority in divine right.[51] Effectively, the state promoted the secularization of knowledge by financially sponsoring and collaborating with scientific and medical establishments in developing policy recommendations. As a result, various public health councils and institutions served as consultants for central and regional governmental bodies. The Société de l'Ecole de Médicine and the Paris Faculty of Medicine served as two of the primary public health advisory bodies to the national government after the abolishment of the Royal Society of Medicine in 1794. These institutions often received some

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[49]Coleman, *Death Is a Social Disease*, 58.
[50] *Ibid*, 34. *La Berge, Mission and Method*, 20-23.
[51]Goldstein, *Console and Classify*, 20–28.

degree of government funding in exchange for researching state inquiries regarding topics ranging from disease prevention to industrial pollution. For example, the Société de l'Ecole de Médicine pursued research related to medical topography and provided advice on disease, while the Paris Faculty of Medicine provided recommendations to the prefecture of police on a variety of issues that included the contagiousness of yellow fever and potential health effects of an imported fertilizer.[52] While the Paris Faculty of Medicine and the Société de l'Ecole de Médicine were typically receptive to government requests and received limited funding from the government in exchange for their cooperation, neither society was created specifically to investigate public health issues at the government's behest. As a result, the Royal Academy of Medicine was created by King Louis XVII in 1820 at the urging of physician Antoine Portal to specifically "respond to the requests of the Government on all which is related to public health and principally on epidemics, diseases particular to certain countries, epizootics, different cases of legal medicine, the propagation of vaccines, the examination of new remedies, natural or artificial waters."[53] It is important to note, however, that while the study of public health greatly expanded in the first three decades of the nineteenth century, the government only implemented hygienists' recommendations on a limited basis due to a lack of police enforcement and resources. Instead, Louis XVIII and Charles X directed police resources toward quelling frequent political protests during the 1820s.[54] Nonetheless, government funding bolstered hygienists' growing reputation as state authorities and enabled them to research disease transmission theories to prescribe mitigation strategies to municipal governments.

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[52] La Berge, *Mission and Method,* 84.

[53] Académie nationale de médecine, *Mémoires de l'Académie de médecine* (1828; Paris: Masson), 2.

[54] Ann La Berge. "The Paris Health Council, 1802-1848." Bulletin of the History of Medicine 49, no. 3 (1975): 345–52.

Early hygienists recognized that disease constituted a significant threat to public health but differed in their theories of how diseases spread and what role the state was to play in disease regulation. Infection and contagion were the two primary theories regarding disease transmission during the eighteenth and nineteenth centuries. Infection theory located the cause of disease causes in environmental conditions, which hygienists commonly described as elements that created toxic odors or pollution.[55] Hygienists identified refuse and pollution from unmaintained sewers and offensive trades such as horse butchery and tanning as sources of infection. In contrast, contagion theory proposed that close contact between people was responsible for spreading disease.[56] Contagion theory was less popular than infection theory, but most hygienists were apt to switch between the two approaches depending on the type of disease.[57] For example, hygienists generally recognized the plague as a contagious disease and yellow fever as an infectious disease.[58] In addition to competing theories of disease transmission, public hygienists also debated what role the state should play in implementing measures to curb the spread of disease. According to Ann La Berge, hygienists broadly agreed that the state should play some role in public health regulation. However, they were concerned with how far the state could extend its power to preserve public health without infringing on citizens' individual rights.[59] Due to this concern, La Berge explains that hygienists weighed the benefit of expanding the state's powers to implement large-scale public health reforms to benefit the greatest number of citizens or restricting policy enforcement to municipal bodies to prevent the central government from overstepping its authority.[60]

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[55] Aisenberg, *Contagion*, 13.; La Berge, *Mission and Method*, 20.; Coleman, *Death is a Social Disease*, 15.
[56] Aisenberg, 13; La Berge, 20.
[57] La Berge, 20-21.
[58] *Ibid*.
[59] Aisenberg, *Contagion*, 34-35, Coleman, *Death is a Social Disease*, 62.
[60] La Berge, *Mission and Method*, 24.

Proponents of a liberal approach to public health were not against the principle of government regulation for matters such as prison reform and state inspection of prisons and hospitals so much as they were opposed to legislation that could infringe upon their ability to industrial development without justified cause or curtail the authority of health experts in professional organizations. As will be discussed later in this chapter, hygienists' chief concern was studying diseases affiliated with industrial workplaces during the first three decades of the nineteenth century. However, the field's most pressing issue at the beginning of the century was the state's disbanding of professional medical organizations. Jan Goldstein provides a brief history of medicine's professionalization in the first chapter of *Console and Classify* and argues that ongoing tensions between the Paris Faculty of Medicine and Société royale de medicine played a role in medical deregulation. To end this conflict between the two institutions, the French Assembly passed the d'Allarde law of 1791 to abolish all corporations, including professional medical institutions and societies.[61] Fundamentally, the law sought to eliminate restrictions that limited entry into all trades controlled by corporations. The Paris Faculty and the Société were two organizations that fell under the classification of a corporation as they controlled the entry and testing of students in the medical field.[62] While both organizations employed strict standards to ensure the quality of physicians entering the field, the French Assembly identified the Paris Faculty and Société as corporations violating the Revolution's stance of universal law and equality of citizens before it.[63] Moreover, the Assembly ruled that corporations hindered economic growth by preventing competition, raising prices on goods and services, and restricting competent men from entering the occupation.[64] Goldstein explains that

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[61] Goldstein, *Console and Classify*, 28-31.
[62] *Ibid*, 28.
[63] *Ibid*, 29.
[64] *Ibid*.

the definition of medical organizations as corporations was not coincidental but rather a deliberate ideological choice made by the assembly to reduce the power of what they saw to be elitist professions.[65] To be certain, physicians that belonged to the Paris Faculty and the Société possessed an elite status in prerevolutionary French society as they dictated curriculum and licensing guidelines in medical schools, placed their members in key management posts in hospitals, and advised the government on public health measures.[66] To perhaps curtail the influence of these institutions and limit their potential political and social influence, the revolutionary assembly ordered the dissolution of the Paris Faculty in 1792 and the abolishment of the Société in 1793. Although the Paris Faculty was reinstated in 1793, the assembly's brief disbandment of medical regulatory bodies is indicative of the power that physicians had cultivated in French society. By dictating and enforcing professional standards that affected a wide swath of the population without state oversight, physicians possessed considerable power that the government could not easily control.[67] Additionally, the government's collaboration and funding of hygienist societies further increased medical experts' power as state authorities by being entrusted with investigating public health issues such as epidemics. For these reasons, the revolutionary assembly's decision to dissolve medical caused a significant increase in medical charlatanism that the post-revolutionary government struggled to solve even after the Paris Faculty was reinstated in 1793.

It was not until Napoléon came to power in 1803 that the state took an active part in regulating the medical profession with the passage of the Law of 19 ventose Year XI. Proposed by former Sociètè member Antoine-Francois Fourcroy, the Law proposed the following

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[65] *Ibid*, 31.

[66] George Weisz. "The Medical Elite in France in the Early Nineteenth Century." *Minerva* 25, no. 1/2 (1987): 151-152.

[67] Goldstein, *Console and Classify*, 31.; Foucault, *Birth of the Clinic,* 75-78.

measures to reinstating medical regulation: 1)state-run medical universities would be the only institutions to administer examinations of prospective students seeking to enter the profession; 2) state bureaucracy would compile a list of credentialed doctors in each municipality; and 3) uncredentialed individuals that were caught by police practicing illicit medical practices would be charged by the state.[68] In defining its explicit role in medical regulation, the state sought to reduce the danger charlatan doctors posed to their patients while preventing the field from returning to its former corporate model of regulation, which had previously excluded middle and working-class people from the trade. Fundamentally, the law functioned to centralize medical regulation in the hands of state agencies and was part of a greater trend during the Napoleonic regime to expand state authority by elevating the responsibilities of state agencies to include trade regulation. While the Law of 19 ventose Year XI terms did not extend into specific legislation targeting public health issues, it did encourage hygienists to continue pushing the state towards implementing centalized public health reforms.

The Limits of a Statist Model of Public Health in Paris: Public Health Councils

Although the Law of 19 ventose Year XI represented the state's early effort to regulate the medical field, hygienists recognized that further state intervention would be needed to effectively reduce and eliminate infectious diseases in Paris. Many hygienists advocated for comprehensive sanitary reform that would require the massive coordination of state resources. Alexandre Parent-Duchâtelet was one of the foremost proponents of state-level reforms to prevent and reduce the spread of infectious diseases in cities. From Parent-Duchâtelet's perspective, state intervention was necessary to clear away potential sources of infection by

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[68] Goldstein, *Console and Classify*, 36-37.

addressing inadequate waste removal infrastructure and practices such as irregular sewer and cesspool cleaning and lack of water supply.[69] Ideally, a statist approach to public health would entail government collaboration with state-run public health boards that would prescribe policy recommendations backed by medical expertise.

The establishment of Parisian public health councils to advise the prefecture of police was the government's first attempt at introducing a statist model of public health regulation. The councils provided the prefecture of police with recommendations on matters related to public health, ranging from public lighting to sewer cleaning to arresting charlatan doctors.[70] Upon receiving these recommendations, police could then issue ordinances to address these issues. However, enforcement of these ordinances was often inconsistent due to police prioritizing the suppression of insurgent political groups during the 1820s and 1830s.[71] In addition, the prefecture of police possessed a limited budget to dedicate to large-scale projects such as replacing street lighting and cleaning the streets and sewers, which required respective budgets of 1,622,220 and 1,086,750 francs.[72] Comparatively, the budget allotted to the prefecture of police by the Minister of the Interior totaled 5,197,831 francs in 1819, 7,111,777 francs in 1828, and 10,720,072 francs in 1847, with the majority of funds being allocated to the salaries of prefecture employees.[73] In this way, hygienists' visions of state-supported public health boards were tempered by the reality of financial constraints.

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[69]Ann La Berge. "The Paris Health Council, 1802-1848." *Bulletin of the History of Medicine* 49, no. 3 (1975): 345-346.
; Coleman, *Death is a Social Disease*, 38.; Donald Reid, *Paris Sewers and Sewermen: Realities and Representations* (Cambridge, Mass: Harvard University Press, 1991), 14.
[70] La Berge, "The Paris Health Council," 349-50.
[71] La Berge, *Mission and Method*, 116-17.
[72] *Ibid*, 116.
[73] *Ibid*, 115.

Understanding the limits of their influence in their relationship with the prefecture of police, some statist hygienists argued that the state needed to call upon them as expert advisors in drafting legislation. Hygienists' dedication to expanding their role was motivated by their equation of medicine with drive social progress and their desire to maximize policy efficiency. As physician Ulysse Trélat declared in 1828:

> …the influence of physicians…should extend to the movement and the progress of society. They have, in effect, a loftier mission than that of concerning themselves solely with the conservation of individual life: it is to modify and ameliorate collective life also; it is their research, it is their physiology, it is their public hygiene…which should preside over the perfection of morals and of legislation.[74]

Trélat's statement is significant because it reflects the prominence of Condorcet's conviction that hygienists' work was intimately tied to social progress. While Trélat's remarks provided insight into the role statist hygienists hoped to perform in society as both scientific authorities and social reformers, they also portrayed the extent to which hygienists argued that it was the state's responsibility to ensure public health. For Trélat, public health was integral to society's moral improvement and, therefore, was part of the state's duties to ensure social progress. In this regard, Trélat's sentiments and those of his statist colleagues were representative of the developing ties between the conceptualization of medicine as a method of moral reform and social progress that would become pervasive in hygienists' rhetoric during the July Monarchy.

Industrialization and Occupational Health

A statist model of public health also gained traction during the first two decades of the nineteenth century due to the rapid growth of urban populations in French cities. The

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[74] Ulysse Trélat, *De la constitution du corps des médecins et de l'enseignement médical* (1828; Paris: Villeret), 64.

development of manufacturing drove urban migration, the most notable of which was the textile industry.[75] As one of the largest manufacturing centers in France, Paris had a working-class population of approximately 400,000 by the midcentury.[76] Rapid industrialization and urbanization worsened existing sanitation and housing issues in Paris, directing hygienists' attention toward working-class conditions. Early public health studies focused on the working classes because workers were perceived to be the population suffering from the worst effects of industrialization. Italian physician Bernardo Ramazzini's foundational work *De Morbis Artificum Diatriba* (Diseases of Workers) informed much of hygienists' assumptions about workers' occupational health. Although the term occupational health was not coined until the twentieth century, Ramazzini's writing on what he referred to as workers' diseases laid the conceptual groundwork for the field and shaped French hygienists' investigations into health conditions associated with industrial trades. Originally published in 1700 and translated into French by Antoine Fourcroy in 1777, Ramazzini's *De Morbis Artificum Diatriba* maintained that most occupations were hazardous to workers' health because of dust inhalation, constant humidity in workshops or factories, and excessive or deficient levels of exercise.[77] Significantly, Ramazzini did not attribute the emergence of workers' disease as the result of individual moral or psychological inadequacies but rather the results of unsanitary working environments and long hours. However, analysis of working-class industrial conditions conducted by English social reformers and the French hygienists' observations of working-class conditions sparked debate over the accuracy of Ramazzini's claims almost a century later. Hygienists such as Philibert Patissier and A.L. Gosse challenged those who unilaterally agreed with Ramazzini's conclusions,

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[75] Coleman, *Death is a Social Disease*,8-13, 208.; La Berge, *Mission and Method,* 38.
[76] La Berge, *Mission and Method*, 9.
[77] Bernardino Ramazzini, *Traité des maladies des artisans / par Ramazzini.*, trans. Antoine Fourcroy (1700; repr., Paris: Paris, 1777), 14–15.

remarking that most hygienists who decried the dangers of new industrial practices were blindly parroting Ramazzini without conducting proper investigations in contemporary workshops and factories.[78] Consequently, French hygienists focused their attention on the question of occupational hygiene and the presumed health risks of industrialization.

Prominent hygienists such as Louis-René Villermé and Alexandre Parent-Duchâtelet interrogated the assumption that industrialization resulted in higher living standards and improved public health. Hygienists' concern was that industrialization might weaken the national population by introducing new health issues tied to poor working conditions. Industrial pollution, poverty, and the emergence of health conditions associated with industrial trades, such as tuberculosis, threatened France's military and economic power. The British Empire's expansion and Germany's development as an economic power compounded state officials' and hygienists' anxieties over industry-related health. For this reason, state administrators funded hygienists' research of industrial health conditions to ensure that France could adequately compete with other European empires for access to foreign resources and protect their overseas colonial interests in the West Indies, Africa, and Asia.[79] Fundamentally, industry-related health issues also challenged hygienists' equation of science with continuous human progress as the quality of living conditions seemed to be decreasing rather than improving as they had expected with the advent of industrialization. Essentially, science's reputation as a positive influence in French society was at stake for hygienists who had established their authority on the promise of scientifically backed social progress. Defending this reputation made it imperative for hygienists to determine if health conditions associated with industrialization could truly be tied to

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[78] Philibert Patissier, *Traité des maladies des artisans et de celles qui résultent des diverses professions* (1822; Paris: J.B. Baillière), 241–45.

[79] Coleman, *Death is a Social Disease,* 26.; La Berge, *Mission and Method*, 26.

workplace practices. In this regard, the challenges caused by industrialization constituted an

ideological issue and an economic concern for hygienists.

Public health councils focused on occupational hygiene in factories and workshops to

understand the risks posed by new industrial processes and improve safety practices. For

example, pharmacist-chemists Alphonse Chevallier and Jean-Pierre-Joseph d'Arcet were at the

forefront of the movement to improve workplace hygiene by focusing on the potential risks

incurred by workers handling toxic substances such as lead.[80] Notably, Parent-Duchâtelet and

d'Arcet initiated a systematic study of Parisian trades and industries to test the veracity of claims

about occupational hazards in 1829. By this time, hygienists had already begun to conduct

similar investigations to debunk the occupational dangers, with many studies concluding that

workers' claims of industrial hazards were exaggerated.[81] Parent-Duchâtelet himself was

skeptical about claims of occupational dangers in factories and workshops but was still adamant

that thorough scientific study was needed to disavow exaggerations. In an article written in

collaboration with d'Arcet on the tobacco industry, Parent-Duchâtelet explained:

> This manner of proceeding [empirical investigation] has demonstrated that the works about which
> we speak, far from being the fruit of long observation, have been composed in the silence of study,
> by men who have only caught a glimpse of artisans and factories; and who, generalizing some
> facts that have been hap-hazardly presented to them, have singularly exaggerated the
> inconveniences of several professions and attributed to others influences that they are far from
> having.[82]

Despite sharing a similar belief with his colleagues that Ramazzini had exaggerated occupational

hazards, Parent-Duchâtelet's remarks were a pointed critique of hygienists who only relied upon

statistical analysis and historical documentation to justify their reasoning. Observational study

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[80]Alphonse Chevallier, *Recherches sur les dangers que présentent le vert de Schweinfurt, le vert arsenical, l'arsénite de cuivre* (Paris: J.-B. Baillière, n.d.), 57–57.

[81] Patissier, *Traité des maladies,* 242.

[82] A.-J.-B. Parent-Duchâtelet, *Hygiène publique ou Mémoires sur les questions les plus importantes d'hygiène appliquée aux professions et aux travaux d'utilité publique* (1836; Paris: J.-B. Baillière), 559.

and engagement with workers and foremen in dangerous trades distinguished Parent-Duchâtelet's scholarship in the hygienist community. Parent-Duchâtelet's 1824 work on the sewer system and sewer workers utilized firsthand observation and interviews with workers to challenge the previously uncontested assumption that the sewer work was an inherently unhealthy and dangerous trade due to its proximity to noxious odors. In his book "Mémoires sur les cloaques ou égouts," Parent-Duchâtelet remarked that he "had frequent conversations with all those who have occupied the sewers, from the most distinguished academician to the lowliest worker…attended more than once the work of the latter…asked [the workers] for information both in the sewers and in their dwellings…[and] questioned them in a group or individually, to have if possible, contradictory reports…."[83] Parent-Duchâtelet's persistent engagement with sewer workers and firsthand observation of sewer work formed the cornerstones of his research methodology, earning him acclaim among the hygienist community for his dedication to examining the health conditions of sewer men. Moreover, Parent-Duchâtelet's study of sewermen was also lauded because it debunked the myth of the profession's inherent danger. As historian Donald Reid explains, hygienists believed that sewermen suffered from diseases and health conditions at a higher rate than other trades due to their exposure to sewer fumes before Parent-Duchatelet's investigation.[84] However, Parent-Duchâtelet vehemently denied this assumption after conducting his study, concluding that sewermen did not suffer from any ailments at a higher rate than other professions.[85] While his analysis didn't deny that occupational hazards warranted consideration, Parent-Duchâtelet's study of sewermen presented a comprehensive rebuke of the trade's assumed dangers and modeled a scientific methodology

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[83] A.-J.-B. Parent-Duchâtelet, *Essai sur les cloaques ou égouts de la ville de Paris envisagés sous le rapport de l'hygiène publique et de la topographie médicale de cette ville* (1824; Paris: Crevot), 159–60.
[84] Reid, *Sewers and Sewermen,* 12.
[85] Parent-Duchâtelet, *Essai sur les cloaques ou égouts de la ville*, 170.

that exemplified the importance of firsthand observation and interviews in investigating occupational health concerns.

Employing the same methodology used in his 1824 investigation, Parent-Duchâtelet and d'Arcet's 1829 project examined the accuracy of occupational dangers in various industries. Parent-Duchâtelet and d'Arcet began with the Parisian tobacco factory, questioning foremen and factory physicians who oversaw the health of over 1,000 workers. Parent-Duchatelet and d'Arcet also sent questionnaires to ten additional tobacco factories across France to gather data from a larger population of tobacco workers. After reviewing the responses they received and finding no complaints from establishments surrounding the Paris tobacco factory, Parent-Duchâtelet and d'Arcet concluded that there was no significant correlation between health issues and tobacco factory work. The study's findings were notable for hygienists because they contradicted previous assertions about the harmful influence of the tobacco industry. However, Parent-Duchâtelet's analysis was limited in its findings as he only consulted factory foremen and physicians rather than workers. When questioned about the long-term health issues of workers, factory authorities stated that they laid off workers more frequently due to old age rather than health conditions.[86] Duchâtelet's prioritization of factory-affiliated authorities' testimony over workers is somewhat surprising given his previous emphasis on workers' accounts in his analysis of sewermen. However, the scale of his investigation into the tobacco trade might have narrowed the depth of his research because he compiled his data from several factories that employed approximately 4,500 workers altogether. Moreover, Parent-Duchâtelet's investigation also lacked data regarding long-term health effects that could appear later in workers' lives. At the time of Parent-Duchâtelet and d'Arcet's study, many modern industries-including tobacco

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[86] Parent-Duchâtelet, "Mémoires sur les véritables influences que le tabac peut avoir," 570.

manufacturing- were still in their infancy and thus possessed little data that could hint at long-term health effects caused by factory work. In this respect, Parent-Duchâtelet and d'Arcet's research of tobacco manufacturing had the same issue as many hygienists' investigations due to the limitations of historical research and the absence of data that would indicate the prevalence of long-term occupational health issues. Despite these drawbacks, Parent-Duchâtelet and d'Arcet's research of occupational health in the tobacco industry and their later examinations of Parisian dockworkers and the horse butchery industry were well-received because of their large scale and scientific rigor. The studies also confirmed the widespread belief that earlier hygienists had exaggerated occupational hygiene concerns by showing that workers in professions historically labeled as unhealthy did not disproportionately suffer from workplace-related health issues. More importantly, Parent-Duchâtelet and d'Arcet's work substantiated hygienists' developing hypothesis that workers' homes rather than working conditions were the true causes of their ailments.

Parent-Duchâtelet and d'Arcet were not the first hygienists to dismiss the connection between working conditions and workers' poor health. However, their studies provided what was considered the most compelling evidence in debunking the dangers of industrial labor. Consequently, hygienists shifted their focus to poverty as another potential source of workers' poor health after statisticians concluded that workers in industries that paid higher wages were comparatively healthier than lower-paid workers.[87] By the 1830s, Louis-René Villermé, Chevallier, and Alphonse Guérard argued that the root of working-class issues lay in their poverty rather than their working conditions. These hygienists proposed that insufficient food

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[87] William Coleman, "Medicine Against Malthus: François Mélier on the Relationship Between Substitence and Mortality(1843)." *Bulletin of the History of Medicine* 54, no. 1 (1980): 25.; Coleman, *Death is a Social Disease,* 132.

quality, inadequate clothing and shelter, and fatigue from working long hours were crucial

factors that contributed to workers' poor standard of living.[88] As a result, public health discourse

during the 1830s and 1840s centered around alleviating poverty while maintaining industrial

productivity. However, the political influence of the Doctrinaires, the arrival of cholera in France

in 1832, and growing working-class unrest during the July Monarchy further complicated the

challenge of addressing poverty during the July Monarchy.

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[88]Theodore M. Porter, *The Rise of Statistical Thinking, 1820-1900* (Princeton, N.J: Princeton University Press, 1986), 233–35.; La Berge, *Mission and Method*, 33.

Chapter 2: Public Health and the Pathologization of Poverty During the July Monarchy

Prime Minister François Guizot and the Doctrinaires' efforts to consolidate political power, the rise of working-class militancy, and the first outbreak of cholera in 1832 critically shaped how hygienists redefined poverty, crime, and working-class militancy from social issues to medical afflictions during the July Monarchy. Working-class unrest consistently challenged the political stability of Louis-Phillipe's regime since its establishment in 1830. Although he titled himself the King of the French to emphasize his constitutional role as monarch and mark the return of liberal revolutionary ideals in government, Louis-Phillipe and his cabinet of newly appointed Doctrinaire ministers struggled to consolidate his power amid political pressure from two fronts. Seeking a return to absolutist monarchy, upper-class Legitimists worked to reinstall a conservative Bourbon monarch. Simultaneously, Republican members of the middle and working classes orchestrated protests against the Doctrinaire's efforts to expand the constitutional monarchy's authority. The cholera outbreak further destabilized French politics as workers suspected the disease was an upper-class conspiracy to poison workers. Consequently, hygienists investigating the epidemic under the direction of government-funded institutions and advisory boards had to carefully navigate heavily affected areas in Paris to avoid accusations of conspiring to harm working-class communities and inciting further conflict between workers and the state.[89] For these reasons, the Doctrinaires' rise to power, the cholera outbreak in 1832, and various working-class uprisings critically contextualized the trajectory of the public health movement during the July Monarchy and had a significant role in shaping the rationale of Haussmannization during the Second Empire.

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[89] Catherine Kudlick. "Giving Is Deceiving: Cholera, Charity, and the Quest for Authority in 1832." *French Historical Studies* 18, no. 2 (1993): 470. Aisenberg, *Contagion*, 33.

Centralizing the State: Francois Guizot and the Constitutional Monarchy

The July Monarchy's tumultuous political landscape critically shaped hygienists' research during the 1830s and 1840s. The constitutional monarchy's establishment and the Doctrinaires' subsequent rise in power were instrumental in laying the groundwork for the rhetoric of future public health policies. Helmed by François Guizot, the Doctrinaires were integral to crowning Louis-Phillipe as the new French ruler and subsequently expanding the reach of government bureaucracy. Effectively, the Doctrinaires were the architects of the 1830 Charter which established the July Monarchy and espoused the principle of national sovereignty over divine right, the repeal of laws enforcing Catholicism and censorship, and the establishment of a cabinet of ministers. While Louis-Phillipe's agreement with these terms was meant to be emblematic of the new regime's alignment with revolutionary values, civil unrest continued in Paris for the first three months of the king's rule. Republican societys' rise in power and the National Guard's reluctance to suppress Republican protests after Guizot repealed censorship laws were the primary causes of the regime's inability to consolidate power. Consequently, Louis-Phillipe's powerful cabinet of Doctrinaire politicians saw the seemingly permanent disorder that defined the first years of the regime as evidence of French society's moral decay.

The Doctrinaires initially formed in 1815 as an oppositional force against the Ultra-royalists, a counterrevolutionary group that aimed to reestablish an absolutist monarchy in France. François Guizot and Royer-Collard were the intellectual architects of the Doctrinaires and were able to secure the Doctrinaires' rise in power by gaining the political support of Louis XVIII, who despised the violence displayed by Ultra-royalists during the Chambre introuvable.[90] Despite curbing the Ultra-royalists' influence, the Doctrinaires were not ideologically aligned

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[90] Michael Drolet. "Carrying the Banner of the Bourgeosie: Democracy, Self, and the Philosophical Foundations to Francois Guizot's Historical and Political Thought." *History of Political Thought* 32, no. 4 (2011): 684.

with other left-leaning liberal groups. Instead, they identified as centrist intellectuals that endorsed neither the conservative monarchy of Charles X nor the liberal Republicans' visions of democracy. Guizot, the most influential of the Doctrinaires, expressed his equal distaste for post-revolutionary Republicans as the left's extremist counterpart to the Ultra-royalists, remarking that the purpose of governing is to "act on the masses and through individuals."[91] Guizot maintained this stance throughout his political career during the July Monarchy as he and his compatriots sought to increase government authority and centralization under the guise of upholding rationality and justice.

The Doctrinaires' purpose was to occupy a centrist position between the political extremes of conservative Ultra-royalists seeking to reinstall an absolutist monarchy and progressive Republicans seeking to do away with the monarchy entirely. In his memoir, Guizot summarized the aim of the Doctrinaires in the following terms:

> By accepting the new French society, such as our whole history and not only the 1789 revolution, they undertook to found its government on rational bases and yet quite different from the theories in the name of which the old society had been destroyed, or the incoherent maxims that we tried to evoke in order to reconstruct it. Called in turn to fight and to defend the Revolution, they placed themselves from the outset and boldly in the intellectual order, opposing principles to principles, appealing to experience and also to reason....It was to this mixture of philosophical elevation and political moderation, to this rational respect for rights and miscellaneous facts, to these doctrines both new and conservative, anti-revolutionary without being retrograde and modest at the bottom, although often haughty in their language, that the Doctrinaires owe their importance as their name.[92]

As Guizot highlights, the Doctrinaires were committed to their centrist position on the principles of rationality and political moderation. For this reason, Guizot and his fellow Doctrinaires devoted themselves to establishing a constitutional monarchy that limited the monarch's powers

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[91] Francois Guizot, *Des moyens de gouvernement et d'opposition dans l'état actuel de la France* (Paris: Ladvocat, 1821), 130.

[92] Francois Guizot, *Mémoires pour servir a l'histoire de mon temps*, 2nd ed. (Paris: Michel Lévy frères, 1870), 157–59.

and prevented Republicans from abolishing the monarchy by withholding universal male suffrage.

Guizot's insistence on the constitutional monarchy was symptomatic of not only his distrust of the post-revolutionary political system but also his weariness toward human nature itself. According to Michael Drolet, Guizot's grounded his critiques of democracy in *Democracy in France* in the belief that individuals were inherently selfish and could not be trusted to make decisions with the entirety of society in mind.[93] However, this principle also applied to his critique of Ancien Régime monarchs and Napoléon whom he claimed impressed their will upon the French people with no regard for their individual rights. For Guizot, the solution to this dilemma was the establishment of a constitutional monarchy that balanced the monarch's powers with those of a parliament composed of educated, propertied men who would prevent the king from enacting laws antithetical to justice and rationality.[94] Moreover, Guizot argued that middle and working-class people had no place in government because they would destroy the "higher authority" of the educated nobility and replace it with a "multitude of petty local despotisms, which individual passions and special interests would seize upon."[95] In contrast, the constitutional monarchy Guizot envisioned would function as a source of unity in French society by "[creating] and [organizing] a national party…[to] assure its independence and power."[96] However, Guizot did not advocate for a system representing only the nobility's interests. Instead, Guizot argued that the king and parliament should treat citizens with respect for their individual liberties so that they "become docile and make concessions…and will submit wholeheartedly to

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[93] Michael Drolet. "Carrying the Banner of the Bourgeosie," 650.

[94] *Ibid*, 652.

[95] Frédéric Ancillon, *De la souveraineté et des formes de gouvernement : essai destiné à la rectification de quelques principes politiques / par Frédéric Ancillon* (Paris, 1816), 157.

[96] *Ibid*, 161.

authority, which, having learned to understand them, need not fear to make use of them."[97] As such, Guizot and his mentor Royer-Collard sought to repeal newspaper censorship because they believed that newspapers both constituted and governed the opinions of society.[98] According to Guizot, censorship would only antagonize the social groups that parliament represented, so it was in the government's interest to allow for the publication of newspapers along party lines.[99] In this way, Guizot's conception of an ideal government was intimately tied to a strong centralized government that acted beneficially on its citizens' behalf.

Social legitimation was also critical to Guizot's conception of an ideal constitutional government. In Guizot's eyes, social consent to government rule was necessary for the function of a true constitutional monarchy. Guizot rejected the principle of the government unilaterally imposing its will onto the people and maintained that "power proves its legitimacy, that is, its conformity to eternal reason, by gaining the recognition and acceptance of the people on whom it is exercised through the free use of their reign."[100] Furthermore, Guizot remarked that the only instance where popular sovereignty became politically useful was when the government acted irrationally or unjustly by utilizing "excessive inequality or absolute power" as had happened with the French Revolution.[101] In all other instances, however, government authority was to be derived from the political elite under the presumption that an "authentic and legitimate" nobility would be "drawn from the bosom of society" and had demonstrated a commitment to objective rationality through rigorous education.[102] Guizot particularly emphasized education's role in distinguishing the aristocracy's superiority over the lower classes as nobility rule would allow

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[97] *Ibid*, 166.
[98] Drolet, "Carrying the Banner of the Bourgeosie," 258.
[99] *Ibid*.
[100] François Guizot, *Histoire des origines du gouvernement représentatif en Europe* (Paris: Didier, 1851), 1:152.
[101] *Ibid*, 1:357.
[102] *Ibid*, 1:100.

society to be "governed by the best, by those who know best and most steadfastly desire truth and justice."[103] From Guizot's perspective, a properly educated nobility class was best suited to determine measures to preserve social order by rationally interpreting scientific data to propose new policy measures and engaging in political discourse. For this reason, Guizot and the Doctrinaires were at the heart of social reform movements throughout the July Monarchy to identify and eliminate sources of disorder.

Working toward lowering social unrest, the Doctrinaires engaged in philanthropic efforts to address a wide range of social issues, including the abolition of slavery, prison and asylum reform, and improving public hygiene. Before their rise in political power during the July Monarchy, the Doctrinaires carried out their reform efforts through the Sociètè de morale christienne. As Jan Goldstein notes, the society was dedicated to "nondoctrinal Christian humanitarianism that espoused the value of religion as an invaluable tool to instill morality in society.[104] However, Guizot did not prescribe equal value to all religions and maintained a strong anticlerical stance toward Catholic-founded organizations.[105] Doctrinaires derided traditional Catholic charity organizations and advocated for the establishment of secular state institutions to carry out philanthropic work.[106] The Doctrinaires were particularly incensed by Catholicism because they saw it as a tool used by the Ancien Règime to justify their tyranny under the guise of divine right. Essentially, Doctrinaires took part in social reform initiatives as long as they weakened Catholicism's grasp on French society. Accordingly, Guizot's primary focus during his tenure as Minister of the Interior was education and asylum reform, the two primary areas in which the Catholic church still exerted considerable influence. The culmination of Guizot's

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[103] *Ibid.*
[104] Goldstein, *Console and Classify*, 279.
[105] *Ibid*, 278.
[106] *Ibid.*

efforts in these two fields led to the revival of the Academies des Sciences Morales et Politiques in 1832 and the passage of the Law of 1838, which mandated the creation of a nationwide system of asylums that full-time doctors would staff.[107] Comparatively, Guizot exerted less effort in implementing state-level public hygiene reforms that utilized the central government's authority and resources.

While Guizot's contributions to education and psychiatric reform were considerable, public health problems, such as inadequate sanitation infrastructure, still lacked state support from Guizot's central government. The Paris public health council continued to advise the prefecture of police on disease mitigation and industrial authorizations, submitting anywhere from 150 to 600 reports a year.[108] Upon receiving the council's recommendations, the Prefect of Police could issue ordinances to address various public health issues, including food adulteration, waste removal, and regulation of offensive trades. Much to the frustration of council members, however, police rarely enforced these ordinances during the 1820s and 1830s because they prioritized the suppression of working-class protests.[109] The only exception to this trend of nonenforcement during the July Monarchy was the 1832 cholera outbreak in which the Paris health council gained recognition from Guizot and his fellow ministers. Outside of cholera outbreaks, public health concerns fell by the wayside of Guizot's political agenda to elevate the July Monarchy's political authority and suppress social unrest. It was perhaps due to this neglect that hygienists began couching their public health recommendations in the language of social control, starting with the first cholera outbreak of 1832 and the Cholera Commission Report of 1834.

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[107] *Ibid*, 276.
[108] Ann Fowler La Berge. "The Paris Health Council, 1802-1848." *Bulletin of the History of Medicine* 49, no. 3 (1975), 345.
[109] *Ibid*.

Cholera and Social Unrest at the Onset of the July Monarchy

Cholera's outbreak in 1832 necessitated state intervention to contain its spread. Little was known about cholera's method of transmission when it reached Paris. Anticipating cholera's arrival in France, the Academy of Sciences and Medicine sent hygienists to Moscow in 1830 and Poland in 1831 to determine if cholera was contagious or infectious.[110] However, hygienists were unable to come to a consensus about the nature of the disease before it reached France in 1832.[111] Cholera's arrival devastated France and accounted for 20,000 deaths in Paris alone between March and April 1832.[112] While physicians later found that cholera afflicted wealthier neighborhoods at similar rates as working-class neighborhoods, French hygienists initially hypothesized that working-class neighborhoods would possess the highest rates of cholera-related deaths due to the effects of poverty. Hygienists based this prediction on Louis-René Villermé's 1830 analysis of the relationship between poverty and working-class mortality and morbidity.

Essentially, Villermé argued that environmental conditions created by poverty were to blame for the differing mortality rates among the Parisian population. The widespread acceptance of Villermé's study was symptomatic of the French hygienists' new focus on poverty as the leading cause of workers' declining health rather than workplace conditions.[113] While Villermé's study did not detail the causes of poverty, it did inspire hygienists' attempts to investigate the poverty's causes under the assumption that it could be fixed by addressing whatever medical, biological, or psychological reasons contributed to its proliferation among

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[110] Aisenberg, *Contagion*, 15.; La Berge, *Mission and Method*,56.;Catherine Jean Kudlick, *Cholera in Post-Revolutionary Paris: A Cultural History*, Studies on the History of Society and Culture 25 (Berkeley: University of California Press, 1996), 31.

[111] Aisenberg, *Contagion*, 15.

[112] Kudlick, *Cholera in Post-Revolutionary Paris,*70.

[113] La Berge, *Mission and Method*, 157–60.

workers. In shifting their attention to understanding the relationship between disease and poverty independent of the workplace, hygienists placed greater scrutiny on the individual behaviors of workers in their private homes. For this reason, Villermé's analysis of the correlation between poverty and working-class mortality and morbidity rates is significant because it signaled the beginning of hygienists' attempts to understand the biological and psychological causes of working-class poverty.

Drawing from data compiled by Frédéric Villot and the Prefecture of the Seine, Villermé's 1830 study of poverty compared the number of deaths with revenue, taxes, and distribution of wealth in each arrondissement and found that mortality rates and poverty were positively correlated.[114] After confirming poverty's correlation with mortality rates, Villermé sought to identify specific causes for the discrepancy between mortality rates in wealthy and poor arrondissements. Villermé started his investigation by testing environmental factors that hygienists had traditionally characterized as infectious agents. Systematically, Villermé ruled out street width, house height, number of garden and open spaces, the direction of streets, exposure to sunlight, and proximity and purity of water as potential sources of infection.[115] Villermé found that environmental conditions hygienists had traditionally attributed as causes of infection exerted virtually no influence on mortality rates.[116] Villermé then turned his attention to evaluating the impact of population density on mortality to examine if overcrowding and narrow streets facilitated the spread of diseases, testing the accuracy of contagion theory. According to contagion theory, these factors could proliferate disease because people living in overcrowded

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[114] Louis René Villermé, *De la mortalité dans les divers quartiers de la ville de Paris* (1830; Paris, France, n.d.), 295–96.
[115] *Ibid*, 302-303.
[116] *Ibid*.

conditions were in close contact with each other and breathed the same contaminated air.[117]

Villermé carefully noted that high population density did not necessarily mean overcrowding.

Overcrowding indicated poverty, while high population density alone did not.[118] For this reason,

he studied lower-income arrondissements with overcrowding issues but found no consistent

correlation between popular density and mortality.[119] Finally, Villermé assessed how one's

access to sufficient clothing, shelter, and food might affect mortality by referencing property tax

records.[120] He reasoned that arrondissements with more poverty would have fewer tax records

than more affluent arrondissements because the poor paid little to no property taxes. Using this

method, Villermé found that areas with more poverty suffered higher mortality rates while

wealthier arrondissements had lower mortality rates.[121] The timing of Villermé's findings was

significant as they directed hygienists' focus on understanding the causes of poverty during a

period rife with socio-political tension due to the Doctrinaires' political unpopularity.

Essentially, Villermé's study was used by hygienists to identify and observe working-class

spaces to evaluate poverty's effect on cholera's spread, setting the stage for hygienists' later

conclusion that working-class unrest facilitated the spread of disease.

Cholera's high mortality rate among workers did not go unobserved by those outside the

hygienist community. Workers also noticed the disproportionate number of deaths in their

communities and suspected cholera was a bourgeois conspiracy to poison them. Heinrich Heine,

a German poet and critic who was residing in Paris at the time of the 1832 cholera, reported the

following rumor:

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[117] *Ibid*, 304.
[118] *Ibid*, 306.
[119] *Ibid*.
[120] *Ibid*, 309-315.
[121] *Ibid*, 315.

"...many of those who had been so promptly buried had not died from disease but by poison. It was said that certain persons had found out how to introduce a poison into all kinds of food…The more extraordinary these reports were, the more eagerly they were received by the multitude, and even the skeptics must necessarily believe in them when an order on the subject was published by the chief of police."[122]

As Heine's account indicated, workers suspected that city officials were poisoning them due to the rapid onset of the disease and the sudden violent deaths cholera's victims suffered. Moreover, the police prefect's initial lack of communication about the nature of the disease with the city residents only heightened the tensions between citizens and government officials. Parisians' frustration with the police's lack of communication during this time is significant in that it demonstrates the increasing belief among hygienists and French citizens that it was the state's responsibility to protect them during public health crises. Unsure if cholera was infectious or contagious, Parisians followed the little advice they received from hygienists writing for newspapers such as Le *Constitutionnel* and the medical journal *Gazette médicale de Paris*. Heeding these publications' suggestions, Parisians engaged in social isolation when possible and covered their faces with cloth to prevent the city's toxic odors from infecting them.[123] Wealthy Parisians fled from Paris to rural provinces outside the city in search of clean air to escape the miasma responsible for the disease. As a result, many working-class people were incensed due to the state's lack of protection, their inability to escape cholera in the city, and rumors that proclaimed cholera a bourgeois conspiracy, prompting the outbreak of the "cholera riots" in April 1832. The riots led to the brutal killings of five suspected poisoners, two of whom possessed white powders thought to be the poison responsible for the disease.[124] While

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[122]Heinrich Heine, *French Affairs: Letters From Paris*, 2 vols. (1893; London: London : W. Heinemann), 253.

[123]"Sur L'Exploitation Sacerdotale du Choléra," *Le Constitutionnel*. April 19, 1832., Catherine Kudlick. "Giving Is Deceiving: Cholera, Charity, and the Quest for Authority in 1832." *French Historical Studies* 18, no. 2 (1993): 472-473.

[124]"Cholera-Morbus de Paris," *Le Constitutionnel*, March 29, 1832.

newspapers exonerated the men killed by the angry mobs the next day, murmurings of social unrest between the working class and the government remained in Paris after the riots.

A few months later, fighting between workers and the state renewed in June 1832 after famous Napoleonic general Jean Maximilien Lamarque died from cholera. A critic of the July monarchy and a general during the Napoleonic Wars, Lamarque was popular among many Republicans for his outspoken opposition to the conservative Legitimists and his criticisms of Louis-Phillippe. As a testament to his fame, Lamarque's funeral was attended by 24,000 spectators and 10,000 soldiers stationed to prevent violent outbursts. However, Lamarque's funeral erupted into street fighting when a person fired into the crowd of mourners.[125] As a result, the uprising culminated in what would become known as the June Rebellion, with much of the fighting taking place in St. Martin and St. Denis. Residents of these working-class neighborhoods barricaded the streets to prevent soldiers from entering and arresting dissidents. To crush the rebellion, Louis-Phillippe ordered the deployment of 40,000 army troops in addition to the 20,000 National Guards already fighting against the rebels. Although the insurrection only took place over two days, the state's casualties numbered 73 killed and 344 wounded, while Republicans suffered 93 killed and 291 wounded.[126] The June Rebellion was the first one of many instances of political violence that stemmed from the culmination of state repression and workers' anger toward their exploitation by upper-class elites. However, the rebellion's proximity to the first cholera epidemic necessitated that the state tread cautiously in enacting reforms to mitigate future outbreaks, lest further police interactions with citizens risk reigniting

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[125] Jonathon House. "The Collapse of the July Monarchy." In *Controlling Paris: Armed Forces and Counter-Revolution, 1789-1848*,(New York: NYU Press, 2014), 44-47.
[126] *Ibid*.

the ire of workers and worsening the spread of cholera. As a result, the constitutional monarchy increasingly called upon hygienists to act as intermediaries between the state and the citizens.

To refrain from further substantiating workers' distrust of the state, administrators used hygienists to serve as middlemen between the state and its constituents. While hygienists often served in government-funded institutions in an advisory capacity, they did not consider themselves political authorities.[127] Instead, hygienists portrayed themselves as scientists invested in improving public health and working toward human progress. However, the cholera epidemic of 1832 and the June Rebellion were critical events that marked the beginning of hygienists' rise to power as influential state authorities in the French government and society. The professionalization of public health since the 1770s and the creation of state and city councils and academies under government supervision allowed hygienists to cultivate political favor with the July Monarchy.[128] Conversely, hygienists' investigations into occupational health during the two decades before the July Monarchy helped them establish rapport with workers and substantiate a positive reputation as medical experts. According to Catherine Kudlick and Andrew Aisenberg, many physicians had garnered some degree of respect from the working classes in their attempts to help treat those afflicted with cholera.[129] Subsequently, hygienists gathered data through firsthand observation that other state authorities could not by treating and interacting with citizens in their private homes. For these reasons, the status of hygienists as state figures increased during the July Monarchy due to their reputations as scientific authorities and extensive experience interacting with working-class populations.

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[127] La Berge, *Mission and Method*,89.
[128] *Ibid*, 13.
[129] Kudlick, *Cholera in Post-Revolutionary France*, 107.; Aisenberg, *Contagion*,,32.

Scarcely a generation removed from the French Revolution and having endured multiple government upheavals since, workers were resistant to the idea of the government authorities regulating their private dwellings.[130] However, hygienists and state administrators viewed cholera as a public health crisis that required close observation to understand the factors that accelerated its spread. Before the cholera epidemic, the Minister of the Interior had tasked the prefecture of police in Paris with disease regulation. The prefecture of police had acted in this capacity since the 1780s because early hygienists had successfully argued that the police needed to enforce measures to curb epidemics.[131] Although the police had performed this role since before the revolution, the police's primary responsibility as the state's repressive force against political dissent made workers unreceptive to the state's advances to identify cholera's causes. Consequently, the Minister of the Interior, Adolphe Thiers, predicted that further worker uprisings would be likely if the police carried out the responsibility of surveilling neighborhoods to identify potential sources of cholera. As it was, outright suppression and censorship of Republican groups in Paris continually ignited conflict between the police and working-class citizens.[132] These outbursts contributed to the proliferation of anti-state sentiments already abundant in other industrial cities, resulting in violent demonstrations such as the April 1834 insurrections in Lyon and Paris. To avoid accusations of state overbearance, Aisenberg suggests that city administrators emphasized hygienists' role in monitoring and prescribing appropriate measures to prevent cholera's spread. In this regard, state administrators appealed to hygienists' scientific expertise to distance themselves from the investigatory disease control process.

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[130] Aisenberg, *Contagion*, 33.

[131] La Berge, *Mission and Method*, 13.

[132] Aisenberg, *Contagion*, 35., Kudlick, *Cholera in Post-Revolutionary France*, 178-79

Poverty and Working-Class Militancy as Factors in Disease Transmission

While data collected by physicians during the first cholera epidemic indicated a relatively similar occurrence of cholera in upper and working-class neighborhoods, most hygienists began their investigations in working-class communities due to the findings of Villermé's study. The Cholera Commission was formed in 1832 by the Paris prefecture of police's Conseil de salubrité. The conseil was initially established in 1802 to investigate insalubrious spaces in Paris. The claim of "insalubrity" was primarily premised on infection theory which proposed that inhaling noxious odors and vapors or exposure to sources of environmental pollution caused infection.[133] Consequently, working-class arrondissements were often characterized as insalubrious due to their abundance of poorly ventilated buildings, narrow streets, and unmaintained below-ground sewers.[134] While the city paid for the repair of above and below-ground sewers that ran along and under the roads, private citizens were tasked with paying for the maintenance of sewers that ran under their private homes.[135] Many working-class families could not afford such upkeep, and landlords were disinclined to pay for the sewers' cleaning unless prompted by the police. Consequently, the odor of rotting refuse and sewage was more potent in working-class neighborhoods than in middle and upper-class areas. Villermé's 1830 report indicated that these factors had minimal influence on working-class arrondissements' mortality rates. However, the disproportionate number of cholera-related deaths in low-income areas informed hygienists' efforts to understand cholera's relationship with poverty.

The Cholera Commission Report of 1834 was the first of many reports compiled and released by the Cholera Commission that linked cholera with poverty. While hygienists could not

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[133] Alain Corbin, *The Foul and the Fragrant: Odor and the French Social Imagination* (Cambridge, Mass: Harvard University Press, 1986), 26.

[134] Donald Reid, *Paris Sewers and Sewermen,* 18-20.

[135] *Ibid*, 13.

reach a complete consensus regarding cholera's designation as an infectious or contagious disease, the community initially agreed that poverty and cholera mortality rates were positively correlated. As a result, hygienists examined insalubrious conditions in working-class neighborhoods to understand what specific effects of poverty contributed to cholera's high mortality rate. As Villermé had done before, the Cholera Commission identified workers' crowded and unsanitary living conditions as potential sources of disease. Rather than viewing these living conditions as the product of workers' low wages, the commission proposed that poverty was the product of immoral behavior. Essentially, the commission maintained that workers' insalubrious living conditions resulted from their immorality and poor personal choices.[136] Despite decrying the effects of industrialization scarcely two decades before, hygienists divorced workers' low wages from poverty and postulated that workers' vices were responsible for their insalubrious living conditions. For this reason, hygienists and social reformers believed that it was the government's duty to ensure that citizens were engaging in hygienic physical and moral practices to protect public health, even if it infringed upon their private autonomy. Effectively, hygienists' moralization of poverty was instrumental in legitimizing the state's encroachment into workers' homes as a measure to protect public health.

The Cholera Commission report also cited social disorder as another cause of cholera's spread and another indication of workers' immorality. Placing poverty and working-class militancy as comorbid conditions in the cholera epidemic, the report stated, "the commission has not been able to prevent itself from suspecting in this disorder that it sees everywhere the existence of an ever-present disturbance, and from believing that this [disturbance] can only be

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[136] Louis François, *Rapport sur la marche et les effets du choléra-morbus dans Paris et le département de la Seine* (Paris, France: Imprimerie royale, 1834), 124.

the population itself."[137] Thus, the commission reasoned that it was necessary to solve the problem of poverty itself to halt the spread of cholera. However, the solution to poverty would not come from addressing decreasing wages, the deskilling of labor, or the harsh working conditions the laborers endured. Instead, the 1834 report emphasized the habits workers practiced at home as the primary causes of poverty. In summary, the report concluded:

> No one will doubt that the habits, customs, and the existence of a large segment of its population are to be considered important….there exists in our midst a numerous class which is forced to subsist by means of onerous work, and to which the solicitude of the government must be extended at all times to protect [this class] from those dangers which it cannot or does not know how to combat….
> Besides, no matter how depraved this population may be, it is not the place of the commission to judge its morals. There is a thrush that it is necessary to repeat lest one forget it, that there exist between the person and his surroundings secret bonds, mysterious relations, whose influence on him, is constant and deep. Favorable, this influence fortifies his physical and moral forces, it develops and conserves those forces[;]harmful, it alters them, destroys them, kills them. But its action is never to be feared more [than] when it manifests itself in a crowded population.[138]

In alluding to the dangers that particularly affect workers, the report prescribed a paternal identity to the government to protect unwitting citizens from the consequences of their ignorance. In this respect, the commission's report highlights the influence of Doctrinaire ideology in hygienist organizations. The report's characterization of the need for state intervention was consistent with Guizot's belief that the constitutional monarchy needed to adopt a paternal role in ruling over its citizens. Furthermore, Aisenberg remarks that the report's argument about the effects of poverty and social disorder as vectors of cholera's transmission is also notable because it justified the state's surveillance of private homes as a method for ensuring good physical and moral hygiene.[139] Essentially, hygienists concluded that working-class homes required regulation to preserve public health. Finally, the report's closing sentence is significant because it frames working-class militancy as contagious. From the commission's

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[137] *Ibid*.

[138] *Ibid*, 194-195.

[139] Aisenberg, *Contagion*, 30.

perspective, working-class unrest was not only a factor in cholera's transmission but also a disease itself. The report interpreted working-class grievances and anger toward Louis-Phillipe's repressive regime as a destructive force of social disorder. By attributing working-class militancy as a cause of cholera and a disease in its own right, the commission's report identified working-class unrest as a public health issue. More importantly, the report suggested the need for direct state intervention to suppress workers' protests as a matter of medical necessity and a tool to preserve liberal, democratic order, establishing an argument for future bureaucratic expansion under the guise of maintaining public health.

Following the 1834 report's publication, the Academy of Moral and Political Sciences tasked hygienist Louis Rene Villermé and his colleague Louis Francois Benoiston de Chateauneuf with investigating the physical and moral conditions of the textile workers in Paris and Lyon. Both men had served on the 1834 Cholera Commission and possessed reputations as prolific social reformers in their respective disciplines. Villermé's 1830 study of poverty's correlation with mortality rates in poor neighborhoods and Chateauneuf's analysis of Parisian household consumption enabled both men to earn a status as prominent hygienists by the 1830s. Additionally, Villermé and Chateauneuf were selected to carry out the study due to their experience using expansive data sets in their previous work. However, the Academy only published Villermé's portion of the report in 1840.

Titled *Tableau de l'état physique et moral des ouvriers employés dan les manufactures de coton, de laine et de soie*, Villermé's report aimed to answer the question of whether textile workers could subsist on their current wages. Notably, Villermé dismissed textile workers' complaints that their wages were disproportionate to the record profits their employers received from their labor. William Coleman remarks that Villermé's dismissal was largely influenced by

his staunch defense of the benefits brought forth by the industrial economy. Coleman summarized Villermé's reasoning in the following terms: "[the] working class had indeed been exposed to great risks, but society in general and surely also many components of the working class had benefited by the introduction of machine and factory."[140] Instead, Villermé argued that workers' vices were responsible for their inability to subsist on their wages. In Villermé's view, alcoholism and idleness were the primary vices that workers abused and the causes of their unhygienic living conditions. Invoking visceral imagery, Villermé describes the cramped and unhealthy living conditions in working-class homes as those of "profound misery" with multiple family members of different ages and sexes sharing one bed.[141] The scene apparently horrified Villermé so much that he stops his description to spare readers the details. He cautions more adventurous readers that seek to fill in the gaps with their imaginations to not "recoil before any of the disgusting mysteries performed on these impure beds, in the midst of obscurity and drunkenness" if they wish for the image to be accurate to reality.[142] Despite painting such a vivid picture of working-class misery and poverty, Villermé was adamant that such conditions resulted from individual immorality rather than from structural economic inequality.

Even after calculating the average annual wages of families and remarking on the tight margin of household expenses, Villermé placed the blame for the workers' precarious financial circumstances squarely on their shoulders. In his summary of workers' conditions in Lille, Villermé concluded the following:

> Let us not forget that, except in times of crisis, the great majority of hard-working, economical, prudent workers can maintain themselves and their families, even if they cannot save. Unfortunately those whom drunkenness and other debaucheries ruin, or who are capable of living only on a day to day basis, are extremely numerous.

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[140] Coleman, *Death is a Social Disease*, 237.

[141] Louis-René Villermé, *Tableau de l'état physique et moral des ouvriers employés dans les manufactures de coton, de laine et de soie* (1840; Paris, France), 1:83.

[142] *Ibid*.

> These latter seem to ignore that they are at the mercy of all the vicissitudes of commerce and manufacturer, and that for them every day can be a day before loss of a job, and in consequence loss of bread. They seem to forget completely that the remedy for their poverty is in good behavior, in a persevering care never to spend all that they earn, and of course not to spend more. Let us repeat to them the belief of Mr. Charles Dunoyer: that nothing truly effective can be done for them except by themselves-by their efforts, their patient activity, their gradual savings, and their care in not increasing their burdens more rapidly than their fortune.[143]

From Villerme's perspective, workers could overcome the instability of the labor market through strict discipline and willingness to participate in good behavior. In other words, Villermé believed that a worker's moral constitution determined their living conditions and social standing. Workers who partook in alcohol and other unnamed debaucheries were complicit in their own poverty. More importantly, Villermé suggested that workers' immoral behavior was the source of insalubrity in working-class homes and neighborhoods, creating a public health crisis.

Villermé's conclusion about poverty as a reflection of morality was also significant in its determination that immorality had a contagious quality, likening poverty to a social disease.[144] In this respect, Villermé's study substantiated the Cholera Commission's villainization of workers and justified Guizot and the Doctrinaires' disdain for workers by pathologizing working-class poverty as a product of immorality and vice. Moreover, Villermé's characterization of immorality as a contagious disease invoked the need for public health reform. According to Aisenberg, Villermé "advocated for state intervention in the working-class home to remove the conditions of contagious immorality…envision[ing] that such an intervention would end up restoring to workers their capacity for moral self-regulation."[145] As Villermé had detailed in his report, moral degeneration afflicted not just individual homes but entire neighborhoods,

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[143] *Ibid*, 1:87-88.
[144] Aisenberg, *Contagion*, 22.; Kudlick, *Cholera in Post-Revolutionary France,* 206., Barnes, *The Making of a Social Disease*, 24.
[145] Aisenberg, *Contagion*, 34.

requiring significant state intervention to regulate workers' moral behavior and repair their insalubrious living conditions. Coleman elaborates that for Villermé "'reform' meant the elimination of certain vices and the moderation of others…if [reform] did entail social change, [it] was not to alter social structure or shift control of economic power to new hands."[146] In this way, Coleman suggests that Villermé's moralization of poverty was indicative of his desire to uphold social and economic structures by diagnosing individual vice as the source of workers' poor living conditions. Coleman's claim is also substantiated by Villermé's statement that poverty threatened long-term social stability because it could be "transmitted from generation to generation by the force of contagious example….and perpetuated by the force of habit."[147] By metaphorically linking heredity with disease, Villermé characterized poverty in a similar light as cholera and reinforced the need for centralized government regulation to safeguard society from destruction.

At its publication, Villermé's study resonated strongly with government officials who sought a medical rationale for their mobilization against subversive citizens. Even fellow hygienists who critiqued Villermé's dismissal of industrial capitalism as a factor of poverty still agreed that poverty posed a danger to the social fabric of France. Social reformer and sociologist Eugène Buret was a detractor of Villermé's pathologization of poverty but agreed that government regulation of working-class spaces was imperative for society's health, stating:

> Poverty is a question of life or death for societies, but the vice (produced by poverty does not remain long at the level of the sick individual, it does not delay in becoming manifest in external acts, dangerous for the whole society, it explodes and menaces. The habit of vice engenders crime. Everything is touched by it….the interests of all classes of society are connected by common bonds.[148]

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[146] Coleman, *Death is a Social Disease*, 237.

[147] Louis-René Villermé, *Tableau de l'état physique et moral des ouvriers*, 2:47.

[148] Eugène Buret, *De la misère des classes laborieuses en Angleterre et en France*, vol. 1 (1842; repr., Bruxelles : Société typographique belge, A. Wahlen, 2014), 2:318.

Published in 1842, Buret's *De la misère des classes laborieuses en Angleterre et en France* took a comparatively critical position of industrialization's role in sustaining working-class poverty. However, Buret came to a similar conclusion as Villermé in emphasizing the inherently social aspect of poverty. Buret's connection between vice and crime is also significant because it implies the need to expand policing in working-class class areas to contain the spread of these conditions to surrounding neighborhoods. In articulating vice and criminality as contagious threats to social stability, Buret's work reinforced Villermé's conclusion that poverty and criminality constituted public health crises.

Buret was not the first to suggest the connection between poverty and criminality. Honoré Frégier's *Des classes dangereuses de la population dans les grandes villes et des moyens de les rendre meilleures* was published in 1840 and explicitly detailed the state's role in regulating working class habits and vices. A well-established city official, Frégier had held posts as the secretary of the Seine Council of the Prefecture (1824) and the head tax authority of the *Troisième bureau* (1830) before assuming a position as director of Paris's outer fortifications in 1840. Drawing extensively from Villermé's methodology and conclusion, Frégier used the persisting threat of cholera to exemplify the ties between disease, poverty, and criminality. The commonality shared between these issues, Frégier claimed, was their outgrowth from the moral incompetence of working-class family homes. Using data from his work in the Seine prefecture, Frégier's study stressed the contagious quality of criminality and outlined a classification system of criminal types, ranging from prostitutes to thieves to gamblers. While Villermé and Frégier employed similar scientific language in their reports, they diverted sharply in their outlooks for working-class improvement. As Coleman mentions, the tone of Villermé's conclusion suggested

that workers could be rehabilitated by observing the moral behavior of upper-class individuals.[149] Villermé recognized the existence of "hard-working, economical, prudent workers" who manage to uphold values of decency by turning away from potential vices.[150] In contrast, Frégier maintained a more rigid view of the working class as "savages" who were "a race apart" from their upper-class counterparts.[151] By using race as a substitution for class, Frégier's study appropriated the language of biological difference to characterize workers as an inherently inferior class. To provide an air of scientific legitimacy to study, Frégier supported his assertion of workers' biological inferiority by chronicling each criminal type's social and physical anatomies. Frégier's emulation of hygienists' scientific methodology is particularly striking as it reveals the degree to which hygienists' authority as scientists had become valued by government authorities to justify the expansion of state surveillance during the July Monarchy.

In portraying workers as impulsive and prone to criminality, Frégier echoed Villermé and Buret's conclusions that the state needed to assume a patriarchal role in regulating its citizens' activities to ensure that workers would not be led astray by vices such as alcohol and idleness. Although Frégier drew heavily from Villermé, his report was unique in suggesting explicit government initiatives to mitigate the spread of contagious crime. To minimize the poor example set by working parents who used "indecent language" around children, Frégier suggested the government "[remove] children young and old from the contagious examples of intemperance and immorality that their parents provide."[152] Moreover, Frégier spoke glowingly about the progress of new state-sponsored sanatoriums in reforming prostitutes and the success

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[149] Coleman, *Death is a Social Disease*, 236-237.
[150] Villermé, 1:87-88.
[151] Honoré Frégier, *Des classes dangereuses de la population dans les grandes villes et des moyens de les rendre meilleures*, 2:140.
[152] *Ibid,* 2:222.

of solitary confinement in preventing the further spread of immorality and disease in prisons.[153]

Rather than relying on immoral workers to take individual responsibility in managing their own moral condition, Frégier maintained that an individual's willpower alone was not enough to ward off the contagious influence of poverty and crime in working-class neighborhoods. Instead, Frégier portrayed the state's removal of individuals from their insalubrious and corrupt environment as the only method by which children of working-class parents could hope to pursue a virtuous life. In this way, Frégier's work reinforced the need for government regulation of the workers by appropriating hygienists' language and methodology.

While Frégier's first treatise established the hygienic and moral necessity for state intervention, his second treatise sought to identify the legal precedence for his suggested social reforms. Published in 1850, Frégier's *Histoire de l'administration de la police de Paris depuis Phillipe Auguste jusqu'aux États généraux* proposed that the purpose of policing was to "render the nation sociable" by performing responsibilities such as overseeing street cleaning, street lighting, and monitoring possible disease-causing agents in accordance with laws and the principle of liberty.[154] As the Cholera Commission Report of 1834 had established a decade earlier, disturbances to social order were antithetical to the state's purpose of upholding liberty. Frégier argued that "social order could not exist without laws appropriate to the spirit and customs of the people for whom they are made, nor without a government both determined and empowered to ensure their execution."[155] From Frégier's perspective, working-class protests of the constitutional monarchy threatened social order. Accordingly, the state had an obligation to

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[153] *Ibid*, 1:370.

[154] Honoré Frégier, *Histoire de l'administration de la police de Paris, depuis Philippe-Auguste jusqu'aux États généraux de 1789* (1850; Paris), 1:vi-vii.

[155] *Ibid*.

repress workers' protests lest the "spirit of factionalism" weaken public health.[156] Referencing the recent resurgence of cholera in Paris and the Revolution of 1848, Frégier remarked that the government's hesitance to crush working-class militancy especially hurt those who had challenged the monarchy's social and political authority because police were unable to report and address causes of cholera for fear of sparking workers' revolts.[157] Essentially, Frégier asserted that the police's unwillingness to suppress workers facilitated the spread of disease in Paris.

To further support his argument, Frégier used Louis XIV's centralized government and the creation of the lieutenant of Paris post as an example of the positive influence of policing. Under Louis XIV's absolute monarchy, individuals appointed to the lieutenant of Paris could use their authority to construct and clean sewers, build streets, and oversee the expansion of public transportation.[158] In this regard, Frégier maintained that a centralized government was necessary for social order and public health, even if it infringed upon an individual's autonomy. Effectively, Frégier invoked the research of scholars such as Villermé and Buret to portray workers' protests as a threat to public health and justify their subjugation by the police.

While Frégier was not a hygienist by training, his emulation of Villermé's scholarship is important because it demonstrates the political capital that hygienists had gained during the July Monarchy by classifying poverty, working-class militancy, and crime as pressing public health issues. The Cholera Commisson Report of 1834 was integral to framing these issues as contributing factors to cholera's devastating impact in 1832. Towards the end of the July Monarchy, however, poverty, working-class militancy, and crime had become public health

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[156] *Ibid,* 1:525.
[157] *Ibid*, 1:523-525.
[158]*Ibid*, 1:x, 87.

issues in their own right because hygienists and state officials like Frégier claimed that these

issues stemmed from workers' contagious immorality. Additionally, the political instability of

Louis-Phillipe and François Guizot's regime heightened the government's anxieties toward these

issues, elevating the importance of hygienists who corroborated the need for the expansion and

the working-class oppression as a medical necessity. In this respect, the state's dependence on

hygienists' research to assert the massive scale of social decline is demonstrative of Robert

Nye's following claim:

> Under the spur of the internal and external events of the era, a medical model of cultural crises
> developed that exercised a linguistic and conceptual imperialism over all the other ways of
> viewing the nation's plight. If this model of crisis was medical in nature, it served the thoroughly
> *cultural* aim of explaining to the French the origins of national decadence and the weaknesses of
> their population.[159]

In prescribing poverty and criminality with a medical cause that stemmed from individual

moral inadequacies, the hygienists reframed the July Monarchy's inability to address crime and

poverty as the result of workers' inferior morality rather than the product of its own inadequacy.

In doing so, the state could justify its intervention in working-class homes as a method to

regulate workers' immorality while surveilling workers for signs of possible unrest. In this way,

hygienists became politically useful in demonstrating the need for state surveillance and

oppression by classifying poverty, working-class militancy, and crime as public health concerns

that warranted state intervention.

Revolution and the End of the July Monarchy

Frégier's second treatise on policing was not only influenced by the pathologization of

poverty and working-class crime as public health but was also shaped by the Revolution of 1848.

By the time Frégier's report was published, Louis-Phillipe had abdicated his title due to

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[159] Nye, Crime, *Madness, and Politics in Modern France*, xiii.

mounting pressure from all sides of the political spectrum. Wealthy industrialists and new members of the bourgeoisie opposed the king because he supported the interests of landed financial aristocrats such as bankers, mine owners, and railroad barons. Louis-Phillipe and Guizot's favoring of land-owning nobility also resulted in the ire of the middle and working classes, who saw the constitutional monarchy as elitist and refused to grant them suffrage. Louis-Phillipe's authority further weakened when poor harvests in 1846 resulted in a widespread grain shortage, forcing the government to rely on Russian wheat imports.[160] Consequently, the monarchy slashed public works projects that employed thousands of Parisians from the monarchy's budget. The beginning of an economic depression compounded this employment loss as the costs of bread and grain-related foodstuffs increased across France. As a result, the anger of thousands of workers in Paris was directed at Louis-Phillipe, providing a rare point of commonality between the bourgeoisie and Republicans.

Prime Minister François Guizot's second banning of political banquets (Campagne des banquets) caused the final push for the king's abdication. Various political groups periodically held these banquets to circumvent the ban on political gatherings and demonstrations, exploiting the legal loophole to allow middle-class people to voice their critique of the regime.[161] Guizot's decision to ban an upcoming banquet scheduled for February 22, 1848 was the direct catalyst for the Revolution of 1848 and resulted in the erection of barricades throughout the city to protest the ban. Soldiers were largely unsuccessful in retaking many neighborhoods due to their narrow width, which allowed protestors to mount high barricades that impeded troop movement.[162] Moreover, clashes between the military and city residents produced massive casualties on

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[160]House, "The Collapse of the July Monarchy,"55-57.
[161]*Ibid*, 57.
[162] *Ibid*, 59-60.

February 23, leaving 52 people dead and 74 injured.[163] Middle and working-class resistance,

coupled with Louis-Phillipe's inability to form a new cabinet of ministers, ultimately culminated

in the king's resignation as protestors closed in on the Tuileries Palace.

Although the 1848 Revolution toppled the July Monarchy and upset the political

landscape of Paris once again, hygienists during this period laid the conceptual framework of

public health that city administrators would reference for the next several decades. Essentially,

hygienists' pathologization of disease, poverty, and criminality validated the pre-existing

prejudices of many upper-class Parisians toward workers. Drawing from the work of hygienists

such as Villermé and Buret, Parisian administrators could ignore workers' right to political

autonomy by justifying their persecution and erasure of working-class spaces as a way to protect

public health and safety. From the perspective of hygienists and state officials like Frégier,

public health concerns warranted the suspension of political rights and could be cited in virtually

any context due to the diversity of issues that hygienists had characterized as public health

issues. For this reason, hygienists' work was instrumental in legitimizing city officials' efforts to

control and marginalize working-class people during the Second Empire.

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[163] *Ibid*, 61.

Chapter 3: Insalubrity, Haussmannization, and Marginalization in the Second Empire

Although the Revolution of 1848 marked the end of the constitutional monarchy and the Doctrinaires' political decline, hygienists remained influential authorities in state politics and continued to promote the expansion of government powers to implement sweeping public health reforms. While Louis-Phillipe and Guizot struggled to implement effective state-level public health reforms due to their precarious political position and the growing threat of working-class revolution, Louis-Napoléon, Louis-Phillipe's elected successor, used public health to expand state power and suppress the growing threat of working-class militancy that remained after the Revolution of 1848. In this respect, Louis-Napoléon drew upon hygienists' medicalization of poverty and crime as public health crises to justify his redesign of Paris as a necessary intervention to preserve public health while enabling his surveillance and marginalization of workers. Effectively, Louis-Napoléon used public health as a tool of social control during Haussmannization. By citing the need to eradicate insalubrity from working-class housing as a necessary public health reform, Louis-Napoléon carried out the wholesale destruction of working-class communities as a measure to improve public health while seeking to diminish workers' social and political agency.

Initially, Louis-Napoléon was popular among working-class and peasant Republican voters because his election manifesto announced to workers his intent "to give work to those unoccupied; to look out for the old age of workers; to introduce in industrial law those improvements which do not ruin the rich, but which bring about the well-being of each and the prosperity to all."[164] By acknowledging workers' hardships and promising to alleviate their suffering, Louis-Napoléon won the vote of workers who had been routinely denigrated and

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[164] Quoted in Philippe Séguin, *Louis Napoléon Le Grand* (Paris: Bernard Grasset, 1990), 125.

violently subjugated at the behest of Doctrinaire politicians during the July Monarchy. Garnering worker and peasant votes was especially valuable for Louis-Napoléon because the Constitution of 1848 declared France a putative republic, granting universal suffrage for all free Frenchmen regardless of land-owning status. Subsequently, Louis-Napoléon, the formerly exiled nephew of Napoléon I, was elected in December 1848 as the first president of France by a largely working-class and peasant voter base.[165]

Despite portraying himself as a Republican-aligned ruler to voters, Louis-Napoléon pursued conservative policies and appointed conservative Orléanist leaning ministers to his cabinet who advocated for the return of a constitutional monarchy. Moreover, Louis-Napoléon and his Head of Ministry Alphonse Henri d'Hautpoul passed a new electoral law in May 1849 to repeal universal suffrage, mandating that each voter present proof of three years of residence at his current address. As a result, the law made many factory workers ineligible to vote because they frequently relocated for work and thus did not have a fixed address. Additionally, the reinstatement of censorship laws and bans on political clubs repressed Republican speech.[166] To remain in power in preparation for the election of 1851 after alienating his working-class voters, Louis-Napoléon garnered the support of monarchist and Orléanist politicians and altered the terms of the 1848 constitution to maintain power. On December 2, 1851, Louis-Napoléon led a coup d'etat, arresting opposition leaders, using state military forces to occupy key strategic positions in Paris, and declaring himself Napoléon III, the Emperor of the French. Republican insurrections broke out in Paris and across France but were quickly contained by Napoléon III's forces. After consolidating military control of France and ratifying his position through a

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[165]Roger Price, *The French Second Empire: An Anatomy of Political Power*, New Studies in European History (New York: Cambridge University Press, 2001), 20.
[166] *Ibid*, 27-36.

heavily-rigged national referendum, Napoléon III codified his authority in the new constitution

of 1852 and notably granted universal suffrage once again to all free Frenchmen.[167] Despite his

stated dedication to protecting the sovereignty and rights of the French people, Napoléon III took

frequent liberties to socially and physically marginalize the working-class constituents from

which he claimed to draw his authority by suppressing workers' protests against his coup.

Effectively, Napoléon III and his Prefect of the Seine, Baron Georges Haussmann,

appropriated hygienists' rhetoric to validate the destruction of working-class neighborhoods to

improve public health while suppressing the threat of future working-class uprisings.

Haussmann's projects utilized hygienists' rhetoric to target working-class space as sources of

insalubrity. Beyond the health risks posed by overcrowding and lack of sunlight, insalubrity also

encompassed conditions that hygienists had identified as stemming from working-class

immorality, such as poverty, crime, and civil unrest. Consequently, Napoléon III and Haussmann

used hygienists' broad conception of insalubrity to justify the expansion of the Prefect of Seine's

powers to combat the threat of working-class uprising by forcefully displacing and

disenfranchising thousands of poor Parisians. To this end, July Monarchy hygienists played a

significant role in Haussmannization as their classification of disease, poverty, and criminality as

public health issues justified state administrators prejudices against workers. Moreover,

Napoléon III and Haussmann used these broadly defined public health concerns to suspend

workers' right to privacy and autonomy by forcefully evicting them from their homes and

neighborhoods under the guise of public health. Specifically, Napoléon III relied upon the vague

definition of insalubrity in the 1850 Law on Insalubrious Dwellings to generally cast all

working-class spaces as insalubrious and thus detrimental to public health. Although this law has

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[167] *Ibid*, 31.

been largely overlooked by scholars due to its initial inefficacy and lack of enforcement in the two years prior to his coup, Napoléon III used the 1850 Law on Insalubrious Dwellings as the key piece of legislation to expand the authority of the Prefect of the Seine and approve the large-scale destruction of working-class arrondissements as a public health policy.

The 1850 Law on Insalubrious Dwellings and its Discontents

One of the critical pieces of legislation that provided the legal underpinning for the Haussmannization was the 1850 Law on Insalubrious Dwellings. Deputy Anatole de Melun originally drafted the law in 1849 to modify the Municipalities Law of 1790. The purpose of the Municipalities Law of 1790 was to grant local governments municipal autonomy to address issues specific to the locality.[168] Melun wanted to expand the powers of the Municipalities Law to allow the prefecture of police to conduct investigations inside insalubrious homes and identify potential sources of disease. Like Frégier, Melun also appealed to legal precedence to justify the law's passage, explaining:

> Whether we consider the proposition as a simple extension of police powers, a legal intervention of the contract between landlord and tenant, or the realization of an idea of morality or public health, we can only recognize in it the rigorous application of the principles embodied in our present legislation.[169]

While Melun didn't specify what principles apply to the law, Aisenberg asserts that state administrators would likely have inferred that Melun proposed the law to secure liberty and equality by upholding social order.[170] For Melun, workers' privacy to freely behave in their homes came second to safeguarding public health and safety. In this way, Melun's law utilized public health and legal precedence as its primary pillars.

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[168] Aisenberg, *Contagion*, 47.; Shapiro, *Housing the Poor of Paris*, 22-23.
[169]*Moniteur Universel*, March 6, 1850, 785.
[170] Aisenberg, *Contagion*, 48.

Besides its connection with present legislation, Melun also presented the 1850 Law on Insalubrious Dwellings as a state policy to promote public health. Melun had served as a deputy for the industrial department of the Nord when Villermé published his highly acclaimed report in 1840. Notably, the département du Nord was the primary subject of Villermé's study, which would have likely been read by a wide swath of northern French administrators seeking to understand the source of intense discord amongst industrial workers. Taking a critical stance on individually motivated self-improvement, Melun argued that state intervention was necessary to contain the dangers posed by unhygienic conditions in private residences.[171] In Paris, the Minister of the Interior could grant popularly elected municipal councils with authority to regulate insalubrious conditions in rented dwellings if the landlord failed to maintain upkeep for tenants.[172] Essentially, Melun proposed the law as a way to hold landlords accountable as a measure of disease control rather than the state using police repression to force entry into private homes unreasonably. This distinction was important for Melun to make as workers had criticized state legislators and the police for their surveillance of worker-class neighborhoods and their violent suppression of worker protests during the July Monarchy. Presenting his law as the state's innate responsibility to protect public health, Melun explained that the "legislator has the duty to eliminate the foyers of corruption which not only consume the homes they infect but also which most of the time spread around them contagion and death."[173] In this regard, Melun's justification for the law was reminiscent of physician Ulysse Trélat's 1828 declaration to the Royal Academy of Medicine that public health fell under the central government's purview to ensure social progress. Essentially, the 1850 Law on Insalubrious Dwellings reflected the extent

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[171] *Ibid*.
[172] *Ibid.* 786.
[173]*Ibid, 787.*

to which government authorities had come to recognize public health reform as a strategy to expand state power.

In outlining the threat of insalubrity in private residences, Melun built a case for indirectly addressing moral corruption through government surveillance and regulation of private space. While Melun does not explicitly appeal to workers' immorality, it would have been evident to fellow legislators that the contagions he referenced were cholera and immorality. By suggesting that workers could not maintain the cleanliness of their own spaces, the law aimed to regulate space rather than individual behavior to circumvent accusations that the state was directly trying to control workers' behavior. While Villermé, Buret, and Frégier shared a similar sentiment with Melun about working-class immorality, his attempt to expand state powers to monitor private spaces under the guise of eliminating was novel and symbolized the new status of hygiene in French politics. Hygienists had advocated the proposal of such a law to argue as part of state-level public health reform after the first cholera epidemic in 1832 but were unable to find political purchase with Doctrinaire politicians amid the political instability of the July Monarchy. It wasn't until the Revolution of 1848 that the concept of Melun's law gained real traction among politicians to simultaneously address public health and surveil the working class. In this respect, the 1850 Law on Insalubrious Dwelling's passage was significant for hygienists because it represented the first step toward the hygienists' realization of a statist public health model.

Although the French assembly passed the law in 1850, Melun's law garnered criticism from many reformers, city officials, and hygienists who found the law inadequate to address public health issues. One of the most adamant critics was Théophile Roussel, a young doctor who eventually became a senator in the Third Republic. Roussel maintained that popularly

elected Insalubrious Housing Commissions would be inadequate in addressing public health because they could only act when a complaint was received and issue minimal fines on landlords if the commissions found them at fault.[174] Although the law intended to permit the state's monitoring and regulation of homes determined by elected councils to be insalubrious, its inability to be enforced by the prefecture of police and offer any meaningful penalty rendered it completely ineffective. Instead, the law only permitted councils to observe and address sources of salubrity upon request from tenants. In other words, the law lacked any real authority to address insalubrity in private homes and thus possessed little to no influence in moderating working-class immorality as authorities had hoped. Despite its immediate shortcomings, however, the law would become instrumental in establishing a legal precedent to expand the Seine prefecture's legislative powers and undergird Napoléon III's efforts to consolidate his power during the Second Empire.

While the 1850 law undermined the prefecture of police's authority to directly intervene in private homes under the auspices of preserving public health, it allowed the prefecture of the Seine to expand the scope of its powers to justify Napoléon III's surveillance and elimination of working-class spaces. The Minister of the Interior appointed the prefect of the Seine and the prefect of the police to govern Paris. The prefecture of police was responsible for monitoring the streets and policing the population. In contrast, the prefecture of the Seine oversaw public works projects, which maintained the architectural upkeep of the city and provided city residents with employment. Comparatively, the Prefect of the Seine's responsibilities were less political than its counterpart because it historically did not directly engage in efforts to censor and suppress the state's political opponents. However, Shapiro and Aisenberg state that the unpolitical perception

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[174] *Ibid.*

of the prefecture was upset when Napoléon III appointed Baron Georges Haussmann as its prefect of the Seine in 1853.[175] A trusted servant of the emperor, Haussmann possessed the same positivist position on the role of government in everyday life. Embodying Napoléon III's belief that the state is "the beneficent motive force of every social organism," Haussmann maintained that social regulation was necessary to govern the people adequately.[176] Echoing the sentiments of Villermé, Buret, and Frégier, Napoléon III and Haussmann argued that the state needed to take on a paternal role in managing its citizenry's social behavior.[177] Social regulation, therefore, was a natural right of the state and not a matter of political discussion. Furthermore, the 1850 Law on Insalubrious Dwellings enabled Haussmann to justify his plans to "renew" Paris by arguing that the destruction of insalubrious spaces-both public and private-was necessary to uphold the city's social order and catalyze its moral regeneration. Haussmann's emphasis on the need for urban reorganization as a defensive and regenerative influence is significant because it suggests that state-level public health reform is the key to social regulation by eliminating spaces corrupted by immorality. Essentially, Haussmann's strategy relied upon the appropriation of much-needed public health reform to impose social order without requiring the police's violent subjugation of workers. For Napoléon III and Haussmann, the social question that preoccupied political discourse during the July Monarchy was no longer a question but an inherent responsibility the state must carry out to ensure social order.

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[175] Shapiro, *Housing the Poor of Paris*, 22.; Aisenberg, *Contagion*, 45.
[176] Quoted in *Napoleon III and the Rebuilding of Paris*, 38.
[177] *Ibid*, 38-39.

The Ambiguity of Insalubrity

Haussmann's strategy to modernize Paris was contingent on the ambiguous definition

and understanding of insalubrity during the first decade of his role as prefect of the Seine. While

hygienists such as Villermé, Châteauneuf, and Frégier defined poverty and criminality by using

property taxes and laws as their respective metrics, insalubrity was a comparatively malleable

concept. Villermé's 1920s study of insalubrious conditions initially identified factors such as

lack of sunlight, ventilation, and access to water as sources of insalubrity but found they had

possessed no notable correlation to disease. He had similarly ruled out overcrowding as a cause

of mortality in working-class neighborhoods. Nonetheless, hygienists still promoted these

conditions to encourage necessary sanitary reform. However, the state's powers were still limited

in addressing insalubrity because the 1850 Law on Insalubrious Dwellings stipulated that

Insalubrious Housing Commissions could only intervene on behalf of a building tenant if the

source of insalubrity was caused by an inherent condition within the building's structure or

environment, like inadequate ventilation. The law particularly emphasized permanence as a

condition for commissions' action because the state could not legally define insalubrity. The only

exception to this rule occurred if the housing commissions could determine that a dwelling's

insalubrity was directly linked to tenant behavior.[178] Insalubrity's lack of legal definition was not

the product of oversight but rather the result of a lack of comprehensive consensus in the

hygienist community. Consequently, state administrators were concerned that defining

insalubrity could limit the state's ability to react to public health crises if its definition was too

narrow. Despite these constraints, the insalubrious housing commissions managed to conduct

over 75,000 house visits and initiated approximately 40,000 investigations into insalubrious

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[178] Commission des logements insalubres. "Rapport général sur les travaux de la commission, 1860-1861,"(1863), 33.

conditions in Paris alone, substantiating Haussmann's argument that Paris required massive restructuring of public infrastructure to address rampant insalubrity across the city.[179]

Although the Insalubrious Housing Commissions were hesitant to define insalubrity, numerous reports published by its branch organizations suggested that insalubrity was tied to poor air ventilation either inherent in the building's design or due to overcrowding.[180] The commissions also took liberties in investigating insalubrity outside the home, paying particular attention to shared spaces in working-class neighborhoods. Staircases, hallways, and courtyards were under scrutiny for their perceived danger of spreading disease between people moving throughout these spaces.[181] The commissions took Villermé, Buret, and Frégier's perspective that working-class immorality possessed a contagious quality, likening it to a disease that could continue to spread without regulatory action. Consequently, the workers' immoral behaviors in their homes were not a private matter in the state's eyes but rather a threat to the health of all who encountered corrupted individuals. In this way, the 1850 Law of Insalubrious Dwelling's intention to regulate insalubrious space was a critical component in Haussmann's strategy to take authority away from the police prefect by assuming the responsibility of disease regulation, which had been a duty of the police since the late eighteenth century. Furthermore, Haussmann exploited the porosity of public and private space to exercise the limits of his power by acting on the alleged danger insalubrious working-class areas posed to the entirety of the city.[182] Periodic cholera outbreaks, increasing crime rates, and the army's difficulty retaking rebelling

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[179] Gustave Jourdan, *Législation des logements insalubres*, 178-180.

[180] Commission des logements insalubres. "Rapport général sur les travaux de la commission, 1860-1861,"(1863),13.

[181] *Ibid*, 8.

[182] Victoria E. Thompson, "Telling 'Spatial Stories': Urban Space and Bourgeois Identity in Early Nineteenth-Century Paris," *The Journal of Modern History* 75, no. 3 (September 2003): 523–26.

neighborhoods during the 1852 insurrections corroborated Haussmann's claims of the insalubrity's danger.

Haussmannization and the Marginalization of Workers

Haussmann's work began shortly after his appointment in 1853, starting with the completion of the grande croisée de Paris. The grande croisée was a set of four boulevards that intersected in the center of Paris, facilitating greater communication and army movement throughout the city in the event of another city-wide insurrection.[183] The east-to-west boulevards, rue de Rivoli and rue Saint-Antoine, had already been partially constructed at the order of Napoléon I. However, the north-south boulevards, Strasbourg and Sébastopol, cut through rue Saint-Martin and rue Saint-Denis, two working-class neighborhoods that had experienced the worst of the cholera epidemics and exhibited some of the most stringent resistance against Napoléon III coup. After completing the boulevards in 1857, Haussmann's next project was clearing the Île de Paris, destroying most of the housing in the historic center of Paris. Except for a few buildings that fit within Haussmann's aesthetic vision, the city center's destruction displaced thousands more people. Thirty to forty thousand people were already displaced on the Right Bank after the construction of the boulevards.[184] Instead of building housing to ease some of the displaced population, however, Haussmann widened the square in front of the cathedral of Notre Dame and built new headquarters for the prefecture of police and the Tribunal de Commerce. In his self-written memoir, Haussmann stated that the construction constituted a "gutting of old Paris: of the neighborhood of riots, and of barricades, from one end to

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[183]Michel Carmona, *Haussmann: His Life and Times, and the Making of Modern Paris* (Chicago: I. R. Dee, 2002), 165.; Harvey, *Paris*, 178-80.; da Costa Meyer, *Dividing Paris*, 167–68.
[184]Costa Meyer, *Dividing Paris*, 296.

another."[185] According to David Harvey, these projects were used as a tool of social control against workers to promote the circulation of capital. Effectively, the boulevards created a direct route through the city that soldiers could use to quickly reach working-class neighborhoods and suppress worker uprisings.[186] In "gutting" Paris, however, Haussmann didn't seek to eliminate the structural factors that contributed to the insalubrity and high crime rates but instead moved them to the city's periphery to hinder the presence of working-class people in newly appointed middle and bourgeois spaces.

Rather than being seen as equal citizens to their wealthier counterparts, popular representations of working-class people often depicted them in terms of the racialized Other. Prominent novelists at the time characterized laborers as akin to Native Americans. Famously, Balzac remarked, "Paris is like a forest peopled by twenty tribes of red Indians-Iroquois, Hurons, and the like-who all like by hunting the prosperous classes. [They] are bent on bagging millions. Your trapping will require snares, decoys, and bird lime."[187] Using indigenous tribes as an analogy for working-class criminality, Balzac conveys a strict distinction between laborers and the upper class that could never be reconciled regardless of state guidance. Consequently, the bourgeois needed to protect their moral and financial interests by relegating the working class to the periphery by appealing to public health concerns and upholding social order.[188] As Esther da Costa Meyer succinctly states, it was "class as much as hygiene that triggered these representations and generated broad support for the destruction of entire blocks in the heart of the city."[189] In this way, Haussmann's decision to target working-class neighborhoods fulfilled

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[185]Georges Eugene Haussmann, M*emoirs of Baron Haussmann* (1890; repr., Paris, France, 2007), 136.

[186] Harvey, *Paris, Capital of Modernity*, 142-143.

[187]Quoted in *Dividing Paris*, 133.

[188] Harvey, *Paris,Capital of Modernity*, 146.; Costa Meyer, *Dividing Paris*, 54.

[189] Costa Meyer, *Dividing Paris*, 55.

his purpose of hygienically and socially cleansing the city by eliminating spaces once inhabited by workers.

Rising rent prices also contributed to the exodus of workers to the city's periphery. For families that had managed to escape the destruction of Haussmann's renewal projects, the gentrification of previously insalubrious neighborhoods favored middle and upper-class landlords. Essentially, the elimination of working-class neighborhoods that had rendered space insalubrious resulted in rising land prices in the city's center.[190] Housing shortages resulting from Haussmann's boulevard construction almost doubled rents in the city center after 1851.[191] Land prices in the suburbs were comparatively lower, but there were fewer job opportunities available for workers. Ironically, however, workers that refused to relocate to the city's suburbs worsened crowding in buildings Haussmann left untouched. As politician and social reformer Othenin d'Haussonville remarked, the urban projects produced two kinds of misery: "the old one that conceals itself, packed into six-story houses in the center of the city [and] the new kind that spreads and proliferates in the outlying quartiers."[192] Haussmann dismissed the mass migration of workers to the city's periphery as the pursuit of fresh air and space.[193] Framing rising rent and the hemorrhaging of workers to the city suburbs in optimistic terms, Haussmann remarked that rampant speculation "builds houses that in certain aspects have as fine an appearance as those of the center, and where equally comfortable apartments are also less expensive….Speculation thus follows and favors the movement of population toward the new city, and responds to the needs of all classes."[194] As in many cases with Haussmann's construction decisions, concern for public

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[190] *Ibid*, 264.
[191] Shapiro, *Housing the Poor of Paris*,48.; Harvey, *Paris*, 125.
[192] Othenin d' Haussonville, "La Misère à Paris:La population indigente et les quartiers pauvres," *Revue des Deux Mondes* 45, no. 4 (June 1881): 829.
[193] Quoted in *Dividing Paris*, 287.
[194] *Ibid*.

health served as the primary justification for his projects. Far from the beneficent picture

Haussmann portrayed, however, disease and crime rates rose in both the center and the periphery

even as Haussmann promised their decrease.[195] More importantly, the social and financial

disenfranchisement felt by many working-class people dispossessed of their homes further fueled

social discontent toward Napoléon III. In this way, Haussmann did not rid Paris of disease and

crime associated with workers but rather relocated and inflamed the city's problems in the

suburbs in favor of expediting bourgeois interests in developing the center of Paris into a

luxurious commercial district.

To compensate for the growing population of people relocating to the periphery and the

provincial workers flocking to Paris in search of employment, Napoléon III annexed the

provinces surrounding Paris in 1860. The decision to annex eleven suburban communes

surrounding Paris was as much a financial decision as it was a solution to the growing number of

displaced and dispossessed Parisians. Residents of the annexed communities opposed annexation

since Napoléon III proposed it in 1858 because it would entail higher taxes to continue funding

Haussmann's renovations. Industrialists who had moved their factories and workshops to avoid

paying taxes on fuel and materials were particularly opposed to the annexation but could not

sway Napoléon III's decision.[196] As a result, the annexation doubled the size and population of

Paris, adding 4,800 hectares of land and 400,000 people to Paris's population.[197] Additionally, a

new ring of fortifications encircling the city was ordered to be erected to encompass the annexed

territory to the dismay of suburban communities. The new wall possessed virtually no defensive

benefit and only served to demarcate the population between the new fortifications and old city

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[195] Shapiro, *Housing the Poor of Paris*, 55.

[196] Michel Carmona, *Haussmann: His Life and Times, and the Making of Modern Paris* (Chicago: I. R. Dee, 2002), 313–20.; Pinkney, *Napoleon III and the Rebuilding of Paris,* 151-55.

[197] Pinkney, *Napoleon III and the Rebuilding of Paris*, 151.

walls constructed during the July Monarchy. Similarly lacking military purpose, Louis-Philippe initiated the construction of military fortifications to surround the city in the event of a foreign invasion during the first four months of his reign in 1830. However, critics of Louis-Phillipe's project saw the walls as a mechanism to suppress social unrest, which had been a near-constant concern for city administrators during this time.[198] While attempts by workers and dissenting politicians were unsuccessful in halting the projects, the walls were instrumental in defining new cultures that took root in the city's shadow and outside of police surveillance.[199] Now with the annexation of the surrounding communities, Napoléon III's new fortifications reinforced the social stratification between those living in the periphery and the center. Effectively, the walls served as a physical reminder to workers that state surveillance now fell more heavily upon them, while the dilapidated conditions inhabited by many uprooted workers stoked further resentment toward the state.

Another wave of emigration took place with residents moving even further from the center to avoid the intrusion of new taxes and police authority.[200] However, many workers were hesitant to move given the scarcity of jobs in the new city outskirts. Factories and workshops that originally moved to the suburbs to escape taxes remained, providing more opportunities for factory positions closer to worker residences. In this way, workers were denigrated and alienated by the French state and society as diseased and criminal people despite being relied on upon for their labor and taxes to feed the transformation of Paris into a site of commercialized spectacle.

Despite Haussmann's stated purpose of eliminating insalubrious spaces in the city, the lack of funding allotted to providing the exterior with the same amenities as the exterior reveals

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[198] Patricia O'Brien. "L'Embastillement de Paris: The Fortification of Paris during the July Monarchy." *French Historical Studies* 9, no. 1 (1975): 66.

[199] Costa Meyer, *Dividing Paris*, 304.

[200] *Ibid*, 304-306.

the extent of Haussmann's efforts stopped short of actually helping the working class.

Additionally, Haussmann had issues initiating the next phase of his plans due to increasing

Republican opposition following Napoleon's decision to loosen censorship laws.[201] By this time,

Haussmann's funds were beginning to dry up after dedicating most of his resources to

constructing the intricate street systems in the city's heart. Besides the cost of raw materials and

labor, the city had to pay landowners and merchants handsomely when buildings were torn down

for construction. Working-class tenants comparatively received a pittance that scarcely covered

moving expenses.[202] Additionally, the annexation necessitated the expansion of the boulevards to

the periphery to expedite communication, movement, and police surveillance in neighborhoods

previously left untouched by the prefecture.[203] As a result of the mounting costs of Haussmann's

public projects, the responsibility for building housing and infrastructure in the suburbs fell on

private investors.[204] As there was little profit incentive for wealthy land speculators to invest in

housing and infrastructure in the suburbs, development was an arduous process dictated by the

interest of private investors.[205] Consequently, Haussmann's projects recreated the same

insalubrious conditions in the exterior that he had used to justify the expansion of his powers as

prefect of the Seine. Cramped living conditions and lack of access to clean water resulted in

several cholera outbreaks in the newly crowded suburbs. Nonetheless, bourgeois writers blamed

workers' living conditions on personal incompetency. Maxime Du Camp, a prominent Parisian

writer and son of a surgeon, observed:

> It is in the outlying districts, once part of suburban villages, that this rather particular population
> must be understood in its milieu. Toward the customs gates of Italie, Fonatainebleau, and the
> boulevard d'Ivry…in streets that were never paved and where old oil lanterns still dangle from
> ropes, one realizes that misery propagates and perpetuates itself among careless beings…This

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[201] Judith Wechsler. "Daumier and Censorship, 1866—1872." *Yale French Studies*, no. 122 (2012): 55.

[202] Costa Meyer, *Dividing Paris*, 289.

[203] Harvey, *Paris*, 143.

[204] Costa Meyer, *Dividing Paris*, 318.

[205] Shapiro, *Housing the Poor of Paris*, 32.

entire area which is attached to Paris like a suppurating excrescence, exhales a peculiar odor, generated by emanations f animal black, lumps of manure piled up in the courtyards, stagnant waters reeking of old rags and damp cellars.[206]

Echoing the sentiments popularized by July Monarchy hygienists, Du Camp's observations convey the socially ingrained belief that poverty and unhygienic living conditions directly reflected one's ability to seek self-improvement. Furthermore, Du Camp's equation of the periphery and its inhabitants to a festering growth epitomized how medical pathology thoroughly informed bourgeois perception of lower-class people. Effectively, Napoléon III appropriation of hygienists' work served as a mechanism to Otherize the working class and legitimize the state's destruction of their homes.

While Haussmannization had a debatable effect in addressing the sources of insalubrity in working-class spaces, Napoléon III and Haussmann were successful in the social and spatial marginalization of workers. However, Haussmann's projects stopped short of rendering working-class people completely powerless. Workers continued to protest state tyranny by exploiting the capital's insatiable need for labor and threatening the interests of investors and upper-class citizens through frequent protests. Consequently, workers could never truly be marginalized from French society when they remained so central to bourgeois anxieties.

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[206] Maxime Du Camp, *Paris, ses organes, ses fonctions et sa vie dans la seconde moitié du XIX siècle* (Paris;Hachette, 1875), 4:114.

Conclusion

In reconfiguring Paris's physical and social landscape during the Second Empire, Haussmann envisioned a city unburdened not only from disease but also from the looming threat of working-class uprisings. While eliminating diseases like cholera was one of the outward goals of the Haussmannization, Napoléon III and Georges Haussmann also framed their marginalization of working-class communities as a way to clear the city of moral corruption through the removal of insalubrious housing. Hygienists played distinct role in shaping Napoléon III and Haussmann's rhetoric by classifying poverty, crime, and working-class unrest as public health crises that stemmed from workers' moral degeneration and prescribing state intervention to solve these issues. For this reason, my thesis contributes to existing literature that suggests Napoléon III used Haussmannization as a tool of social control to decrease workers' agency by eradicating working-class spaces and elaborates on public health's role in justifying Napoléon III's marginalization of workers. Subsequently, I maintain that Napoléon III used hygienists' recognition of poverty, crime, and working-class militancy as public health crises to carry out Haussmannization. In connecting cholera to poverty and working-class unrest, hygienists such as Villermé, Parent-Duchâtelet, and Buret supported implementing state-level public health reforms to prevent disease and reduce working-class criminality. Although hygienists were unsuccessful in advocating state-level reforms during the July Monarchy, the passage of the 1850 Law on Insalubrious Dwellings was a significant turning point for public health reform because it expanded the state's power to regulate insalubrity in private residences. Despite the law's initial inefficacy, Napoléon III used the 1850 Law on Insalubrious Dwelling as the legal premise for expanding the Prefect of the Seine's authority and implementing urban reform projects to suppress workers' protests under the guise of eliminating insalubrity in Paris.

The ambiguity of insalubrity's exact medical or legal definition was conducive to Napoléon III and Haussmann's goals. Although hygienists could not establish clear parameters of what constituted insalubrious conditions, hygienists' reports of cholera outbreaks in poverty-stricken communities conveyed insalubrity as a clear threat to public health. However, what hygienists were certain about was the supposed correlation between mortality rates and poverty, working-class militancy, and crime. Hygienists serving on Paris's Insalubrious Housing Commissions used this correlation to identify insalubrious conditions without a distinct definition of insalubrity, betraying hygienists' prejudices toward workers.[207] Nevertheless, insalubrity's ambiguity and the hygienists' unexamined prejudices in characterizing working-class issues as symptoms of immorality were instrumental in allowing Napoléon III and Haussmann to target and destroy workers' neighborhoods. Essentially, the 1850 law justified Haussmann's wholesale destruction of working-class neighborhoods as a public health measure under the hygienist-supported assertion that insalubrity was an inherent feature of working-class living conditions. In actuality, Haussmann's public projects were a method to consolidate control of working-class areas to disenfranchise workers and mitigate the threat of another revolution.

For all of Haussmann's efforts, the Second Empire ended violently with France's defeat during the Franco-Prussian War in 1870. While Napoléon III's political maneuvering in Europe had earned France a position as a dominant power in western Europe, it had also earned him enemies among other European powers. Prussia's rise to power during the 1860s prompted Napoléon III's attempts to curtail Prussian power, which resulted in a war between the two nations and Napoléon III's defeat. The loss caused more than just France's fall from grace as the eminent political power in Europe. Napoléon III's capture in the Battle of Sedan sparked mass

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[207] Kudlick, *Cholera in Post-Revolutionary France*, 112.

outrage in Paris, forcing the regent to flee and the collapse of the Second Empire during the Paris Commune. Ironically, Napoléon III and Haussmann's attempt to limit workers' social and political agency by destroying their homes and forcefully relocating them to the city's margins was ultimately unsuccessful. Instead, the Franco-Prussian War accelerated worker radicalization. In this respect, hygienists' push for state-level public health reform efforts served an essential purpose in driving the passage of state legislation but accomplished little to reduce disease or working-class unrest.

Ultimately, the significance of Haussmann's public health reforms lies not in the immediate success or failure of the state's health initiatives to mitigate disease or class resistance but in the prevailing use of medicine as a method to justify the marginalization of workers throughout the nineteenth century. While cholera was the immediate crisis that enabled state intervention, hygienists' emphasis on the correlation between disease and poverty was valuable in validating the ongoing expansion of state powers under the guise of protecting public health. To excuse the legitimacy that hygienists provided to Napoléon III and Haussmann's efforts to disenfranchise and control the working class would be to miss medicine's subtle and vital role in France during the nineteenth century.

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