Les Dames de la Charité  
and the Creation of the Paris General Hospital

by
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The crisis of poverty, the links between church and state, and the religious mentality in seventeenth-century France help explain the extraordinary impact of a Vincent de Paul and the works he founded. Along with access to those in power, he tapped the energy of religious men and women for whom acts of charity belonged to the spiritual discipline of their faith. The extremists among them were immortalized by Molière, but the majority, many of them unknown, left their trace well beyond the theater. This was true of the Dames de la Charité, a group of wealthy lay women Vincent organized. From their number came Louise de Marillac, foundress of the well known religious congregation of the Daughters of Charity or Filles de la Charité. Next to their renowned sisters, the dames have been either ignored or minimized in the history of charity in seventeenth-century Paris. However, without the latter Vincent could never have sustained relief efforts on the scale that he did; the Filles de la Charité would not have existed as a revolutionary, new religious congregation; and women would not have effectively gained a place in the organized delivery of health and social services, areas that emerged in France by the end of the century (Jones 116).

The dames undoubtedly exerted their impact because the period was one of glaring social inequality and dire poverty. If Boileau ends his sixth satire by commenting that he lacks a place to sleep, his sally was literal truth for a destitute population numbering in the thousands throughout Europe. After the middle of the sixteenth century and in proportions never before encountered, people were dislocated. The causes were multiple: successive crop failures, an economy in transition, and the aftermath of war —the Wars of Religion, the Thirty Years War, and the Fronde.

In cities like Paris the magnitude of this crisis was aggravated by the stream of destitute who arrived searching for shelter and sustenance. The crisis prompted the newly centralized governments of Richelieu and Mazarin to intervene in a domain hitherto reserved to the Church, that of providing for the poor. The efforts of both church and state remained inextricably intertwined, since seventeenth-century France was a religious society with no clear bounda-
ries between the spiritual and the temporal (Tavenaux 29). Indeed, thanks to the unprecedented religious fervor generated by the Counter-Reform and subsequent renewal of the French Church, Catholics would devote unprecedented energy to resolving the dilemma of the mendicant poor.

Created in 1617 when the young Vincent was a curate in the south of France, the *dames* soon began aiding the poor in parishes throughout Paris. The most famous of these so-called *charités* was founded in 1634 for women from the city’s elite bourgeois and aristocratic families. Their number included princesses and noblewomen and names linked to men in high places: the mother of Nicolas Fouquet, the wife of Pierre Séguier, and the niece of Cardinal Richelieu.

The *Charité de l’Hôtel-Dieu*, as it was called, was first organized to provide an afternoon collation for the hospital’s patients and to oversee their spiritual welfare (Coste 1: 232-242, 278-91). According to a *mémoire* or handbook of the *dames*, serving collation fulfilled two goals: it was first and foremost a vehicle for the women to bestow their special presence on the sick: “un grand bien, premièrement par la visite, présence et soin de personnes de condition”(4). Obviously, charity went hand in hand with an acute consciousness of social status. The second goal involved providing small treats for patients, since it was felt that hospital food did nothing “qui leur adoucisse leurs dégoûts et leur ayde à prendre courage”(4). Finally, in order to bridge the yawning social gap between patients and the *dames* and to perform the menial task of buying and preparing the collation, country girls were engaged as servants (the future *Filles de la Charité*): “Les dames auront trois ou quatre bonnes filles des champs qui seront leurs servantes, néanmoins réputées de leurs corps...”(6). The duties of these young women extended to replacing the *dames* at the hospital if the latter were feared to be at risk from contagious disease.

Given the initially modest scope of their activity, the *dames* of the Hôtel-Dieu have sometimes been dismissed as women of privilege, fulfilling the social expectations of their rank. Surprisingly, however, they soon became involved in much weightier ventures with national implications. This growth was spurred on partly by Vincent, to meet the desperate needs he saw everywhere. However, other factors contributed to the *dames’* success in managing charity on a large scale: although the group was directed by him, the women were self-governing and controlled their own funds (Rapley 82-83).
Moreover, because they were closely associated with the founders of both the Lazarist priests and the Filles de la Charité, they could rely on their services when undertaking new projects. This privileged collaboration, coupled with the relative autonomy created by the organizational structure of the dames, emboldened them to enter areas new to women.

The dames soon reorganized the previously haphazard and invariably lethal care of foundlings in Paris, so that some infants began to survive (Dupoux 40; Coste 2: 255-279). They financed massive relief efforts in Lorraine, Picardy, and Champagne, devastated by the Thirty Years War (Coste 2:370, 402-07). They did so again for the Ile-de-France in the aftermath of the Fronde. In the early years of the Filles de la Charité, the dames supported the fledgling congregation financially, designated many of their foundations, and often supervised the sisters who worked in them. Yet the most ambitious project of the dames has often been disassociated from them, if not by their contemporaries, then by posterity. It involves their role in creating the General Hospital, the great social experiment of the 1650s, which sought to resolve the crisis of poverty in Paris by incarcerating the poor.

Like the problem it was meant to resolve, the solution was not new. Royal decrees attempting to end poverty and vagrancy proliferated from the sixteenth century on. These attempted to provide employment for the “deserving” poor (those who sought but could not find work), to banish vagabonds from the city, and to support those too old, too young, or too sick to work. Committing such people to a residential facility, a kind of workhouse, would accomplish several goals at once: along with the “deserving” poor, vagabonds would be off the streets and sheltered; both groups would work and acquire skills. Most importantly, religious instruction would reform lives, because the criminality and social deviations associated with the poor were thought to result from a lack, not of money, but of religion. Hoping to rid the city of beggars, in 1612 Marie de Medicis had established the Hôpital de la Pitié on the east side of Paris. The venture failed because of poor administration, public indifference, and easy ways for the mendicant poor to avoid incarceration.

This time, impetus to revive the idea of a general hospital came from two quarters: the dames and the secret society of the Compagnie du Saint Sacrament. The latter was composed mostly of devout laymen, although a few clerics, including Vincent, also belonged.
From the 1630s on, they discussed strategies for dealing with the poverty crisis (Allier 56). The *compagnie* and the *dames* knew each other well because both groups drew members from the same religious elite. Marriage provided another link, as in the case of Chrétien de Lamoignon, president of the Parlement, and his wife Marie, who headed the *dames* in the late 1640s (Tallon 47). As a result, some have speculated that the women of the Hôtel-Dieu were modeled after the men’s group (Allier 56). No such proof exists, but at one point the Paris *compagnie* sent the handbook of the *dames* to confreres in Marseilles who were organizing a women’s group (Tallon 49).

Another connection existed because founding members of the *compagnie* were Richelieu supporters, including Bertrand Drouard, advisor to the King and counselor to Richelieu’s niece, the duchesse d’Aiguillon (21). She herself was a key member of the *dames* and its president from 1652 until her death in 1675. Widowed at eighteen and fabulously wealthy thanks to her uncle’s largesse, the duchess, like numerous other devout women of her rank and generation, had resolved never to remarry and instead to devote her life and fortune to charity (Rapley 15-17). As a young lady-in-waiting to Marie de Medicis, “elle s’habilla aussi modestement qu’une dévote de cinquante ans” (Tallement des Réaux 304).

Drouard lived in the duchess’ household at the Petit Luxembourg and advised her on many projects, such as the Marseilles hospital for galley slaves. It was he who first suggested that she undertake the General Hospital, according to an account of its origins by Christophe Du Plessis-Montbard, himself a member of the *compagnie* and a founder of the hospital (Poujol 23-29). The latter states that in 1640 Drouard and two other members of the *compagnie* began discussing the idea and that around 1648 Drouard proposed it to the duchess. She then called a secret meeting of Drouard, Du-Plessis Montbard, and the administrator of the Hôtel-Dieu in order to consider the matter. They decided that the time was not yet ripe, but discussions did continue among members of the *compagnie*. The Fronde interrupted any concrete progress, but its aftermath of misery made the hospital seem more urgently needed than ever; in record numbers refugees flooded Paris, “the sponge of France,” in Vincent’s words.

The practice of personal charity from religious motives provided one impetus for the *compagnie* and the *dames* as they laid groundwork for the hospital. However, the desire to remove disturbing
elements from their highly structured society likewise motivated them; and as the elite of that society, the protectors and arbiters of its welfare, they felt not only empowered but also mandated to deal with the situation. Neither the men’s nor the women’s group could be aware that creation of the General Hospital would mark the shift from private charity to public assistance, *l’assistance publique*, as the primary means for alleviating poverty. Not only was their project begun under lay auspices, but its scope—envisaging service to thousands of people and centralizing many existing facilities—reflected the country’s movement towards a centralized state and the responsibility assumed by that state for its citizens’ welfare. The inherent and ultimately irreducible conflict between almsgiving and incarceration seems to have escaped them. Indeed, in their eyes the triple benefit for the destitute, of shelter, work skills, and religion, seemed ample justification for the loss of liberty.

Later confusion about the hospital’s beginnings arose in part after Louis Abelly, Vincent’s first biographer, suggested without explicitly stating, that the saint was behind its creation (Poujol 15; Allier 62-63). In fact, Vincent had serious reservations about it because, as a founder and administrator, he proceeded cautiously and expanded only after initially modest responses to concrete problems had proven effective. Therefore, he questioned the proposed hospital’s size, the policy of involuntary commitment, and the exclusion of certain groups (Dodin 64). In 1653 as the hospital project moved ineluctably forward, he established his own small hospice, *Nom-de-Jésus*, for forty elderly persons made destitute by the *Fronde*. Entrance to *Nom-de-Jésus* was voluntary; mendicants were excluded; and it was small by design (Coste 2: 284-92). Because of its success, some mistakenly saw it then and later as a prototype for the much larger institution. Certainly this was true for the Duchess of Aiguillon and the *dames*, who were already committed to the idea, and they lobbied Vincent repeatedly to support them. In spite of his reservations the women pursued their own course.

In 1653 the duchess promoted her plan to the Maréchal de l’Hôpital, *gouverneur de Paris*; he in turn gained the support of representatives of the Crown and the Parlement, many of whom belonged to the *compagnie*. This alliance effectively forced the *dames* to relinquish any leadership, and from this point on these men oversaw the design and realization of the hospital. However, the duchess was not so easily deterred. Thanks to Ann of Austria and with Vincent’s help, she had obtained provisional title to the buildings and property of the *Salpêtrière*, located on the Left Bank, southeast
of the Gare d’Austerlitz and not far from the *Pitié*. The site was so named because as a safety measure the manufacture of saltpeter was transferred there under Louis XIII, and the title had eventually passed to the crown. Against the advice of the habitually cautious Vincent, the duchess immediately spent 50,000 livres to renovate the buildings for the General Hospital. Vincent, whose contacts spanned all sides of the issue, wrote the duchess November 9, 1653, that an official decree forbade her to continue work; it stipulated that the masons were to leave the premisses under pain of prison (Coste 2: 296).

Although forced to relinquish control of the venture, the *dames* nevertheless wanted it to succeed; realizing that their financial backing remained crucial, they used it to exert what power they could. Throughout the next two years a committee reflecting the Crown, the Parlement, the *compagnie*, and the *dames* hammered out questions of funding, leadership, and organization. The latter kept the project alive when members’ conflicts threatened to derail it. They also used their financial leverage to insure their demands were met, specifically that the spiritual welfare of the hospital be confided to the Lazarist priests and the *Filles de la Charité*. Such a demand, while not problematic in itself for the committee, raised the issue of ecclesiastic versus lay authority. Members wanted hospital governance to be secular in order to eliminate the waste resulting from centuries of overlapping jurisdictions between church and state. Therefore, they considered it essential to exclude religious from any access to temporal control. In the course of negotiations, the duchess had promised to underwrite the hospital with 100,000 écus. However, the *dames* agreed to cede the funds they had raised for the hospital only after the *Filles de la Charité* were assured positions in the new institution (Elmore 79-80).

Promises about the *filles* remained only verbal. In the April 1656 royal decree establishing the hospital, article 27 simply mentioned that appropriate female personnel be chosen, whereas the Lazarist priests were specified by name in article 23 (Coste 2: 302). In the end the committee kept its word when the hospital opened in May 1657. The *Filles de la Charité* were asked and finally agreed to provide sisters for the hospital (Elmore 174). The *dames* for their part were involved in varied ways. They received donations for the hospital at the parish charités and collected money in the parish churches, often against the wishes of the local curate. They performed important administrative duties: they oversaw the female
staff, hired those who taught trades to inmates, and procured materials for the various workshops (Coste 2: 302).

The hospital was headquartered in the Pitié, under the control 28 lay directors, but daily operations in its various sites were confided to a kind of lay sisterhood formed by one of the *dames*, Marie Bonneau de Rubelle, Mme de Miramion (Légier 29-36). Another of the devout widows, she is better known in literary circles for having once been abducted by Bussy-Rabutin (Tallement 2:749-50). Her work and those of other *dames* on behalf of the hospital continued throughout the century. When the famine of 1662 threatened its existence, Mme de Miramion obtained enough funds to keep it open. Again in 1695, she found money to support hundreds of young girls when the financial straits of the hospital made it impossible to keep them (Choisy 77, 341).

Eventually, as the energy of the Catholic reform waned with the century, the ambiguity of combining charity with policing came down on the side of policing, and the General Hospital acquired the dark reputation evoked by writers from Prévost to Foucault. The existence of the *dames* was interrupted by the Revolution, and when they were reorganized in the nineteenth century, other opportunities for women surpassed those they had once offered. Nevertheless, because the *Dames de la Charité* played a major role in alleviating the misery of the second half of the seventeenth century, they helped position women to assume key roles as public assistance developed in France.

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**Works cited or consulted**

*Mémoire de ce qui est observé par la Compagnie des Dames de la Charité de l’Hôtel-Dieu, pour en former d’autres semblables ès autres villes du Royaume.* [Paris]: n.d.


