

Repairing the body, restoring the soul: the Sea Hospital of the City of Paris in Berck-sur-Mer and the French war on tuberculosis

Bruno Vanobbergen* and Nancy Vansieleghem

Department of Foundations of Education, Ghent University, Ghent, Belgium

(Received 19 November 2008; final version received 15 May 2009)

In the second half of the nineteenth century, France suffered of one of the highest rates of tuberculosis in Europe. This illness increased gradually until its peak in the late 1880s and early 1890s, whereupon it started decreasing. The high infant mortality rate, caused by different forms of tuberculosis, was especially considered a huge problem. Infant mortality claimed as many lives as major epidemic diseases and thus had a considerable effect on long-term demographic development. The concern over tuberculosis and infant mortality led to the development of several initiatives and the establishment of numerous kinds of institutions. An example of this was the rise of sea hospitals on different European coasts, which were believed to enhance children's welfare by putting them in a healthy environment. This paper deals with the history of the Sea Hospital of the City of Paris, which will be analysed as part of a larger project of social, medical and educational engineering, i.e. processes of institutionalisation in France in the nineteenth century. In the discussion regarding the rise and the growth of sea hospitals for tuberculous children two topics are explored. First, there is the development of a professional network of medical services aimed towards children at risk during the second half of the nineteenth century. In the history of the sea hospital in Berck-sur-Mer the development of this medical discourse can be illustrated by the transition from a *hospice maritime* (focusing on the sea, the sun and the sand as natural healing agents) towards an *hôpital maritime* (where medical treatments required the more and more professional medical doctors). The second topic deals with those mechanisms that lay behind the growing medicalisation of childhood. In line with, for example, the research of Bakker and De Beer on the educational meaning of the medical inspection in Dutch schools, the article will consider how the (medical) practices aimed at the children living in the sea hospital were embedded within their social and cultural context. The central idea is that these practices were functioning as normalising techniques. The leitmotiv of Cazin, the doctor in charge at the sea hospital between 1879 and 1891, "Il ne s'agit pas de guérir, mais de refaire et créer" (It is not about healing, but about reconstructing and creating), illustrates this idea very well. The medical practices that took place in the sea hospital clearly served a double goal. Of course, the medical doctors were striving for an improvement in the children's medical status. However, the focus was much more on moulding the children's hearts and souls. By removing the children from their family and by putting them in a *natural* setting, far away from all dangers of their life in the city, the hope existed to create newborn citizens.

Keywords: history of childhood; medicalisation; France; sea hospitals

*Corresponding author. Email: Bruno.Vanobbergen@UGent.be

Introduction

In the second half of the nineteenth century, high infant mortality rates in many European countries came to be considered a huge problem.¹ In France, infant mortality was debated within broader issues discussing the decline of the population. The poor child in particular was considered to be a problem and a danger to the production of a healthy population. Different forms of tuberculosis were seen as the main cause of the high infant mortality rates. Tuberculosis was seen as an illness caused mainly by poor and unhygienic living conditions. So, slowly but surely, it became a subject of increased medical research, in which aetiological and epidemiological questions especially were at stake. Louis Pasteur discovered the existence of the bacteria in 1857; in 1865 Jean-Antoine Villemin linked tuberculosis to the action of an invisible agent, which was transmitted from one body to another; and finally, Robert Koch identified the tuberculosis bacillus in 1882.² Most importantly, the development and the spread of tuberculosis became a subject of control, thus to distance it from accidental occurrences. After having understood how the disease spreads and develops, several projects and initiatives were set up to fight it on two fronts: on the one hand, trying to find a treatment for those already suffering from tuberculosis, and on the other hand looking for ways to identify how to prevent or stop it from spreading. Tuberculosis became defined as a problem that could be solved by improving the hygienic conditions of the child and its family. The protection of the child and the healthy status of the population became the province of special organisations, institutions, expertises and techniques. One of those institutions comprised the sea hospitals, built at various European coastal locations between the 1860s and the 1880s. The construction of sea hospitals not only reflected an interest in health, but also resided in the concept of “child saving”, a concept that was becoming increasingly developed. It was part of a broader programme of philanthropic and public interest to make childhood safe. The founders of sea hospitals shared with other reformers the idea that removing children from their poor and unhygienic home conditions not only cured them of their illnesses but also made them better citizens, thus trying to achieve a moral regeneration of the nation. In this, the sea hospital appeared not only as a place in which the curing of the child was at stake, but also as a place where health and hygiene became the objective for change and restoration. The structures of society were no longer taken for granted but were seen as the product of human activity. Medical and social scientists started to consider structures, practices and organisations as a product of society, which could deliver knowledge based on empirical research and the new technologies of statistics.³

Several international publications already showed how, e.g. in the United Kingdom and The Netherlands, by the second half of the nineteenth century many institutions arose *in the name of the child*.⁴ They not only indicate the intensification

¹Alain Bideau, Bertrand Desjardins and Hector P. Brignoli, eds., *Infant and Child Mortality in the Past* (Oxford: Clarendon Press, 1997); Hugh Cunningham, *Children and Childhood in Western Society Since 1500* (New York: Longman, 1995); David S. Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France* (Berkeley: University of California Press, 1995).

²Barnes, *The Making of a Social Disease*.

³Ian Hacking, *The Taming of Chance* (New York: Cambridge University Press, 1990).

⁴Roger Cooter, ed., *In the Name of the Child: Health and Welfare, 1880–1940* (Oxford: Routledge, 1992); Marijke Gijswijt-Hofstra and Hilary Marland, eds, *Cultures of Child Health in Britain and the Netherlands in the Twentieth Century* (Amsterdam and New York: Rodopi, 2003).

of interest in children, but also highlight the way medicine had come to perceive itself as central to all aspects of children's classification, treatment and institutionalisation. In the well-known volume edited by Roger Cooter in 1992, *In the Name of the Child*, it is stated that child health and welfare were medicalised by the turn of the nineteenth century. Cooter refers to Foucault, who identified medicalisation as a complex process, "involving not only the extension and improvement of medical services and health institutions, but also the spread of a 'somatic culture', shaped and controlled by an increasing powerful medical profession".⁵ According to Nelleke Bakker the spread of a somatic culture within the medicalisation of child welfare became visible through the rise of the first generation of paediatric practitioners.⁶ Bakker distinguishes between two waves within the medicalisation of childhood. While the first wave is characterised by the creation of a paediatric culture around the child's body, the second wave focused on mental health. In our study, the first wave of medicalisation is especially of interest. The sea hospital is considered as a space and place where the expansion of the paediatric medical model became observable. Faure interprets this process in terms of "une acculturation en douceur".⁷ Gradually a more sophisticated and professional staff of doctors and trained nurses little by little took command of the institutions and redefined their function from "child saving through moral reform to child saving through effective medical intervention".⁸ Turmel broadens the concept of medicalisation by what he calls "the rationalization of childhood".⁹ Rationalisation refers to the displacement of the child's status "from a topic for discussion among well-educated people to an object of scientific observation".¹⁰ Observation, recording, measurement and quantification became the key features in studying children and childhood. The methodical collecting of data and the structuring of these into identifiable patterns provided an original form of "objective knowledge". Knowledge of the child became a core expertise excluding laypersons.

This paper deals with the history of the creation and the rise of sea hospitals in the second half of the nineteenth century. The Sea Hospital of the City of Paris in Berck-sur-Mer will be used as an example of our analysis.¹¹ Next to the Italian *Ospizi Marini* of Dr Giuseppe Barellai, the *Hôpital Maritime de la ville de Paris* in Berck-sur-Mer became, in the last decades of the nineteenth century, one of the

⁵Cooter, *In the Name of the Child*, 12.

⁶Nelleke Bakker, "Sunshine as Medicine: Health Colonies and the Medicalization of Childhood in the Netherlands (1900–1960)," *History of Education* 36, no. 6 (2007): 659–79.

⁷Olivier Faure, *Les Français et leur médecine au XIX siècle* (Paris: Editions Belin, 1993), 271.

⁸Janet Golden, *Infant Asylums and Children's Hospitals: Medical Dilemmas and Developments 1850–1920. An Anthology of Sources* (New York & London: Garland, 1989), ii.

⁹André Turmel, *A Historical Sociology of Childhood. Developmental Thinking, Categorization and Graphic Visualization* (Cambridge: Cambridge University Press, 2008).

¹⁰*Ibid.*, 62.

¹¹Until now very little attention has been paid to the history of the Sea Hospital of the City of Paris in Berck-sur-Mer. There is one article by Frédéric Charlaté on the different medical institutions in Berck-sur-Mer, built up between the 1860s and the Second World War in which the sea hospital is mentioned (Frédéric Charlaté, "Berck-sur-Mer. Station Médicale," *Histoire des Sciences Médicales* 39, no. 3 (2005): 267–76). There is also a short description of the medical history of the sea hospital in: Pierre-Louis Laget, "Genèse des hospices, hôpitaux et sanatoriums marins en France," *Revue de la Société française d'histoire des hôpitaux*, nos. 123–124 (2006): 53–63. Alongside these articles, there is a picture book on the history of the sea hospital published by the Museum of Berck-sur-Mer (Michèle Crépin, Guy Crépin, and Catherine Lys-Cousin, *Un hôpital crée une ville. L'hôpital maritime de Berck-sur-Mer. Assistance Publique – Hôpitaux de Paris* (Berck-sur-Mer: Cahiers du Musée de Berck, 1999)).

leading examples of the European sea hospitals.^{12,13} In 1862, at the London World Exposition, the *Assistance Publique de Paris* received a medal of honour for its public health project on the Opal Coast.¹⁴ In our analysis of the rise and the growth of the sea hospital, Foucault's notion of governmentality will be used as a central concept. In our interpretation, governmentality refers to a more or less systematised, regulated and reflected way of power (technologies) that go beyond the spontaneous exercise of power over others. It is a specific form of reasoning (a rationality), which defines the telos of an action or the adequate means to achieve it and where government appears as the regulator by a more or less rational application of the appropriate technical means. When using governmentality it is important to notice the close link between forms of power and processes of subjectification. Thus we will focus particularly on the organisation of time and space and the self-understanding that emerges through the research on sea hospitals. This means that we want to show that the sea hospitals were an effect and an instrument of a particular regime of power that called into being a particular subjectivity. More specifically, it was about generating a specific form of responsibility, in which risk factors with respect to the well-being of the population were produced and institutionalised. Translated into our analysis of the Sea Hospital, this generates at least three important and interesting questions to explore. The first question is related to how the sea hospital saw itself within the social context of the fear of degeneration. What makes the moral and social discourse of the Third Republic of France different from the discourse of the previous period, and how was the French context in general different from other European contexts? Second, we have to deal with the development of a professional network of medical services aimed towards children at risk during the second half of the nineteenth century. In the history of the sea hospital the development of this medical discourse can be illustrated by the transition from a *hospice maritime* (focusing on the sea, the sun and the sand as natural healing agents) towards an *hôpital maritime* (where medical treatments required more and more professional experts, i.e. doctors and nurses). The second section deals with the introduction of medical expertise, which was regarded as the solution for all social problems. In the third and last section attention will be focused on the techniques that instruct the body of the child, resulting in "the realization of a permanent disposition that is a durable manner of behaving, of walking, of talking, and of feeling".¹⁵ The leitmotiv of Henri Cazin (1836–1891), the doctor in charge at the sea hospital

¹²J. Uffelmann, "Ueber Anstalten und Einrichtungen zur Pflege unbemittelter scrophulöser und schwächerer Kinder, insbesondere über Seehospize, Soolbäderheilstätten, ländliche Sanatorien, Reconvalensenzhäuser und Feriencolonien," *Vierteljahrsschrift für Gesundheitspflege* (1880): 697–742.

¹³Giuseppe Barellai (1813–1884), a Florentine doctor, promoted the movement of the Seaside Hospices from the middle of the 1850s. He proposed to separate children suffering from scrofula from their families, to take them out of city hospitals, and to put them in structures where they could benefit from the contact with sea and air. It meant the starting point of a practice which became rapidly widespread in Italy and was echoed abroad (Valter Balducci, "The original dimensions of the 'Colonie di Vacanza'," in *Architecture and Society of the Holiday Camps: History and Perspectives*, ed. Valter Balducci and Smaranda Bica (Tmisoara: Editura Orizonturi Universitare), 8–25).

¹⁴Administration Générale de l'Assistance Publique de Paris, *Notice sur l'origine de l'Hôpital Maritime construit sur la plage de Berck pour le traitement des enfants scrofuloux* (Paris: Paul Dupont, 1873).

¹⁵Turmel, *A Historical Sociology of Childhood*, 69.

between 1879 and 1891, “Il ne s’agit pas de guérir, mais de refaire et créer”, highlights this idea very well.

The sea hospital as a battlefield in the fight against the decline of the population

During the Third Republic, which spanned the period from 1870 to the onset of the First World War, the degeneration and depopulation issue overwhelmingly dominated the public debate. By the end of the nineteenth century many reports used the term ‘dégénérescence’ to evoke the joint ramifications of tuberculosis, syphilis and alcoholism for French health and society.¹⁶ Degeneration was regarded as a physical, intellectual and moral decline, on an individual as well as on a collective level, resulting in the extermination of the nation and the population. Theories of degeneration paid a lot of attention to possible explanations for the actual state of society. In this, the modern city received adverse criticism. The city was considered as a place of “nervous over-excitement”, full of temptation and corruption. The depopulation issue was regarded as a specific French problem. Like other European nations, France was troubled by the same set of problems (such as crime, insanity, prostitution and alcoholism), but these were only considered as symptoms and complications of the *master* problem of population decline.¹⁷ Charles Leroux, a French doctor and secretary of the *Oeuvre des hôpitaux marins*, wrote in 1892: “Si notre population continue à faiblir dans des proportions aussi inquiétantes, nous serons fatalement, un jour ou l’autre, envahis: pacifiquement, par l’immigration qui augmente chez nous tous les ans et substitue l’élément étranger à l’élément indigène; militairement, par les armées voisines qui, numériquement, deviendront plus fortes que les nôtres.”¹⁸

The depopulation controversy was inextricably linked to large debates on the role of women in society by a wide range of political and moral commentators.¹⁹ As female bodies were considered the vital vehicles for the continued survival of the nation, a wide range of remedies were proposed such as the encouragement of maternal breast-feeding, the regulation of women’s employment, and increased penalties for abortion and the sale of contraceptive devices. Besides the declining birth rate, the high infant mortality rate was also considered a huge problem. Infant mortality claimed as many lives as major epidemic diseases and thus had a considerable effect on long-term demographic development. The attention to both birth rates and to infant mortality rates can be seen as an answer to the problems of degeneration and public health. It is also this form of problematisation that makes it possible to think about the child as part of a population and an object of scientific investigation and of measurement. The extension of this practice beyond its traditional scope bore major effects in

¹⁶Barnes, *The Making of a Social Disease*.

¹⁷Daniel Pick, *Faces of Degeneration: a European Disorder (1848–1918)* (Cambridge and New York: Cambridge University Press, 1989).

¹⁸Charles Leroux, *L’Assistance Maritime des Enfants et les Hôpitaux Marins. La scrofule, la tuberculose, le rachitisme et les hôpitaux marins* (Paris: Société d’Editions Scientifiques, 1892), 11–12.

¹⁹Karen M. Offen, “Depopulation, Nationalism, and Feminism in Fin-de-Siècle France,” *American Historical Review* 89 (1984): 648–76; Joshua H Cole, “‘There are Only Good Mothers’: The Ideological Work of Women’s Fertility in France before World War I,” *French Historical Studies* 19, no. 3 (1996): 639–72.

public hygiene and in paediatrics. It opened up new fields of enquiry, almost totally unexplored until then.²⁰

In France, hygiene had become a watchword of the republican movement since the 1860s. Medical men defended hygiene and public health reform as a partial solution to the nation's demographic decadence.²¹ Especially during the second half of the nineteenth century, a crucial transformation took place that had long-lasting ramifications in culture, politics and society. Notions of health and disease were socialised and nationalised, and the idea that a social body or a national race not only existed but could also be healthy or sick took on an acute political change.²² Hygienists considered cities more and more as places to be avoided by (poor) children, given the increasing number of people who were suffering from alcoholism, tuberculosis and syphilis.²³ Cities, metaphorically speaking, represented the sick and weak parts of the social body. Therefore, philanthropic and hygienist societies became more and more convinced that poor children had to be transferred to healthier and *natural* places for a short- or long-term stay. Hygiene, morals and education converged there. As Hippolyte Pallu, an inspector of the French sea hospitals, put it thus in 1887: "Armons donc la science contre lui, mettons à sa disposition le plus grand nombre d'Hopitaux marins possible. Ils seront ses champs de bataille, et, n'en doutons pas, comme nous la connaissons, avec le savant état-major dont elle dispose, si remarquablement représenté dans cette assemblée, la victoire est à nous!"²⁴

France's late nineteenth-century social policy was characterised by a remarkable shift in the way the poor conditions in which so many children in big cities were living was conceived. Earlier, only a few people had paid attention to this large group of children and its high mortality rate. New definitions and labels were developed for these children. Politicians, doctors and philanthropists started talking about "l'enfant moralement abandonné" or "l'enfant martyr".²⁵ These illustrate how the children were no longer simply viewed as criminals, but as children at risk who not only needed protection from the state, but also required support from private philanthropic societies which operated as legal substitutes for the children's failing parents. "From the earliest articulations of the term, notions of *abandon moral* continually invoked a primal experience of lack: the child's experience of dangerous parental 'absence' from the educative process, often ironically embedded in the active presence and influence of a 'morally dangerous parent'".²⁶ In France, the law of 1889 on *abandon moral* allowed the Administration of Public Assistance "to strip both fathers and mothers of *la puissance paternelle* in order to protect the moral interests of their offspring".²⁷ As a measure dealing with the crisis of diffuse moral danger, the law raised questions of

²⁰Turmel, *A Historical Sociology of Childhood*.

²¹Philip Nord, "The Welfare State in France, 1870–1914," *French Historical Studies* 19, no. 3 (1996): 821–38, p. 823.

²²David S. Barnes, "The rise and fall of Tuberculosis in Belle-Epoque France: A reply to Allan Mitchell," *Social History of Medicine* 5 (1992): 279–90.

²³Liesbeth Nys, "Nationale plagen. Hygiënisten over het maatschappelijk lichaam," in *De zieke natie*, ed. Liesbeth Nys and others (Groningen: Historische Uitgeverij, 2002), 220–41.

²⁴Hippolyte Pallu, *Oeuvre nationale des hopitaux marins de France. Discours prononcé à la première réunion du Conseil d'Administration à Paris le 31 octobre 1887* (Nantes: Mellinet, 1887), 5.

²⁵Sylvia Schaffer, *Children in Moral Danger and the Problem of Government in Third Republic France* (Princeton, NJ: Princeton University Press, 1997).

²⁶*Ibid.*, 4.

²⁷*Ibid.*, 67.

interiority, from the literally interior space of the home to the internal qualities of intra-familial relationships, to the abstract interior of the child's or parent's individual moral constitution. The growing attention to the child at risk took place within three different spaces, each showing interconnections with the other two. There were the philanthropic societies, the legal and criminal settings and the medical world. Most proposals from these different contexts served a double goal. On one hand the focus was on optimising the health conditions of the working class in order to assure their status as manpower. On the other hand these initiatives tried to protect other groups of the population from possible epidemics. The result was "a multi-class coalition of interests", as the inspiration behind these initiatives was in part a fearful defensive-mindedness, but emancipatory impulses were at work as well.²⁸

From a hospice to a hospital: a growing medical gaze

At the end of the eighteenth century, John Coakley Lettsom established the first sea hospital in Europe at Margate (England), called the *Royal Sea Bathing Infirmary for Scrofula*. This institution, built between 1791 and 1796, was the first explicitly dedicated to ill children. It was a place for the temporary treatment of children suffering from chest infections by adopting the sea-bathing therapy. The *Sea Bathing Infirmary* can be seen as the "testing ground" in the nineteenth century of those buildings dedicated to children in which health and education converged.²⁹ It can be considered as the first setting of what would later be called a sea hospital, an institution and place for specific medical and educational activities with particular architectural features. The seaside hospices that were built in the 1850s along the Italian beaches by the Italian doctor Giuseppe Barellaï were a further important step.³⁰ These hospices were the first example of the widespread practice of separating children from their parents and putting them in places where they could be exposed to natural healing agents. At the *Congrès Internationale de la Tuberculose* in Paris in 1905, the Swiss doctor Adolphe D'Espine made a distinction between the structures for children at risk of becoming ill (like the Italian seaside hospices) and the hospices for ill children (like those established in Berck-sur-Mer in France and Middelkerke in Belgium). Regarding this latter group of services for children, the Sea Hospital of the City of Paris of Berck-sur-Mer became one of the leading examples of the European sea hospitals. Although there were a couple of precursors in France who built some modest hospices during the 1840s near the Atlantic Coast, Berck-sur-Mer very soon became the centre of medical innovations for tuberculous children.³¹ Despite the rather short existence of most of the European sea hospitals and consequently their short-lived success, they can be regarded as the most important forerunner of the summer holiday camps, an initiative that would colour the holidays of whole groups of children between the 1920s and the 1970s.

From 1848 *L'Assistance Publique de Paris* was the single administrative authority for the Paris hospitals.³² It was in charge of the administration of hospitals, asylums,

²⁸Nord, "The Welfare State in France."

²⁹Balducci, "The original dimensions of the 'Colonie di Vacanza'," 21.

³⁰Ibid.

³¹Laget, "Genèse des hospices, hôpitaux et sanatoriums marins en France."

³²Paul Weindling, "From Isolation to Therapy: Children's Hospitals and Diphtheria in Fin de Siècle Paris, London and Berlin," in *In the Name of the Child: Health and Welfare, 1880-1940*, ed. Roger Cooter (Oxford: Routledge, 1992), 124-45.

orphanages and it also accommodated the home care offices. One of its tasks consisted of taking care of orphans, grouped as 'les Enfants Assistés du département de la Seine'.³³ From the 1850's *l'Assistance Publique de Paris* was sending orphans to families who were living in the region of Berck-sur-Mer. A medical doctor was responsible for visiting all these children once a week. At the time this happened to be doctor Paul Perrochaud (1816–1879). One of the foster mothers was *mère Duhamel*, a widow who was living in a small house near the coastline. She took the children every day in a cart to the beach to let them play in the dunes and bathe in the sea. Through the eyes of doctor Perrochaud these practices became an important object of research and medical experiment. He started to send all scrofulous children systematically to the house of *mère Duhamel*, and at the same time he looked for other foster mothers living near the seaside. Perrochaud also multiplied his visits and examined the children three times a week.³⁴ This methodical approach can be seen as the start of the medical gaze that would characterise the techniques of the later sea hospital. They started by experimenting with all different techniques and verifying their effects. Effects in this sense not only refer to the act of curing people but also to the act of learning different techniques and establishing the best ones. As such, together with two colleagues, Perrochaud started writing reports in which statistics appeared about the well-being of scrofulous children, the length of their stay and the progress they made. He also installed a medical hierarchy, which would become typical for the organisation of the hospice of 1861 and the sea hospital of 1869. More and more children were sent to the seaside. Perrochaud therefore decided to rebuild and enlarge the house of one of the new foster mothers. Three Franciscan sisters from Calais moved into the house. They became responsible for the daily care of the children, while Perrochaud and his two colleagues continued examining the children three times a week. He further used his reports to compare the infant mortality rates of the children who were staying in Berck-sur-Mer with those who were staying in the Hospitals for Ill Children of Paris.³⁵ His statistics showed that the infant mortality rate in Berck-sur-Mer was about 3%, while in Paris it was about 23%. This helped to convince the *Assistance Publique de Paris* that sending scrofulous children to the seaside could control tuberculosis and infant mortality. Clearly this stage can be considered as the embryonic phase of what became the first *hospice maritime* of Berck-sur-Mer, inaugurated one year later on 8 July 1861 (Figure 1).

The *hospice maritime* was built under the auspices of the *Assistance Publique de Paris*. In the first *hospice maritime* 100 beds were provided, 50 beds for boys and 50 for girls. Twelve Franciscan Sisters were in charge of the daily nursing and bathing activities. The hospice's main task consisted of taking in needy children from the Paris region who suffered from scrofula. Children had to be five years of age to be admitted. They were sent to the hospice by the board of directors of the Paris hospitals for children.³⁶ The hospice stayed open all year round and the average stay of the children was nine months. Between 8 July 1861 and 31 December 1867, 683 scrofulous children were treated in the hospice, of whom 496 were declared to be completely recovered

³³Crépin et al., *Un hôpital crée une ville*.

³⁴Victor Du Claux, "Berck et les hopitaux maritimes," *Annales d'hygiène publique et médecine légale* (Paris: Librairie J.-B. Baillière et Fils, 1883), 209–25.

³⁵Crépin et al., *Un hôpital crée une ville*.

³⁶Archives of the Assistance Publique de Paris (APP), C-374 (2), Règlement de service intérieur. Administration générale de l'Assistance Publique à Paris (Articles 4 & 7), 1863.

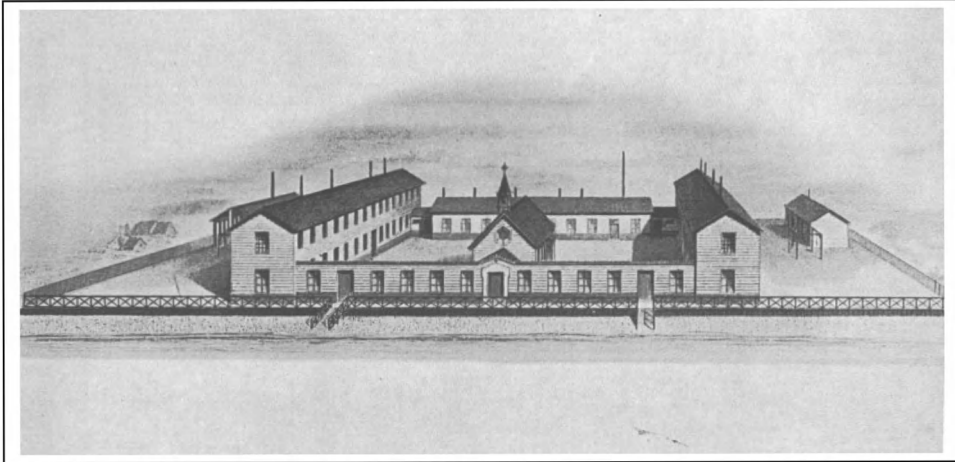


Figure 1. Hôpital Berck 1861. Source: Sea hospital of Berck-sur-Mer Archives.

when sent home.³⁷ In 1867, the *Assistance Publique de Paris* decided to erect a larger building next to the existing hospice. It was inaugurated on 8 July 1869 by the empress Eugenie. At the time of its inauguration, the new building was called *Hôpital Napoléon* but only one year later, at the beginning of the Third Republic, its name changed to *Hôpital Maritime de la ville de Paris*. Emile Lavezarri, who also was the architect of the hospice of 1861, designed the new building.³⁸ The new hospital had 14 dormitories, consisting of 36 beds each.³⁹ The total available number of beds for the children was 734. Besides the children, about 150 adults were living in the sea hospital: 75 Franciscan Sisters, 40 workers and their families and the medical doctors and their families (31).⁴⁰ Except for those children who were suffering from rickets and who were admitted from the age of two, all others had to be five years old.⁴¹

The Sea Hospital of the City of Paris at Berck-sur-Mer pre-eminently presented itself as an institute of science and research. It followed the new tradition, i.e. a systematic scientific investigation of childhood. At least three practices illustrate this approach. First, a great deal of attention was paid to the development of standards to measure and to understand children's physical growth based on the scientific study of physical growth. Available standards had to become more adequate for a precise

³⁷Information about this first period is only available from documents of the *Assistance Publique de Paris* and from works of the successors of doctor Perrochaud. This makes it very difficult to get a nuanced view. Cazin for example seemed very enthusiastic about the work of Perrochaud with many lyrical descriptions of it as a result. This makes it rather difficult to interpret what is meant with, for instance, "a completely cured child". Nevertheless, it is useful to pay attention to this first period as we can already notice some characteristics that would be at stake in the *real* sea hospitals, such as the importance of daily sea baths and putting nuns in charge.

³⁸Emile Lavezarri made an important contribution to the building up of Berck-Plage as he was responsible for the design of several important buildings in Berck-sur-Mer. Besides the sea hospital, he was the architect of the gendarmerie (which is now the city museum).

³⁹Du Claux, "Berck et les hopitaux maritimes,".

⁴⁰Cazin, *De l'influence des bains de mer sur la scrofule des enfants*.

⁴¹AAP, D-793, Règlement du service intérieur à l'hôpital Napoléon fondé pour le traitement des enfants scrofuleux, 1869, Paris, Dupont.

clinical assessment of the child. Sleep, exercise, feeding and nutrition became the focus of medical discourse. They went to great lengths to control and normalise everything, including: the time, the numbers of meals and the quantity of food given; the amount of sleep; the precise time of bathing and the order in which the children were to be washed. Henri Cazin developed for example a *régime alimentaire* and indicated how many grams or decilitres every single part of a meal should consist of. For breakfast, for example, half a litre of milk and 200 grams of bread were prescribed; at 11 o'clock chocolate milk was served, consisting of 30 grams of chocolate and 20 centilitres of milk.⁴² Another example can be found in Cazin's calculations concerning the amount of fresh air that was needed for every child. When the new hospital was built, Cazin ordered Lavezarri to construct sleeping rooms for the children in which 40 cubic metres of air per child were assured. A final example concerns Cazin's ideas regarding the healing and therapeutic effects of taking sea baths. The water temperature for instance was regarded as creating a number of physiological reactions that mainly stimulated blood flow. The waves were considered to make a person stronger and more balanced because, according to Cazin, by battling the waves one learned to deal with one's own strength. Cazin paid much attention to describing these reactions and then outlined many principles to be followed when bathing. For example, he dealt with the question of how long a session of bathing in the sea should last ("Three dips, and out" – see Figure 2).⁴³

Standardisation was impossible without systematic examination and observation of the children. Everything needed to be observed and thoroughly recorded: from the daily inspections of the children's heads, tongues and gestures to the methodical registration of weighing and measuring children. The examination of the children at the sea hospital of Berck-sur-Mer was regulated by a strict scheme, approved by the Board of Directors of the *Assistance Publique de Paris*. All children were examined before they left for the sea hospital by a medical doctor at one of the children's hospitals in Paris. Once they arrived, another examination took place. During their stay in the sea hospital, the children were inspected three times a week. Four times a year a thorough examination of each child took place. Every month a health chart for every child was filled in.⁴⁴ These health charts were then sent to the children's hospitals in Paris. The charts were posted and every first Sunday of a new month the parents were invited to come and see the "progress" their child was making. Hygienists and medical doctors were strongly convinced of the importance of educating the parents. Charts were considered as a key instrument in teaching the parents to become aware of the physical well-being of their child. A specific form of observing and recording children was the use of photographs. These can be seen as an important instrument for Cazin and his colleagues to visualise the child as an object of science. In 1872, Cazin was accepted as surgeon at the sea hospital. At that time, the distinction between tuberculosis of the lungs, referred to as consumption, and extra-pulmonary forms of the disease was made.⁴⁵ While consumptive patients were sent to open-air sanatoria to undergo a regime of rest, diet therapy, light exercise and exposure to fresh air, the remedy generally administered to extra-pulmonary forms of tuberculosis became intensive surgery.

⁴²Cazin, *De l'influence des bains de mer sur la scrofule des enfants*, 40.

⁴³Ibid., 72.

⁴⁴Crépin et al., *Un hôpital crée une ville*, 245.

⁴⁵Richard A. Hobday, "Sunlight Therapy and Solar Architecture," *Medical History* 42 (1997): 455–72.



Figure 2. Children ready to leave for the sea – “Three dips and out” (c.1880). Source: Sea hospital of Berck-sur-Mer Archives.

This resulted in the creation of the term “surgical tuberculosis”.⁴⁶ Although surgical tuberculosis was under scrutiny, Cazin strongly defended this orthopaedic treatment. He advised a complete and lengthy immobilisation, for which he developed different kinds of orthopaedic corsets (Figure 3). The children had to wear these corsets for a long period, followed by a recovery period lasting several months. Cazin shot pictures of the different orthopaedic treatments from all kinds of angles. By doing this, he directed his inspection to the child’s body as captured by photographs; by making the body visible in this manner it was made comprehensible. From that moment on, the child could be seen, whereas before it was a matter of discussion and speculation.

A third and final example of the medical scientific approach can be found in the creation of different classifications of children. Measurement of children in conformity with distinct parameters entailed a system of categories. Cazin developed a characterisation of different forms of bathing for different groups of children at risk, starting with children with scrofula and ending with epileptic and nervous children. It is remarkable how this resulted in a sort of typology of different kinds of baths for different kinds of children. Whereas the effects of a cold bath were mainly considered

⁴⁶Hobday, “Sunlight Therapy and Solar Architecture,” 456.

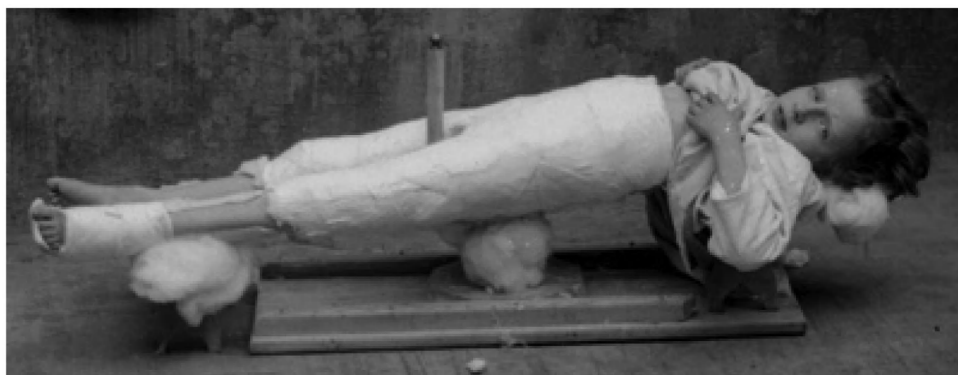


Figure 3. Child with plaster cast (c.1890). Source: Sea hospital of Berck-sur-Mer Archives.

as healing, the hot baths were seen as evoking a more soothing effect. Therefore warm baths were regarded as very suitable for “very weak and very young children who cannot bear yet the initial spasms of a cold bath” and for those children “who possess a hot-tempered nervous system”.⁴⁷ Epileptic children and nervous children were not given permission to take cold sea baths, as Cazin was convinced that the quality and quantity of their blood did not allow it.

It was not only the size of the hospital, but also the extent of control that had changed. Thanks to the observation and the registration of the slightest events and movements, it became possible to assign a “real” name, place, condition and treatment to everything and everybody. As a result, sea hospitals did not so much create a division between two groups of children, the tubercular child and the healthy bourgeois child. They rather generated innumerable divisions and a thorough planning of supervision and control, which became most clearly visible through a hierarchical and disciplinary organisation of space and time.

The Sea Hospital of the City of Paris and its social technologies

The previously mentioned practices of the growing professional development of (medical) treatments can be seen as an interesting example of how the child became an object of knowledge. Scientific knowledge and professional expertise were believed to solve social problems. In the sea hospital, children were monitored through specific forms, the social technologies, considered a by-product of scientific investigation, both of the recording methods and of the activity of classification.⁴⁸ Although the general public were deeply concerned about high infant-mortality rates, very few tools and technologies were available for measurement and assessment of the child. It was an institution like the sea hospital that had to provide the information for analysis. By the end of the nineteenth century physicians and hygienists began to classify children in distinct ways. This appeared to be an original manner of becoming acquainted with children, of producing knowledge about them and, above all, of the way to deal with them. At the same time, the sea hospital as a social structure provided an environment where children were learning with and through their bodies. The

⁴⁷Ibid., 76–77.

⁴⁸Turmel, *A Historical Sociology of Childhood*.

child's relationship to its own body was a decisive factor in the social structure of the sea hospital. This refers to Foucault's notion of the political anatomy of the body. In this, the idea of restoring the soul is related to the sea hospital as a disciplinary space.

First of all, discipline proceeds from the distribution of individuals in space, which is characterised by different techniques. At the sea hospital discipline required enclosure in a protected place. The starting point for the creation of the sea hospitals lay in the immediate relationship between the idea of realising children's welfare through healthy country air and ideas on the declining public health and the need for a physical and moral regeneration of the nation. Children were removed from their unhealthy home environment to immerse them in a purging atmosphere. The idea of restoring the soul needed a place far way from every danger that was related to life in the city. This explains the strongly isolated nature of the sea hospital. The sea hospital was located at the outskirts of Berck-sur-Mer and contacts between the children of the sea hospital and the outside world were as limited as possible. The contacts between the children and their parents were also strictly regulated.⁴⁹ The parents were allowed to visit their children whenever they wanted but beforehand they had to ask permission from the doctor in charge. It was permitted to go for a walk "under the condition not to go out of sight of the hospital".⁵⁰ The parents were prohibited to stay overnight, to have dinner with their children in the hospital or to take them to a restaurant. Although the regulations stipulated that correspondence was completely free, all letters had to be read by the person in charge and all possible gifts for the children had to be controlled by the sisters.

As enclosure in itself was insufficient to achieve the sea hospital becoming a disciplinary space, it was also a question of arranging the sea hospital as a complex place of functional and useful spaces. The sea hospital was described in terms of "healing" and "creating", and therefore it needed to be a place where illnesses such as tuberculosis and rickets seemed to be under control. The *hospice maritime* as well as the *hôpital maritime* erected in 1869 formed a multipart building where the different rooms were strictly separated from each other. Medication was stocked in the pharmacy room and the use and distribution of it was rigorously controlled and registered in daily charts. Every kind of member of the sea hospital had its own type of eating and sleeping room: the medical doctors had their dining room, there was a small refectory for the sisters, and there were two refectories for the children, one for the girls and one for the boys. Next to each sleeping room, there was a smaller sleeping room for the sister/guardian in charge, a tiny room for the sick children and a couple of washbasins. There were five special nursing rooms, consisting of 16 beds each. Next to this, there was a special building for the children with contagious diseases.⁵¹ Two architectural elements showed a declared relationship with the natural surroundings: the open courtyard to allow the air and sun to penetrate in the areas in which the children gathered, and the one-floor layout to offer better illumination in the dormitories.

With the children enclosed in identifiable and functional spaces, the principle of the efficient body could be brought to bear on them. In realising this principle, the timetable can be regarded as an important disciplinary practice. The timetable articulated each functional partition in terms of when specific activities and routines were to be performed. It established a particular order of daily life, almost a rhythm at the sea

⁴⁹AAP, D-793, Article 14.

⁵⁰AAP, D-793, Article, 14, p. 10.

⁵¹APP, C-374 (2), Règlement de service intérieur. Administration générale de l'Assistance Publique à Paris (Article 34), 1863.

hospital. The hospital day started at 6 a.m. With the help of nurses and sisters, the children had to wash and dress. Some children took their first seawater bath. Medical treatments, such as dressing of wounds and replacing bandages, started before breakfast. At 7 a.m. there was breakfast with soup or milk and sandwiches. From 7.30 a.m., the medical staff continued the medical treatment. In the summer, everybody needed to be ready by 10 a.m. to go and bathe in the sea and to play on the beach and in the dunes. In the winter, they stayed indoors and the heated indoor seawater pools were used. Those children who were confined to their beds were also exposed to the healthy outdoor air. Two hours a day were reserved for schooling: from 9 a.m. until 10 a.m. and from 2 p.m. until 3 p.m.⁵² At 11.30 a.m. the children were served their first hot meal of the day: soup, vegetables, meat and table beer. As of 1.30 p.m. the activities were resumed. The children returned to the beach and dunes and the medical staff carried out operations, performed analyses in the labs and changed bandages. At 4.30 p.m. cheese or butter was served as a snack and after this it was time to rest. At 6.30 p.m. the children were served their second hot meal of the day. After supper, the fitter children had the opportunity to relax a little. Music was played, books were read aloud and the children were able to draw or colour. At 8 p.m. (during winter) and at 8.30 p.m. (during summer) the children had to go to bed.

While the timetable specified at what moment the activity had to be performed and defined the general framework for activities, the temporal elaboration of the act went even further by specifying the precise way to perform the activity. A good example of this can be found in the way the daily meals in the refectory were organised.⁵³ On the left as well as on the right side of the refectory, there were two rows of tables, the second row being lower than the first one (Figure 4). The children were only allowed



Figure 4. Refectory for the boys, c.1880. Source: Sea hospital of Berck-sur-Mer Archives.

⁵²No information was given on who was responsible for this schooling. Neither was it possible to find documents concerning the curriculum, methods of instruction, and so on.

⁵³Cazin, *De l'influence des bains de mer sur la scrofule des enfants*.

to sit at one side of the table and all their faces during dinner had to be directed towards the middle of the room. “Les visages des enfants sont tournés vers l’axe longitudinal de la salle; la circulation, la surveillance, le service et la gaieté gagnent singulièrement à cette disposition d’où il résulte que tous les enfants sont servis par-devant.”⁵⁴ Every child had its own cutlery, its own napkin and numbered napkin ring. “Tous ces détails rendent à ces petits déshérités la vie douce et facile.”⁵⁵ By appointing an individual place to every individual child it became possible to teach the child to adopt the air of self-control. Just like prisons and asylums, the sea hospital functioned as a “teaching machine”. It was a place of obedience, oriented towards a better economy of time.

Conclusion

Hygiene, good health and education have always been closely linked in the history of mankind. Of course, the characteristics and intensity of their interrelationship changed over the course of time. The advent of a real hygiene movement around the middle of the nineteenth century, the major social changes in the subsequent decades and the scientific research into children started from the end of the nineteenth century. This led to the creation of specialist professions or specialisations in the aforementioned field and also the creation of associations, the organisation of national and international conferences, the dissemination of numerous publications, the proclamation of laws and rules, and the undertaking of various public and private initiatives. In short, a new academic and professional field had been realised in which doctors and medical metaphors played an important role.

However, most striking in the history of the sea hospitals is its direct relationship with what has been labelled as the medicalisation of childhood. The starting point for the creation of the sea hospitals lay in the immediate relationship between the idea of realising children’s welfare through healthy country air and ideas on the declining public health and the need for the physical and moral regeneration of the nation. Public health responses to illnesses like rickets and tuberculosis exemplified the Foucauldian assertion of medicine as sophisticatedly involved in determining the specific characteristics of social life.⁵⁶ Within this project, the characterisation of children can be regarded as an important issue. Not only the idea of the child at risk itself but also its several refinements are related to Foucault’s notion of governmentality. The art of government demanded and developed knowledge of the population, the families and the children. Data were collected and calculated to ensure that the government was effective in and capable of achieving the ends of establishing a healthy and productive population. These processes were not only supported by the typical scientific products of the hygienists, such as various climatologic and medical topographical studies, but also by focusing specifically on the body, in a way that is both physical/mental and spiritual/moral. In this, the power of analysis was set against the disorder of tuberculosis. By regulating the slightest dimensions of the existence of the sea hospital inhabitants, it became possible to make this power operational. As in other types of hygiene education, we see here how people needed to be taught how to

⁵⁴Ibid., 60.

⁵⁵Ibid., 61.

⁵⁶Nicolas Rose, “Medicine, history and the present,” in *Reassessing Foucault: Power, Medicine and the Body*, ed. Colin Jones and Roy Porter (London: Routledge, 1994), 48–72.

take care of their bodies. The medical and educational treatment in the Sea Hospital of the City of Paris was clearly focused on improving the physical and moral status of the child in order to become a worthy member of the social body. In this, growing medical and scientific expertise was clearly related to mechanisms of discipline and normality. Therefore, this study of the history of the Sea Hospital of the City of Paris illustrates once more how medicalisation and educationalisation, as supporting processes of the construction of the modern child, go hand in hand.

Notes on contributors

Bruno Vanobbergen is assistant professor at the Department of Foundations of Education, Ghent University, Belgium. His research focuses on the history of childhood, with a particular interest in the processes of educationalisation, medicalisation and commodification of childhood.

Nancy Vansielegem is a postdoctoral researcher at the Department of Foundations of Education, Ghent University. Her primary research interests are philosophy of education with a special interest in biopower in current discourses on philosophy with children, childhood and the public.