

MERCANTILISM AND HEALTH POLICY IN EIGHTEENTH CENTURY FRENCH THOUGHT*

by

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THE way in which Frenchmen of the seventeenth and eighteenth centuries thought and acted in matters of health and social policy arose out of their orientation to the mercantilist position. As in Britain and other countries, French mercantilist theory and practice dealt with such matters as self-sufficiency, population policy, productivity and public assistance; and it is to these areas that one must look for theoretical or practical awareness of the connection between health problems and social conditions.

The era of personal or bureaucratic autocracy, which began in France under Henri IV, developed in the age of Richelieu and Mazarin, and reached its apogee in the monarchy of Louis XIV. French mercantilism represented the economic counterpart of this political development. The men who endeavoured to bring all phases of economic life under royal control were more concerned with practical situations and conditions than with theory. Neither Richelieu nor Colbert was an economic theorist, yet implicit in their actions is a complex of ideas, a pervasive set of premises on which to reason and to act. For the most part, abstract statements reveal only in a small degree their thinking on social policy in relation to health. It is chiefly in their practical efforts that this is to be found.

Among mercantilist ideas, the concept of self-sufficiency was one of the most basic. To be dependent on foreigners for anything at all was a cause for deep concern. As early as the sixteenth century, there was an awareness that increased productivity was necessary if France was to be made independent of foreign lands. Increased productivity, however, required a large and growing population. But while increase of population might be a ground for deep satisfaction, the full benefits of this resource could be attained only by having as many of the people as possible productively engaged. Consequently, as in Britain, a special

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problem of the larger question of productivity concerned the poor, especially those who were unemployed. All those capable of productive labour should contribute to the wealth and power of the state. Those in need because of infirmity or ill-health should receive assistance, including medical care.

As early as the reign of Henri IV, plans had been made to establish institutions for the care of the poor, but little had been accomplished. Until well into the seventeenth century, medical relief was provided by local authorities along uncentralized lines. Thus, in 1649, among the activities of the Commissioners in charge of poor relief at Paris was the examination and treatment of those suffering from venereal diseases and scurvy.¹ Under Cardinal Mazarin a determined effort was made to cope with the problem of the poor by establishing *hôpitaux généraux*. The creation of these institutions reflects the increasing role of the state in dealing with economic and social problems. This trend was carried further under Colbert in various undertakings intended to provide care for the sick, and in general to improve the health of the nation.² Among these was the practice of sending remedies to various parts of France for distribution to the needy. Another phase of Colbert's interest in health problems was his encouragement of the search for medicinal springs, and of the study and use of those already known.

Theoretical approaches to the social relations of health began to appear at the end of the seventeenth century. These views were often incidental to considerations of pressing economic and political problems, and represented the reaction of conscientious men to the shocking effects of bad government. The last years of the reign of Louis XIV were years of increasing impoverishment for France, and thinking men began to grow critical of autocracy. This criticism came from various sources—from a clergyman and poet like Fénelon, a military engineer like Vauban, or a magistrate like Boisguillebert.

It came in the first instance in the name of political reform. In 1699, François de la Mothe-Fénelon, archbishop of Cambrai, published a didactic poem entitled *Les Aventures de Télémaque*.³ Ten years earlier, in 1689, he had been appointed tutor to the Duke of Burgundy, grandson and successor to Louis XIV, a position which Fénelon occupied until 1697 when he was compelled to retire to the diocese of Cambrai where he spent the rest of his life. Based on his experience at the court, and in the hope that his pupil would some day occupy the throne, Fénelon developed what he believed to be principles of proper government. These ideas, particularly on the ethics of governing, are presented in *Télémaque*, and their practical consequences are drawn in the *Tables de Chaulnes* (1711). Like his contemporaries, Fénelon believed in the supreme importance of an increasing population. But it was clear to him that the population question was not a simple matter of mere numbers, but a more complex problem whose solution was a function of diverse conditions. The people should not only be numerous but also happy, and this aim required attention to their welfare. In short, the achievement of social happiness required consideration and solution of problems of social welfare. Fénelon saw that poverty, due to a variety of circumstances, was a major hindrance to an increasing population

and proposed governmental action to relieve the masses. He had in mind a system of public assistance in a broad sense, including the unemployed, the aged, the sick and the disabled. In his theoretical views and practical proposals, Fénelon explicitly recognized the obligation of the state for positive action in questions of social policy, including health.

While the views of Fénelon were in no small degree inspired by religious ideals, the ideas and proposals of his contemporary, Vauban, grew out of quite a different context.⁴ Sebastien Le Prestre de Vauban was a military engineer who served in almost all the wars of Louis XIV. In the course of his long and active career, he became interested in the social and economic conditions of various localities, especially as these related to military problems, and eventually broadened his perspective to consider such matters in terms of national policy and welfare. Seriously concerned with the condition of the mass of the French people, Vauban looked with alarm at the growing economic deterioration of France during the last decades of the seventeenth century. He believed that this situation was due in large measure to fiscal inequities, and that if France were to prosper and its population to grow, tax reforms would have to be instituted. To this end, Vauban outlined in his *Projet d'une dixme royale* (1707) a comprehensive plan of fiscal reorganization.⁵ Convinced of the importance of a large and growing population of workers, Vauban pointed out that the adoption of his plan would lead to an increase of population and provide the monarch with greater resources. To buttress this point he calculated on a statistical basis the revenues to be derived from certain specified localities.

Vauban is in many respects reminiscent of William Petty, but in none more so than in his emphasis on 'political arithmetic'. In this connection, he insisted on the need for population surveys to provide the necessary demographic and fiscal information on which to base political and social policies. The idea of collecting quantitative information for such purposes was not new. The importance of statistical knowledge had been recognized in the Italian cities during the Renaissance, and, in France, Jean Bodin had devoted a chapter in his work, *Les six Livres de la République* (1577), to the advantages to be derived from an enumeration of the population of a state.⁶ It was not, however, until the end of the seventeenth century, in 1693, that a general survey of the population of France was undertaken.⁷ A few years later, in 1697, the royal officials in the provinces, the *Intendants*, were ordered to draw up descriptions of the districts for which they were responsible. These detailed historical, political, economic and demographic accounts were to be used for the education of the Duke of Burgundy, grandson of Louis XIV. Vauban, who in the preceding year had prepared a *Description géographique de l'élection de Vézelay*, containing a detailed census of the parishes comprising this area, helped to draw up the questionnaire which was sent to the *Intendants*. The information received in answer to the questionnaire was used by Vauban for the calculations published in the *Dixme royale*. Furthermore, he devoted one chapter of the *Dixme royale* to the usefulness of demographic surveys, going into considerable practical detail as to their organization, and urged that they be undertaken annually. In this way, Vauban

pointed out, it would be possible to learn whether the population was increasing or declining, which diseases and accidents affected the people, and how these were connected with the social conditions of the people. It is clear that Vauban considered the protection of the productive classes a major pillar of social policy, and regarded statistical investigations a major instrument toward that end.

The same general position was taken by Pierre Le Pesant de Boisguillebert, who served as lieutenant-general of Rouen from 1690 to his death in 1714. From his writings it is clear that he was acutely aware of the economic misery of France.⁸ In the first of his major works, *Le Detail de la France*, which appeared in 1697, Boisguillebert recommended fiscal reforms and emphasized the importance of the working classes. Later, in his *Traité des Grains*, which appeared sometime between 1697 and 1707, he showed that the condition of the working classes, primarily rural, improved or deteriorated as prices of commodities were high or low. Finally, in the *Dissertation sur la Nature des Richesses . . .*, published during this same decade, he emphasized that man is a social being who must work to live, and since labour is a necessary condition for the existence of society, it follows that every worker should be able to obtain the necessities of life. For if the workers, particularly the poor, cannot easily get what they need, they will not contribute so much to the nation's strength or to the national treasury as they otherwise could.

The ideas put forth by Fénelon, Vauban and Boisguillebert did not directly affect government policy, but they were seminal in their influence. While this influence was at first limited to a small circle, in the course of the eighteenth century it expanded in various directions. Early in the century, for example, the Abbé Claude Fleury, one of the tutors to the Dukes of Burgundy, Anjou, and Berry, the grandsons of Louis XIV, prepared some notes for the guidance of his pupils.

The aim of politics [he said], is to make the people happy. . . . Extreme poverty and great riches are almost equally bad in their effects; the ideal should be a large number of people with comfortable means living as far as possible on terms of equality . . . It is the number of men and not the extent of land which determines the strength of the State . . . The most essential function of Government: to preserve health and morals, increase the population, prevent disease, lawsuits and crime.⁹

Directly inspired by the ideas previously discussed was Henri, Comte de Boulainvilliers, historian and student of politics. His numerous works appeared after his death in 1722. Among these was a volume published in 1727, addressed to the Duke of Orleans, outlining a plan for fiscal reform. In it Boulainvilliers proposed a system of social security based on wage deductions.¹⁰

Singularly influenced by these currents of thought was the Abbé de Saint Pierre, moralist and political reformer. Imbued with a passionate desire to promote the welfare of mankind, Saint-Pierre became a prolific author of projects, some of which were naïve and fantastic, while others were more closely tied to reality. In the latter group were his proposals for the collection and utilization of statistical data, including vital statistics. Furthermore, in relation

to the problem of poverty he insisted on the right of the poor to social assistance by the state.¹¹

Somewhat the same position, although in a more qualified form, was taken by Montesquieu.¹² In his famous book, *De l'Esprit des Lois*, which appeared in 1748, he commented that:

alms given to a naked man in the street do not fulfil the obligations of the state, which owes all its citizens an assured existence, food, proper clothing, and a mode of life not incompatible with health.

Montesquieu was aware that in countries predominantly commercial,

where many people have only their craft, the state is often obliged to provide for the needs of the aged, the sick and the orphans.

Acknowledging that workers might be thrown into need by rapid shifts in economic conditions, Montesquieu felt that such situations were only temporary. Consequently, while the state ought to provide assistance promptly and to prevent suffering, such action should aim only at tiding over the urgent, immediate need.

Ideas and proposals which had been broached by various social thinkers and critics from Fénelon to Montesquieu were placed in the dominant social and intellectual context of the eighteenth century when they began to appear in the volumes of the *Encyclopédie* after 1751. The *Encyclopédie* was not only the most important literary enterprise of the period, but also the consummate ideological expression achieved in France by the Enlightenment. At its height, the Enlightenment was an international movement, but there is no doubt that its intellectual leadership was French. Furthermore, scrutiny of the social context of the Enlightenment reveals it as essentially a middle-class movement. Its leaders were recruited from among the middle classes of town and country. Voltaire was the son of a notary; Montesquieu's father was a titled judge of middle-class origins; Diderot's was a prosperous cutler; Rousseau and Beaumarchais were the sons of watchmakers; and Grimm was the son of a pastor.

The leaders of the Enlightenment believed that their activities would redound to the greater benefit of humanity, that their ideas coincided with the truest interests of mankind. In keeping with this approach they tested the existing edifice of social relations and advanced an endless variety of projects and plans for reconstruction of social institutions. Nevertheless, it is clear that the critical thought and humanitarian idealism of the *philosophes* were associated with the elaboration of an ideological and programmatic basis in terms of which the advancing middle classes and later the workers would assert their respective claims to power. The transitional character of the thought of the Enlightenment is clearly revealed in the *Encyclopédie*.

Brunetière aptly characterized the *Encyclopédie* as the *noeud vital*, the vital centre into which were gathered the political, social and intellectual threads of

French life in the eighteenth century.¹³ But this characterization does not go far enough. Diderot declared that the aim of the *Encyclopédie* was to collect scattered knowledge, explain it to the contemporary reader and 'hand it down to those who follow us, so that the labour of centuries past may not become lost labour for the centuries which follow'.¹⁴ It was a crucible where thinking men tried to fuse theory and practice, so that knowledge might become more readily available for the betterment of man's condition.

As a result, the theoretical ideas and practical proposals of the Encyclopedists on the social relations of health and disease are not to be found in any single systematic presentation, but rather scattered in various articles on such subjects as *Aritmétique politique*, *Enfants exposé*, *Homme*, *Hôpital*, *Hôtel-Dieu*, *Population*, and *Durée de la vie*.¹⁵ They are most clearly expressed in relation to policies and measures intended to foster the growth of population. For example, in his article on *Man*, Diderot emphasized the importance of infant mortality for growth or decline of population, and pointed out that a sovereign who was seriously interested in increasing the number of his subjects must take measures to reduce the number of infant deaths. Such measures should go hand in hand with a policy of encouraging marriages. Furthermore, in his article on the *Hospital*, Diderot took up the ideas put forth by Boulainvilliers, developing them more precisely and in greater detail. He outlined a public assistance scheme including old-age insurance, and medical assistance provided by the various hospitals of Paris. In general, Diderot stressed the need for reforming and improving the hospitals, especially the Hôtel-Dieu where mortality was exceedingly high. Generally, the Encyclopedists favoured social assistance to families, improvement in hospital facilities, and a more equitable fiscal system—all measures intended to prevent poverty or to ameliorate its effects.

Basic to the thought and action of the Enlightenment was an acceptance of the supreme social value of intelligence, and as a corollary, a belief in the great utility of intelligence or reason as a force in social progress. At the same time, the intellectual climate was shot through with utopian elements. During the Enlightenment, when the philosophy of history was imbued with and dominated by the idea of progress, and the history of mankind was considered to be an unbroken ascent from barbarism to civilization, the concept that the rational ideals of the present are the realities of the future was entirely acceptable and logical. If to this sense of the inevitability of progress is added an expectation of human salvation from a revolution in social morality based on a rational way of life, as well as a desire to persuade others of the necessity and reasonableness of such a change, one begins to understand why utopia flourished in the eighteenth century. Simply to demonstrate how to better conditions, and to convince others of this, would in time be sufficient to improve them.

The desire to influence social action was directed, however, not so much at realizing the utopian ideal somewhere on the globe, but rather at confronting contemporary society with an ideal counterpart, a standard or model, and thus appealing to it to improve itself. To be sure, this desire has played a role in a greater or lesser degree in all serious utopias. In the eighteenth century, however,

Zeitkritik, the critical dissection of contemporary social evil, became the predominant or even exclusive purpose of Utopia. During the eighteenth century, forty utopias appeared in France. French literature of the Age of Enlightenment, even strictly scientific books, exhibits a marked critical character. It is an oppositional, even revolutionary literature, and this is true also of the French utopias of this period.

Utopian social thought and policy in relation to health and welfare are characteristically represented by the writings and ideas of Morelly,¹⁶ an otherwise unknown philosophe, and Sebastien Mercier, a writer and politician. In 1751, the year in which the publication of the Encyclopedia was started, there appeared at Amsterdam a work in two volumes entitled *Le Prince. Les Délices des coeurs, ou Traité des qualités d'un Grand Roi, et Système général d'un sage Gouvernement*. The author was indicated as Mr. M****; internal evidence, however, clearly shows that it was written by Morelly. Apparently intended as a critique of Montesquieu's *Esprit des Lois*, particularly his defence of obsolete feudal theories, Morelly set forth what he regarded the best form of political and social organization. Pointing out that the ruler must have accurate information concerning the human and other resources of his realm, Morelly took up again Vauban's project for a census. He also stressed the need for social assistance to the poor and to older people, proposing that the state assume this responsibility and that this function be financed by transferring all ecclesiastical wealth to the state. Morelly's ideas are better and more precisely stated, however, in his principal work, *Code de la Nature*, which appeared in 1755.

Morelly contended that nature was fundamentally communal. Starting from the premise that moral evil and depravity resulted from social conditions, he outlined and advocated an ideal society in which it would be 'impossible to be depraved'. In this utopian community, there would be no private property except what was needed for individual daily wants. Every citizen would be a public servant, contributing to the general welfare according to age and ability, and in return receiving at public expense everything necessary for his support. Morelly developed this scheme in an elaborate code which described to the smallest detail the organization and behaviour of the entire population. Each nation was to consist of families, organized in tribes and living in carefully planned garden cities.

The infirm and aged would be comfortably lodged and cared for in a public institution designed and constructed by each city for this purpose. Furthermore, all sick citizens, without exception, would be cared for in public hospitals. Here they would be cared for as accurately and as carefully as if they were in their own homes, nor would there be any kind of discrimination. The Senate of each city would take particular care in the administration of these institutions to see that nothing was lacking to speed the recovery and restore the health of the patient, and to render convalescence as pleasant as possible. While the organization of health services was not further specified, Morelly did indicate that he expected them to be advanced and improved by scientific research. His code gave complete freedom to speculative and experimental science whose object

was to seek out the secrets of nature in order to improve the arts useful to society. Discoveries in physical, mathematical or mechanical science that had been confirmed by experience and reason would be recorded in a public repository of scientific knowledge. This would not include anything relating to metaphysics or morals.

To project ideal states into the future was a new thing in the eighteenth century, and when in 1770 Louis Sebastien Mercier described what Paris would be like in 2440 A.D., his method was a result of the rise of the idea of *Progress*. Mercier (1740–1814) wrote a number of plays, romances and essays, including the satiric *Tableau de Paris*. A follower of Rousseau, he became a member of the Convention, where he belonged to the Girondists. It seems likely that he was also an adherent of the group that gathered around Cabanis, Condorcet, and Destutt de Tracy at Auteuil, the home of Mme. Helvétius. Mercier's utopia *L'An deux mille quatre cent quarante* (The Year 2440) was published anonymously at Amsterdam in 1770.¹⁷ Its circulation in France was rigorously forbidden, because it implied a severe criticism of the existing order. It was reprinted at London and Neuchâtel, and translated into English and German. As the motto of his book, Mercier took the saying of Leibnitz that 'the present is pregnant of the future'. His picture of Paris in 2440 is serious and naïve. Yet with all its sentimental rhetoric, it shows a sound common sense and contains a number of shrewd suggestions.

The world of 2440 A.D. in which a man born in the eighteenth century, who has slept an enchanted sleep, awakes to find himself, is composed of nations living in a state of concord rarely interrupted by war. Japan has been opened to the world, Italy united, Australia settled; serfdom has been abolished in Russia, and the British colonies on the Atlantic seaboard of North America have become independent. But in general, we hear little of the world at large. Mercier concentrates on France, and particularly on Paris. Changes in Paris are a sufficient index of the transformation.

The constitution of France is still monarchical. While the total population of the country has increased by one-half, that of the capital remains about the same. Paris has been rebuilt on a scientific plan, and every provision has been made for the public safety. There is no system of credit; everything is paid for in ready money, and this practice has led to a remarkable simplicity in dress. Marriages are contracted only through mutual inclination; dowries have been abolished. Education is governed by the ideas of Rousseau. The study of classical languages has disappeared, but the modern tongues, Italian, German, English and Spanish are taught in the schools.

Houses in the Paris of 2440 have running water laid on; and on each street corner is a beautiful fountain providing clear, cool water with which the passers-by may slake their thirst. This is in striking contrast to eighteenth century Paris, where itinerant vendors of beverages hawked their wares. Furthermore, the houses are no longer constructed with steep roofs and high chimneys, from which loose tiles and bricks so often descended upon the heads of unfortunate pedestrians.

Mercantilism and Health Policy in Eighteenth Century French Thought

Of the greatest interest for us are the attitudes toward health problems and the organization of health services. As might be expected the hospital service has been greatly improved. The Hôtel-Dieu is no longer in the centre of the city, and a patient is no longer 'imprisoned in some disgusting bed between a cadaver and a dying person, where he breathes the poisoned air of death, and where a simple ailment is transformed into a cruel malady'. The Hôtel-Dieu has been divided into twenty separate sections situated in different parts of the city. All citizens have a right to free treatment, and are not driven to the hospitals by extreme indigence. Characteristic is the emphatic statement that each patient has his own bed. In these hospitals, learned and kind-hearted physicians do not pronounce death sentences on the basis of a guess, but take the trouble to examine each patient thoroughly. Furthermore, the medical profession is highly respected. Surgery and medicine have united and buried forever their ancient feud. The statement that prominent physicians in Mercier's day did not make home visits to patients who resided higher than the first floor throws a harsh light on the medical profession of eighteenth century Paris. Thanks to active research the physicians of 2440 have learned to understand and to deal with diseases, such as pneumonia, phthisis and dropsy, which had baffled the medical contemporaries of Mercier. Anatomy is taught at the Sorbonne where learned anatomists study the structure of the body by dissection. Of particular interest is an inoculation institute. Smallpox inoculation is practised as it had been in China, Turkey and England during the eighteenth century. Furthermore, there is a research institute which investigates diseases and prepares remedies for them. These are some of the leading features in the health service of the ideal future to which Mercier's imagination reached. He did not present them as a final result. Later ages, he said, will go much further, for 'where can the perfectibility of man stop, armed with geometry and the mechanical arts and chemistry?'

Utopia being a man-made world cannot transcend the human instruments and materials of its construction. Its architects have not been wizards replete with esoteric lore and mantic wisdom, but men subject to the advantages and limitations of their own times. But because what is utopian is rooted in concrete existence, it has definite values for historical perspective. On the one hand, it appears in intimate connection with its own cultural background, thus presenting itself as a 'documentary' reflection of existing conditions; on the other, by rejecting the present and attempting to supersede it by comparing it with a fictitious *nowhere*, or with a prophetic future springing from the present, it is possible for Utopia to anticipate the realities of tomorrow.

Both facets are clearly evident in eighteenth-century France. Even though the passionate affirmation of an indefinite progress in enlightenment and social welfare was for the moment realized only in the imagination, the fact remains that the Utopian writers of the time were dealing on a speculative level with problems of social organization which were at the same time questions of practical debate and action. The basic problem related to health was the grinding poverty which oppressed a large part of the rural and urban population.

Exact data are lacking, but contemporary opinions and estimates help to define the character and dimensions of the problem. Observations gathered over more than forty years led Vauban in his *Dixme royale* to estimate that a tenth of the French population was reduced to beggary, while another five-tenths lived in dire poverty, continually on the verge of destitution.¹⁸ Baudeau in 1765 stated that out of eighteen million Frenchmen, three million were paupers.¹⁹ According to the census of 1791, Paris had 118,884 indigents in a total population of 650,000.²⁰ In the same year, the Committee on Mendicity of the National Assembly reported that even in normal times about one-twentieth of the population of France were destitute and required some kind of relief, while in periods of distress, this proportion increased to one-tenth or one-ninth of the population.²¹ In fact, indigence was so widespread that the very idea of the 'people' was part and parcel of the concept of poverty. Thus, Necker, in 1775, seeking to define the term, 'the people', wrote that it was impossible either 'to fix the limits of the word or the degree of indigence which characterized it'. It could be defined, he concluded, only as 'the most numerous and most miserable class' in society.²²

At the root of this problem were economic and social conditions, frequently aggravated by natural catastrophes such as floods or severe winters. But whatever the cause, the hard fact remained that a large part of the French people needed assistance of some sort. Employment, food, medical care and shelter are the needs that stand out most sharply. The problem of relief to the needy was further exacerbated by the failure of existing private and public agencies.²³ Down to the time of the Revolution, the basic principle of social assistance in France was that relief to the needy should be provided locally as far as possible. Each community was supposed to care for its own indigent, sick and afflicted. The provincial or royal government stepped in only when problems of relief were too large for the local community to handle. Relief to the indigent was also provided by the church, charitable organizations and individuals.

Within this structure, aid was provided to those afflicted with disease and infirmity. In line with practices started during the reign of Louis XIV, the royal government contribution to the maintenance of hospitals and the provision of medical care in cities and rural districts.²⁴ At periodic intervals medicines were sent to the provinces for free distribution to the needy. To cope with the widespread epidemics, medical personnel (physicians and surgeons) as well as medicaments might be dispatched to the ravaged district. The problem of medical personnel, however, was not limited to periods of epidemic outbreak. In fact, throughout the century there was a great shortage of physicians, surgeons and midwives. Efforts to deal with this problem were made in almost all instances by local communities. One of the most common methods was to contract annually with a physician or surgeon to provide medical care to the needy. In some instances, private charitable organizations, religious or secular, arranged for domiciliary medical care to the poor. Thus, in Paris, the parish of Saint-Eustache had three physicians and two surgeons who attended the sick poor in their homes. However, if the illness lasted more than three weeks the patient was sent to the Hôtel-Dieu.²⁵ Various mutual aid organizations also

provided medical care for their members.²⁶ The gravediggers guild of Paris provided hospitalization for its sick members. In the French glass industry, benefits to the workers in some cases included medical attention, monetary assistance during sickness and old age pensions. An association of domestics organized at Paris in 1789 provided medical attention for its members when sick. Governmental authorities also endeavoured to improve conditions by providing free instruction in surgery and midwifery. Sometimes they published or purchased for distribution books intended to enlighten the public on health matters. Perhaps the most popular of these was Tissot's *Avis au peuple sur sa santé*, which went through ten editions in six years.

All efforts failed, however, to meet the problem of the poor. Public-spirited Frenchmen saw the need for profound change and set forth measures calculated to relieve the situation. One of the most interesting of the proposals concerned with health and medical care was that devised by Claude Humbert Piarron de Chamousset (1717–73), a wealthy Parisian philanthropist, who dedicated his life to the public welfare. He was interested in such matters as a postal service for Paris, a registry for servants and workmen, the organization of fire insurance, and the care of the sick. For a time he served as Inspector-General of military hospitals. In 1754, Chamousset's *Plan d'une maison d'association*, outlining a scheme for medical care and hospitalization insurance, appeared anonymously at Paris.²⁷ It was reprinted in 1757 in a collection of his writings issued under the title *Vues d'un citoyen*. This volume makes it abundantly clear that Chamousset was interested in developing a system of social protection, in which sickness insurance would be an integral part. The purpose of such a system was to prevent destitution, and where this was not possible to provide means of mitigating it.

Of the two main scourges of humanity, disease and poverty [Chamousset wrote], the first is inherent in our nature, a physical evil which calls for alleviation. The second is an alien force, the fruit of neglect, and calls for preventive measures . . . Destitution among the productive classes which live by their labour and industry . . . arises from a combination of two effects of illness, the expenditure of savings on the necessary relief and the loss of working time incurred.²⁸

In his plan for sickness insurance, Chamousset developed these ideas more fully.

Men are the most valuable possession of a state [he pointed out], and their health is their most valuable possession. But it is not enough that they have the means of preserving it. An object of more importance to them is that in case of sickness they may count on all the aid necessary to their recovery . . .

There are asylums available to the destitute, and that is a resource useful to those to whom it is not humiliating to accept the free assistance which charity offers.

But between these two extremes is the class of the greatest number of citizens, who not being rich enough to procure sufficient aid at home or poor enough to be taken to an almshouse, languish and often perish miserably, victims of the propriety to which they are subjected by their class of society. Such are the industrious artisans, merchants whose trade is limited, and in general all those valuable men who live daily by the fruits of their labour, and who often for that reason have no recourse to treatment when a disease becomes incurable. The start of a disease exhausts all their resources, the more they deserve help, the less can they bring themselves to profit by the only resources that remain to them, and they find themselves in public asylums.

In this plan, however, human dignity and self-respect would be maintained.

The establishment having no funds other than the quotas of the members, it would not be discreditable to receive assistance already paid for. No one could pity anyone else, since each will have his own interest in it. All establish the funds together, for no one can be assured of continual health, and if those who are fortunate enough not to be compelled to seek recourse there, furnish the association with more than the association renders to them, they at least enjoy the benefit of knowing there is such an asylum for them whenever it becomes necessary to take advantage of it; and by that they are exempt from anxiety. If when I am well, I pay a modest sum to my association for someone else who is suffering, then the same thing is done for me when I am sick . . .

In a word, this association, as in all those which it is an honor to join, is a community of funds established for the needs of all members. Can there be any dishonour in enjoying advantages one has procured for himself?

Finally, the efficacy of the medical care provided

will shorten the duration of the diseases and even prevent them from becoming more serious, because one will not have to wait for an emergency before having recourse to the proper remedies, but on the contrary, be cared for from the moment he feels ill. Thus services owed to the country will not be interrupted for such a long period. One will no longer see the families of artisans ruined by the length and excessive expense of illnesses or citizens a burden to their government when they should be its mainstay.²⁹

Specifically, Chamousset proposed an organization which in return for a monthly payment would, in case of illness, provide its members with medical care in a hospital or at home. Treatment would be the same for all, but

in order to allow for different conditions and means, there will be established five classes of members who will pay more or less . . . for optional accommodations which vary according to conditions and which are necessary only to those who habitually enjoy them.³⁰

Chamousset envisaged group enrolment at reduced rates and suggested that apprentices, workmen or servants might collectively be enrolled by their employers. Such groups would also be represented on the board of administration. As a measure of prudence, Chamousset suggested certain limitations on admission of members and provision of service to them. In general, he proposed:

that there be an interval of a month between the date of membership and the date of admittance to the hospital, for the first time only.³¹

For pregnant women the only qualification would be membership for at least nine months. Persons with venereal diseases or incurable diseases would be excluded.

Physicians and surgeons would be selected with all possible care, and appointed on a salaried basis. Patients who preferred a medical attendant not associated with organization could have his services but would have to pay the fee themselves. The hospital would have extramural consultants in addition to the resident staff. A well-managed, well-stocked pharmacy would provide the necessary medicaments. Careful records would be kept on all patients, and the doctors would prescribe diets and drugs in writing.

Mercantilism and Health Policy in Eighteenth Century French Thought

Chamousset also saw that such an institution might serve an important educational purpose.

A fixed number of young physicians [he wrote], will be received, lodged and fed, for a modest fee, who doubtless will be eager to train there and who will at the same time be of great help at the bedside of the sick, reporting to the physicians of their prescriptions and an infirmity of enlightening observations to render the treatment more certain . . .

Surgery will be cultivated with no less care, and there will be added to the number of surgeons, aides and boys admitted and boarded in the hospital, other pupils paying also a very modest sum for their food and lodging. These will be trained under the eyes of the masters and will be inspired by the hope and desire of winning in the competition, the only way by which any of the positions in the hospital may be obtained.³²

Chamousset's ideas and proposals aroused some interest, but not enough to lead to their realization. While his views and goals were shared by various contemporaries, they looked to the state for positive action in dealing with social problems and their health aspects. Throughout the century it became increasingly evident that private charitable organizations and local authorities were unable to deal adequately with poverty and its associated problems. More and more the opinion became prevalent that care of the needy, including the provision of medical attention, was an obligation of society to be carried out through the agency of the state.

The physiocrat Baudeau in 1765 stated as a fundamental axiom 'that the true poor have a real right to demand basic necessities'.³³ Turgot, in a similar vein, declared in an article in the *Encyclopédie* that 'the poor man has an incontestable claim upon the wealth of the rich'.³⁴ In 1770, while still governor of Limousin, he said: 'The relief of men who suffer is the duty of all, and all the authorities will co-operate toward this end.'³⁵

This position was formulated even more explicitly by Montyon, the author of the *Recherches et considérations sur la population de la France*, published in Paris in 1778.³⁶ With a lively awareness of the relations between social conditions and health, he directed attention to the inimical effect of poverty on duration of life, commenting that poverty was 'a slow poison which destroys the person attacked by it'. High infant mortality among the poor, diseases resulting from the trades by which men are compelled to support themselves and their families, ill-health produced by malnutrition—these were some of the health problems among the poor classes of the community. In view of the significance of population for the State, it behoves the sovereign to deal with these problems, particularly since the poor people are the largest population group. Such a programme must deal equally with the economic, social and medical aspects of the problem.

Fully aware of the inadequacies of medical practice, Montyon nevertheless urged that more attention be paid to making available the services of competent physicians and surgeons.³⁷ It was still a question, he said, whether medicine destroyed more people than it saved. However, in large cities where there were better trained and more experienced physicians the results of the care provided clearly outweighed any defects. This was not the case in small towns and in rural areas where there were few trained physicians, with the result that many

resorted to quacks. Montyon had a higher opinion of surgery and its practitioners, and he felt it was fortunate for France that the art of surgery had reached a state of perfection there unknown in other countries.

Moreover, he indicated, beside curative medicine there was a preventive medicine, connected with general administration (*police générale*) which was essential for the preservation of the public health. While this branch of medicine had been recognized and applied with beneficial results in France, much still remained to be done.³⁸ This was particularly the case with regard to environmental sanitation, the provision of better housing and improved nutrition for the poorer classes.

Furthermore, Montyon proposed the establishment of an institution for the study of the problems of occupational health. This establishment, he wrote:

would occupy itself within the field of the mechanical arts with an object to which no one has paid any attention because it has been foreign to all special interests, namely, the conservation of men. The field is vast, the subject practically untouched, the aim noble, and perhaps success will not be too difficult.³⁹

In the last analysis, however, these proposals and activities would have to be related to the fundamental constitution of the State. Commenting on conditions in hospitals and related institution, Montyon pointed out that men who had given much thought to the problem of social assistance felt it would be better to suppress completely all asylums for the poor, for infants and old people, and to retain only those intended for the sick.

In a well-organized state [he wrote], there are no paupers, except for invalids or loafers; in extraordinary cases the poor should receive aid at home, and the best charity is assurance of work.⁴⁰

This position may be compared with Necker's statement in his *Administration des finances*.

It devolves upon the government [he wrote], to do everything that order and justice will permit for the numerous class of unfortunates. The government will determine the duties of society toward the unfortunates, in the establishment of public works, and in all provisions calculated to prevent misery and mendicity which follows in its wake.⁴¹

Similar ideas appeared in the provincial assemblies of 1787–9. A specific example is Lavoisier's proposal in 1787 to the Assembly of Orléanais of a scheme for insurance against poverty and old age.⁴²

We propose, therefore [he said], to institute at Orleans, under the title of the People's Savings Bank (*Caisse d'épargne du peuple*), an establishment to receive sums contributed by persons of every age and condition who wish to insure for themselves, their widows, or their children, an annuity determined according to the tables that have been drawn up for this purpose. The whole province will be the guarantor of the commitments undertaken by the bank and of all the actions that are carried out in conformity with the regulations that will be prescribed for it.

Imbued, likewise with this spirit, was the commission of which Lavoisier was a member, appointed in 1786 to study the hospitals of Paris, particularly the

Hôtel-Dieu. The commission had been appointed by the Academy of Sciences at the request of the government. Besides Lavoisier, its members were the outstanding physical scientists, Laplace, Coulomb and Darcet; Lassone, first physician to the king; Daubenton, the eminent anatomist; Bailly, the astronomer and later president of the National Assembly; and Tenon, surgeon and oculist. The last-named was actually the most important member of the commission. Jacques René Tenon (1724–1816) was a pioneer in ophthalmic surgery, and is still remembered for his studies of the capsule of the eye which is named after him. Furthermore, he had long been interested in problems of hospital organization, and had visited hospitals in England where he had collected statistics, particularly on sanitary and health conditions in these institutions.

The commissioners made a thorough study of the problem. Conditions at the Hôtel-Dieu were appalling. The mortality exceeded that of any other hospital in Europe, and small wonder. Wards were overcrowded, with many patients in one bed. Patients with communicable diseases were mixed with those suffering from other conditions. Ventilation was totally inadequate, and the wards were often made to serve several functions that were mutually inappropriate. Under such conditions, how could patients recover? Furthermore, they examined the other hospitals in Paris, noting their defects and within the year completed their reports. The commission proposed that the Hôtel-Dieu be abandoned and its patients moved to four new hospitals to be established in widely separated suburbs of Paris.

The government and the general public received this proposal with interest and approval. In fact the government issued orders for the execution of the project. Unfortunately, however, all this came on the very eve of the Revolution, and in the ensuing upheaval was abandoned. Nonetheless, the commission and its work have a significance transcending the immediate problem with which it dealt. For one thing, through Tenon, its guiding spirit, it exerted a continuing influence on future developments. In 1788, based on his earlier studies and the work of the commission, Tenon published his remarkable volume, *Mémoires sur les hôpitaux de Paris*, which had a tremendous influence on the reconstruction of the French hospital system during and after the Revolution. A hospital in Paris today bears his name, in tribute to his contribution toward the reorganization of the French hospital system. Secondly, the work of the commission focused ideas and proposals expressed earlier by thinkers and reformers as diverse as Diderot, Morelly, Mercier, Chamousset and Montyon.^{43, 44}

By the last decade of the eighteenth century it was obviously clear to many Frenchmen that profound changes were needed in social organization in order to deal effectively with community problems of health and welfare. This position was intimately interlocked with and reinforced by contemporary views on scientific and technological advance, the social utility of reason and enlightenment, and the nature of man as a being destined to achieve happiness in this life. Invention and scientific knowledge were required as indispensable for the improvement of man's living conditions.

Throughout his writings, Voltaire expressed his enthusiastic recognition of the

value of science; and D'Alembert's introduction to the *Encyclopédie* is a veritable paean to scientific knowledge. As a part of the field of science, medicine was regarded as capable, through increased knowledge and improved techniques, of contributing mightily to social betterment. Voltaire in his *Age of Louis XIV* referred approvingly to Boerhaave's role in teaching the physicians of Europe.⁴⁵ Diderot's opinion of Daviel, the ophthalmic surgeon, is reflected in his rhetorical question: 'Who does not know or has never heard of the famous Daviel?'⁴⁶ Montyon felt that advances in preventive medicine and public health practice had in his time led to the control of 'a multitude of fatal diseases that had afflicted preceding centuries, some of which have disappeared, while others have become less frequent.'⁴⁷ This fervent affirmation of the value of scientific and medical knowledge reached its apogee in Condorcet's *Esquisse*, with its chiliastic conjectures that preventive medicine, once improved, would lead to the disappearance not only of communicable diseases, but to those diseases due to climate, nutrition and occupation.

Coupled with this faith in science was a belief in the great utility of intelligence or reason as a force in social progress. The theoretical underpinning for this eighteenth century confidence in the capacity of human reason came from John Locke's epoch-making *Essay Concerning Human Understanding*, and its denial of innate ideas. As the mind owed everything to environment, to sensations from the outer world, the shaping of the mind and the practical expression of this process in education became matters of profound social significance. It was realized that social intelligence could be made most effective through an informed public opinion. Characteristic of the period, therefore, was an eager didactic impulse to make the results of science and medicine available to the public, and in line with this trend efforts were made to enlighten the people in matters of health and hygiene. Illustrative of the many books and pamphlets written to further health education are S. A. Tissot's *Avis au peuple sur sa santé*, which appeared in France in 1762, went through ten editions in six years, and was translated into several languages; and an anonymous book that appeared in the same year under the title, *De la santé. Ouvrage utile a tout le monde*.⁴⁸ The advocates of health education addressed themselves to the upper and middle classes, not to the peasants and labourers. Illuminating are the comments of Tissot.

The title 'Advice to the People' [he says] is not the result of an illusion which has convinced me that this book is going to become a household fixture in the home of every peasant. Nineteen-twentieths of them undoubtedly will never know that it exists; many will never know how to read it; much greater numbers will not understand it, no matter how simple it is; but I address it to intelligent and charitable persons who live in the country, and who, by a kind of providential vocation, are called upon to help through their counsel all the people around them.⁴⁹

The earnest conviction, humanitarian devotion and enthusiasm that these apostles of health brought to their enterprise was related to the conviction widespread in the eighteenth century that man was destined to be happy in this world.⁵⁰ This can be seen in Pope's apostrophe to 'Happiness! Our being's end and aim!' Or in Montesquieu's remark that throughout life one should seek to

Mercantilism and Health Policy in Eighteenth Century French Thought

have as many moments of happiness as possible.⁵¹ Throughout the century, it is reflected also in the spate of publications on public happiness.⁵² And for happiness, health was necessary; but how to attain this desired condition. Most people who recognized the need for political and social change believed that education, increased knowledge and social invention could further the process greatly, but significant differences of opinion prevailed over the steps to be taken and the rate at which changes should be made. This was the problem that faced France on the eve of the Great Revolution, and the context within which the revolutionary governments would undertake to deal with problems of health and welfare.

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