

Jack D. Ellis — *The Physician-Legislators of France: Medicine and Politics in the Early Third Republic, 1870-1914*. Cambridge: Cambridge University Press, 1990. Pp. xii, 305.

This impeccably researched study of medical men who served in the French National Assembly during the nearly half-century preceding World War I is a model of how quantitative history may yield lucid yet subtle and important new findings. Jack D. Ellis, a political historian struck by the extraordinary numbers of doctors in French politics compared with their colleagues elsewhere, focusses on the founding decades of the Third Republic in his systematic investigation of questions previously left largely to anecdote and impression if not to legend. Who were the doctors who embarked on political careers at local as well as national levels? Did their background in medicine inform their political views and actions? Did they as a group have a species specific impact on French political life in matters related to medicine, public health, and more broadly social welfare?

What emerges from Ellis' analysis of the careers of 358 physician-legislators is a surprisingly coherent group portrait. The nature of their medical training and subsequent experience in practice, which typically amounted to as much as thirty years before entering politics, together with petty bourgeois and rural class origins, Ellis argues, stamped the medical legislators as flexible, pragmatic, and characteristically radical. Overall, more than 50 percent of the doctors in the Chamber of Deputies aligned themselves with the radicals or socialists (more than twice the proportion of lawyers in these parties; of 18 physicians from Paris, 15 belonged to the radical left). They were virtually absent from the right of the political spectrum. In their voting records, the doctors gave overwhelming support to anti-clerical legislation and displayed much higher levels of support than did their political colleagues for specific radical measures such as the legalization of divorce introduced by Dr. Alfred Naquet. Beyond the famous political careers of doctors like Clemenceau, Émile Combes, Paul Bert, and a few others, Ellis' quantitative tables amply support the notion of *le médecin de campagne* as a radical anti-clerical reformer and confirm the medical profession's own rhetorical claims to have supplanted the curé in peasant family life as "true lay priests" (71), purveyors of enlightenment, and often the most effective cultural middle-men between Parisian central authority and the rural masses.

With regard to legislation on health matters, doctors in Parliament effectively functioned as a reform coalition although their only formal caucus, the *Groupe médical parlementaire*, did not have much of an impact. Ellis identifies a core group of about 30 percent of the total of physician-parliamentarians who were "extremely active" in public health issues. Constituted by country practitioners, urban radicals, and often spearheaded by academic physicians, these parliamentarians led a sanitary crusade serving as committee reporters for 68 major bills on public health. Liouville's work in behalf of compulsory smallpox vaccination and Roussel's long campaign for infant welfare were outstanding instances while the hyper energetic socialist deputy Dr. Bourneville, a Paris hospital psychiatrist and authority on infantile disorders, devoted himself to measures for the purification of the waters of the Seine, the laicization of hospital nursing corps, improvements in housing the mentally ill, cremation instead of burial, and so on. Striking formulations of health issues, such as Roussel's observation in 1874 that an infant's statistical chances of surviving for one week were less than those of a 90-year old man or that one third of children would fail to reach the age of military service sought to mobilize political action.

Political results were mixed if not mediocre. Campaigns to legislate against alcoholic beverages and to reform the legal code and conditions for the mentally ill failed while relatively little was accomplished for health in the industrial work place. Doctors like other politicians faced pressure from their constituents and powerful special interests as in the case of winegrowers from the Gers who defeated Dr. Lannelongue in retaliation for his anti-alcohol speech to Parliament. Moreover, Ellis points out, doctors' radical sympathies rarely extended as far as socialist demands and indeed they tended to grow more conservative over time as the latter intensified.

Nevertheless, medical legislators were prime movers in the enactment of several dozen important laws concerning health, including the regulation of wet nursing (1874), free medical assistance for the indigent (1893), public health reform (1902), and professional reform (1892).

Apart from its obvious contribution to the political history of the Third Republic, *The Physician-Legislators of France* offers a dividend to historians of medicine and the professions. The group of 358 individuals studied presents a significant cross-section of the medical profession. With some qualification — they were “certainly better off [economically] than the rank and file of their colleagues” (65), Ellis' detailed quantitative study of social and geographic origins, training, practice, income, and, of course, political orientation serves as a revealing sample. One learns, for example, that while over 30 percent chose specialty fields as subjects for a doctoral thesis, only 8 percent went on to practice a specialty. Surgery, by contrast, attracted about 7 percent of the group in theory and practice. I believe these kinds of findings have a certain general validity and they simply do not exist elsewhere with regard to the social history of the French medical profession on a national scale. Thus Ellis' study has already attracted rare accolades from a French scholarly community in which *doctorats d'état* (now formally abolished) on medical history were seldom as ambitious despite their bulk.

On the other hand, there is a degree of artificiality, as Ellis seems well aware, in conflating the politics of health with the medical politicians. Major players like senator Paul Strauss were not doctors of medicine, though his work in the field earned him honorary membership in the Academy of Medicine, (and he was even wrongly attributed a Paris medical degree by a contemporary article in the *Jewish Encyclopedia*). Conversely, powerful political clout was exercised by Paul Brouardel and other deans and medical academicians who were never members of Parliament. Medical power in its full ascendancy during the early Third Republic, as witnessed in the very street names and monuments of the capital and satirized in literature like Léon Daudet's *Les Morticoles*, reposed outside of Parliament in the *couloirs* of hospital, consulting room, academy, faculty, and the press. Often, as Pasteur the chemist discovered, doctors could be as tradition-bound as other guilds. There is perhaps here a clue to the paradox, noted in this study but worth further exploration, of why the Western European nation with by far the greatest proportion of medical men holding national office had the most retrograde record in health legislation and public health *tout court*.

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