

**Nursing Nuns:
Visibility, Power, and Identity in the Historiography of
Three Nineteenth-Century French Congregations**

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Abstract

This thesis tracks the contributions of the Petites Sœurs des Pauvres (1839-), the Auxiliatrices des Ames du Purgatoire (1856-), and the Sœurs de l'Espérance (1836-) to provisions of healthcare in France until 1905, considering the national picture alongside localised study in Paris and Brittany. Having challenged the widely recognised problem of historical silence surrounding the work of such women, I seek to reposition nuns as historical agents and gatekeepers rather than simply victims of a silence imposed from without. This entails a careful unpacking of the ways these groups construct a collective identity rooted in histories of a shared past, one which may shift based on institutional priorities and which exists in tension with the experiences of individuals. Analysing this process with a focus on nuns as a labour force reveals how power and narrative work to construct gendered models of work and serve to create and reinforce gendered hierarchies of labour value within healthcare and welfare. The language favoured by nuns and the Catholic Church further reinforced the invisibility of these women's labour but also shaped the labour itself, creating working practices rooted in ideals of maternity, suffering, and sacrifice. If we move past the simple historical narratives of piety favoured by congregations, it is possible to reveal the complex power dynamics between nursing nuns and those they cared for. These women constructed holistic care practices which – for better or worse – had a profound impact on the lives of their patients. I explore the important role of nuns in shaping the language of sickness and providing meaning in the face of suffering, illness, and death. The different layers of visibility, power and identity in this thesis incite important and timely considerations regarding the ethics and authorship of historical narratives, particularly when dealing with marginalised groups.

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Terminology

In this thesis I will be using the terms ‘nun’, ‘woman religious’, and ‘sister’ interchangeably. Canon law distinguishes between these terms, as nuns take solemn vows whilst sisters take simple vows. ‘Women religious’ is sometimes used as a catch-all particularly in an academic setting, but is not a familiar term to non-specialists. As such, it is common to see some flexibility in the use of terminology, both in academic literature such as the work of Carmen Mangion and Sarah Curtis, and in popular usage within and without the Catholic Church. ‘Nun’ remains most widely-used in common parlance and for ease of understanding is the term I use most frequently.

The term congregation refers to groups of sisters who have taken simple vows and tend to engage in active missions outside of the cloister. These are distinct from members of religious orders who take solemn vows of chastity, poverty, and obedience. Traditionally religious orders were contemplative whilst religious congregations tended to be active, but this distinction is not an exact one. Religious congregations differ primarily in that they take only simple vows of chastity, poverty, and obedience, which means they retain some rights to property or inheritance, for example. The congregations studied here were run by a superior general and accountable directly to Rome, as distinguished from diocesan congregations overseen by clergy at a local level.

A glossary of more general terms relating to the Catholic Church can be found in appendix C.

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Chapter 1: Introduction and Methods

The dominance or absence of social groups in narratives of the past tends to stem from deeply-entrenched social inequalities. But what does it mean when people ‘disappear’ from history, and how are they written out of such narratives? Furthermore, does it then follow that such invisibility constitutes a state of disempowerment? This is a study of how power and identity shaped the labour of nursing nuns, and how the same processes determine the way that this work is committed to or omitted from history.

The number of nuns in France rose dramatically throughout the nineteenth century.¹ Totalling around 12,343 in 1808, their number increased tenfold over the period, reaching approximately 128,000 by 1901.² Far surpassing that of their male counterparts, the growth in female congregations was unprecedented in terms of recruitment but also in terms of new foundations.³ From the mid-1830s, new congregations found themselves in increasing competition for new members.⁴ Langlois has shown that those specialising in nursing care (broadly defined) tended to have higher rates of recruitment, demonstrating the new demand for health and social services in the period.⁵ With such a vast ‘workforce’ spread across the country, the reach of religious congregations far surpassed that of the state in welfare and medicine, meaning the secularisation of these services around the turn of the century was delayed in comparison to the field of education.⁶ Nuns offered pioneering solutions to social issues and provided a model subsequently adopted by the organisers of secular provisions.⁷ As well as being innovative, the services provided by nuns proved in some cases to be lucrative. Congregations were able to raise and manage substantial finances and property.⁸

And yet, it is a widely-recognised problem that the work performed by nuns remains virtually invisible in the historiography of health and social care. Jones states:

¹ Claude Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle* (Paris: Le Cerf, 1984).

² These statistics are taken from an article by Langlois, in which he discusses the complexities of obtaining accurate statistics on the number of religious in this period. Inconsistencies in categorisation and the political motives of data gatherers may have led to discrepancies or exaggerations of the figures. He nevertheless affirms that ‘de 1808 à 1878, le nombre de religieuses vivant en communauté, présentes sur le sol français, a plus que décuplé.’ “Les Effectifs des Congrégations Féminines au XIX^e Siècle. De l'Enquête Statistique à L'Histoire Quantitative,” *Revue d'Histoire de l'Eglise de France* 60, no. 164 (1974): 56.

The very ubiquity of female communities made these women – as it makes them still – so banal a reality as to be easily overlooked. [...] [T]heir presence seems apparently timeless and unproblematic, almost beyond the reach of history. Furthermore, nursing sisters seem to figure on the losing side in history. [...] [In framing the dispute] between nursing sisters and hospital doctors, [...] historians have drawn the conclusion that here we have traditional conceptions of inmate care pitted against scientific rationality and medical professionalization, with Arch Superstition trying to put a spoke in the triumphant wheel of medical progress and the Rise of Science. [...] [N]ursing sisters are usually lumped together with all sorts of cranks and quacks, who were to be lined up to be medicalized into neutrality or oblivion. Where they figure on the agenda of the medical historians, therefore, the sisters are written off – sometimes rather patronisingly to boot.⁹

This problem pervades the study of healthcare across different historical periods. In her study of eighteenth-century nursing Diebolt asks: ‘Où trouver ces soignantes ? Aucune histoire générale des sœurs hospitalières n’a été tentée jusque-là. Est-ce une conspiration du silence ? Par désintérêt ?¹⁰ In a lecture at Royal Holloway in 2000, Hufton asked ‘Whatever happened to the history of the nursing nun?’¹¹

³ *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 51. The rate of new foundations peaked mid-way through the century, and by the 1880s the momentum stopped almost completely.

⁴ Langlois tracks the rate of new foundations and recruitment across the nineteenth century, concluding ‘Incontestablement, les dernières venues sont victimes d’une concurrence de plus en plus vive.’ *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 218.

⁵ Langlois shows the significant increase in congregations providing some form of care between 1808 and 1878. He highlights that amongst congregations founded post 1835 only seven obtained more than 400 members. Four of these specialised in healthcare. ‘Leur rapide succès est la preuve de l’intérêt porté aux nouvelles demandes de santé ou de protection sociale.’ *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 327-28. For more on this see chapter two.

⁶ Whilst the secularisation of education began in the 1880s, Cholvy argues that the secularisation of nursing services only truly began with Combes’s law of 1902. Gérard Cholvy, *Le XIX^e : Grand Siècle des Religieuses Françaises* (Perpignan: Editions Artège, 2012), 110.

⁷ Katrin Schultheiss, *Bodies and Souls: Politics and the Professionalization of Nursing in France, 1880-1922* (Cambridge, MA: Harvard University Press, 2001), 3.

⁸ Many congregations had considerable wealth. See Cholvy, *Le XIX^e : Grand Siècle des Religieuses Françaises*, 110; Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 350-90. See also chapter two of this thesis.

⁹ Colin Jones, "Sisters of Charity and the Ailing Poor," *Social History of Medicine* 2, no. 3 (1989): 339-40.

¹⁰ Evelyne Diebolt, "Prémices de la Profession Infirmière : de la Complémentarité entre Soignantes Laïques et Religieuses Hospitalières XVII^e - XVIII^e Siècle en France," *Recherches en Soins Infirmières*, no. 113 (2013): 7.

¹¹ Olwen Hufton, "Whatever Happened to the History of the Nursing Nun?," in *Hayes Robinson Lecture Series No.3* (Royal Holloway, University of London, 2000).

In his work on medicine at the margins, Faure writes:

Présentées par les médecins du XIXe siècle comme des agents de l'obscurantisme et des opposantes à la médicalisation, condamnées à disparaître au fur et à mesure que celle-ci progressait en donnant le bras à la laïcisation, les religieuses sont l'objet depuis plusieurs années d'une réhabilitation de leur rôle, aussi bien dans les hôpitaux que dans l'action à domicile. [...] Le mouvement est plus timide au XIXe siècle, encore considéré comme le siècle de la médicalisation et de la laïcisation.¹²

Histories of medicine and welfare systematically fail to consider the contributions of religious personnel and, whilst rehabilitation of their role has begun, it remains limited for the nineteenth century in particular.

Trouillot has shown that silences are created at every stage of historical production: when facts are created (as sources), assembled (as archives), retrieved (as narratives) and given retrospective significance (as history):

These moments are conceptual tools, second-level abstractions of processes that feed on each other. As such, they are not meant to provide a realistic description of the making of any individual narrative. Rather, they help us understand why not all silences are equal and why they cannot be addressed – or redressed – in the same manner. To put it differently, any historical narrative is a particular bundle of silences, the result of a unique process, and the operation required to deconstruct these silences will vary accordingly.¹³

Ways of categorising, conceptualising, and labelling, shared discourses about what is important and what is trivial, what is positive and what is negative, what is possible and what is impossible, mean that even in the most contested or divergent histories, some silences remain consistent:

Effective silencing does not require a conspiracy, not even a political consensus. Its roots are structural. Beyond a stated – and most often sincere – political generosity, best described in U.S. parlance within a liberal continuum, the narrative structures

¹² Olivier Faure, *Aux Marges de la Médecine: Santé et Souci de Soi* (Aix-en-Provence: Presses Universitaires de Provence, 2015), 155.

¹³ Michel-Rolph Trouillot, *Silencing the Past: Power and the Production of History* (Boston, Mass: Beacon, 1995), 26-27.

of Western historiography have not broken with the ontological order of the Renaissance. This exercise of power is much more important than the alleged conservative or liberal adherence of the historians involved.¹⁴

Interrogating historical silences therefore requires an analysis of the structures and processes by which histories are narrated and produced. As I discuss throughout this thesis, systems of power are reflected in historical narratives.

The invisibility of nuns in histories of medicine and welfare indicates their perceived lack of value. Even when their existence is acknowledged, these women are quickly and easily dismissed as obstacles to progress or precursors to modern services and are rarely considered significant or valuable in their own right. Nuns are not considered serious workers who merit study as a labour force. Many studies take a top-down, institutional approach to medicine and are prone to reproduce myths of professionalization and the triumph of rationality over quackery.¹⁵ Research tends to focus on doctors and hospitals meaning a variety of other components are overlooked: paramedical services, the emotional and practical aspects of healthcare, and the experience of those in receipt of care are all rarely considered.

The dismissal of nuns intersects with wider inequalities in terms of how different kinds of labour are valued. Care work and reproductive labour are overlooked, unpaid, and invisible in a variety of contexts. This undervaluation is linked with wider systems of thought related to capitalist values of growth and productivity.¹⁶ Chapter four will demonstrate how the silences around the work of nursing nuns are a result of these categorisations and systems of value which continue to hold power, in which feminised reproductive labour is disregarded, particularly in comparison to more formalised (and often masculinised) professions. A historiography more representative of diverse experiences, including the stories of women's work at the margins, would help to challenge such oversights.

¹⁴ *Silencing the Past: Power and the Production of History*, 106.

¹⁵ See for example C. Rougeron, "La Médecine Générale en France de la Révolution à Aujourd'hui : La Métamorphose," *Ethics, Medicine and Public Health* 1 (2015); Jean-Bernard Calbéra, "La Profession Infirmière: l'Historique et le Mythe," *Vie Sociale et Traitements* 3, no. 79 (2003).

¹⁶ Silvia Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle* (Oakland: PM Press, 2012).

However, the perceived historical silence around nuns demands further exploration. It would be a mistake to suggest that nuns have simply been written out of this story, that they have been silenced or fallen victim to structures and discourses beyond their control. Professional, secular medics have come to dominate the historical narrative of nineteenth century health and social care, and this comes at the expense of the nuns' history. But nuns are by no means passive in the production of history, and I will argue that they play a central role in their own inconspicuousness. Trouillot has argued that historical framing of events is built into the events themselves, as people are both actors and narrators of history. This is particularly striking when it comes to Catholic congregations. Religious communities such as these carefully curate a collective identity, and this has shaped the way they are perceived more generally. Nuns live in communities separate from wider society and retain a certain level of mystery and otherness. If these groups of women remain hidden, this is partly by their own design. As O'Brien argues:

Nuns have experienced the historical invisibility which has been common to other groups of women and for the same reasons, but compounded in their case by the fact that invisibility has been a goal in its own right, and to have achieved it is counted a sign of success. Central to all these communities has been the ideal of service to others in a spirit of humility and self-forgetfulness. It has not therefore been appropriate for congregations to publicize their activities or to ask for recognition. Moreover if individuals are difficult for the historian to re-create and understand, this can be seen by the nuns as the fulfilment of *humilitas* and community.¹⁷

O'Brien argues that the specific priorities of religious congregations influence the way they build a sense of identity and actively deter them from seeking out recognition. In chapter three I will problematize the idea that nuns are entirely self-forgetful, but I nevertheless support O'Brien's argument that the ideals and priorities of the women themselves are key to understanding the historiography of nursing nuns. As I will show, a process of identity-building is fundamental both to how religious communities approach their own history and to how they influence the histories written about them by 'outsiders'.

¹⁷ Susan O'Brien, "Terra Incognita: The Nun in Nineteenth-Century England," *Past & Present* 121, no. 1 (1988): 118.

1.1 New Nursing Congregations, Public Health, and the Politics of Charity

Three case studies of nursing congregations were initially selected as a means to interrogate the interplay between invisibility, power, and identity in nineteenth-century care work.¹⁸ All three are ‘new’ congregations, as opposed to those which were restored versions of congregations existing under the *ancien régime* (such as Benedictines, Carmelites, or Augustines).¹⁹ They are congregations ‘à supérieure générale’ and the members of these new congregations took simple vows and pursued active and apostolic vocations outside the cloister.²⁰ The largest and most well-known of my three choices, the *Petites Sœurs des Pauvres*, was founded in 1839 in St Servan with the purpose of caring for the elderly in private hospices. The second, the *Sœurs de l’Espérance*, were the nursing branch of a wider congregation called the *Sainte Famille de Bordeaux*. The nursing branch was founded in 1836 and was designed to provide *gardes-malades* for the homes of bourgeois and upper-class patients. Finally, the smallest of the three congregations was the *Auxiliatrices des Ames du Purgatoire*, founded in 1856 with the purpose of helping souls in purgatory, which from the earliest years included working as domestic nurses in the homes of the poor. Whilst some *Auxiliatrices* performed this public work, other members were restricted to work within the community. I will be exploring the nursing work of nuns in these communities from the points of their foundation through to the end of the century, when the republican government legislated to secularise public services and officially separated from the Church, changing the position of congregations in public life as a result.²¹ The Second Empire (1852-1870) and the early decades of the Third Republic up to 1905 – times of significant development for these congregations – will be areas of particular focus.

Even with just three congregations, the diversity of nursing work carried out by nuns in this period is apparent. As well as their prominence in the hospital sphere, nuns such as those studied here founded private institutions dedicated to health and social care and entered the homes of people from different backgrounds across France. Whilst this thesis

¹⁸ For more detail on the selection process and methodology see page 30 onwards.

¹⁹ Religious congregations were disbanded towards the end of the 18th century as part of the Revolutionaries’ anticlerical policies. Congregations reappeared in the early nineteenth century under Napoléon.

²⁰ For more on the categories of religious congregations, see Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*.

²¹ The exact dates covered are also dependant on availability of sources.

concerns itself with the period 1830-1905, to truly understand the context of public health and welfare in this period it is necessary to first consider developments over the course of the 'long' nineteenth century.

From the years preceding the 1789 revolution, debate in France about the rights of the individual and the health of the nation began to transform perceptions of illness and medical treatment. Public hygienists changed the discourse around health and pioneered new methodologies for social investigation.²² As I will show, philosophies about individual rights to healthcare also began to shift. Modernisation and the spread of disease created a greater sense of urgency with regards to public health, and the highly publicised scientific revolutions of bacteriology from the 1870s onwards led to a general public better informed about the spread of disease.²³ Yet it was not until later that governments began to build truly national public services in France, and poor sanitary practices persisted well into the twentieth century.²⁴ As Porter states: '[i]n France public health administration involved much talk but little action.'²⁵

Scholars such as La Berge have shown that France could be considered the birthplace of the public health movement. Working in France in the final decades of the *ancien régime* and the first half of the nineteenth-century, early public hygienists were essentially technocrats, intertwined with government bodies at every level and operating with little public participation or even awareness. They established advisory councils and began a process of investigation into questions of public health. La Berge concludes that the main achievements of these exploits were theoretical and institutional, and that the influence of public hygienists peaked in the earlier half of the nineteenth century:

From 1770 to 1840 a group of French physicians, scientists, and administrators interested in public health reform created the modern notion of public health and the scientific discipline of public hygiene and institutionalized these notions

²² David Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs* (Maryland: The Johns Hopkins University Press, 2006), 68-78.

²³ *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*.

²⁴ 'Unlike Londoners, most Parisians were still getting their water in 1870 from fountains or water-sellers, and disposing of waste in court pits. Paris was a city of 85,000 cesspools; many remained until after the First World War.' Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: Harper Collins, 1997), 416.

²⁵ *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, 416.

nationally, in the Royal Society of Medicine and its successor the Royal Academy of Medicine, and locally, in the health councils, especially the Paris health council.²⁶

In a similar vein, Barnes states that the most significant contributions of early public hygienists such as Parent-Duchâtelet and Villermé were methodological:

Through their cultivated scepticism of received wisdom, their rigorous empiricism, and their aggressive (for the time) pursuit of quantification, they sought not just incremental advances in sanitary policy, but also an entirely new foundation for public health knowledge.²⁷

The early public health movement, designed to prevent the spread of disease, continued to influence the discourse of public health and disease prevention. Bodily separation and proper aeration were deemed vital to preserving health.

Around the same time, doctors strove to strengthen their role as the primary source of medical care. Medical practitioners continued to vie for authority in a market of legal healers including doctors and health officers – who had less training and had usually qualified under the *ancien régime* – as well as illegal healers, quacks, and sages-femmes.²⁸ A perceived glut of doctors in mid-nineteenth-century France exacerbated the problem, leading to increased rivalry between doctors and health officers.²⁹ Ramsey describes attempts at medical regulations as a form of social control and an attempt to deter popular healing which posed financial and professional competition for doctors. He concludes that attempts to restrict such practices were not properly enforced and did not significantly deter practice of popular medicine, but the rhetoric around quack and popular healers nevertheless helped the official medical personnel to self-legitimise and signalled the gradual drive to professionalise medicine and establish clearer boundaries.

²⁶ Ann La Berge, "The Early Nineteenth-Century French Public Health Movement: The Disciplinary Development and Institutionalization of *Hygiène Publique*," *Bulletin of the History of Medicine* 58, no. 3 (1984): 379.

²⁷ Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*, 66.

²⁸ Matthew Ramsey, "Medical Power and Popular Medicine: Illegal Healers in Nineteenth-Century France," *Journal of Social History* 10, no. 4 (1977).

²⁹ George D. Sussman, "The Glut of Doctors in Mid-Nineteenth-Century France," *Comparative Studies in Society and History* 19, no. 3 (1977).

Napoleon had ordained official distinctions between professional medics and unregulated healers.³⁰ During the restoration, the first national medical association was founded in 1845:

[A] meeting of about 300 physicians, pharmacists, and veterinarians selected by some 4,500 of their colleagues all over France, who formed the first national medical association founded at private initiative and for professional, as opposed to scientific, purposes.³¹

By the time of the Third Republic medical professionals were increasingly involved in French political life and were able to further cement their professional authority.³² Specialization became more valued as the century wore on and the profession developed.³³ By 1893, health officers had been removed.³⁴ In light of these emerging professional boundaries, the remit of nursing congregations became a point of debate and sometimes contention.³⁵

The shifting status of the medical profession and public health in the early-nineteenth century coincided with a shift in attitudes to poverty and the rights of the sick and the infirm to social protection. In the final years of the *ancien régime*, debates began to arise around the responsibility of the collective to the individual: what, if anything, were the rights of individual citizens to the basics needed to survive? Who, if anyone, had a responsibility to ensure these needs were fulfilled? Renard has tracked such debate as it relates to interventions specifically designed to guarantee the survival of the population. He argues that the idea of responsibility to the poor began to shift in the latter decades of the *ancien régime*, as evidenced by the 1764-65 policy on the prosecution of beggars. It was ruled that begging could be punishable by execution, but an exception was made for those who were victims of accidental mutilation, who were not to be punished but rather were to be hospitalised or cared-for at home. This policy reflects a shifting sense of

³⁰ Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14 (1985): 353.

³¹ Sussman, "The Glut of Doctors in Mid-Nineteenth-Century France," 289.

³² See Jack D Ellis, *The Physician-Legislators of France: Medicine and Politics in the Early Third Republic, 1870-1914* (Cambridge: Cambridge University Press, 1990).

³³ George Weisz, "The Emergence of Medical Specialization in the Nineteenth Century," *Bulletin of the History of Medicine* 77, no. 3 (2003).

³⁴ Porter, "The Patient's View: Doing Medical History from Below," 353.

³⁵ See Jacques Léonard, "Femmes, Religion et Médecine : Les Religieuses qui Soignent, en France au XIXe Siècle," *Annales. Histoire, Sciences Sociales* 32, no. 5 (1977): 896-99.

responsibility in relation to the underprivileged. There was an implicit acknowledgment that the individual may not be to blame for their situation, and a suggestion of a collective responsibility for some people's care. With this policy it was up to judges to punish begging, but it was increasingly understood as the administration's responsibility to prevent it. Around the same period, three types of action were proposed to this effect: workshops for the unemployed, alms centres in every town and village to distribute aid, and a centralised system of hospital and hospice finances to enable equal distribution of resources.

No individual rights were guaranteed by such proposals, but they nevertheless reflect the emergent principle that poverty relief and the care of certain types of vulnerable people might not be the responsibility of the individual alone:

Pas de droits des individus donc, pas de devoir social explicite, mais une fonction d'intervention affirmée face à un phénomène : la pauvreté, la misère, pour le soulagement des souffrances qu'elle cause. Une évolution du vocabulaire accompagne l'évolution des idées. Le terme utilisé jusqu'alors pour désigner les pratiques d'assistance était celui de charité. Pour qualifier les conceptions nouvelles, celui de « bienfaisance » est introduit.³⁶

These ideas took hold, and by the 1830s the sense of public responsibility had begun to grow. The *Economique Politique Chrétienne* of 1834 described poverty in the following terms: '« elle n'est plus un accident, mais la condition forcée d'une grand partie des membres de la société. »'³⁷ It must be noted that these ideas were by no means universal. Villermé – an ex-army surgeon and prominent public hygienist of the first half of the nineteenth century – made the connection between illness and poverty, yet argued that instead of state intervention or doles, the solution lay in a civilising mission which would reduce disease and allow the poor to bring themselves out of poverty.³⁸

The idea of a possible societal debt to the individual necessitated a definition of the collective which constituted society and here, too, opinions differed. Those who argued for

³⁶ Didier Renard, "L'assistance en France au 19^e Siècle : Logiques de l'Intervention Publique," *Revue Internationale d'Action Communautaire* 16, no. 56 SI: La Pauvreté : Raison d'Etat, Affaire de Cœur (1986): 12.

³⁷ Quoted in "L'assistance en France au 19^e Siècle : Logiques de l'Intervention Publique," 14.

³⁸ Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, 407.

a conception of society at a national level (a typically republican stance) were opposed by a more traditional view of a social body made up of multiple communities with varying levels of solidarity. Whether responsibility towards the individual fell to the nation state, to local government, or to some other group was therefore widely contested. To paraphrase Renard, from the Second Republic onwards, three clear camps formed on this question. Some republicans argued for state-provided aid motivated by the idea of a social contract, in which the State, at a national level, was believed to owe a debt to the individuals of which it was constituted.³⁹ Liberals took a perspective of extreme individualism: collective responsibility did not exist, and by extension there was no individual entitlement to aid. Traditionalists opposed these two different conceptions of individualism (one global, the other atomistic) with the idea of a society composed of a multiplicity of small communities including, for example, family and the Church. These small groups were the basic social units which made up society, and for traditionalists, aid was a collective responsibility at the level of these smaller communities rather than the society itself (which was the sum of these communities). Throughout the century traditionalists foregrounded the distinction between social responsibility and state or government intervention. Many of this latter group were Catholic, and the religious congregations studied here conformed to a traditionalist perspective that the provision of aid should be denominational.

Debates around public health and social responsibility were exacerbated by epidemics and the consequences of modernisation. France's cities grew dramatically as people moved from the countryside for work – the population overall increased by 38 per cent over the century, but urban populations grew by more than 300 per cent.⁴⁰ Barnes has stated that '[n]o danger seemed more pressing in Paris throughout the first half of the nineteenth century than that posed by the city's rapid population growth.'⁴¹ Over the course of the 1800s, the health of the French population was directly impacted by a process of urbanisation and industrialisation. In addition to the greater risk of industrial injuries and disabilities, poverty-related disease spread more easily in overcrowded and poorly-

³⁹ It should perhaps be noted that other scholars such as Barnes have categorised Republicans as entirely opposed to interventionism. Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*.

⁴⁰ Susan K Foley, *Women in France, since 1789 : The Meanings of Difference* (Basingstoke: Palgrave Macmillan, 2004), 57.

⁴¹ Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*, 74.

sanitised cities.⁴² In some ways the perils of industrialism hit France later than other countries due to slower economic development. Nevertheless, tuberculosis (consumption) was the cause of a significant number of deaths (around 40% of cases in one Parisian hospital, though data gathering remained undeveloped).⁴³ Global cholera epidemics affected France to varying degrees, the so-called second wave hitting London in 1832 and spreading to Paris, followed by subsequent waves in the 1850s-1870s.⁴⁴ Diphtheria, dysentery, scarlet fever, measles, chickenpox, smallpox, typhus, and typhoid all spread more easily in nineteenth-century urban areas. Thus, disease and the question of public health took on an increasing sense of urgency:

Awash with people and haunted by premature death, the nineteenth-century shock towns had their evils unceasingly spotlighted. But it would be naïve to assume that once the evils of industrial society were exposed they were automatically righted. Together with the question of medical efficacy, imponderable issues were raised of culpability, individual rights, the duties of government and the sanctity of private property. *Could* such evils be rectified? Or were they nobody's fault, nobody's business, all a muddle, best left to individual action or the hidden hand? And if they *could* be remedied, how and by whom? And who would foot the bill? These issues were real, even if they often served as sanctimonious excuses for inertia by those who worshipped Mammon.⁴⁵

When tracing the history of medicine in nineteenth century France, a clear tension emerges between political and medical elites – concerned with disease prevention, the theory of public health, and differing philosophies of individual rights – and the day-to-day practicalities of maintaining health, dealing with sickness, and the provision of healthcare at a grass-roots level. How did the debates outlined above translate into medical practice or provision of welfare services on the ground?

During the period studied in this thesis France transitioned from the July Monarchy (1830-1848) to the Second Republic (1848-1852), the Second Empire (1852-1870) to the

⁴² Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, 397-427.

⁴³ *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, 401.

⁴⁴ Porter states that later epidemics from the 1890s onwards had a lesser impact in Western Europe after the introduction of public health measures *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, 403.

⁴⁵ *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, 404.

Third Republic (1870-1939). While the story of politics in this period is one of upheaval, as France faced revolutions and rapid regime change, the history of welfare and charity in the nineteenth century is widely agreed to be one of continuity, as debates over universalism and social protection led to little tangible legislation prior to the final decades of the 1800s.⁴⁶ Historians of healthcare and welfare have shown that there was minimal change to service provision across the century as welfare remained dominated by local elites with a far from rigid demarcation between public services and private charity.⁴⁷ Grogan describes the mixed economy of welfare in which private philanthropy coexisted with state provision and supervision:

[A]lthough this 'long' nineteenth century was marked by a number of major political shifts, the rationale for this dual system was remarkably consistent until the turn of the twentieth century. Private philanthropy was favoured not only because it limited the financial burden of the poor on the public purse, but because it brought rich and poor into personal contact. This, many believed, strengthened social bonds and prevented social conflict. Despite their political differences, then, those who held power during this period shared a sufficiently consistent view of the role of philanthropy to allow a high degree of continuity in provision for the needy.⁴⁸

As the name suggests, the traditionalist approach to welfare was most clearly reflected in pre-existing systems, and proved pervasive throughout the nineteenth-century. Large metropolitan centres benefitted from *assistance publique* (state benefits), which drew income from an annual grant voted by the municipal council of Paris, but also used charitable resources and property investments. Localised *bureaux de bienfaisance* (welfare offices) drew money from 'state and private bonds, lotteries, an amusement tax, municipal tolls (octrois) and the sale of cemetery plots' and provided some basic resources to the local

⁴⁶ Some preventative public health measures were introduced, see Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*.

⁴⁷ See for example Timothy Smith, *Creating the Welfare State in France, 1880-1940* (Montréal: McGill-Queen's University Press, 2003); Susan Grogan, "Philanthropic Women and the State: The *Société de Charité Maternelle* in Avignon, 1802-1917," *French History* 14, no. 3 (2000); Renard, "L'assistance en France au 19^e Siècle : Logiques de l'Intervention Publique."; Thomas Adams, "Universalism in One Country: *La Protection Sociale* over the *Longue Durée*," *French Historical Studies* 34, no. 3 (2011); Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*.

⁴⁸ Grogan, "Philanthropic Women and the State: The *Société de Charité Maternelle* in Avignon, 1802-1917," 295.

poor.⁴⁹ Public institutions such as hospitals or hospices were often a combination of medical institution, asylum, and poor house, and many relied on the private charity of religious congregations for staff.⁵⁰ Local dignitaries held control of the *assistance publique*, the *bureaux de bienfaisance*, and hospital boards throughout much of the century, and remained reluctant to relinquish this local autonomy.⁵¹ The financial and political dominance of local elites shaped healthcare and welfare in France for decades.

During republican regimes healthcare and welfare became a focus of legislation, yet policies of the Second Republic largely served to reinforce the regionalism and irregularities of existing services. A system of localised, purely advisory health councils (*conseils de salubrité*) was established in 1848 and remained in effect until the end of the century. Communes were obliged to take responsibility for the poor but drew limited funding, relying on a combination of national state money and private charity to do so.⁵² Porter argues that legislation pertaining to health inspections or working conditions in factories remained superficial.⁵³

The advent of the Third Republic brought with it a greater focus on public health as an area of reform:

Indeed, hygienism, the legacy of the early-nineteenth century public health movement, became even more pronounced as a key item on the national agenda, emerging as the secular religion of the Third Republic. After the French defeat in the Franco-Prussian War, politicians and reformers invoked medical reasons to account for the perceived weakening of moral fiber and national strength, characterized by depopulation and physical degeneracy.⁵⁴

⁴⁹ Paul Weindling, "The Modernization of Charity in Nineteenth-Century France and Germany," in *Medicine and Charity before the Welfare State*, ed. Jonathan Barry and Colin Jones (Psychology press: London, 1994), 192.

⁵⁰ "The Modernization of Charity in Nineteenth-Century France and Germany," 192. Brejon de Lavergnée highlights that an 1851 law distinguished between hospitals for the sick and hospices for the infirm, but ultimately in both institutions 'On y accueille plus que l'on y soigne [...].' Matthieu Brejon de Lavergnée, *Le Temps des Cornettes : Histoire des Filles de la Charité XIX^e-XX^e Siècle*, Histoire des Filles de la Charité XIX^e-XX^e Siècle (Paris : Arthème Fayard, 2018), 179.

⁵¹ Smith, *Creating the Welfare State in France, 1880-1940*, 39.

⁵² Weindling, "The Modernization of Charity in Nineteenth-Century France and Germany," 191-203.

⁵³ Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, 416.

⁵⁴ Ann La Berge, *Mission and Method: The Early Nineteenth-Century French Public Health Movement* (Cambridge: Cambridge University Press, 1992).

Barnes has shown that public health-related fears in the 1880s led to widespread calls for action from the government and local authorities.⁵⁵ As mysterious odours plagued Paris, experts such as Pasteur and Brouardel were called on for their professional opinions on how to combat the problem. This is reflective of the new role played by what Barnes terms the 'sanitary-bacteriological synthesis' of the late nineteenth century, which gave new meaning to disease and created new brands of authority in public health. Theories on bacteriology and the promotion of bodily separation and aeration as a means to prevent disease became part of the Republican curriculum in schools. Pasteur's work on microbiology and Lister's work on sterilisation techniques slowly permeated medical practices and wider public understanding of how diseases spread, whilst innovations in anaesthetic changed the nature of surgery and attitudes to pain.⁵⁶

By the late nineteenth-century, republicans and some traditionalists (particularly social Catholics) had found common ground in interventionism (as opposed to liberal individualism). *Solidarité*, a movement already apparent in the growth of mutual aid societies, became a key feature of political discourse at the turn of the century and shaped legislation around the provision of aid. Gradually, legislation introduced new public services:

[T]rois catégories de population bénéficient successivement de l'obligation d'assistance. Ce sont d'abord les malades curables, pour qui la loi du 15 juillet 1893 organise l'assistance médicale gratuite. Ce sont ensuite les vieillards, infirmes et incurables, qui bénéficient de la loi du 14 juillet 1905. Enfin, une loi de 1913 prévoit l'assistance aux familles nécessiteuses.⁵⁷

It is important not to overstate the rapidity of secularisation and centralisation in health and welfare. Though he does not mention nuns, Smith has shown that regionalism and private charity remained key characteristics of welfare provision and a key impediment to centralisation.⁵⁸ The expenditure and the reach of private charity far surpassed that of the

⁵⁵ Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*, 29-40.

⁵⁶ See also Erwin Heinz Ackerknecht, "Hygiene in France, 1815-1848," *Bulletin of the History of Medicine* 22, no. 2 (1948); *Medicine at the Paris Hospital, 1794-1848* (Baltimore: Johns Hopkins University Press c1967); Bruno Latour, *Les Microbes: Guerre et Paix, Suivi de Irréductions* (Paris: A. M. Métailié, 1984).

⁵⁷ Renard, "L'assistance en France au 19^e Siècle : Logiques de l'Intervention Publique," 22.

⁵⁸ Smith, *Creating the Welfare State in France, 1880-1940*.

state into the early 1900s. Although not comprehensive, private charitable groups were able to provide services in networks which spread across the country:

In 1897 the Seine was home to no less than 3,227 charitable institutions. Lyon, at the turn of the century, had at least 245 private charities (when multiple branches are included the figure is over 1,000). In the late 1890s, several departments were home to over 1,000 charities. And as late as 1906, the city of Lyon was to spend Fr1,344,000 on public assistance, while the hospital system spent Fr6,579,000 (over 85 percent of which was derived from private sources) and private institutions spent an estimated Fr13,000,000.⁵⁹

Relating this to congregations more specifically, Cholvy argues:

[R]emplacer les sœurs n'avait rien de facile même dans l'enseignement : en 1879, il n'existait, on l'a vu, que 17 Ecoles normales de jeunes filles. Quant à remplacer les religieuses dans le domaine hospitalier c'était encore plus difficile. Il fallut attendre la proscription des congrégations sous le Ministère Combes, en 1902, pour commencer véritablement à mettre à exécution le programme. Télégramme du Ministère, le 28 janvier 1902, aux préfets, télégramme « très urgent » : « Veuillez me faire connaître d'urgence par télégramme quels sont les hôpitaux de votre département où la laïcisation n'a pas pu être faite en raison d'un manque de personnel ? » Les réponses se font un peu attendre : manque de personnel, « la question est à l'étude », « il n'en est pas question encore » ; par « intérêt politique » cette laïcisation est à éviter.⁶⁰

Over the course of the twentieth century, the role of religious congregations in nursing and welfare shifted as new secular services evolved and began to take their place. Nursing schools were established in the early 1900s, training 'secular' nurses who gradually replaced the workforce of women religious in hospitals, but this process was slow and some reformers remained heavily influenced by preceding Catholic models.⁶¹

⁵⁹ *Creating the Welfare State in France, 1880-1940*, 18.

⁶⁰ Cholvy, *Le XIX^e : Grand Siècle des Religieuses Françaises*, 110-11.

⁶¹ Schultheiss, *Bodies and Souls: Politics and the Professionalization of Nursing in France, 1880-1922*.

To summarise, for the period studied here provision of healthcare or welfare services was patchy and took place at the local level. Public health bodies served to change professional discourses around illness and introduced new methodologies for tracking public health, but appear to have had little practical impact on the provision of care prior to the Third Republic. A certain amount of funding and administration for healthcare services took place at a national government level, but this was largely surpassed by local administrations and the private sector, where noble families, charitable institutions, and the Church continued to play a vital role. The localised case studies in this thesis are therefore reflective of the fragmented, grass-roots nature of services. In this complex system of private and public provision, nuns provided a large workforce on the ground.

The nursing nuns studied in this thesis were working on the margins of a number of politically charged areas. They were providers of regionalised, private charity in a period when centralised public services were being considered (albeit not particularly successfully). Their work as religious, charitable carers was a potential source of competition for the burgeoning medical profession and even a source of hostility. Considering their pertinence to many of the contemporary developments in medical history, the absence of these women in virtually every one of the aforementioned studies of medicine and charity is a substantial oversight.

Such an erasure of grass-roots care work is in-keeping with the pervasive top-down framing of medical and welfare history. Scholars of British medical history such as Worboys and Porter have identified a similar problem, and call for greater exploration of how medical science and health care policy were implemented in practice in a wide range of contexts including clinics, laboratories, and the field.⁶² Ramsey called for greater study of the professional or marginal opportunities available to women in health care, though once again, religious congregations are not mentioned directly.⁶³ This thesis, a history from below which explores the invisible care work of marginal groups and the experience of recipients of their care, helps to respond to such calls, challenging a currently unilateral view of medical history in this period.

⁶² Michael Worboys, "Practice and the Science of Medicine in the Nineteenth Century," *Isis* 102, no. 1 (2011); Porter, "The Patient's View: Doing Medical History from Below."

⁶³ Matthew Ramsey, "History of a Profession, *Annales* Style: The Work of Jacques Leonard," *Journal of Social History* 17, no. 2 (1983).

1.2 Anticlericalism and the ‘Woman Question’

It is not only in the field of healthcare that the work of nuns presented potential political tensions. Nineteenth-century women religious negotiated a growing anticlericalism deeply ingrained in ideas of distinct and binary gender roles. A rhetoric of fundamental gender difference was pervasive throughout the century shaping attitudes to women’s place in society: men and women were designed to function in separate spheres. Proudhon famously argued in 1858 that women were naturally inferior to men (at a ratio of 3:2) and were equipped to fill one of just two roles: ‘ménagère ou courtesan’.⁶⁴

Female alterity was embedded in contemporary medical discourse, and fuelled the idealisation of domesticity and motherhood as the only appropriate pursuits for women. Doctors argued with conviction that women’s otherness was a biological fact.⁶⁵ The study of hysteria pathologised the female body, and Brouillard’s photographs of the clinic at the *Salpêtrière* show writhing women coolly observed by rooms full of male medical professionals.⁶⁶ Emerging scientific theories described the menstrual cycle as the governor of female health and sexuality.⁶⁷ Michelet drew heavily on these ideas in his works *L’Amour* (1859) and *La Femme* (1860), describing the fragile health of women utterly controlled by a mysterious cycle of swelling and bleeding: ‘De sorte qu’en réalité, 15 ou 20 jours sur 28 (on peut dire presque toujours) la femme n’est pas seulement une malade, mais une blessée. Elle subit incessamment l’éternelle blessure d’amour.’⁶⁸

From arguments about health were drawn arguments about aptitude for work outside the home. It was widely agreed that women were naturally suited to lead a purely domestic life: their femininity and their biological weaknesses dictated that work was physically and intellectually beyond them. Childcare and homemaking – activities not considered work – were roles best suited for a female constitution, whilst men were designed to pursue ‘rigorous’ work outside the home. In *La femme au vingtième siècle* (1892) the republican politician Simon argued that a woman who worked ceased to be a woman.⁶⁹ Yet work was

⁶⁴ Pierre-Joseph Proudhon, *De la Justice dans la Révolution et dans L’église* (Bruxelles: Librairie de l’Office de Publicité, 1858), 325-40.

⁶⁵ James McMillan, *France and Women, 1789-1914: Gender, Society and Politics* (London: Routledge, 2000), 101.

⁶⁶ Ruth Harris, *Lourdes: Body and Spirit in the Secular Age* (London: Penguin, 2000), 329.

⁶⁷ Jules Michelet, *L’Amour* (Paris: Librairie de Hachette 1859); *La Femme* (Paris: Librairie de Hachette, 1860).

⁶⁸ *L’Amour*, 56.

⁶⁹ Jules Simon, *La Femme au Vingtième Siècle* (Paris: Calmann Lévy, 1892).

a reality for a considerable number of women, and it became increasingly common throughout the period in question. As well as extensive reproductive and domestic labour, women entered the paid workforce in increasing numbers. According to Accampo, '[t]he proportion of French women in the labor force increased steadily from about 24 percent in 1850 to about 43 percent by 1920.'⁷⁰

The perception of women's work was nevertheless shaped by the discourse of separate spheres. Working women faced stigma and moral suspicion, particularly if they broke from the ideal role of housewife and mother. Salin has shown that despite their active role in trade unions and the workforce, women's status as workers 'was depreciated in comparison to men' as their work remained – in theory if not in practice – a temporary phase on the way to motherhood.⁷¹ Due to a general lack of qualifications and training compared to their male counterparts, women workers were paid less and were more easily replaceable. Though education provision for girls was extended in this period in the wake of the Falloux laws of 1850-51 and again in the Ferry laws of the 1880s, schooling remained, in the eyes of clericals and republicans alike, preparation for woman's natural role as wife and mother.⁷²

Discourses of women's otherness, their fragility, and their natural role as mothers and care givers exemplify the pervasive anxiety of men in power in relation to women operating in the public sphere. In the context of such attitudes, the work of nuns – work carried out by communities of single women – becomes significant as an example of female agency and resistance, and the diverse forms it can take. Women religious in active congregations could be considered subversive figures, transcending the imposed limits of male partnership, restricted mobility, and theoretical exclusion from the labour force. Through their religious identity, nuns were able to access opportunities which might otherwise be closed to them.

With marriage and motherhood established as ideals, single women were viewed as a dangerous deviation from the norm:

⁷⁰ Elinor Ann Accampo, Rachel G Fuchs, and Mary Lynn Stewart, eds., *Gender and the Politics of Social Reform in France, 1870-1914* (London: The Johns Hopkins University Press, 1995), 4.

⁷¹ Sandra Salin, *Women and Trade Unions in France* (Oxford: Peter Lang, 2014), 32.

⁷² McMillan, *France and Women, 1789-1914: Gender, Society and Politics*, 99.

Surveillée, infantilisée, obligée à une discipline extrême de son corps et de sa présentation extérieure, soupçonnée dans sa sexualité, elle en retire pas même d'une sage régulation de son travail la possibilité d'y être reconnue. Son célibat obligé l'exclut une deuxième fois tout en l'encombrant de jugements méfiants. [...] Vagante, hors du modèle traditionnel de l'amour et du couple, la solitude féminine est une sorte de déviance. Son autonomie ne peut dès lors se raconter que sous deux rubriques, celle du délaissement et celle du dévergondage. Délaisée parce que laide, délaissée donc maniaque et acariâtre : cet archétype des portraits littéraires est réactivé par les propos des médecins du XVIIIe siècle qui apportent au stéréotype une caution scientifique tenant lieu de vérité. Le feu qui couve dans une matrice féminine ne connaissant ni sexualité ni phénomènes de reproduction, se transforme forcément en vapeurs, en troubles hystériques et en maladie nerveuse.⁷³

Stereotypical depictions of *vieilles filles* exemplify the social stigma attached to single women: lacking in fortune, victim of the changing times, dry, sterile, ugly and cold – unmarried women were symbolic of rejection.⁷⁴ They also presented something of a danger by operating outside of male control. The mediating figures of the male clergy helped to dispel the most immediate fears of nuns as autonomous women. To an extent, their transgression of the domestic ideal was deradicalised. As I will show, nuns and those writing about them employed a variety of rhetorics which served to render their work less threatening. The labour of nursing nuns, framed in gendered and religious terms, was naturalised in a way which other forms of women's work outside the home were not.

Nevertheless, the position of female congregations became more contentious as the century progressed and the mediating figure of the clergyman was increasingly vilified. In the early years of the Second Empire congregations enjoyed the goodwill of Napoleon III, described by Magraw as 'a short honeymoon' between the regime and the Church.⁷⁵ A law of January 31st, 1852 allowed for rapid approval of new congregations by Imperial decree.

⁷³ Arlette Farge and Christiane Klapisch-Zuber, eds., *Madame Ou Mademoiselle? Itinéraires de la Solitude Féminine XVIII^e-XX^e Siècle* (Paris: Editions Montalba, 1984), 10-14.

⁷⁴ Cécile Dauphin, "Histoire d'un Stéréotype, la Vieille Fille," in *Madame Ou Mademoiselle? Itinéraires de la Solitude Féminine XVIII^e-XX^e Siècle*, ed. Arlette Farge and Christiane Klapisch-Zuber (Paris: Editions Montalba, 1984), 223.

⁷⁵ Roger Magraw, *France 1814-1915: The Bourgeois Century* (Oxford: Oxford University Press, 1983), 168.

However, relations with Rome began to deteriorate in the late 1850s as the Emperor's Italian policy 'threatened the future of the Pope as a territorial ruler.'⁷⁶ The policy met with strong Catholic opposition. The editor of *L'Univers*, Louis Veuillot, had his newspaper banned due to his outspoken criticism of Napoleon's regime. The Emperor's appointment of a secularist minister for education, Victor Duruy, further angered his Catholic critics.⁷⁷

The encyclical *Quanta Cura* (the Syllabus of Errors) issued by Pius IX on December 8th, 1864 exacerbated tensions between intransigent Catholics and a significant portion of the French bourgeoisie. The document listed eighty of the "principal errors of our times" [...] it made general what had been previously specific denunciations concerned with particular events.'⁷⁸ According to Magraw, the subsequent decades saw a growing tension between the Church and anticlerical forces in French politics and society.⁷⁹ The growing hostility to the Catholic Church became an increasingly important issue after Napoleon's capture in 1870. This can be seen in the attitudes of the Communards in 1871, for whom secularism was a key driver behind many attempted reforms including disestablishment from the church under the guise of 'liberty of conscience.'⁸⁰ Members of the clergy were targeted during the violence of the Commune, and one of the *Auxiliatrices'* spiritual advisors, the Jesuit priest Pierre Olivaint, was among those killed. In the wake of the Commune and particularly from the 1880s onwards, policies of the Third Republic continued to reflect a desire to undermine Church influence. As Sowerwine explains, 'The word 'anticlericalism' appeared first in the Littré Dictionary in 1877. Its appearance indicates the extent to which it had become a significant political movement.'⁸¹

In this build-up to the 1905 separation of Church and State, the place of women in society became a key battle-ground. As McMillan has argued 'ultimately, what was at stake in these debates as far as women were concerned was the question of control.'⁸² For anticlerical republicans, the explosion of religious congregations and a perceived feminisation of Catholicism was taken as a sign of the Church's dominance, of their

⁷⁶ McMillan, *France and Women, 1789-1914: Gender, Society and Politics*, 99.

⁷⁷ *France and Women, 1789-1914: Gender, Society and Politics*, 99.

⁷⁸ Ivor Burton and Douglas Woodruff, "Pius IX," in *Encyclopaedia Britannica* (2019).

⁷⁹ Magraw, *France 1814-1915: The Bourgeois Century*.

⁸⁰ Robert Tombs, *The Paris Commune 1871* (New York: Pearson Education Inc., 1999), 79.

⁸¹ Charles Sowerwine, *France since 1870: Culture, Politics and Society* (Basingstoke: Palgrave, 2001), 42.

⁸² McMillan, *France and Women, 1789-1914: Gender, Society and Politics*, 98.

success in this struggle for control of women. Prominent republican politicians such as Ferry talked of a divide between husband and wife which was rooted in religion, arguing that men had lost their wives to the Church.⁸³ The figure of the priest thus became an embodiment of Catholic intrusion in Republican homes.

It is true that statistically speaking, Catholic practice appears to have been more prevalent among women in this period. The growth of religious congregations of women far surpassed those of men, and female Church attendance was higher than that of men. Devotional practices evolved and diversified in the mid-nineteenth century: the period saw a rise in extra-liturgical practices, increased Marian devotion, a new 'populist' style of papacy under Pius IX, apparitions and miracles, and an increase in 'vulgar' piety and popular mysticism.⁸⁴ However, scholars such as Harrison, McMillan, and Langlois have cautioned against the tendency to adopt the rhetoric of anticlerical republicans, which too readily conflates increased numerical participation with increased sentimentality and supposedly feminized forms of devotion, which is to overlook the agency of women within the Church.⁸⁵ Women may well have engaged more actively with the Catholic Church in this period, but the reasons behind this remain complex. Changes to devotional practices cannot be simplified as a 'feminisation' of religion.

Despite the imprecision of the term, the perceived feminisation of Catholicism had a significant impact on the actions of republicans. In both health and education, religious congregations were portrayed as obscurantist opponents of progress and modernisation as enacted by republican professionals.⁸⁶ Fighting for control over women, republicans saw the dominance of religious congregations in the provision of education as a particular threat. Congregations consequently became a target of anticlerical legislation. The building anxiety around clerical control was the driver behind many key reforms including

⁸³ Hazel Mills, "Negotiating the Divide: Women, Philanthropy and the 'Public Sphere' in Nineteenth-Century France," in *Religion, Society and Politics in France since 1789*, ed. Frank Tallett and Nicholas Atkin (London: Hambledon Press, 1991), 55.

⁸⁴ For more on the evolution of Catholic devotional practices see Mary Heimann, "Catholic Revivalism in Worship and Devotion," in *The Cambridge History of Christianity*, ed. Sheridan Gilley and Brian Stanley (Cambridge: Cambridge University Press, 2005).

⁸⁵ Carol Harrison, *Romantic Catholics: France's Postrevolutionary Generation in Search of a Modern Faith* (USA: Cornell University Press, 2014), 43; Ralph Gibson, "Female Religious Orders in Nineteenth Century France," in *Catholicism in Britain and France since 1789*, ed. Frank Tallett and Nicolas Atkin (Hambledon Press: London, 1996); Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*.

⁸⁶ For more on this, see chapter four.

Ferry's education laws (1881-82), which introduced secular schooling for boys and girls. In the early 1900s, teaching congregations were disbanded. As Cholvy has argued:

Les congrégations ne sont-elles pas à la veille d'échouer pour avoir trop bien réussi, en occupant un terrain de plus en plus important ? Car « l'envahissement des congrégations » suscite des réactions de rejet et des réflexes corporatifs dans certaines professions : ainsi du corps médical ou des pharmaciens qui font partie des élites montantes gagnées à la République, ces « couches nouvelles » chères à Gambetta. Il est essentiel de percevoir combien « l'air du temps » change, au sein des élites d'abord, à partir des années 1860.⁸⁷

Despite these changing attitudes, the move to disband nursing congregations was delayed compared to moves made against teaching orders. Nursing congregations remained intrinsic to healthcare services into the twentieth century, as the state lacked both the resources and the personnel to replace women religious.⁸⁸ The professional context did evolve, however, and so nursing nuns were faced with newly emerging professional boundaries in medicine.

When we put together the politics of anticlericalism, the pervasive antifeminism, the debate around regionalisation and private charity, and the emerging medical professions, the position of nursing nuns is clearly politically charged. It becomes difficult to reconcile their position at the intersection of so many socio-political changes with the invisibility and apparent triviality of these women in current historiography. Let us turn to existing scholarship on the labour of nuns, to consider how some historians have attempted to reframe their work.

1.3 Existing Scholarship on Nursing and the Labour of Nuns

A labour history of nursing nuns holds interest for a wide range of social histories. These women negotiated with the male hierarchies of both the Church and the State in a contentious public role during a time of political upheaval and growing anticlericalism. Nuns provided a significant workforce of hospital, hospice, and domestic nurses in a time when women's labour was limited, undervalued, and usually seen as temporary. As I will

⁸⁷ Cholvy, *Le XIX^e : Grand Siècle des Religieuses Françaises*, 107.

⁸⁸ Gibson, "Female Religious Orders in Nineteenth Century France," 109.

show, the congregations studied here were valued by doctors and communities. The religious motivation for the nuns' nursing work existed in tension with the medical aspects of dealing with patients: attitudes to pain, suffering, and death were shaped by both religious convictions and by scientific advancements, sometimes at cross-purposes. The records kept by these groups are therefore incredibly rich archives which give us a window into the labour of women and the experiences of the sick. The work of nuns can tell us much about nineteenth-century gender politics, about female agency, interpretations of illness and pain, attitudes to religion at a grass-roots level in working class homes, and about Church-State relations and tensions.

Studies of nursing have tended to focus either on the *ancien régime*, or on the very end of the nineteenth century with the creation of secular services, with a certain historical gap emerging in between. Diebolt's *Prémices de la profession infirmière* talks about the genesis of nursing in the 17th and 18th centuries through religious orders like the *Filles de la Charité*.⁸⁹ Dinet le Comte has conducted a survey of nursing in *Les sœurs hospitalières en France aux XVIIe et XVIIIe siècle*.⁹⁰ As well as the aforementioned edited volume on charity before the welfare state, Jones has published a number of works on nursing in prerevolutionary France looking at hospital nursing, the *Filles de la Charité*, and their interactions with doctors.⁹¹ On the other side of the nineteenth-century gap, Schultheiss's *Bodies and Souls: Politics and the Professionalization of nursing in France, 1880-1922* talks about the process of secularisation and professionalization in nursing at the end of the nineteenth century. Though Schultheiss is careful to avoid equating secularisation with progress, and in fact dismisses the linear narrative of progress in nursing, there is nevertheless a tendency to frame studies of professional nursing around secularisation in existing scholarship. The nursing profession is widely presented as emerging in the early

⁸⁹ Diebolt, "Prémices de la Profession Infirmière : de la Complémentarité entre Soignantes Laiques et Religieuses Hospitalières XVII^e - XVIII^e Siècle en France."

⁹⁰ Marie-Claude Dinet-Lecomte, *Les Sœurs Hospitalières en France aux XVII^e et XVIII^e Siècles: la Charité en Action* (Paris: Honoré Champion, 2005).

⁹¹ Colin Jones, "Medicine in France on the Eve of the French Revolution: Sisters of Charity and the Ailing Poor," *The Society for the Social History of Medicine* 3 (1989); *The Charitable Imperative: Hospitals and Nursing in Ancien Régime and Revolutionary France* (London: Routledge, 1989).

twentieth century and being solidified post-war. The same can be said of studies by Magnon and Kniebehler (ed.), which also begin at the end of the nineteenth century.⁹²

The relative scarcity of studies of nineteenth-century nursing may reflect the disconnect between nursing and its history which has been identified by Nelson and Gordon.⁹³ They describe the tendency to pit 'new', professional, competent nursing against an imagined 'old' nursing which did not meet the necessary standards.⁹⁴ They argue that this 'rhetoric of rupture, which arises from nursing's constantly frustrated attempts to gain social status and legitimacy, paradoxically hampers nurses' attempts to gain that status and legitimacy.'⁹⁵ Though briefly acknowledging the religious and charitable heritage of nursing, studies such as those mentioned above focus their discussions largely on the twentieth century, reinforcing a connection between secularisation and professionalization which by extension reinforces the image of nuns and other early nurses as less competent or skilled, and certainly less professional, than the nurses who followed.⁹⁶ Yet, as Nelson and Gordon argue, levels of competency and skill must be placed in context. They argue that when assessed in relation to science and medicine contemporary to them, in an era when medical interventions had limited efficacy, it is clear that the work of nursing nuns 'would surely have produced as good an outcome as any medical attention available at the time.'⁹⁷ Charitable institutions continued to outnumber secular provisions at the end of the nineteenth century but were increasingly

⁹² Yvonne Knibiehler et al., eds., *Cornettes et Blouses Blanches. Les Infirmières dans la Société Française 1880-1980* (Paris: Hachette, 1984); René Magnon, *Les Infirmières : Identité, Spécificité et Soins Infirmiers* (Paris: Masson, 2006).

⁹³ As well as Nelson and Gordon's, other studies of the history of women religious in an Anglophone context include O'Brien, "Terra Incognita: The Nun in Nineteenth-Century England."; Hugh Cunningham and Joanna Innes, eds., *Charity, Philanthropy and Reform from the 1690s to 1850* (London: Macmillan Press, 1998); Barbra Mann Wall, "Science and Ritual: The Hospital as Medical and Sacred Space, 1865-1920," *Nursing History Review* 11 (2003); Carmen Mangion, "'Good Teacher' or 'Good Religious'? The Professional Identity of Catholic Women Religious in Nineteenth-Century England and Wales" *Women's History Review* 14, no. 2 (2005); *Contested Identities: Catholic Women Religious in Nineteenth-Century England and Wales* (Manchester: Manchester University Press, 2008); Sarah Adelman, "Empowerment and Submission: The Political Culture of Catholic Women's Religious Communities in Nineteenth-Century America," *Journal of Women's History* 23, no. 3 (2011).

⁹⁴ Sioban Nelson and Suzanne Gordon, "The Rhetoric of Rupture: Nursing as a Practice with a History?," *Nursing Outlook* 52, no. 5 (2004).

⁹⁵ "The Rhetoric of Rupture: Nursing as a Practice with a History?," 225.

⁹⁶ Though she acknowledges that the professionalization of nursing was non-linear, rather than a consistent upward trajectory of improvement on previous models, Schultheiss' study of professionalization still begins in 1880.

⁹⁷ Nelson and Gordon, "The Rhetoric of Rupture: Nursing as a Practice with a History?," 257.

obliged to negotiate with secular professionals.⁹⁸ As a transitional period between the dominance of charitable religious nursing and that of secular paid nursing, the nineteenth century merits further study.

In the 1980s French scholars began to redress this gap. The movement began with Langlois' seminal work *Le Catholicisme au Féminin* which tracked the growth of female religious congregations over the course of the nineteenth century.⁹⁹ Using a variety of state, Church, and congregational archives, he traced the recruitment, membership, foundations, founders – particularly the traits of an 'ideal' founder –, vocations, and success rates of every congregation run by a superior general.¹⁰⁰ An article by Leonard began to track the types of nursing work women religious were involved with in the nineteenth century, particularly exploring their relationship with doctors.¹⁰¹ Covering the entire century and talking about nursing nuns as a generalised group, there remained scope for much more nuance in the exploration of the labour performed by these women. Subsequent work by Faure explored the history of marginal medicine, including discussion of the work of nuns. Now brought together in the collection 'Aux marges de la médecine', Faure's work included studies of small hospitals and women religious working as nurses.¹⁰² However, his work has been criticised for its limited engagement with the question of gender and female agency.¹⁰³ At the end of the 1980s, Jones' review of existing literature named these three scholars as the only producers of histories of French nursing nuns in the nineteenth century, highlighting that Langlois' study was 'a particularly fine work which, however, rather neglects the medical aspects of [nuns'] work.'¹⁰⁴

⁹⁸ In addition to religious congregations there were a significant number of philanthropic organisations working in this period, most notably the *Société de Charité Maternelle*. Groups such as this often relied on the work of charitable ladies and sometimes worked in conjunction with the state, but their position also shifted with the introduction of centralised public services. For more on these types of philanthropic organisations, see for example Grogan, "Philanthropic Women and the State: The *Société de Charité Maternelle* in Avignon, 1802-1917."; Sarah A Curtis, "Charitable Ladies: Gender, Class and Religion in Mid Nineteenth-Century Paris," *Past & Present*, no. 177 (2002); Christine Adams, "Maternal Societies in France: Private Charity before the Welfare State," *Journal of Women's History* 17, no. 1 (2005); Bonnie G Smith, *Ladies of the Leisure Class: The Bourgeoises of Northern France in the Nineteenth Century* (Princeton: Princeton University Press, 1981).

⁹⁹ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*.

¹⁰⁰ As distinct from diocesan congregations, 'congrégations à supérieure générale' were run by a centralised government and directly answerable to Rome.

¹⁰¹ Léonard, "Femmes, Religion et Médecine : Les Religieuses qui Soignent, en France au XIX^e Siècle."

¹⁰² Faure, *Aux Marges de la Médecine: Santé et Souci de Soi*

¹⁰³ Nicole Edelman, "« Olivier Faure, Aux Marges de la Médecine. Santé et Souci de Soi. France XIX^e Siècle » (Review)," *Revue d'Histoire du XIX^e siècle* 52 (2016).

¹⁰⁴ Jones, "Sisters of Charity and the Ailing Poor," 348, n.26.

More recent studies have begun to expand on these early works, with scholars carrying out case studies of specific congregations. Langlois had previously published an article on the *Petites Sœurs des Pauvres*, though he largely followed the model of religious histories by focusing on the founder and the congregation's contested foundation story (see chapter three), with no mention of the work of the community more broadly.¹⁰⁵ Jones, Mills, and Brejon de Lavergnée have analysed the work of the *Filles de la Charité* in different periods including the *ancien régime* and the nineteenth century.¹⁰⁶ In recent years Jusseaume has conducted a significant number of studies on nursing sisters in Parisian hospitals. Most relevant here is 'La relation entre sœurs et malades dans les hôpitaux parisiens au XIXe siècle, une relation de soin ?' which brings together relatively sparse archival sources to attempt to document the daily 'relation de soins' between patient and nurse.¹⁰⁷ Again, the *Filles de la Charité* feature heavily in Jusseaume's work. As the largest nursing congregation with the most national spread of communities and a seemingly extensive archive, it is unsurprising that this group should dominate existing studies. But the study of this period should not be limited to hospitals or to large congregations like the *Filles de la Charité*, particularly given the diversity of nursing congregations who pioneered new forms of private and domestic care in hospices and in people's homes. There were regional differences in the provision of both public and private care and the forms that these would take. Case studies of work by other groups therefore remain vital to allow us to build a true

¹⁰⁵ Claude Langlois, "« Je Suis Jeanne Jugan ». Dépendance Sociale, Condition Féminine et Fondation Religieuse " *Archives de Sciences Sociales des Religions* 52, no. 1 (1981); *Catholicisme, Religieuses et Société. Le Temps des Bonnes Sœurs* (Paris: Éditions Desclée de Brouwer, 2011).

¹⁰⁶ Jones, *The Charitable Imperative: Hospitals and Nursing in Ancien Régime and Revolutionary France*; Hazel Mills, "'La Charité est une Mère': Catholic Women and Poor Relief in France, 1690-1850," in *Charity, Philanthropy and Reform from the 1690s to 1850*, ed. Hugh Cunningham; and Joanna Innes (London: Macmillan Press, 1998); Matthieu Brejon de Lavergnée, ed. *Des Filles de la Charité aux Sœurs de Saint-Vincent-de-Paul: Quatre Siècles de Cornettes (XVII^e-XX^e Siècle)* (Paris: Honoré Champion, 2016); *Histoire des Filles de la Charité. La Rue Pour Cloître (XVII^e-XVIII^e Siècle)* (Paris: Fayard, 2011); *La Société de Saint-Vincent-de-Paul au XIX^e Siècle: Un Fleuron du Catholicisme Social* (Paris: Edition du Cerf, 2008).

¹⁰⁷ Anne Jusseaume, "La Relation entre Sœurs et Malades dans les Hôpitaux Parisiens au XIX^e Siècle, Une Relation de Soins ?," *Histoire, Médecine et Santé* 7 (2015). See also "Dévoiler les Sœurs, Retrouver le Soins. L'histoire des Congrégations Hospitalières au XIX^e Siècle, entre Archives Privées et Publiques," *Source(s). Arts, Civilisation et Histoire de l'Europe* 10 (2017); Anne Jusseaume, Paul Marquis, and Mathilde Rossigneux-Méheust, "Le Soins Comme Relation Sociale : Bilan Historiographique et Nouvelles Perspectives," *Histoire, Médecine et Santé* 7 (2015); Anne Jusseaume, "Pratiques de l'Espace Hospitalier par les Religieuses au XIX^e Siècle dans les Hôpitaux Parisiens : Préserver Un entre-Soi Religieux et Féminin ?," *Genre & Histoire* 17, no. 1 (2016).

picture of the diversity of nursing work being carried out in this period and the varied practices and working cultures of these groups.¹⁰⁸

A few authors have conducted case studies of religious congregations in the nineteenth century beyond the *Filles de la Charité*, but these remain few and far between considering the number of congregations operating in this period (over two hundred congregations, of which more than twenty engaged in nursing).¹⁰⁹ Cholvy's *André Soulas et les Sœurs Garde-Malades de Notre-Dame Auxiliatrice (1845-1995)* is a detailed case study of this nursing congregation, though to an extent it follows the model of religious histories in its focus on the founder and the foundation story. Cholvy's history of female religious congregations also includes detailed analysis on two nursing congregations: the *Bon Secours de Troyes* and *Notre Dame Auxiliatrice*.¹¹⁰ Jusseaume has written about the *Sœurs de Ste Marthe*, a congregation of *hospitalières*, and their experiences in the period of laicisation.¹¹¹ Other works in this area remain unpublished but would provide much-needed detail about the grass-roots work of nursing nuns, such as Simon-Jeanjean's thesis on nursing nuns in Lower Normandy.¹¹²

Rossigneux-Méheust's recent publication *Vies d'Hospice* arguably signals a shift in the treatment of nursing nuns. In this analysis of hospice care in nineteenth-century France, Rossigneux-Méheust analyses a variety of institutions, including those run by the *Petites Sœurs des Pauvres*, alongside other similar services provided by the state or the municipality in Paris. She tracks institutional priorities and the experience and agency of the patient across this range of hospices. In so doing, she challenges traditional barriers which have seen nursing nuns discounted as health-care providers worthy of comparison with male-led, secular, 'professional' institutions.¹¹³ In-keeping with my own analytical approach, Rossigneux-Méheust highlights the importance of analysing power in relation to healthcare services. She states:

¹⁰⁸ Jones, "Medicine in France on the Eve of the French Revolution: Sisters of Charity and the Ailing Poor," 341.

¹⁰⁹ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*.

¹¹⁰ Cholvy, *Le XIX^e : Grand Siècle des Religieuses Françaises*.

¹¹¹ Jusseaume, "Pratiques de l'Espace Hospitalier par les Religieuses au XIX^e Siècle dans les Hôpitaux Parisiens : Préserver Un entre-Soi Religieux et Féminin ?."

¹¹² Chantal Simon-Jeanjean, "La Constitution de la Professionnalité Infirmière : les Religieuses Soignantes en Basse-Normandie (1804-2009)," (Université de Caen Normandie, 2013). (Unpublished.)

¹¹³ Mathilde Rossigneux-Méheust, *Vies d'Hospice : Vieillir et Mourir en Institution au XIX^e Siècle* (Ceyzérieu: Champ Vallon, 2018).

L'histoire de la régulation sociale et de l'assistance aux plus vulnérables est aussi nécessairement une histoire de pouvoir. Pouvoir de sélectionner ceux qui la méritent, pouvoir d'établir les règles qui en régissent le cadre quotidien, pouvoir de surveiller et de contrôler ceux qui en bénéficient. Mais elle est surtout une histoire des « relations de pouvoir » parce qu'il y a pour les assistés une « possibilité de résistance » et que « s'il y a des relations de pouvoir à travers tout champ social, c'est parce qu'il y a de la liberté partout ».¹¹⁴

By layering the themes of visibility, power, and identity, this thesis is an important addition to the aforementioned studies. Bringing these themes into conversation in the study of religious congregations for the first time, this approach allows us to work around the particular methodological problems of these groups in new ways and to trace a history which is conscious of, but separate from, the priorities of the congregations themselves. In so doing, my thesis builds on the existing research into nursing nuns, providing a fruitful addition to the two existing works on the *Petites Sœurs* and the first academic work to focus on the *Auxiliatrices* and the *Sœurs de l'Espérance* as case studies.

Outside of traditional academic scholarship on the work of nuns, hagiographical texts and institutional histories also recount the stories of individual congregations. These texts are often written by clergymen, by historians of Catholic faith who are acquainted with the congregation, or occasionally by members of the congregations. Such texts serve as creation myths, focussing on the life stories of founders and creating a 'neat' origin story to be learned by future generations. The texts celebrate the spiritual successes of nuns but treat these women largely as an anonymous collective. These stories represent the control which religious congregations retain over their own story, as members of the congregation influence access to sources and shape the framing of historical narratives. Few scholars have engaged with these texts in any detail, but they are an important aspect of the historiography of religious congregations. In this thesis I will explore how congregations use such narratives to bolster a sense of collective identity in order to highlight the role of nuns as producers and gatekeepers of their history. Power enters this process in surprising ways, challenging the framing of nuns as passive 'victims' of a historical silence. I discuss the process of identity construction further in subsequent sections of the thesis, but for

¹¹⁴ *Vies d'Hospice : Vieillir et Mourir en Institution au XIXe Siècle*, 15.

now it is worth considering the role of nuns as archival gatekeepers and how this has shaped the methodology for my own work.

1.4 Methodology: Choosing Case Studies and Locating Sources

This thesis began as three case studies of religious nursing congregations. To analyse these groups at a grass roots level I began by focussing on the diocese of Nantes: an understudied region with a high rate of religious participation.¹¹⁵ The region of Brittany – largely remote, rural, and impoverished – was a particular target for public health officials, as ‘in the aftermath of the revolutions of 1789 and 1830, Brittany represented the absolute self-defining Other for secular, urbane, and scientific-minded Frenchmen.’¹¹⁶ Working from documents in the diocesan and departmental archives in Nantes, I chose my case studies. The congregations were chosen with the following criteria in mind: firstly, that they were founded around the mid-nineteenth century as this was an understudied area of nursing history, secondly, that they specialised in nursing, ideally outside of the hospital space which has received more scholarly attention than other types of paramedical services, thirdly that they had some measure of success – be it in wealth, size, demand for their services, or longevity, and finally, that there were sources available in the Nantes archives where I began my study.

The congregations selected were varied in terms of size and recruitment (rural/urban, working class/bourgeois). I chose to pursue the *Petites Sœurs des Pauvres*, the *Auxiliaires des Ames du Purgatoire*, and the *Sœurs de l’Espérance (Sainte Famille de Bordeaux)* as my case studies. All three congregations had a relatively large quantity of correspondence with the bishop and local clergy in Nantes, and initial searches for religious histories of the orders were fruitful. In the history of nuns and particularly nursing nuns outside of hospitals, a lack of archival sources proves a fundamental barrier, so to an extent the focus of this study has been dictated, and must be dictated, by the material available. This was particularly true for my choice of geographical locations. As my research progressed, the focus moved away from Nantes slightly to incorporate the motherhouses of the congregations and the work of the congregations in Paris, providing

¹¹⁵ See Yves Durand and Marius Faugeras, *Le Diocèse de Nantes* (Paris: Beauchesne, 1985); Marcel Launay, *Le Diocèse de Nantes Sous le Second Empire*, 2 vols., Vol. 1 (Nantes: CID éditions, 1982).

¹¹⁶ Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*, 87-88.

an interesting contrast between the urban, modernised capital city and a provincial area which troubled public health officials.

The motherhouse of the *Auxiliatrices* is in Paris, and the community had detailed records of its nursing work in both Paris and Nantes. These were the first two communities of nursing nuns established by the congregation and the records of their nursing labour are rich. As I discuss below, the *Petites Sœurs*' archives provided few records dedicated to the nursing labour of these women. A grass-roots study of their work in Nantes or in Paris is largely beyond the scope of the documents available in the congregational archives. The records for the work of the *Petites Sœurs* in these areas are mainly drawn from state archives or diocesan archives and are generally limited to quantitative data.¹¹⁷ Here, the chronicles from the first community of *Petites Sœurs* in St Servan¹¹⁸ became a key resources for exploring the nuns' labour, as the texts discuss the running of the first hospice.

Operating outside of the hospital sphere, these groups help to illustrate the diversity of work carried out by nursing nuns in hospices and domestic settings. These groups also challenge the boundaries of the category of nursing nun, particularly the *Auxiliatrices* whose apostolic vocation and diverse activities often mean their extensive nursing work is overlooked. As yet, very little academic study has been conducted on these groups. As I discussed above, only two pieces of research have been conducted on the *Petites Sœurs*' work in France, whilst I have found no studies of the other two congregations in a French context.¹¹⁹ This thesis, a dedicated historiography of both labour and identity in these congregations, is therefore a valuable addition to the small number of existing case studies of nuns' nursing work outlined above. As I will discuss further in the main body of this thesis, the *Auxiliatrices* are reflective of one of the key theological trends of the mid-nineteenth century as purgatory became an increasingly popular focus for devotional

¹¹⁷ This data is taken from the *Archives Nationales de France*, *Archives diocésaines de Paris*, *Archives Municipal de Paris*, the Bishop's private archives now held at the *Archives départementale de la Loire Atlantique*, and the *Archives diocésaines de Nantes*.

¹¹⁸ A French port town, near to Saint Malo and around 70 miles from Rennes, where the first hospice of *Petites Sœurs* was established.

¹¹⁹ All three congregations do appear in the following studies: Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*; Launay, *Le Diocèse de Nantes Sous le Second Empire*, Vol. 1; Cholvy, *Le XIX^e : Grand Siècle des Religieuses Françaises*.

practices.¹²⁰ The *Petites Sœurs* and the *Sœurs de l'Espérance* are more easily related to wider social change in attitudes to welfare, as reflected by the rapid growth of these congregations.¹²¹

Having chosen these three congregations and collected quantitative data and correspondence from the Nantes archive, I began reading and cataloguing any hagiographical histories of the orders which I was able to access. Initially I approached these texts as a means to find out more about the nursing work of the groups, but it soon became apparent that this aspect of the congregation's histories was largely invisible. Any mention of nursing was framed in religious terms and usually related specifically to the foundation narrative, which dominated the stories.

At the same time, I attempted to access the congregational archives for all three of my case studies. A lack of sources can prove a significant barrier to writing the history of nursing nuns, particularly when working from a position outside the congregations and the Catholic Church. Many scholars face a reticence from congregations to allow unrestricted or unmediated access to archives.¹²² Some congregations remain completely closed to 'outsiders'. Curtis suggests that the reticence of female congregations to open their archives to outside researchers may come from their historic battles to protect their work from a range of male hierarchies, and she observes that in her experience the problem is specific to *female* congregations. Even then, Curtis concludes that the main source of any reticence stems from a differing set of priorities to those of academics:

What I perceived as obstruction was instead a different way of conceiving the purpose of archives, which serve different objectives when viewed from the inside. Up to now access has largely been a privilege extended to family members who could be trusted to sympathize with the troubles and travails of sisters long gone, to put them in a familiar context, and to highlight the meaning of their lives for their descendants. This strategy of self-protection and self-perpetuation appears to have served them well, however frustrating it may have been for outsiders.¹²³

¹²⁰ See pages 143-45 in particular.

¹²¹ See chapter two.

¹²² "Writing the Lives of Saints: Archives and the Ownership of History," *French Historical Studies* 40, no. 2 (2017).

¹²³ Curtis, "Writing the Lives of Saints: Archives and the Ownership of History," 262-63.

Scholars working with congregational archives inevitably come into contact with the living members of these communities. Nuns working as archivists, administrators, congregational superiors, and associated priests may all be involved in the decisions about what is made available to researchers. Histories of these congregations are therefore directly affected by the priorities of modern-day sisters.

I contacted the motherhouses of my three chosen congregations via post. In my letters I explained my research interests, with a particular focus on the nursing aspects of each community. The *Auxiliatrices* and the *Petites Sœurs* were responsive and I was able to arrange visits, but the *Sœurs de l'Espérance* proved more difficult to contact and did not reply to my letters. I was eventually able to obtain a telephone number, but was informed that the congregation had no archival holdings in France, at least for the nursing branch of the congregation. If there was anything of use it would be found in Rome. Time and resources prevented me from following up on what I suspect may have been a dead end. It is nevertheless possible that the Rome archives hold some information on the nursing work of the *Sœurs de l'Espérance*.

This last congregation is almost completely invisible in French archives held by both the Church and the State. This is possibly a reflection of the congregation's tendency to operate independently from official structures. Langlois states:

[D]’elles-mêmes, certaines congrégations ont refusé de demander la reconnaissance qui procure des avantages surtout pour la gestion des biens. Au total, le nombre de congrégations qui refusent de régulariser leur situation est très minoritaire, mais non négligeable. On n’en compte que deux parmi les cinquante premières congrégations en 1878, par l’importance du personnel : les Sœurs dites de Picpus et celles de l’Espérance de Bordeaux (relevant de la Sainte-Famille).¹²⁴

In this respect, the Nantes archives turned out to be something of an anomaly, as the relative abundance of correspondence was not to be found elsewhere. The *Sainte Famille de Bordeaux* (the overarching congregation of which the *Sœurs de l'Espérance* are one branch) do have a website which contains an extensive digitised archive of the founder's

¹²⁴ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 51.

correspondence. This proved uninformative for the nursing congregation, however, and seems to have been curated to focus on the spirituality of the founder, Père Noailles.¹²⁵

My research approach in the archives of the *Auxiliatrices* and the *Petites Sœurs* was shaped by the congregations themselves. The *Petites Sœurs*' archive is, I suspect, uncatalogued, and on my arrival I was not able to access any primary sources. Working from the room where I was staying at the motherhouse rather than any designated archival space, I was offered books (secondary sources, mainly histories of the order with one or two religious texts) which might be of interest. I had informal discussions with the Mother Superior and with a sister I was told was responsible for the archive, with whom I stayed in touch after my visit. I was shown a *Positio*, a text prepared by the congregation as part of the process of canonisation of their founder, Jeanne Jugan.¹²⁶ The sisters were keen to show me the exhibition for Jeanne Jugan at the motherhouse and took me to visit significant places from her lifetime – the house she was born in, her local Church, the house in which she worked as a servant, and so on. The information I was given repeated and reproduced the more recent hagiographical histories of the order and the information available on the congregation's website. Again, the charism of the congregation – that is the unique spiritual gift of the community – was emphasised, and there was a definite sense that, as a historian, my interest should be in reproducing the story of the order's foundation.

Through the bibliography of the *Positio* and some of the hagiographical histories I was able to determine the types of sources which the congregation may have available. I was eventually given access to some copies of primary sources, all of which were typed out on computers or type writers, never original manuscripts or even images of originals. A few more sources of this type were sent to me via post or email after my visit, in response to specific requests. Thus, the congregation's archival sources discussed in this thesis were delivered one by one, the fruits of an ongoing dialogue with the current *sœur archiviste*

¹²⁵ The importance of Vatican II in shaping the approach which congregations took to their histories and the consequent foregrounding of foundation stories is elaborated in chapter three.

¹²⁶ For a full description of this text see Appendix A. Because of the diversity of sources used in this thesis, Appendix A provides a description of each of the key sources obtained in the congregational archives discussed here for reference. These are also described in the main body of the thesis where relevant.

and mother superior, which has inevitably had an impact on this study and what remains unknown.

The key document I obtained from the *Petites Sœurs* were the *Livres de Fondation* from Saint Servan 1839-1879 (these are chronicles of the community at Saint Servan).¹²⁷ The main interest of these documents was taken to be mentions of Jeanne Jugan, which the archivist had listed for me, and I was sent the chronicles up to the year she died. I later asked for some quantitative data regarding numbers of sisters and patients for the years 1839-1905, which I received. My requests to view the minutes from general chapters or other internal meetings were denied on the grounds that these documents are not made available to external researchers. I asked if any hospice registers were available which might shed light on the patients who were residing in the hospices. I was interested in the number of patients but also any demographic information which may be available, to help build an idea of who the nuns were caring for. I was first told such levels of detailed documentation did not exist. In her recent publication *Vies d'Hospice*, Rossigneux-Méheust cites a *registre d'entrée* for the *Petites Sœurs'* hospices in Paris, a document I was not made aware of, suggesting a level of inconsistency in the congregation's responses to research.¹²⁸ I later found that registers of names, dates of arrival and death *were* recorded and these records were still held at the individual communities (I have not yet seen these), so this information may make it possible to track patient numbers and basic demographics (age, gender) more specifically (see section 2.8 of this thesis). Whether the negative response I was originally given was due to an oversight or a conscious decision to withhold information is unclear, but there is evidently a problem of access here. With no formal catalogue available to researchers, with sources held in a number of different locations, with nuns acting as gatekeepers, and with no transparency in the archival process, it is difficult to know whether the documents used here are representative of what has been preserved. Moreover, some documents have been purposefully removed from the archive of the *Petites Sœurs*. The congregation's chronicles for Saint Servan are typed-up documents, the originals have been destroyed. The correspondence of the congregational superior, abbé Le Pailleur, was reportedly destroyed sometime after his return to Rome, which I discuss further in chapter three.

¹²⁷ See Appendix A.

¹²⁸ Rossigneux-Méheust, *Vies d'Hospice : Vieillir et Mourir en Institution au XIXe Siècle*.

The *Petites Sœurs* were generally welcoming and keen to help, but there was a clear assumption that my work would and should focus on the foundation story and on their saintly founder. This shaped the documents I was able to access, as did the fact that I had to ask questions about what they might have available rather than working from any sort of list or catalogue. There was also an obvious reticence to show me primary documents at first and certain things were definitely off-limits.¹²⁹ The restrictions were exacerbated by the fact that much of the archive remains uncatalogued and is run by a sister who no doubt has other duties within the congregation.

The archives of the *Auxiliatrices* were quite different. One of the members of this congregation had reached out to me via an academic mailing list when I first started my work, demonstrating a genuine desire to engage with external researchers. The congregation employs a lay archivist who is responsible for the organisation and cataloguing of the documents. I was able to access any documents relating to the nursing work of the sisters, many of which the archivist had located for me in advance of my visit. These included rules for nursing nuns, manuals, written commentary by nuns, patient registers, and visit reports. I also looked for and obtained quantitative data to compare with the statistics I had obtained relating to the *Petites Sœurs*. Descriptions of the key documents found in both archives feature within the main body of the thesis where relevant, but can also be found in Appendix A.

The archives of each congregation yielded completely different types of sources as a result of these different interactions. This study has been influenced and affected by the congregations and their approach to their own histories, limited by what records have been kept, and shaped by the modern-day congregations' attitudes to outside research and the conditions of access to their archives. Because the *Sœurs de l'Espérance* proved so elusive, I have chosen to focus on the *Petites Sœurs* and the *Auxiliatrices* in the main body of my thesis. The case of the *Sœurs de l'Espérance* exemplifies the difficulty of restoring histories when sources are lacking or when access is denied. This case study can nevertheless reveal some interesting aspects of the invisibility of religious congregations

¹²⁹ Again, it is important to consider the differing priorities of congregations as discussed in Curtis, "Writing the Lives of Saints: Archives and the Ownership of History."

and questions of authority and identity within them, and I will highlight this where possible.

For both the *Petites Sœurs* and the *Auxiliatrices*, there has been a clear process of copying and, perhaps, editing at work in many of the archival documents. The *Livres de Fondation* for the *Petites Sœurs* at Saint Servan and the *Livres de Malades* for the *Auxiliatrices* are documents with many authors, all anonymous, and both have been collated and written up in a uniform style (either all typed or all copied out in the same handwriting) suggesting some element of mediation may have occurred. The historiographical elements of this study therefore grew naturally from my experiences in the archives. It soon became apparent that it would be impossible to separate the historical narrative of the nuns' labour from the ongoing practices of the congregations and the methodological complexities of tracing these women's work.

The sources for this study are comparable to those used in other studies of women religious including Dinet-Lecomte's, Cholvy's, Mangion's, and Jusseume's.¹³⁰ The core of my methodology, like theirs, is to use congregational archives to revisit the history of these women in order to answer specific questions about identity, labour, professionalism, and agency. As Dinet-Lecomte and Cholvy do in their studies of nursing, I will provide quantitative data about the size of the congregations and their revenue to contextualise the scale and significance of their work. Where there are gaps in the sources preserved by the congregations, state and diocesan archives have been used to provide additional information. Dinet-Lecomte acknowledges the difficulty of writing a history of nursing congregations in hospitals 'à travers des sources disparates'¹³¹ and argues that 'Comme il n'y a pas de source unique, et tant mieux, il convient de consulter des sources variées à tous les niveaux et de se placer dans les principaux endroits où l'on est susceptible de rencontrer des sœurs hospitalières.'¹³²

¹³⁰ See for example Dinet-Lecomte, *Les Sœurs Hospitalières en France aux XVII^e et XVIII^e Siècles: la Charité en Action*; Gérard Cholvy, *André Soulas et les Sœurs Gardes-Malades de Notre-Dame-Auxiliatrice (1808-1875), Histoire et Témoignages* (Montpellier: Imprimé chez la Congrégation, 1982); Mangion, *Contested Identities: Catholic Women Religious in Nineteenth-Century England and Wales*; Jusseume, "Pratiques de l'Espace Hospitalier par les Religieuses au XIX^e Siècle dans les Hôpitaux Parisiens : Préserver Un entre-Soi Religieux et Féminin ? ."

¹³¹ Dinet-Lecomte, *Les Sœurs Hospitalières en France aux XVII^e et XVIII^e Siècles: la Charité en Action*, 26.

¹³² *Les Sœurs Hospitalières en France aux XVII^e et XVIII^e Siècles: la Charité en Action*, 23.

The method of prosopography has been adopted by both Mangion and Dinnet-Lecomte who survey a much larger number of congregations to illuminate the social backgrounds of women religious. Often described as the biography of a community, prosopography draws together data about a clearly defined group in order to pose questions about the commonalities and differences within that group.¹³³ Crucially, prosopography relies on databases which are used to find points of comparison within the group in question. Keats-Rohan compares different interpretations and definitions of this method, concluding: '[w]e can point to the following key concepts in these definitions: biographical aspect; group aspect; databank and processing; external features. These definitions of prosopography diverge mainly depending on the biographical character attributed to prosopography.'¹³⁴ For a predominantly local, micro-level labour history such as this, the creation of databases is not as feasible or as useful as in larger studies like that by Mangion who compiles an institutions database, a convents database, and a database of sisters for her exploration of congregational identities in Britain and Ireland. Focussing on just three congregations, the sets of data compiled for this study are much narrower than those used in a study like Mangion's where trends can be observed in relation to a larger, more representative set of case studies. However, the principles of prosopography have informed my approach. I created small databases to process and analyse the information from archival documents such as the visit reports and records of patients kept by the *Auxiliatrices*. Where possible, statistical information about the demographics and backgrounds of the nursing nuns (largely taken from Langlois' work) or the number of convents (taken from primary sources) have been drawn on to contextualise their labour training and practices.

This study also draws on methods employed by Salin in her work on trade unions. Salin uses detailed textual readings to uncover untold elements of labour history and women's activism.

¹³³ For more on the use of prosopography see Lawrence Stone, "Prosopography," *Historical Studies Today* 100, no. 1 (1971); T. F. Carney, "Prosopography: Payoffs and Pitfalls," *Classical Association of Canada* 27, no. 2 (1973); D. Crystal Coles, F. Ellen Netting, and Mary Katherine O'Connor, "Using Prosopography to Raise the Voices of Those Erased in Social Work History," *Journal of Women and Social Work* 33, no. 1 (2018).

¹³⁴ Katharine S. B. Keats-Rohan, *Prosopography Approaches and Applications: A Handbook* (Oxford: Occasional Publications UPR, 2007), 39.

Concentrating on details, reading between the lines and reflecting on the unwritten and untold sometimes proved to be as informative as the texts focusing on women. This detailed examination of sources allowed to develop a balanced analysis of gender relations in the early labour movement and gave a new perspective to the way the invisibility of women in archives could be interpreted.¹³⁵

In this way, Salin challenges existing assumptions about female passivity in the trade union movement. She shows that the invisibility of women's action in this movement is a result of the structures of power within unions which meant women's contributions were sometimes minimised or actively excluded from records.¹³⁶ My own work will consider the agency and labour of nursing nuns in a similar fashion, considering how their work and the historicisation of this work was shaped by wider structures of power and record-keeping practices.

1.5 Theoretical Approaches

This thesis aims to answer the following questions in relation to my three case studies. What was the nature and significance of the work performed by these nursing nuns from the period of foundation through to 1905? Why do nursing nuns encounter a persistent problem of invisibility when it comes to the history of this work? Did this work factor into the corporate identity of the groups, and how was this labour conceptualised? How did the processes of record keeping and identity building reflect but also shape the relationships between nuns and the outside world (including medical professionals and patients)?

Themes of power and identity are integral to answering these questions. Relations of power are as important during the bedside encounter as they are in the historicisation of that encounter. Consent and control, agency and passivity, value and recognition: all are negotiations of power which take place between carers and their recipients. In administering care, in creating records, and in influencing the way this labour was framed by historians, nuns engaged in acts of submission and resistance to wider professional and ecclesiastical hierarchies, but also exercised authority and control in a variety of spaces. Power shaped relationships between nuns and the world, the work they performed, the

¹³⁵ Salin, *Women and Trade Unions in France*, 279.

¹³⁶ *Women and Trade Unions in France*, 18.

narratives built around this work, and the writing of histories. What Haraway terms a 'power-sensitive conversation'¹³⁷ is required to fully understand the work of these women and to move beyond the reductive or one-sided histories which currently dominate.

My use of the term power is based on the work of Foucault. Foucault explored power as a network of two-way relations, moving beyond the idea of sovereign power which manifests only through a one-way process of domination and interdiction from the top-down.¹³⁸ Disciplinary power relies on a variety of instruments: punishment, surveillance, the establishment of norms, the production of knowledge. These instruments may work at the level of institutional or societal structures, but are created and reproduced in negotiations at the micro-level and transmitted in both directions throughout any hierarchy. Speaking of disciplinary surveillance, Foucault states:

...s'il est vrai que son organisation pyramidale lui donne un « chef », c'est l'appareil tout entier qui produit du « pouvoir » et distribue les individus dans ce champ permanent et continu. Ce qui permet au pouvoir disciplinaire d'être à la fois absolument indiscret, puisqu'il est partout et toujours en éveil, qu'il ne laisse en principe aucune zone d'ombre et qu'il contrôle sans cesse ceux-là mêmes qui sont chargés de contrôler ; et absolument « discret », car il fonctionne en permanence et pour une bonne part en silence. La discipline fait « marcher » un pouvoir relationnel qui se soutient lui-même par ses propres mécanismes et qui, à l'éclat des manifestations, substitue le jeu ininterrompu de regards calculés. Grâce aux techniques de surveillance, la « physique » du pouvoir, la prise sur le corps s'effectuent selon les lois de l'optique et de la mécanique, selon tout un jeu d'espaces, de lignes, d'écrans, de faisceaux, de degrés, et sans recours, en principe au moins, à l'excès, à la force, à la violence. Pouvoir qui est en apparence d'autant moins « corporel » qu'il est plus savamment « physique ».¹³⁹

Power can become self-regulatory and is reproduced at every level of a hierarchy. A Foucauldian approach to medicine and care work therefore posits that: 'it is impossible to remove power from members of the medical profession and hand it over to patients.

¹³⁷ Donna Haraway, *Simians, Cyborgs, and Women: The Reinvention of Nature* (New York: Routledge, 1991), 196.

¹³⁸ Lisa Downing, *The Cambridge Introduction to Michel Foucault* (Cambridge: Cambridge University Press, 2008).

¹³⁹ Michel Foucault, *Surveiller et Punir : Naissance de la Prison* (Paris: Gallimard, 1975), 179.

Power is not a possession of particular social groups, but is relational, a strategy which is invested in and transmitted through all social groups.¹⁴⁰

Perhaps most importantly, Foucault argues that power should not be read as inherently negative or oppressive, but is instead productive. In other words power does not serve a purely disciplinary function, but rather creates the world around us:

Il faut cesser de toujours décrire les effets de pouvoir en termes négatifs : il « exclut », il « réprime », il « refoule », il « censure », il « abstrait », il « masque », il « cache ». En fait le pouvoir produit ; il produit du réel ; il produit des domaines d'objets et des rituels de vérité. L'individu et la connaissance qu'on peut en prendre relèvent de cette production.¹⁴¹

Where I speak of nuns or any other group exercising power, this is by no means to say that their actions are inherently negative or repressive. Rather, I wish to highlight the ways in which nuns shaped the world around them and the actions of others, drawing authority from their religion, their institution, and personal experience or expertise.

The practice of care work entails a particular set of contextual power negotiations. Some of these may be repressive or controlling, but they are not exclusively so. Though it is impossible to directly 'possess' power, possession of resources or knowledge and the power invested in social structures make it possible for people to exercise power over others in a specific context. Poland et al have discussed some of the ways power shapes care:

Power is perhaps most pervasive and visible in 'total' institutions where people eat, sleep, learn, and interact (prisons, psychiatric hospitals, nursing homes, and residential schools) insofar as nearly all elements of the residents' daily lives are regulated – practices must be tightly scheduled, regimented in time and space, for the institution to function 'efficiently' (in terms of service delivery as well as in terms of desired outcomes – be they rehabilitation, learning, or palliative care).

¹⁴⁰ Deborah Lupton, 'Foucault and the Medicalisation Critique', in Alan Petersen and Robin Bunton, eds., *Foucault: Health and Medicine* (Oxon: Routledge, 1997), 99.

¹⁴¹ Foucault, *Surveiller et Punir : Naissance de la Prison*, 196.

Such institutions are also characterised by barriers (of varying permeability) to social intercourse with the outside world (Goffman 1998).¹⁴²

Yet even outside of 'total' institutions, the practice of care work creates a relationship rooted in vulnerability and dependency. This may be repressive (certain behaviours may be forbidden) but also productive. Establishing norms and deviancy, prescribing appropriate behaviours, managing the emotional aspects of this relationship, and shaping discourse all facilitate the carer's power in relation to the patient. Nuns shaped the lives of their patients and the meaning they attributed to their experiences. They were able to regulate discourses around sickness and death and shaped representations of the labour they performed as carers. Patients were not passive in this interaction, and responded to their carers in a variety of different ways, though records of this are scarce.

As well as being workers with a direct impact on the behaviour of others, nursing nuns (at least at a corporate level) became producers of history. Their social power allowed them to produce knowledge and establish truths:

...formation de savoir et majoration de pouvoir se renforcent régulièrement selon un processus circulaire. [...] Double processus, donc : déblocage épistémologique à partir d'un affinement des relations de pouvoir ; multiplication des effets de pouvoir grâce à la formation et au cumul de connaissances nouvelles.¹⁴³

As I will show, religious congregations are strongly involved in the production of knowledge about their work, writing histories of the institutions and shaping the discourse around what their labour meant. There is little room for plurality or critical voices in this approach: the experiences of patients or the voices of individuals are often lost.¹⁴⁴ In their analysis of how power shapes the creation and use of archives and records, Schwartz and Cook argue:

When power is denied, overlooked, or unchallenged, it is misleading at best and dangerous at worst. Power recognized becomes power that can be questioned,

¹⁴² B Poland et al., "How Place Matters: Unpacking Technology and Power in Health and Social Care," *Health and Social Care in the Community* 13, no. 2 (2005): 173-74.

¹⁴³ Foucault, *Surveiller et Punir : Naissance de la Prison*, 225-26.

¹⁴⁴ This argument is raised by Heijst in "The Disputed Charity of Catholic Nuns: Dualistic Spiritual Heritage as a Source of Affliction," *Feminist Theology* 21, no. 2 (2012).

made accountable, and opened to transparent dialogue and enriched understanding.¹⁴⁵

These ideas are integral to my own work, which looks to open up dialogue around the labour history of nursing nuns. As yet, the work performed by nuns and the way this has been framed remains largely neglected as an area of research. Congregations continue to play a strong role in shaping historical productions and so – when it is discussed at all – a single framing of this labour remains pervasive with no analysis of how structures of power shaped this work or the discourse around it. This takes place within the wider context of the Church as a producer of knowledge and meaning (one which was increasingly at odds with the French state in the nineteenth century). It is important to analyse the agency and priorities of nuns and the Catholic hierarchy in shaping how this work – work which has a bearing on the nursing profession, the politics of charity and social care, and our understanding of broader gender roles – is recorded and remembered.

The historical practices of congregations are bound up with their sense of collective identity. Stories of the self are rooted in stories of the past, both habitual behaviours and one-off events, and this is particularly true for religious congregations whose collective identity is often rooted in stories of the foundation and the founders. Identity has proven a contentious frame of analysis, as it is interpreted in a variety of different and sometimes inconsistent ways depending, in part, on the academic discipline in question.¹⁴⁶ There is a risk in objectifying identity, and so perpetuating a myth of an innate or essential self. Whilst it is possible to accept that some people believe in an unchanging, inherent essence to their self-hood, this does not necessitate reifying this as part of an analysis of identity. Instead, I define identity as a set of contextual, temporally situated processes, which take place at the level of both the individual and the collective.¹⁴⁷ Analysing identity is therefore an analysis of decisions, relationships, and utterances, which contribute to a sense of self which is temporally-situated. Butler's reading of Nietzsche is useful here:

¹⁴⁵ Joan Schwartz and Terry Cook, "Archives, Records, and Power: The Making of Modern Memory," *Archival Science* 2 (2002): 2.

¹⁴⁶ Rogers Brubaker and Frederick Cooper, "Beyond Identity," *Actes de la Recherche en Sciences Sociales* 139 (2001): 8.

¹⁴⁷ Serge Gutwirth, "Beyond Identity?," *Identity in the Information Society* 1, no. 1 (2009): 130-31; Brubaker and Cooper, "Beyond Identity."

Friedrich Nietzsche's insight that "there is no 'being' behind doing, acting, becoming; the 'doer' is merely a fiction imposed on the doing – the doing itself is everything" prompts Butler to offer the following gendered corollary in *Gender Trouble*: "There is no gender identity behind the expressions of gender; that identity is performatively constituted by the very 'expressions' that are said to be its results."¹⁴⁸

Foucault, too, was 'a thinker who insisted many times that the self should be an ongoing process of creation rather than a fixed identity or personality.'¹⁴⁹ I rely on these ideas, as well as works by Gutwirth, Brubaker and Cooper, and Sani et al, to analyse identity as a set of processes and ways of thinking about the self. By exploring identity in this way, it is possible to pinpoint how a sense of self is intrinsically linked to power relations, to consider how stories of self-hood are constructed at an individual and a collective level, and how they are transmitted across time.

The structure of my argument is as follows. Chapter two of this thesis is a labour history of the three nursing congregations I have selected. Using a mixture of quantitative and qualitative analysis, I track numbers and demographics of nuns and patients, congregational finances, day-to-day responsibilities, and the interactions between the congregations and other charitable and medical groups. Thus from the outset this thesis challenges the current invisibility of this work, which sees nuns dismissed and belittled in a wide range of scholarship.¹⁵⁰

Having established the scale and significance of their work in my opening chapter, the subsequent two chapters explore how and why this work has been rendered invisible, with a particular focus on the role of congregations as producers of history. In chapter three I discuss how congregations use their histories as part of a process of identity building. Stories of the past – principally foundation stories – are employed, altered, and repurposed over time within religious congregations, reflecting changes in the congregational government and the collective identity of the group. The position of the

¹⁴⁸ Sara Salih and Judith Butler, *The Judith Butler Reader* (Malden, MA: Blackwell Publishers, 2004), 6.

¹⁴⁹ Downing, *The Cambridge Introduction to Michel Foucault*, 1.

¹⁵⁰ Jones, "Sisters of Charity and the Ailing Poor," 339-40.

individual in relation to these wider social groups is complex and must be factored into our discussion of power and visibility.

The labour performed by these congregations plays a minimal role in the stories they use to build a sense of collective identity. It is nevertheless possible to piece together an idea of the congregation's conceptualisation of their work, and I do so in chapter four. Drawing on a variety of texts, ranging from externally produced congregational histories to first-hand archival records of nuns' work, I analyse the language used to describe nursing. It becomes apparent that by describing this work in terms which naturalise or neutralise it, certain important aspects of the nuns' labour are downplayed or overlooked. Nursing nuns shaped the lives of their patients in many ways, feeding into a complex politics of charity in this period, yet the influence of these women is virtually unexamined.

In order to redress this problem fully, chapter five approaches the history of nursing nuns from the perspective of the patient. If there is a problem of invisibility surrounding the work of nursing nuns, then it follows that the histories of their patients is also neglected. Within a largely untold story of nursing congregations, their marginalised patients garner little attention. There is a lack of records pertaining to the experiences of the working-class in this period due to lower levels of literacy and fewer opportunities to make records. The records kept by nursing nuns reflect this imbalance of historical data, but also help to shine light on a group who are otherwise absent from historical narratives. It is only by interrogating the processes of identity-building and examining the imbalances of power in congregational histories that such a reframing of this history becomes possible.

Chapter 2. A Labour History of Three Nursing Congregations

“Behind every factory, behind every school, behind every office or mine there is the hidden work of millions of women.”¹⁵¹

This thesis challenges the invisibility of work performed by nursing nuns, and in this opening chapter I approach the history of the *Auxiliatrices des Ames du Purgatoire* and the *Petites Sœurs des Pauvres* specifically as a labour history, seeking to define and quantify their working practices. Where possible, I will draw on the *Sœurs de l’Espérance* as a point of comparison. The problems of patchy sources and archival gate-keeping can restrict such a study. Many of the sources used in this chapter cut off at seemingly arbitrary points, and it is rarely possible to identify why records were kept and why they cut off when they do. It is nevertheless possible to greatly enrich the information included in existing narratives by reframing the activities of nuns and highlighting the work they performed as carers.

The following aspects of the nuns’ work will be considered:

- Recruitment rates to the congregations
- Demographics of nuns
- Distribution of communities across France
- Day-to-day responsibilities of these nursing nuns
- Finances and donors
- Collaboration and cooperation with other charitable and medical groups
- Number and demographics of patients¹⁵²

2.1 Recruitment

Religious practice in France was varied in this period, with marked regional differences in rates of participation. The diocese of Nantes had remarkably high rates of Catholic Church attendance. In the census of 1851: ‘Officiellement sur les 535 664 habitants, 535 028, soit 99,8%, sont catholiques romains.’¹⁵³ The small town of St Servan, also located in the West,

¹⁵¹ Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*, 31.

¹⁵² Though I opt to use it in the main body of this thesis, I discuss the potential problems with the term patient on page 166.

¹⁵³ Launay, *Le Diocèse de Nantes Sous le Second Empire*, Vol. 1, 43.

fell within an area with high rates of practice.¹⁵⁴ In contrast, Catholic practices declined in France's capital among the more diverse urban population:

La pratique religieuse est très basse dans le centre du Bassin Parisien au milieu du 19^e siècle. Si une minorité notable continue de fréquenter la messe dominicale – dans une capitale en croissance démographique, les églises pleines font illusion –, un nombre restreint de fidèles communique à Pâques. Le clergé, dont l'influence est souvent très limitée, se recrute peu et mal. [...] Au milieu du Second Empire, les diocèses de Paris et de Versailles ont 14% de pascalisant, au début de l'épiscopat de Dupanloup en 1852-56, celui d'Orléans en a 13,2%.¹⁵⁵

Catholic teaching remained widespread and even in areas where Church participation was low and hostility to ecclesiastical institutions was high, this did not necessarily equate to widespread atheism. Whilst I will refer to 'conversions' throughout this thesis for ease of expression, it must be noted that many people were likely to have some religious belief or at the very least to have been exposed to Catholic ideas and practices at home or at school.

Although participation varied significantly across the country, the Catholic Church encountered a significant resurgence among certain groups after the upheaval of the turn of the century.¹⁵⁶ The phenomenal growth in recruitment of women to religious congregations in the nineteenth century has been well documented.¹⁵⁷ Congregations of women blossomed far more quickly than those of men in the wake of the 1789 revolution, and far exceeded 100,000 by 1901.¹⁵⁸ This was unprecedented growth in terms of recruitment but also in terms of new congregations being created, with the number of

¹⁵⁴ Gérard Cholvy and Yves-Marie Hilaire, *Histoire Religieuse de la France Contemporaine*, 3 vols., vol. Vol. 1 (Paris: Privat, 1985), 260-65.

¹⁵⁵ *Histoire Religieuse de la France Contemporaine*, Vol. 1, 274.

¹⁵⁶ For more on 'clericalisme' and the tension between resurgent Catholicism and anticlerical republicans, see Jean Faury, *Cléricalisme et Anticléricalisme dans le Tarn (1848-1900)* (Toulouse: Association des Publications de l'Université de Toulouse-Le Mirail, 1980).

¹⁵⁷ See for example Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*; Cholvy, *Le XIX^e: Grand Siècle des Religieuses Françaises*; Gibson, "Female Religious Orders in Nineteenth Century France."; Langlois, "Les Effectifs des Congrégations Féminines au XIX^e Siècle. De l'Enquête Statistique à l'Histoire Quantitative."

¹⁵⁸ Judith Stone, "Anticlericals and *Bonnes Sœurs*: The Rhetoric of the 1901 Law of Associations," *French Historical Studies* 23, no. 1 (2000).

female congregations reaching 225 by 1878.¹⁵⁹ Why were so many new congregations of women created in this period, and what made them so successful compared to those of men?

Bourdelaïs has shown that the proportion of single women in France exceeded that of single men quite significantly. In 1851, the population percentage breakdown was as follows: 8% single men, 12% single women, 19% widowed men, and 34% widowed women (the remaining 27% of the population were married or minors).

Le sens des écarts est bien connu, en revanche leur ampleur mérite d'être soulignée, surtout en ce qui concerne les proportions de veufs et veuves. Célibat et veuvage confondus, à 50 ans ou plus 27 % des hommes sont isolés alors que ce pourcentage atteint 46 % chez les femmes. Après 50 ans, la solitude frappe donc 1 homme sur 4, mais 1 femme sur 2 !¹⁶⁰

Amongst this greater proportion of single women, the religious life may have been appealing for a number of reasons, particularly as an alternative to marriage. Gibson has argued that the incentives for joining religious congregations were probably more compelling for women: 'Religious orders provided nineteenth-century French women with an unparalleled opportunity to lead their lives in a structured community of their own sex.'¹⁶¹ In addition to communal living, congregations afforded greater opportunities to women than the secular workplace. Women's employment prospects were considerably more limited, and taking religious vows was the only path which would allow women to work formally within the Church or to enter professional areas which were generally beyond their reach. For those women who felt a call to address societal ills, congregations were a rare opportunity to take on work such as teaching, nursing, management, and administration, providing an enormous workforce which helped to provide for those in

¹⁵⁹ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 51. There were 225 female religious congregations 'à supérieure générale' and 41 diocesan congregations. The rate of new foundations peaked mid-way through the century, and by the 1880s the momentum stopped almost completely.

¹⁶⁰ Patrice Bourdelaïs, "Le Poids Démographique des Femmes Seules en France (Deuxième Moitié du XIX^e Siècle)," *Annales de démographie historique* (1981): 218.

¹⁶¹ Ralph Gibson in Frank Tallett and Nicholas Atkin, eds., *Religion, Society and Politics in France since 1789* (London: Hambledon Press, 1991), 112.

need.¹⁶² Langlois has shown that, in terms of recruitment and wealth, the most successful ‘new’ congregations (those founded post 1789) were the congregations which found a niche and fulfilled a common social need. The innovation and usefulness of women’s congregations contributed to their success.

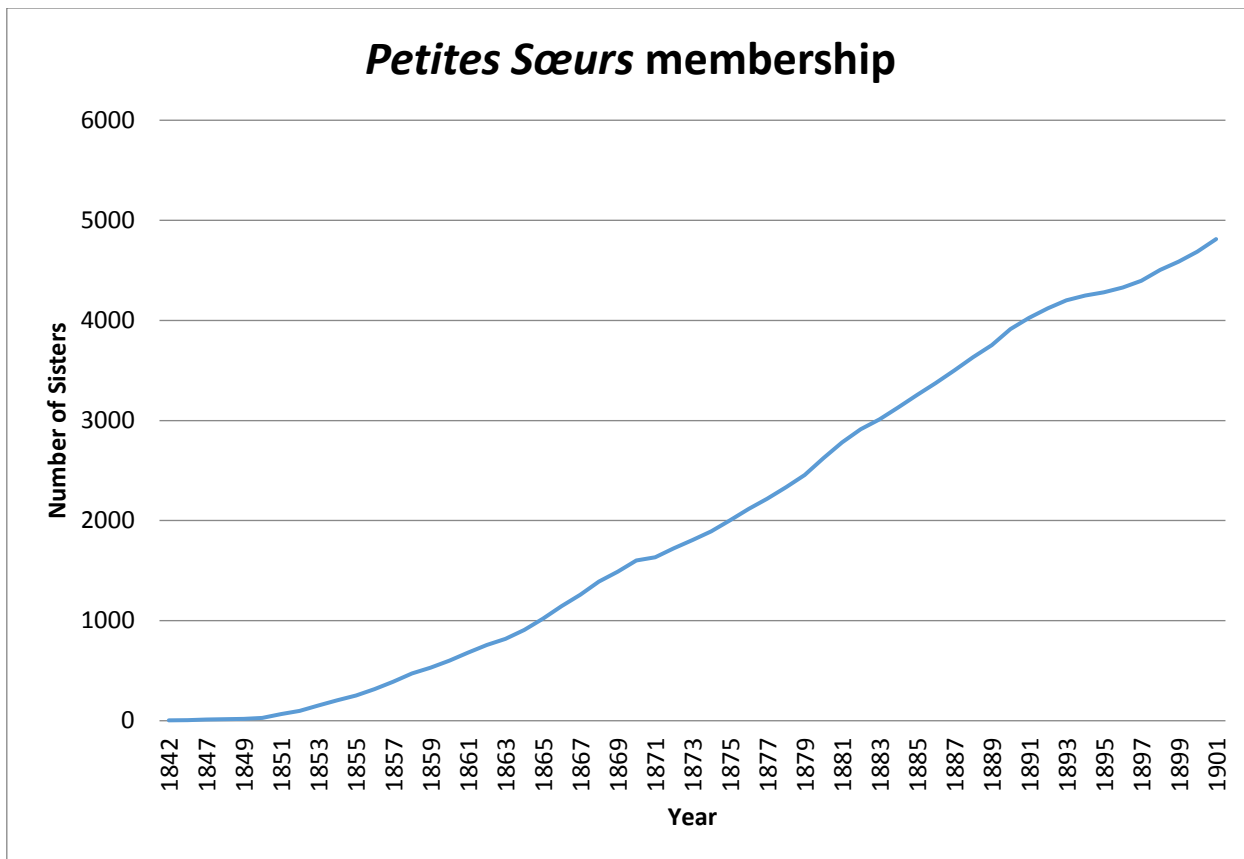


Figure 1

The *Petites Sœurs* are a typical example of this development. The pioneering new congregation grew rapidly: its activities were unique and the use of donations to fund privately-run hospices was innovative.¹⁶³ Figure 1 shows the total number of sisters per year from 1842 to 1901, with membership growing from just four people to nearly five thousand over this period.¹⁶⁴ The growth of the congregation was generally steady and

¹⁶² Ralph Gibson, *A Social History of French Catholicism: 1789-1914* (London: Routledge, 1989), 105-06. Gibson explains the distinction as one of pre-revolutionary, contemplative *religieuses* and post-1789 *congréganistes* but highlights that this distinction is not an entirely precise one.

¹⁶³ The *Frères de St Jean de Dieu*, with whom the *Petites Sœurs* were affiliated, also carried out door-to-door collections.

¹⁶⁴ It should be noted that figures for 1843, 1844, and 1846 are missing, the reason for which is not known. Records exist for 1842 and 1845, and then from 1847 onwards the number of sisters was recorded annually at the end of each year.

constant: membership increased every year without fail. There are nevertheless years where growth appears to have been slower. This is the case for 1871 when the congregation grew by only 30 people – a stark contrast from the five year periods either side of 1871 when growth was between 82 and 132 women per year. There are a number of potential reasons for this lull, the most plausible of which may be the annexation of Alsace-Lorraine. It should be noted that there is no record of how many women left the congregation or died in service, so in periods where growth does seem to have slowed, these factors may have played a part. Clearly, the overall rate of recruitment was high and relatively steady for the *Petites Sœurs*. They remain somewhat exceptional, as one of the fastest growing congregations in the nineteenth century and the largest of those founded post-1789.

How do the other congregations studied here compare? I was unable to locate recruitment data for the *Sœurs de l'Espérance*, founded around the same time as a congregation of *gardes-malades*, but Langlois counts them among the highest new congregations in terms of recruitment:

En effet seules sept congrégations, fondées après 1835, parviennent à avoir plus de quatre cents membres en 1878, et quatre d'entre elles – Espérance, Petites Sœurs des pauvres, Bon-Secours et Notre-Dame Auxiliatrice – sont des congrégations hospitalières spécialisées. Leur rapide succès est la preuve de l'intérêt porté aux nouvelles demandes de santé ou de protection sociale.¹⁶⁵

How exactly the *Sœurs de l'Espérance* compare to the *Petites Sœurs* is unclear: their membership may have been in the hundreds (400+) or, like the *Petites Sœurs*, in the thousands by 1878. At the level of the *Sainte Famille*, the overarching congregation of which the *Sœurs de l'Espérance* were one branch, Cholvy places their recruitment at around 2,200 members.¹⁶⁶

The *Auxiliatrices*, in contrast, remained a very small congregation. I have found only patchy records on the membership of this group, but in 1868 a report written for the bishop of Nantes lists 66 members in France (probably including novices) and 10 on

¹⁶⁵ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 327-28.

¹⁶⁶ Cholvy, *Le XIX^e : Grand Siècle des Religieuses Françaises*, 75.

mission in China.¹⁶⁷ A decade later, a *résumé des oeuvres* for 1877 (recording the number of visits to the sick, conversions, catechisms, and other activities performed by the community) states that the number of sisters totalled 146.¹⁶⁸ In fact, the subsequent breakdown shows that only 41 of these members had taken permanent vows, a further 78 were aspirants, 8 were postulants, and 19 were novices.¹⁶⁹ This was a much smaller congregation attracting far fewer recruits each year.

It is worth bearing in mind that the other congregations were founded earlier than the *Auxiliatrices*: the *Sœurs de l'Espérance* in 1836 and the *Petites Sœurs des Pauvres* in 1839. This head-start no doubt impacted on the rates of recruitment, with the *Auxiliatrices* entering into a more saturated 'market' when founded in 1856. Langlois has shown that recruitment was highest in the earlier decades of the nineteenth century in line with a rapid rate of new congregations being founded. This growth peaked in the period 1820-1860, and there was a subsequent decline in the rate of new foundations.

La réussite a été rapide pour les premières fondations ; elle est plus lente à se manifester après 1840 et plus encore après 1850. Pour plus de cent congrégations qui ont vu le jour entre 1850 et 1870 et qui ont, en moyenne, dix-huit ans d'existence en 1878, le taux de réussite (cent membres) ne dépasse pas 15 p. 100. [...] Incontestablement, les dernières venues sont victimes d'une concurrence de plus en plus vive. Mais ce ralentissement du recrutement peut s'expliquer aussi par une mutation qualitative : n'est-on pas en train de passer de congrégations de « Masse » à des congrégations plus « élitistes »?¹⁷⁰

2.2 Demographics of nuns

Faugeras states that by 1913 the *Auxiliatrices* had recruited 97 women in Nantes: 60 of whom were from bourgeois backgrounds and 30 from the working classes.¹⁷¹ Langlois has also shown that the *Auxiliatrices* appeared to recruit women largely from urban bourgeois

¹⁶⁷ Marie de la Providence writes to Mgr Jaquetmet asking for a testimonial letter as they plan to submit their constitutions to the Pope to solicit a *Bref Laudatif* (recognition from Rome in the form of a Papal brief) "Letter from Marie de La Providence to Mgr Jaquetmet, Bishop of Nantes, 13th March." (1869), J/125/2/F/27, Archives Départementales de Loire-Atlantique.

¹⁶⁸ "Résumé Annuel des Œuvres." (1877), 3/D/2/a/5, Archives des Auxiliatrices des Ames du Purgatoires.

¹⁶⁹ See glossary in Appendix C.

¹⁷⁰ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 217-18.

¹⁷¹ Durand and Faugeras, *Le Diocèse de Nantes*, 278.

backgrounds but, as both authors highlight, the records kept in the early years of this congregation do not allow for a precise understanding of its members' social origins.¹⁷²

According to Langlois, both the *Petites Sœurs* and the *Sœurs de l'Espérance* recruited from largely rural families, but nevertheless attracted some urban recruits:

Enfin les nouvelles congrégations hospitalières, Petites Sœurs des pauvres et sœurs gardes-malades parviennent encore à tirer un peu parti de leurs fondations urbaines quand elles se trouvent dans de grandes agglomérations : à la veille de 1880, le recrutement urbain atteint 21 p. 100 chez les Petites Sœurs des pauvres et 17 p. 100 chez les Sœurs de l'Espérance de Bordeaux. [...] Le recrutement urbain important se retrouve également dans certaines congrégations de fondation plus récente, contemplatives, enseignantes (Dominicaines de Sèvres) ou orientées vers les tâches apostoliques (Auxiliaires du Purgatoire). Ces congrégations qui possèdent au mieux, vers 1880, quelques maisons dispersées à travers la France sont susceptibles d'attirer vers elles les élites des grands centres urbains.¹⁷³

There was, therefore, a considerable difference between the *Auxiliaires*' sources of recruits and rate of recruitment, and the much more similar *Petites Sœurs* and *Sœurs de l'Espérance*. The former recruited a small number of predominantly elite women from urban centres, whilst the latter two congregations recruited in larger numbers from predominantly rural families. The *Auxiliaires* further divided new recruits along class lines, as the congregation was split into *religieuses de chœur* and *sœurs coadjutrices*. This two-tier organisation was not uncommon in religious orders, and stemmed largely from differences in wealth and education. Women who entered the congregation with little or no schooling were limited to a position as a *sœur coadjutrice* and would be assigned domestic and internal roles such as 'vestiaire' 'cuisinière' and 'lampadaire'. Women with a higher level of education were allowed to access roles which required literacy or which involved work outside the convent, such as 'ministre' 'économe' or 'chargée des malades'.¹⁷⁴ This more complex, class-based distribution of activities among the

¹⁷² *Le Diocèse de Nantes*, 278.; Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 620.

¹⁷³ *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 605.

¹⁷⁴ According to a letter from Marie de la Providence, formation during the noviciate was the same for both *sœurs coadjutrices* and *religieuses de chœur*. "Letter from Marie de la Providence to Mgr Richard, 24th January." (1868), J/125/2/F/27, Archives départementales de Loire-Atlantique.

congregation's members makes them less easy to categorise in terms of vocation, and may have had a bearing on recruitment rates.

2.3 Distribution of communities

The distribution of all three of the congregations discussed here tends to be concentrated in areas where Catholicism remained strongest.¹⁷⁵ Figures 2 and 3 show the locations of all french communities of *Auxiliatrices* and *Petites Sœurs* in 1899 and 1861 respectively.¹⁷⁶ It has not been possible to source the same information for the *Sœurs de l'Espérance*, but Langlois states:

Cette dernière congrégation, présente en 1878 dans trente départements, a surtout répondu aux demandes des grandes agglomérations : plus de 50 p. 100 de ses fondations sont installées dans des villes de plus de vingt mille habitants. La congrégation de l'Espérance est maintenant de type *national*, mais ne couvre pas cependant l'ensemble de la France : sa présence est surtout forte dans l'Ouest et le Sud-Ouest.¹⁷⁷

This thesis concerns itself with religious communities in France, but it may be noted that the international expansion of these congregations is by no means negligible. The *Petites Sœurs* and the *Auxiliatrices* had communities across Europe and further afield. Indeed, the *Petites Sœurs* may be counting communities abroad in their total for all but the 1861 statistics (which are broken down by community), having expanded to a number of cities in Britain and Belgium by this time. If overseas communities are included, the *Auxiliatrices* had more than thirty communities by the turn of the century. The *Auxiliatrices* began their mission in China around the same time the community in Nantes was established (1865) and soon expanded to London, Brussels, Italy and Jersey.

¹⁷⁵ Cholvy and Hilaire, *Histoire Religieuse de la France Contemporaine*, Vol. 1, 260.

¹⁷⁶ I only have the complete list of communities of *Petites Sœurs* until 1861 as subsequent totals don't specify where all the communities are. This information was taken from the archives of the *Auxiliatrices* and *Petites Sœurs* respectively.

¹⁷⁷ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 492-93.

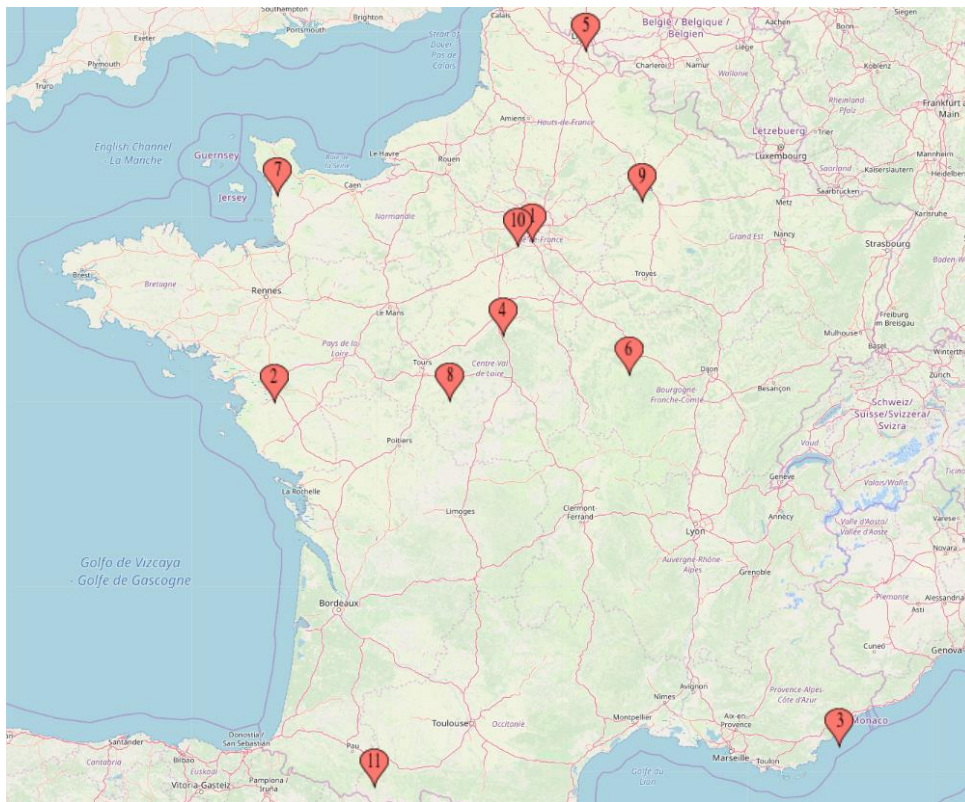


Figure 2 Communities of Auxiliatrices in 1899 (in order of foundation)

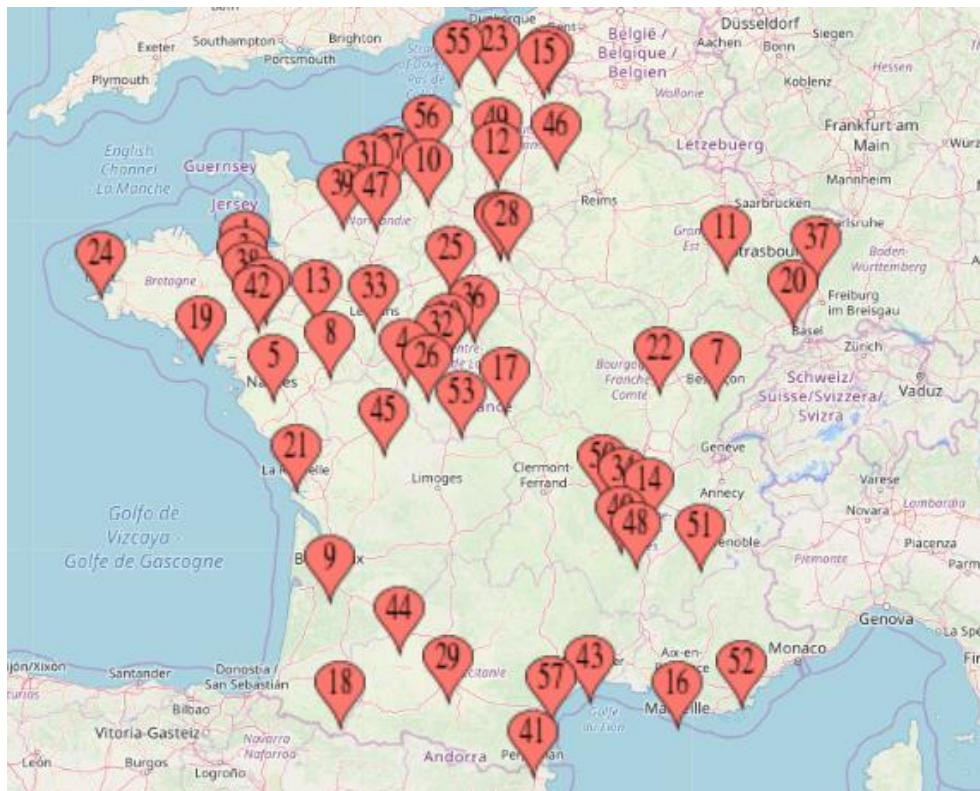


Figure 3 Communities of Petites Sœurs in 1861 (in order of foundation)

The *Petites Sœurs* spread their large membership across the country in a much greater number of individual houses. These individual communities remained small and so were comparable to those of smaller congregations. For example, the number of *Petites Sœurs* in Nantes totalled twenty in 1869, compared to the *Auxiliatrices*' fourteen.¹⁷⁸

Year	Communities of <i>Petites Sœurs</i> in France ¹⁷⁹
1861	57
1868	107
1878	169
1887	250
1895	270
1900	281

Table 1¹⁸⁰

Year	Communities of <i>Auxiliatrices</i> in France
1856	1
1865	2
1876	4
1886	9 ⁽¹⁸¹⁾
1895	10
1899	11

Table 2¹⁸²

The communities studied in detail in this thesis were located in Paris and Western France. The *Petites Sœurs*, founded in 1839, began life in a small town in Brittany. After a succession of temporary lodgings including Jugan's home, the hospice in Saint Servan was moved to a former convent in 1842 located on the Vigne au Chat (now the Rue Jeanne Jugan, the street name having been changed in 1866, reportedly against Jugan's wishes).¹⁸³ The hospice run by the congregation in Nantes began on the Rue de

¹⁷⁸ "Exercice de 1869." X/1/X/567, Archives Départementales de Loire-Atlantique; "Maison de Nantes Statut." (1869-1870), J/125/2/F/27, Archives départementales de Loire-Atlantique.

¹⁷⁹ Some figures may include communities outside of mainland France.

¹⁸⁰ Archives des Petites Sœurs des Pauvres, Saint Pern, France.

¹⁸¹ From 1886 an additional community called the *Ecole Professionnelle* was also on the records, so technically there were ten communities in France. The *Ecole Professionnelle* was the idea of Marie de la Providence and a priest named Olivaint: a finishing school for the working classes with a priority on religious education. Auguste Hamon, *Les Auxiliatrices des Ames du Purgatoire : 1856-1909. I, Mère Marie de la Providence 1856-1871* (Paris: G. Beauchesne, 1921), 41.

¹⁸² "Résumé Annuel des Œuvres." Archives des Auxiliatrices des Ames du Purgatoires.

¹⁸³ "Livres de Fondation Saint Servan." (1839-1880), Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1866.

Miséricorde before relocating to the *Asile Sainte Anne* in the Bel Air district, adjacent to the Passage Russeil. The hospice was expanded on the same site as the number of residents grew, and has recently been replaced by a new hospice run by the congregation on the same site. In Paris, the congregation opened five hospices over the course of the nineteenth century in the following locations: Rue Saint Jacques (1849), Avenue de Breteuil (1851), Rue de Picpus (1853), Rue de Notre Dame des Champs (1854), Rue de Philippe de Girard (1864), and in the suburb of Saint Denis (1875). A sixth community was founded on Rue Varize towards the turn of the century (1896). Spread across the capital, the sisters became a common sight. As Bournand states in his 1891 study of congregations, '[i]ls sont bien rares les Parisiens qui n'ont pas rencontré les *Petites Sœurs des Pauvres* [...]'.¹⁸⁴

The *Auxiliatrices* were established in 1856 on the Rue de la Barouillère in Paris, now the Rue St Jean Baptiste de la Salle, where the community remains to this day. The Paris *Livres de Malades* provide addresses for patients and so give some idea of the areas the congregation would have visited. In 1899 the book lists more than 40 different streets, largely concentrated in the south of the city near la Barouillère, but with some addresses in Montrouge and around the outskirts of the city - which would have been about an hour's walk from the community. There is more than a little crossover with the *Petites Sœurs* – both communities worked primarily South of the river – and one of the patients visited by the *Auxiliatrices* lived on the Avenue de Breteuil where the *Petites Sœurs* ran a hospice. The *Auxiliatrices'* community in Nantes was located on Boulevard Delorme (now Boulevard Gabriel Guist'hau) in the centre of the city. More than 30 addresses listed in the Nantes *Livres des Malades* for 1899 give some insight into the area the nuns would have visited. The addresses are again more concentrated in the area around the community headquarters, but they stretch out across the city centre with some up to an hour's walk away.

Although the number of communities differed dramatically, there is evidence of local demand for all three of the congregations studied here. The *Sœurs de l'Espérance* were founded at the request of a bishop who saw the need for *gardes-malades* in Bordeaux. The community of *Auxiliatrices* in Nantes was established at the request of locals and paid for

¹⁸⁴ François Bournand, *Les Sœurs, 1633-1900. Sœurs de Charité. Sœurs des Hôpitaux. Petites Sœurs des Pauvres. Sœurs Enseignantes et Missionnaires, Etc* (Paris: Librairies salésiennes, 1900), 97.

by a substantial private donation.¹⁸⁵ O'Brien has shown that such requests were frequent (in an English context).¹⁸⁶ As I will show, the *Petites Sœurs* were the recipients of many private donations, again showing a level of demand and public support for their work. Even during the Paris Commune, reports indicate that the *Petites Sœurs* were able to continue their work without intervention from anticlerical Communards.¹⁸⁷

There is some evidence of contracts being drawn up between the *Petites Sœurs* and the local administration, with conditions such as a guaranteed share of the hospice beds. The *Petites Sœurs'* contract for Laval¹⁸⁸ contained just such a clause allowing the local administrator for hospices to assign twenty-five residents to the hospice, eight of whom might be epileptic.¹⁸⁹ These places were to be filled over time as the establishment was able to take new residents, with a view to all being filled within the first two years. The sisters remained responsible for paying all taxes and reparations to the hospice, and in return were exempt from any official state inspections. The contract for Nantes was modelled on that of Laval.¹⁹⁰

The recruitment and distribution of these three congregations can be summarised as follows. The *Petites Sœurs* had a high and steady rate of recruitment, with almost 5000 sisters and over 200 communities in France by the end of the century. The figures for the *Sœurs de l'Espérance* are less clear, but according to Langlois they had 30 communities and upwards of 400 members in 1878 placing them amongst the most successful post-1789 foundations in terms of recruitment. Both of these congregations had a mixed membership but recruited largely from rural areas. The *Auxiliatrices* were much smaller, with less than 100 members for much of the century, and they recruited these small numbers of women from a more urban elite, who formed just 11 communities in France at the end of the 1800s. In terms of attracting new members, the *Petites Sœurs* and the

¹⁸⁵ Thérèse Gardey de Soos, *Eugénie Smet Bienheureuse Marie de la Providence* (Paris: Editions François-Xavier de Guibert, 1996), 104.

¹⁸⁶ O'Brien, "Terra Incognita: The Nun in Nineteenth-Century England."

¹⁸⁷ '[L]es Filles de la Charité rencontrent assez souvent l'animosité des communards, quand les Petites Sœurs traversent Paris sans encombre.' Cholvy, *Le XIX^e: Grand Siècle des Religieuses Françaises*, 63. A number of the histories discussed in chapter three confirm this.

¹⁸⁸ A town situated between Rennes and Le Mans, about 120km from Nantes.

¹⁸⁹ "Letter from the Deputy Mayor of Laval to Mgr Jacquemet, Bishop of Nantes, 31st March." (1854), J/125/2/F/38, Archives Départementales de Loire-Atlantique; "Draft Letter from Mgr Jacquemet, Bishop of Nantes, to the Mayor of Laval, 24th March." (1854), J/125/2/F/38, Archives départementales de Loire-Atlantique.

¹⁹⁰ "Contract Made between Marie Jamet, Superior of the Petites Sœurs des Pauvres, and the Mayor of Nantes, N.D.", J/125/2/F/38, Archives Départementales de Loire-Atlantique.

Sœurs de l'Espérance were particularly successful examples of congregations founded post-1789, whilst the *Auxiliatrices*' recruitment rates were comparatively low. The success of the two former congregations can be attributed in part to the tasks performed by these women.

The clearly defined vocations of the *Petites Sœurs* and the *Sœurs de l'Espérance* supplemented patchy healthcare provision at the time. Women joining these congregations would have had a clear sense of their vocation and the contribution these congregations made to wider society. As Langlois states, specialist hospital congregations were among the most successful new foundations in terms of recruitment and expansion.¹⁹¹ The *Petites Sœurs* in particular provided round-the-clock care in a pioneering model which was successful both as a religious institution and as a care facility:

Comme la garde-malade, la petite sœur vise explicitement à ramener les vieillards à la pratique religieuse et à leur assurer une « bonne mort ». Mais également les Petites Sœurs devancent - et déjà, comme on l'a vu, dans le choix du nom - les exigences des sœurs gardes-malades de la dernière génération. Elles désirent en effet soigner les vieillards déshérités, gratuitement : elles s'y consacrent « exclusivement et directement », « le jour et la nuit ».¹⁹²

The comparatively small growth of the *Auxiliatrices* may well be linked to their more ambiguous vocation which involved a variety of different activities in the community. Langlois categorises the *Auxiliatrices* as an apostolic congregation. As I will discuss, the *Auxiliatrices* favoured this framing of their activities, resisting any categorisation of their vocation as nursing and so making invisible the care work they performed. This discourse was reinforced by local clergy. A report for the bishop of Nantes described their activities as follows:

Ces religieuses Auxiliatrices, dont le genre de vie est mixte, unissent les exercices de la vie active à ceux de la vie contemplative. Elles doivent être à la fois Marthe et Marie, et consacrer au soin des malades pauvres à domicile, œuvre qu'elles choisissent comme moyen d'expiation pour les âmes du Purgatoire, (bien qu'elles ne soient pas garde-malades) le temps que leur laissent les exercices de la vie

¹⁹¹ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 605.

¹⁹² *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 494-95.

religieuse. Elles se livrent aussi à d'autres œuvres, dont l'occasion leur est offerte dans l'exercice de leur dévouement près des malades, telles que la propagation des bons livres, l'instruction religieuse des adultes. Dans les Missions, elles s'adonnent suivant l'opportunité, à toute espèce d'œuvre de miséricorde spirituelle et corporelle.¹⁹³

Although, as I will show, nursing was a significant part of their daily work, it was neither their sole focus nor a clear identity for this group of women. The *Auxiliatrices* also engaged in teaching and catechising as well as significant missionary work, especially in China. This more complex, multifaceted corporate identity – including the clear rejection of the role of *gardes-malades* – may have affected recruitment rates by dissuading or failing to attract women who were seeking a specific nursing vocation.

2.4 Training and the Daily Tasks of a Nursing Nun

Despite their multifaceted vocations and rejection of formal nursing titles, the archives of the *Auxiliatrices* suggest that nursing was an important and valued task which this congregation took seriously. Two nursing manuals in the *Auxiliatrices'* archives give us an idea of the work these women might be expected to carry out during visits to the sick, outlining the ideal behaviour of a nursing nun.¹⁹⁴ The very existence of texts designed for training purposes suggests that the women's visits to the sick were intended to provide medical care and a degree of physical relief. In other words, visits to the sick may have been done with the intention of conversions, but they weren't *only* about conversion. The manuals give relatively comprehensive training and are similar to other training manuals available at the time.¹⁹⁵ The first, entitled the *Livre de Médecine*¹⁹⁶ is handwritten and appears to predate the second, which is an updated version entitled *Manuel de l'Œuvre des Malades*.¹⁹⁷ The *Auxiliatrices'* archivist was able to provide some approximate dates and further information on the use of these texts:

¹⁹³ Report enclosed with "Letter from Marie de La Providence to Mgr Jacquemet, Bishop of Nantes, 13th March." Archives Départementales de Loire-Atlantique.

¹⁹⁴ For a full description of the manuals, see Appendix A.

¹⁹⁵ Daniel Hickey, "To Improve the Training of Nurses in France: The Manuals Published as Teaching-Aids, 1775-1895," *Canadian Bulletin of Medical History* 27, no. 1 (2010).

¹⁹⁶ "Livre de Médecine." (N.D.), 4/B/14, Archives des Auxiliatrices des âmes du Purgatoire.

¹⁹⁷ "Manuel de l'Œuvre des Malades." (N.D.), 4/B/15, Archives des Auxiliatrices des âmes du Purgatoire.

Ces ouvrages étaient généralement reproduits pour être distribués dans les bibliothèques des maisons de formation, mais nous ne conservons pas d'autre exemplaire du « livre de médecine » (4B14), et seulement un autre pour le Manuel de l'œuvre des malades (4B15). Pour la datation, le livre de médecine est indiqué « entre 1875 et 1925 », et le Manuel de l'œuvre des malades (4B15) est réputé avoir été écrit par M. de la Bse Louise de Savoie (Louise Robert de son nom civil) avant son départ en mission en Chine, en 1908. Elle était alors « ministre infirmière ». Compte tenu de la reprographie, je dirais malgré tout que le 4B14 est plus ancien que le 4B15.¹⁹⁸

For ease of understanding, I will refer to these sources as manual 1 (for the *livre de médecine*) and manual 2 (for the *manuel de l'œuvre des malades*). The belief that the author of manual 2 is a nun is highly significant. In Hickey's study of nineteenth-century training manuals, nursing manuals were written by either priests or doctors. This valuable text may therefore be a rare example of women training and educating women in medical and scientific practices.

In the manuals, the *Auxiliatrices* are encouraged to take any opportunity to expand their medical knowledge and to take initiative in teaching themselves. The manual explains that nursing requires:

Certaines connaissances médicales élémentaires. Quand on ne les a pas, il faut les acquérir. Ecouter avec application les leçons qui en traitent, demander des explications quand on ne comprend pas, étudier, examiner comment agissent celles avec lesquelles on sort pour être formée.¹⁹⁹

There is a clear indication here that new *Auxiliatrices* were given lessons and training when preparing for their nursing work, including going out on visits with more experienced nursing sisters to learn from them. The existence of the manual itself also points to the fact that these nurses spent time educating themselves in medical practices.

Advice is given in the manuals for many of the practical tasks involved in care, such as changing bed sheets, moving a patient who is immobile, dressing wounds, and

¹⁹⁸ Flore de Javel, email to the author, 30th April, 2018.

¹⁹⁹ "Livre de Médecine." Archives des Auxiliatrices des âmes du Purgatoire, 4.

administering remedies. One of the most important aspects of both manuals' content is hygiene. There are pages of detail in training manual 1 on how best to clean the environment around the patient and how to maintain a patient's personal hygiene depending on their level of mobility. It is made clear that special attention must be given to cleanliness in cases of contagion:

Lorsqu'on fait des pansements ou qu'on soigne une maladie contagieuse avoir une petite bouteille d'une antiseptique quelconque eau boriquée - sublime - acide phénique - pour se laver les mains et laver les pinces dont on s'est servi. Lorsqu'on rentre à la maison on doit se laver les mains même si on l'a déjà fait chez les malades. Le visage si cela est nécessaire. Changez ordinairement de robe et de pèlerine. Dans le cas de maladie contagieuse avoir soin de mettre à l'air les vêtements changés.²⁰⁰

The area around the patient must be kept clean with disinfectant, and there must be careful separation of their laundry and washing up to avoid contact with that belonging to others.²⁰¹ In a section on how best to aid a surgeon during his work, the manual also explains how to sterilise surgical instruments.²⁰²

Manual 2 shows a great deal of progression in terms of scientific knowledge of hygiene. An explanation of Pasteur's work on germ theory (first presented to the academy in 1878 and further popularised in the 1880s) forms an important part of the second manual, and hygiene and sterilisation practices have been updated to reflect this new knowledge of how diseases spread:

[I]l y a cinquante ans, les livres de médecine ne parlaient pas encore des microbes; leur rôle dans les maladies était complètement ignoré. [...] Il était réservé à Pasteur de montrer que toutes les maladies infectieuses ou virulentes sont l'œuvre des microbes.²⁰³

Pasteur's work began in the 1850s with studies of fermentation and silk worms, but reached its apex in the 1880s when he developed vaccinations for anthrax and rabies in

²⁰⁰ "Livre de Médecine." Archives des Auxiliatrices des âmes du Purgatoire, 1.

²⁰¹ "Livre de Médecine." Archives des Auxiliatrices des âmes du Purgatoire, 11, 24.

²⁰² "Livre de Médecine." Archives des Auxiliatrices des âmes du Purgatoire, 77.

²⁰³ "Manuel de l'Œuvre des Malades." Archives des Auxiliatrices des âmes du Purgatoire, 39.

particular, discoveries which not only made him famous, but dramatically changed the landscape of public health and disease.²⁰⁴ The mention of his work here possibly dates this version of the manual as sometime in or after the 1880s when Pasteur's work was most publicly influential. What it certainly proves is that the author of this manual followed scientific advancement in the study of disease, and that this was considered important in the training provided to these nursing nuns.

In many ways, the second manual is more detailed and more structured than the first and shows a progression in the understanding and knowledge of nursing and medicine. Greater emphasis is given to medical details: there is a new chapter added which lists common illnesses, sorted into categories. The symptoms of the illnesses are described alongside recommended diet and medicine for the patient. Information of this sort was much more limited in the first manual and is not organised in the same fashion. Details given about how to prevent and combat contagion are more thorough and have also been updated in relation to germ theory. All of this suggests that the *Auxiliatrices* were preoccupied with hygiene and endeavoured to update their practices. Compared to the manuals analysed by Hickey, it would appear that the information available to these nuns was comparatively good for its time.²⁰⁵ In his analysis, Hickey speculates that '[t]he larger congregations like the Augustinians or the Sisters of Charity seem to have been more open to adopting the techniques and the advice given by the authors and the smaller, more localized orders probably had less experience and less exposure to the newer procedures.'²⁰⁶ The existence of the *Auxiliatrices'* manuals contradicts the latter statement, pointing to the fact that this small congregation of nursing nuns were carefully trained. Though perhaps not at the cutting edge of science, they were keeping up to date with key developments in hygienic practice.

The manuals go into detail about the practicalities of nursing. They show us what work the nuns were trained to do and what work they might expect to carry out when visiting patients. As well as maintaining hygiene, their work included domestic tasks such as cooking, moving the patient without causing harm, administering remedies, and monitoring the patient's physical and mental state. There is a clear indication in the texts

²⁰⁴ Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*, 2.

²⁰⁵ Hickey, "To Improve the Training of Nurses in France: The Manuals Published as Teaching-Aids, 1775-1895."

²⁰⁶ "To Improve the Training of Nurses in France: The Manuals Published as Teaching-Aids, 1775-1895," 179.

that nursing *Auxiliatrices* were given lessons and training when preparing for their visits to the poor, including going out on visits with more experienced nursing sisters to learn from them. The existence of the manuals also points to the fact that these nurses took their role seriously and spent time educating themselves in how best to care for the sick. It is clear too from the updated manual that scientific progress was followed and incorporated into the training given to nursing nuns. Hygiene and prevention of disease are taken very seriously, showing a genuine desire to improve public health which goes beyond basic attempts to make someone comfortable.

The manuals also reflect the changing role of nursing nuns in light of the gradual professionalization of medicine. In the second manual the role of the *Auxiliatrices* can be seen to shrink. Though manual 2 provided more up-to-date medical information, it depicts a more limited role for the nursing nun in the homes of the sick. For example, whilst the first manual advises nurses to test urine with no caveats made for their lack of ability in this area, the second manual states:

Pour une analyse exacte il faudrait recourir à ceux qui en font métier; les procédés suivant ne donnent que des résultats approximatifs, qui doivent être contrôlés par un médecin. [...] avertir le médecin que l'on croit à la présence de l'albumine. Si l'albuminerie est reconnue, une analyse plus sûre et plus complète pourra être faite par des personnes compétentes.²⁰⁷

Similarly, whilst the second manual goes into more detail about a nurse's possible role in operations, it is clearly stated that this is not a role to be taken on by all nursing nuns:

Pour remplir cet office, il faut une grande habitude des opérations; aussi, si l'on n'en a pas l'expérience, mieux vaut s'entendre avec le chirurgien afin d'avoir une personne du métier et se contenter d'aider comme il a été dit en premier; si le chirurgien opère seul, sans aide, on lui présente directement flacons et boîtes, et lui-même y prend ce qui lui est nécessaire.²⁰⁸

In some respects, then, the role of the nurse can be seen to shrink as experience and expertise are given greater importance in these manuals. Produced during the Third

²⁰⁷ "Manuel de l'Œuvre des Malades." Archives des Auxiliatrices des âmes du Purgatoire, 122-23.

²⁰⁸ "Manuel de l'Œuvre des Malades." Archives des Auxiliatrices des âmes du Purgatoire, 96.

Republic, sometime towards the end of the nineteenth century, these texts show how one congregation adapted to the emerging professional boundaries discussed in the introduction to this thesis.

The training manuals are theoretical textbooks which outline the expectations for nursing *Auxiliatrices*. A selection of visit reports can give us an insight into how the knowledge in the manuals was applied in the homes of the sick. These reports have been compiled in large hard-bound books, 57 reports for Paris ranging from 1856-1879, and 49 for Nantes ranging from 1866-1887. The visit reports were written to be uplifting and informative for other sisters, to conserve the memory of God's graces to them, and to increase the glory of God and the sisters' recognition and gratitude for it. They were, above all, spiritual texts. It is therefore debatable to what extent these reports are representative of the daily tasks of a nursing nun. The heavy focus on the religious work of these women means details of the nursing care is often overlooked. Nevertheless, snippets of interactions between the nuns and their patients, or between the nuns and local doctors, reveal something of the quality and nature of these women's work and help us to understand to what extent it reflected the advice given in the manual. Though the reports focus on religious and moral narratives, they can nevertheless provide an insight into the sort of nursing work carried out by the *Auxiliatrices*.

The reports show that the nuns' work included a range of domestic tasks. The work of an *Auxiliatrice* in the report for Mme Florine Benoit exemplifies this. This mother of six falls ill with typhoid meaning her husband is unable to go out to work. As a result, the whole family is starving. On her first visit to the family, the unnamed *Auxiliatrice*, after encouraging the husband to return to work, 'prodigua ses soins à la pauvre femme', sent the youngest children to school, and 'une fois la tranquillité rétablie, la sœur, aidée de l'aîné qu'elle garda, put rétablir l'ordre dans le ménage.' The husband returns to find 'la petite chambre propre et rangée, les enfants placés autour de la table.'²⁰⁹ Essentially, the nun takes on the role of housewife and mother, allowing the family to 'function' during the illness of Mme Benoit. Her actions nevertheless also suggest that the *Auxiliatrices* improved hygienic practice in the homes of the poor. The environment around the patient is cleaned and tidied, and the children's bodily hygiene is also addressed: 'La sœur voulant

²⁰⁹ 'Mme Florine Benoit', N.D., "Rapports des Visites de Malades, Paris." (c1856-c1879), 1/MM/5, Archives des Auxiliatrices des Ames du Purgatoire.

procéder à la toilette des enfants, pour les envoyer à l'école, ne trouva rien de mieux, pour les débarrasser de la vermine et de la malpropreté dont ils étaient couverts, que de les plonger l'un après l'autre dans un baquet à la lessive.'²¹⁰ Such activities are repeated on a number of occasions. The *Auxiliatrices* engage in physical and sometimes unpleasant work to address problems with vermin such as lice or maggots. The science behind this is not evoked in the reports – there is no mention of eliminating germs for example – but there is no doubt that by cleaning the environment around their patients and addressing the spread of pests the *Auxiliatrices* were engaging with good hygiene practices and helping to alleviate physical suffering and the proliferation of germs in the homes of the poor.²¹¹

A Paris report shows one *Auxiliatrice* (the name Mère Chantal has been pencilled in the margin) doing a physical examination of a patient and responding to the patients' questions, taking on an advisory role not dissimilar to a doctor or folk healer. The knowledge and experience of the nun is highlighted. She recommends seeking the opinion of a second doctor, and also tells the patient to make an appeal 'au médecin de tous les médecins', God. The report reads:

Après les civilités d'usage, on entre de suite en matière: on montre la plaie en question, et elle est examinée en vrai connaisseur par la Mère X, chaque mouvement de sa physionomie était épié afin d'y découvrir la vérité. La Mère X écoute avec les marques du plus grand intérêt le commencement de la maladie, ses phases progressives. On lui adresse questions sur questions: quels remèdes faut-il employer? Peut-on conserver de l'espoir? La chirurgie est-elle vraiment indispensable? A toutes ces demandes elle répond qu'en réfléchissant à la gravité que ce genre de maladie prend quelquefois, il ne faut rien négliger pour en arrêter les progrès [sic.] et ne pas s'en tenir à la consultation d'un seul médecin, mais accepter la visite d'un docteur aussi expérimenté que l'est celui de Mme de M puisqu'elle a la bonté de vouloir bien le faire venir, et que d'ici-là, on peut sans

²¹⁰ "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

²¹¹ There is also an important emotional impact of such work – the labour of restoring dignity and a sense of self-worth, and the impact of the nuns' spiritual care on people's health and wellbeing – all of which I discuss further in the following chapters.

inconvenient continuer le régime commencé depuis quelques jours: une compresse d'huile d'amandes douces.²¹²

Another of the Paris reports, this one from 1868, describes the nursing care administered by another unnamed *Auxiliatrice*. The patient, Mme Gaillardeau, is described as defiant and solitary, suffering from a head wound but wishing to be left alone:

[L]a Mère X monta chez la vieille Julie dont la plaie n'avait pas été pansée et qui se laissa gagner par les bonnes paroles qu'on lui adressa; la Mère X enleva tout le sang caillé qui s'était amassé sur la blessure très profonde de la pauvre Julie, elle lui arrangea les cheveux de manière à ce qu'ils n'entrassent pas dans la plaie, mit des compresses et s'acquitta si bien de ces soins, que madame Gaillardeau ne se laissait pas de répéter "A dire que je ne voulais pas de vous ma bonne sœur! Vraiment je refusais le bonheur !"²¹³

As well as these snippets of consultations, there are a small handful of instances where the *Auxiliatrices* administer common nineteenth-century remedies, including leeches and poultices, at the instructions of the doctor. However, such clear examples of physical care rarely come up in the reports. The illness of the patient is often named but this does not necessarily mean the report gives significant detail about their medical treatment. At least thirty of the reports give no detail of the illness or the treatment of the person concerned, and focus entirely on attempts to convert them. The reports regularly mention the giving of *médailles miraculeuses*,²¹⁴ and the use of prayer (particularly novenas²¹⁵) as part of the nurses' spiritual care of the suffering – these practices appear more often than any

²¹² 'Melle Batisse', 1869, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

²¹³ 'Mme Julie Gaillardeau', 1868, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

²¹⁴ The medals distributed by both the *Auxiliatrices* and the *Petites Sœurs* were copies of the so-called *médaille miraculeuse*, a medal distributed in extraordinary numbers in the nineteenth century after Cathérine Labouret had a vision of the Virgin Mary. 'By the end of the decade [1830s], ten million exemplars of the medal were in circulation, not just in France and neighboring countries but also in the United States, Russia, China, even Abyssinia. The popularity of the Miraculous Medal offers ample proof that, though attendances at mass might be in decline, there was an enormous diffuse public eager for tangible proof - or what it considered to be such - of supernatural intervention and protection, [...].' Richard Burton, *Holy Tears, Holy Blood: Women, Catholicism and the Culture of Suffering in France, 1840-1970* (Cornell: Cornell University Press, 2004), 1.

²¹⁵ A novena is a nine-day prayer ritual which may involve repetition of the same prayer or a list of different prayers for each day. These are often addressed to a specific Saint as intercessor and may include a particular petition or request.

mention of physical or medical treatment. Whether this is really reflective of the balance of activities which the nuns undertook in the homes of the sick is not clear. Perhaps the nurses did not engage much with physical and medical care, but it is just as plausible that the reports omit such details because the texts were written for spiritual edification, and so were concerned only with conversions and success stories.

We might expect regional differences in the practices of the nuns and the extent to which scientific practices were taken up or overlooked in favour of religious action, but with the small sample size of reports available here there are no glaring disparities. Both communities show evidence of practical, medical skill but also engage in a good deal of proselytising. Both communities report seemingly miraculous cures and attribute much of their work to God's intervention. One of the Nantes reports does stand out, however, in that it relies on outdated language to describe depressive behaviour:

...mais voilà que Mme C est prise d'excès d'humeur noire, elle abandonne le soin de son ménage et de ses enfants, reste des journées entières sans bouger, absorbée en elle-même et finit par vouloir quitter Paimboeuf.²¹⁶

This is the only report which refers to humours, however. Generally the medical terminology appears up-to-date, and as we have seen the nuns interacted with doctors in seemingly productive and positive ways. Overall, the combination of the manuals and the reports suggest that the *Auxiliatrices* were a group of women working in an organised, professional manner, relying on training (from both manuals and peers) to carry out a variety of skilled tasks to provide care in the homes of the poor.

This rich documentation relating to the *Auxiliatrices'* nursing work is exceptional. Very few congregations seem to have surviving documentation comparable to the *Auxiliatrices'* training manuals, rulebooks, and reports which offer such a detailed view of how nursing nuns conceptualised and performed care work. Having found these documents in the archives of the *Auxiliatrices* I approached the *Petites Sœurs des Pauvres* to ask if they had any documents relating to the training or practices of the nuns as nurses or the running of the hospices. I am told that no such records exist. Chronicles for each hospice may shed some light on this, but these documents are only accessible by visiting each individual

²¹⁶ 'Extraits des rapports des malades de 1871', "Rapports des Visites de Malades, Nantes." (c1866-c1887), 2/MM/6, Archives des Auxiliatrices des Ames du Purgatoire.

institution and requesting to see them. Once again a lack of catalogues, disparate archives, and congregational gatekeeping led to gaps in the historical narrative.

I have found no documentation to suggest that the *Petites Sœurs* received any form of training for their work (all noviciates underwent general formation before being admitted to the congregation but the exact content of this training is unknown). The chronicles kept by the first community of *Petites Sœurs* at Saint Servan are the best insight into the everyday responsibilities of the *Petites Sœurs*, but these texts rarely mention the nursing work performed by the nuns either. The exact nature of the care they provided remains difficult to prove. They certainly provided food and shelter for the elderly and infirm who were unable to support themselves financially. The nuns worked to keep the residents of the hospice and the hospice environment clean. As with the *Auxiliatrices*, they helped to eliminate vermin:

Plusieurs bonnes femmes avaient apporté de la vermine. Les Servantes des Pauvres donnèrent une partie de leurs vêtements pour les changer et ils s'épuisèrent ; deux mois plus tard, il fallut un nouveau change ; or il y avait 26 pauvres. Que faire ? Le soir après le coucher des bonnes femmes, les sœurs prirent leurs vêtements les passèrent à l'eau bouillante pour tuer la vermine et les lavèrent, les pauvres durent rester au lit jusqu'à ce que leurs vêtements fussent prêts [...].²¹⁷

For those residents who were sick or dying, the hospices contained an infirmary (Du Camp refers to this as the *salle des grands infirmes*).²¹⁸ As discussed above, contracts in Nantes and Laval allowed for a quota of residents suffering from epilepsy. Whilst records don't give a detailed list of those cared for, it is safe to assume that many patients had particular needs beyond the basics of food and shelter.

The hospice at Saint Servan was hit by a wave of cholera in 1849 and the nuns were charged with caring for those who fell ill:

²¹⁷ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1843, 7.

²¹⁸ Maxime Du Camp, *La Charité Privée à Paris* (Paris: Hachette, 1885), 59.

Au mois de novembre, le choléra sévit à l'asile et pendant une semaine le soin des malades augmenta considérablement le travail journalier [sic.] ; 8 bonnes femmes succombèrent, mais leur mort chrétienne et édifiante fut un sujet de consolation.²¹⁹

By piecing together the different histories written about the *Petites Sœurs*, a wide variety of tasks can be attributed to them: staying up all night cleaning, cooking for and feeding the residents, changing sheets and dealing with incontinence, and nursing the sick or infirm.

2.5 Finances

Whilst there are few records available on the nursing work performed by the *Petites Sœurs*, there are a variety of sources which show that the administrative and organisational work required to maintain their hospices would have been substantial. An expenses report for the Nantes community held in the departmental archives gives us some idea of the resources required for this upkeep (Table 3). These reports cover the period 1858-1864, during which time the hospice cost approximately 20,000 francs per year to run (not including substantial building costs which appear to have been paid off over a longer period). Large quantities of fuel and food were purchased, with fairly consistent expenditure each year despite the unpredictable nature of this congregation's income. Additional notes on the document refer to a number of unpaid construction fees (8,047 and 11,517 in 1860 and 1861 respectively), and an upcoming expansion project in 1864. The main expense is of course food, but it is worth noting that medicine is a designated expense for these hospices, showing that the free care of patients extended beyond the basic needs of food and shelter.

Year	N.D.	1858	1860	1861	1862	1863	1863 – 64
Total expenditure	19351	19128	20140	21150	18291.70	19320	19057.14
Bread	9811	10908	10000	10200	11859	12300	10200

²¹⁹ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1849, 16.

Year	N.D.	1858	1860	1861	1862	1863	1863 – 64
Wine	395	400	400	450	460	520	419
Butter	850	800	450	500	600	750	800.40
Groceries	1000	992	900	1000	1175	1320	2131.75
Meat	740	628	800	900	~933 (illegible)	1000	1215.80
Wood and Coal	1100	900	1200	1500	1500	1500	1600
Medicine	535	500	540	600	619.35	650	580.90
Other Expenses	4920	4000	5150	6000	1118.65	1280	2109.29

Table 3²²⁰

The *Petites Sœurs* proved exceptional in their ability to raise funds, placing them among the richest congregations - comparatively speaking - in the 19th century:

Les trois congrégations qui disposent de plus de sœurs – Filles de la Charité, Filles de la Sagesse et Petites Sœurs des pauvres – se trouvent aussi dans le quatre premiers rangs pour la richesse immobilière.²²¹

Members of the *Petites Sœurs* took (and continue to take) vows of poverty, and histories of this congregation highlight the congregation's choice to eschew financial security. The nuns relied largely on charitable donations to provide the food and resources required for the running of their hospices. Some members of the congregation, including their founder Jeanne Jugan, were designated 'sœurs quêteuses' who collected door-to-door.²²² These collections of money, food, and goods were necessary for the daily upkeep of communities.

²²⁰ "Situation de l'Asile Ste Anne Pour les Vieillards." X/1/X/567, Archives Départementales de Loire-Atlantique.

²²¹ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 382.

²²² An idea probably modelled on the *Petites Sœurs'* associates, the *Frères de St Jean de Dieu*.

The *Petites Sœurs* refused almost all donations in the form of ‘rentes’ (annuities) opting to rely, as they saw it, on divine providence by living hand-to-mouth. They nevertheless received significant one-off financial donations from private benefactors, particularly in the form of bequests, setting them above other congregations:

[L]a congrégation bretonne est aussi celle qui recueille bientôt le plus de legs : 18 p. 100 en 1865, 26 p. 100 en 1875. Toutefois comme les petits legs sont, de loin, les plus nombreux, leur montant, en valeur, n’est en 1875 que de 12 p. 100. Mais on voit, dans les testaments, apparaître une pratique significative : ceux et surtout celles qui font plusieurs legs en faveur de congrégations et d’œuvres pies omettent rarement de mentionner les Petites Sœurs et les placent même souvent en premier.²²³

The chronicles for St Servan do not formally record the finances of the congregation, but they nevertheless dedicate a lot of attention to material concerns. Each annual entry tends to summarise the money raised from various sources. For example in 1859 the chronicle reads:

Monsieur le Curé nous laissa 1.000 frs, un vieillard en entrant nous donna 600 frs ; Mme Thomas donna 500 frs [...] et 500 pour la future chapelle ; une personne, qui nous avait déjà prêté 1.900 frs, nous en prêta 1.500, la loterie fournit 2.000.²²⁴

Often these lists of finances will be described as evidence of support from God:

[G]râce aux secours envoyés par la bonne providence, nous avons pu payer les deux maisons achetées l’année dernière ; nous avons reçu 100 frs de Mr Bigot, le secours habituel de la ville 300 frs, une petite somme à l’entrée d’un bonne femme ; la Maison-Mère nous a envoyé 8.000 frs, la bonne Mme Thomas nous donna la même somme de 8.000 frs ; une domestique donna 100 frs ; à la mort de Mme Detrais sa famille nous donna 300 frs, la loterie rapporta près de 3.000 frs, Mme Desfontaines donna 1.000 francs.²²⁵

²²³ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 364.

²²⁴ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1859, 26.

²²⁵ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1864, 31.

Figure 4 below shows the number of donations received (and accepted) by the *Petites Sœurs* as recorded in the Paris diocesan archives and the National Archives from 1859-1905. Some donations were given to specific hospices, others were split equally among all the *Petites Sœurs*' Parisian communities. The records are not consistent, not every file clearly states the total donation sum nor specifies if the donation was approved by the state and accepted by the congregation, so the exact total received by the congregation may vary from what is documented here.²²⁶ Nevertheless, the support this congregation obtained from private donors is striking.

According to these records, the *Petites Sœurs des Pauvres* received 237 donations in the form of bequests to their hospices in Paris from 1859-1905.²²⁷ Approximately 65% of the donors to the *Petites Sœurs* were women, the majority of them widows. In some cases the donation sum is unclear, but of those bequests recorded in the Paris diocesan archive, the total sum received over this period was around 1,982,160 francs. In addition to financial donations, the congregation received at least twenty five donations in materials (usually furniture or linens), annuities (though these were often rejected), or railway bonds. The monetary value of these donations is more difficult to calculate but is in the tens of thousands of francs. Finally, the congregation received some donations in the form of land or property.

²²⁶ The *Petites Sœurs* usually rejected donations made in the form of ongoing annuities. Acceptance and authorisation has been assumed unless the file states otherwise.

²²⁷ There are no documents available prior to 1859, the reasons for which are unclear.

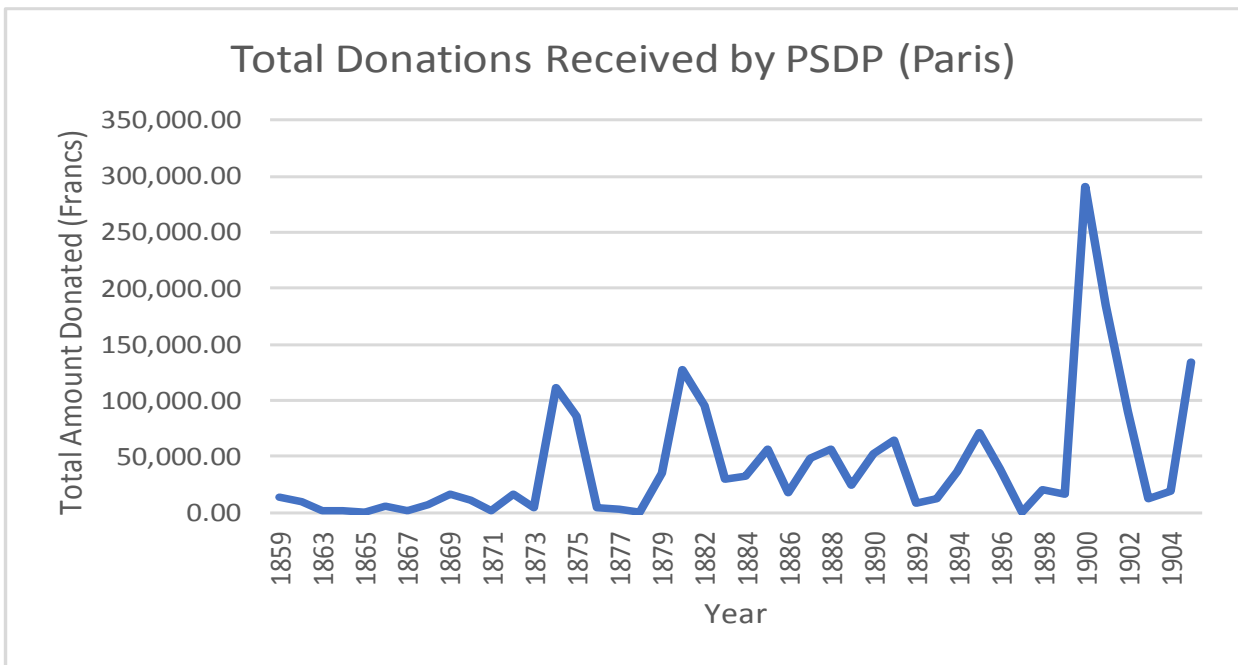


Figure 4²²⁸

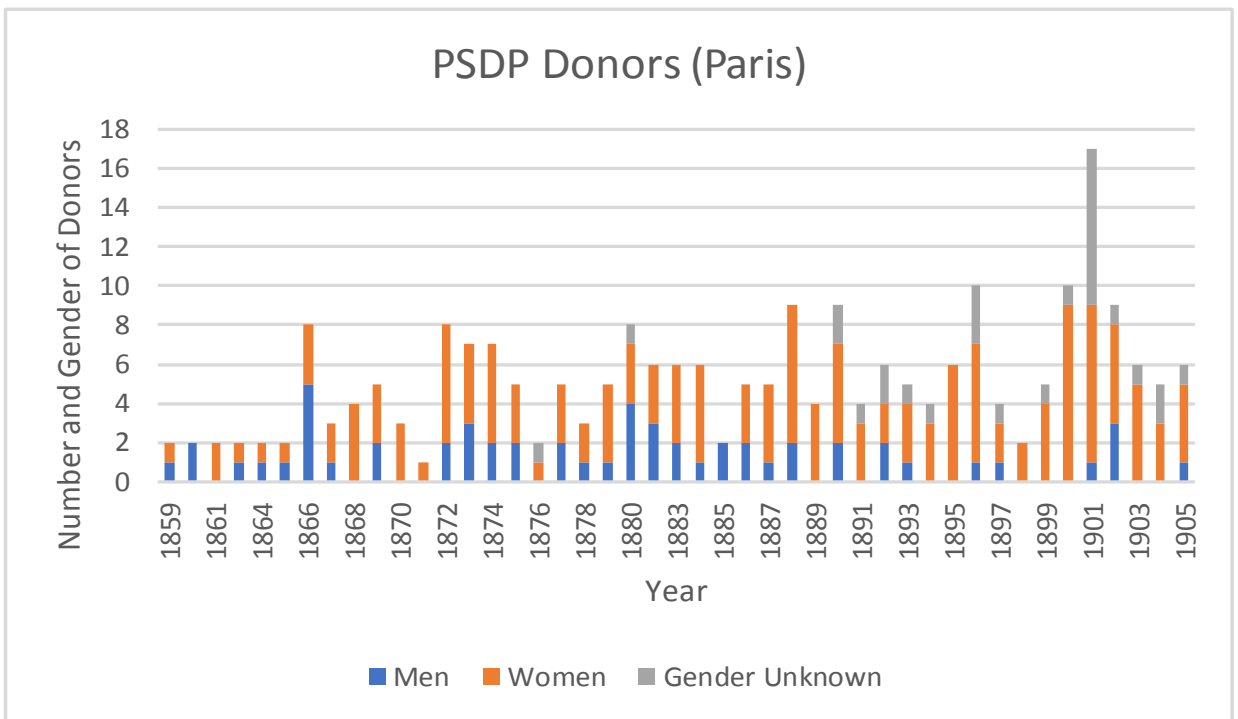


Figure 5²²⁹

²²⁸ "Dons et Legs aux Petites Sœurs des Pauvres." 4/R/9-2/3, 4/R/9-3/3, Archives Diocésaines de Paris; "Dons et Legs aux Petites Sœurs des Pauvres." F/19/6322 Archives Nationales.

²²⁹ "Dons et Legs aux Petites Sœurs des Pauvres." Archives Diocésaines de Paris; "Dons et Legs aux Petites Sœurs des Pauvres." Archives Nationales.

The size of financial donations ranges from 200 to 200,000 francs and the total amount received each year fluctuates significantly. The reasons for these fluctuations are not easily identifiable. The 1870s are a particularly stark example of the dramatic difference year to year, with donations in the low thousands at the beginning and end of the decade punctuated by the years 1874 and 1875 when the congregations received 111,500 and 87,300 francs respectively. Political events may have been a factor in such fluctuations. The early 1870s saw France lose the war with Prussia after a long siege of the capital, the subsequent annexation of Alsace-Lorraine, the Paris Commune, and a period of increasingly anticlerical legislation under the Third Republic. Any one of these factors may have influenced donation rates. I have found no direct cause for the sudden changes in the size or rate of donations, however, and such fluctuations may simply be relatively arbitrary and largely determined by when donors died and their wills were executed.

Large private donations were made to the *Petites Sœurs* to establish hospices in Nantes and nearby Chantenay. For the hospice in Nantes Mr Urvoy de Saint-Bédan made a number of large donations which allowed the congregation to build and expand their site.²³⁰ For the establishment of the hospice in Chantenay there were four female benefactors (not all the names are clearly legible: Melle P-, Melle de la C-, Mme Pellier and Melle Mabit). Between them the four women donated a total of 100,000 francs.²³¹

In theory, as per the rules of the congregation, the *Petites Sœurs* were not permitted to accept any ongoing income (*rentes*), but were to exist hand-to-mouth. This policy is often attributed to their founder, Jeanne Jugan.²³² However, an 1895 *rapport* shows that the community in Nantes was rather unorthodox – a situation of which, it is noted in the document, the Mother House was aware. The report states:

[L]’Établissement de Nantes profite de quelques valeurs, 2 actions Paris-Lyon méditerranées, 250f de rente Hongroise, et 11 obligations Lombardes, produisant un revenu d’environ 500 frs sur cette somme.²³³

²³⁰ "Rapport sur l’Établissement Tenu à Nantes par les Petites Sœurs des Pauvres, 1er Janvier." (1895), J/125/2/F/38, Archives Départementales de Loire-Atlantique.

²³¹ "Rapport sur l’Établissement Tenu à Chantenay par les Petites Sœurs des Pauvres, 1er Janvier." (1895), J/125/2/F/38, Archives Départementales de Loire-Atlantique.

²³² See chapter three.

²³³ "Rapport sur l’Établissement Tenu à Nantes par les Petites Sœurs des Pauvres, 1er Janvier." Archives Départementales de Loire-Atlantique.

Clearly, the hospice in Nantes benefited from a number of financial assets. The hospice was said to be in good financial stead with no outstanding debts.²³⁴

Whilst most of their income came from private sources, there is some evidence that the *Petites Sœurs* benefitted from government support as well. The 1839 chronicle for St Servan states:

Jeanne Jugan allait recevoir au Bureau de Bienfaisance quelques bons de pain au nom de ses pauvres. D'abord elle avait été autorisée à attendre, non pas au milieu des mendiants, mais dans la cour ; un jour une des distributrices lui dit assez durement de rester avec les autres pauvres, puis, au commencement du mois d'Août, le Bureau de Bienfaisance retira le pain, le linge et autres secours qu'il donnait aux indigents avant leur entrée à l'Asile et qu'il leur avait continués. Il en résulta une grande pénurie de linge et pour la faire cesser les servantes des pauvres firent appel à la Bonne Mère du Ciel pendant la fête et l'octave de l'Assomption.²³⁵

The chronicle for 1853 mentions a visit to the hospice by members of the local government: 'Le 3 octobre Mr le Conseiller d'Etat accompagné du Sous-Préfet et du Maire vint visiter la maison et fut heureux du contentement des Pauvres,'²³⁶ suggesting some kind of ongoing relationship between the congregation and the municipality. The community of *Petites Sœurs* in Nantes seems to have benefitted from ongoing support from local government in the form of annual subsidies from the city and the department. Expenses reports were provided by the congregation on the prefect's request. These reports show an annual subsidy of 500 francs from the department and 1000 from the city from 1858-1864.²³⁷ The expenditure reports stop, rather inexplicably, in 1864. Whether the subsidy payments also stopped at this point is unclear.

²³⁴ The same cannot be said for the hospice at Chantenay, for which the report states 'La maison vit du produit de ses quêtes et des dons qu'elle reçoit, mais elle a des dettes.' It would appear that half of the sum of 34000 francs paid for building works remained to be paid. The report mentions that the establishment in Chantenay had suffered from other difficulties: 'Depuis quelques années des abus s'étaient glissés dans cette maison. Le respect de l'autorité s'était affaibli, et la pratique de l'obéissance laissait à désirer. Grâce à une retraite sérieuse et à trois visites successives faites à cette maison au cours de l'année 1894, visite de la supérieure générale, visite de la mère visitatrice et visite canonique le 18 octobre 1894, tout semble être resté en ordre.' "Rapport sur l'Établissement Tenu à Chantenay par les Petites Sœurs des Pauvres, 1er Janvier." Archives Départementales de Loire-Atlantique.

²³⁵ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1839, 4.

²³⁶ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1853, 20.

²³⁷ "Situation de l'Asile Ste Anne Pour les Vieillards." Archives Départementales de Loire-Atlantique.

To supplement the income from donations and bequests, the *Petites Sœurs* organised fundraising initiatives such as lotteries. The chronicles kept by the first community of *Petites Sœurs* in Saint Servan records the money raised by the local lottery for most years between 1849 and 1880, as shown in Figure 6. The records make some comment on the success of the lottery each year, for example 1871 saw the congregation raise 3908 francs ‘malgré la pauvreté générale.’²³⁸ In 1875 and 1876 the congregation organised two lotteries each year. The chronicle also states that the congregation received donations from the Empress Eugénie for the lottery (with an implication that this was a repeat offering): in 1854 ‘sa Majesté l’Impératrice avait encore envoyé 2 lots.’²³⁹

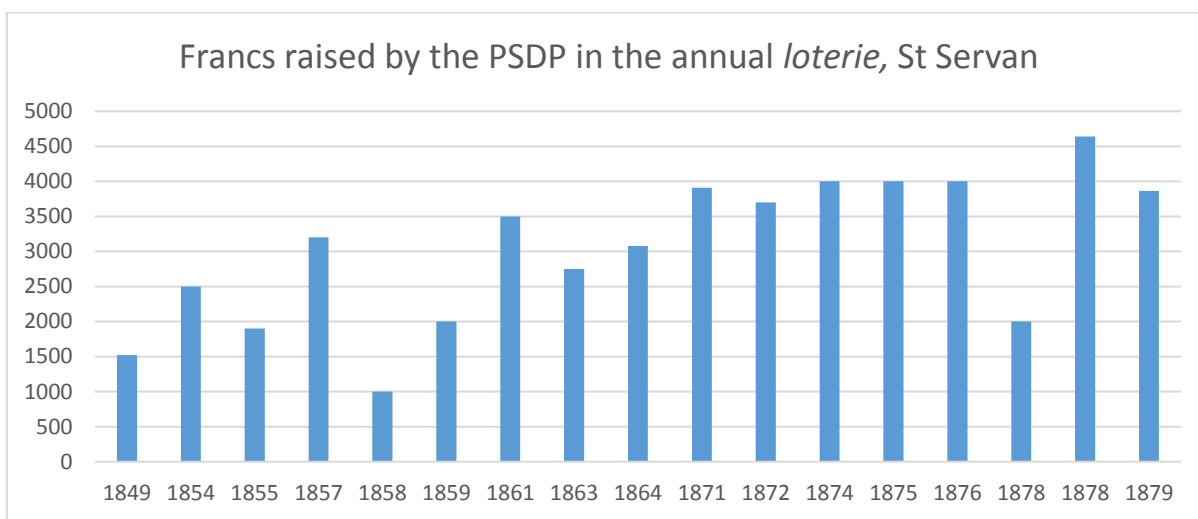


Figure 6²⁴⁰

In 1880 the superiors of the congregation chose to curb the practice of lotteries because they were open to increasingly rigorous intervention from local government:

Notre Maison-Mère ne voulut pas nous permettre de faire une loterie comme les autres années, car la ville voulait nous imposer la condition de donner le quart du produit au bureau de bienfaisance. [...] Avec les années, les loteries qui, au commencement, avaient été d’un grand secours pour nos maisons, furent abandonnées un peu partout ; d’abord les villes imposaient des conditions très onéreuses qui diminuaient de beaucoup le profit, et puis les bienfaiteurs finissaient

²³⁸ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1871, 37.

²³⁹ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1854, 21.

²⁴⁰ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France.

par se laisser de prendre des billets [...] ils aimait mieux donner simplement une offrande [sic].²⁴¹

There is a hint of tension here between private Catholic charity and 'la ville' in terms of who should provide assistance and how they should be financed. By the 1880s, the *Petites Sœurs* were beginning to modify their fundraising initiatives in response to what they perceived as increasingly invasive government policy.

Although in many ways the *Petites Sœurs* have proven very difficult to research, their finances are remarkably transparent and have proven the easiest to track. Beyond their work as carers, some of these women were incredibly successful in obtaining the necessary funds and resources to make their hospices a success. The support garnered from local elites or municipal and state bodies demonstrates the impact of these congregations in their local communities and the congregation's connections with those in positions of social or political power. There are some tensions apparent in the relationship between the congregation and local authorities, as evidenced by the decision of the *bureau de bienfaisance* to cease support for the *Petites Sœurs* in Saint Servan, and in the congregation's general policy to stop conducting lotteries as a means of fundraising.

There are far fewer records of donations to the *Auxiliatrices* – some financial records appear in the congregation's private archives but virtually none in state or diocesan archives – and there are none for the *Sœurs de l'Espérance*. I have identified no subsidies or communications with the prefecture in relation to these congregations. The sources available in the private archives of the *Auxiliatrices* are also more limited, but can give some insight into the congregation's finances. These records show that the *Auxiliatrices* took out a number of large loans.²⁴² They borrowed 25,000 francs from a Monsieur Guilhem in 1861, 32,000 francs from a Madame de St Cyr in 1869, and 10,000 francs from a Veuve Chappelier Leclair in 1877. Some smaller loans and a handful of donations (up to 5000 francs) are also recorded. One or two of the names in these records appear to be families also connected to the *Auxiliatrices* in other ways: one donor in 1856 is a Mlle Julie Joly, and the name Mme Joly appears in the Parisian patient reports, whilst one lender is

²⁴¹ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1880, 47.

²⁴² "Financial Records." 2/a/1/10, Archives des Auxiliatrices des Ames du Purgatoire.

a Mme Bernoville, who may be some relation of the Bernoville who published a history of the *Auxiliatrices* in the 1930s.

The congregation appears to have been at least partly funded by dowries. A letter from the founder Marie de la Providence to the Vicar General in Nantes explains the congregation's position on such payments:

J'ai reçu hier soir à 9 heures votre bonne lettre, je vous avoue filialement qu'elle m'a un peu surprise – Nous répondons aux personnes qui ont de la fortune, et qui demandent le chiffre de la dot qu'on capitalise, au moment des premiers vœux, la pension alimentaire qui varie selon la position de la famille ; mais si l'on prend pour base la dépense que l'on fait à Paris, on verra que mille francs pour nourriture et logement ne laisse rien en caisse au bout de l'année, l'expérience le prouve à tout le monde – Comme vous le savez, Mon Père, nous n'avons jamais fait de la question de vocation une question d'argent bien que toutes nos œuvres soient gratuites ; seulement comment rembourserons-nous les capitaux empruntés pour le paiement des maisons si les parents qui le peuvent ne versent pas de capitaux ? Je vous dis cela simplement, Mon Bon Père, mais, avec la grâce de N.S., je ne douterai jamais de sa Providence et comptant sur sa puissante protection, j'ai reçu, depuis le 15 Octobre 1867, 12 postulantes qui n'ont apporté que leur bonne volonté : les unes n'ayant pas de fortune, les autres appartenant à des familles qui trouvent que la vocation religieuse de leurs enfants leur donne le droit de ne plus s'en occuper. Je laisse faire et j'attends tout du Cœur de N.S. pour la famille religieuse qu'Il m'a confiée – Je ne pose, mon Bon Père, aucune condition à Monsieur Collet, je ne l'ai jamais fait et je ne contracte envers lui ni lui envers la Communauté aucun engagement, je lui adresse seulement les quelques lignes qu'il semble désirer et qui le rassureront complètement.²⁴³

Recruits from wealthier families were certainly expected to bring money to the congregation wherever possible, but Marie de la Providence stresses that the congregation was open to women regardless of their financial situation. Nevertheless, if the

²⁴³ "Letter from Marie de la Providence to Mgr Richard, 27th November." (1868), J/125/2/F/27 Archives Départementales de Loire-Atlantique.

congregation sometimes relied on funding from members' families, this may well have dissuaded the congregation from accepting the poorest potential recruits.

Whilst the number of donations received by the *Auxiliatrices* appears to be relatively small, the visit reports suggest that the congregation benefitted from a network of wealthy benefactors.²⁴⁴ In some reports, wealthy women accompany the *Auxiliatrices* on their visits. In cases where illness is exacerbated by poverty, the *Auxiliatrices* speak to members of the *tiers ordre* who are able to provide material support.²⁴⁵ Receiving care from the *Auxiliatrices* therefore opened up opportunities for donations of food, clothing (particularly for first communions or marriage ceremonies), and even offers of employment or schooling from the nuns' wealthy connections. The *Auxiliatrices* acted as go-betweens, but the donations themselves generally went directly from benefactor to the poor they cared for, and this may explain the shortage of records. Named benefactors in the Paris reports include the Comtesse d'Arcéville, the Comtesse de Foucault, the Marquise de Bénac and Mgr de Ségur – a prominent bishop and son of the Comtesse de Ségur.²⁴⁶ In the Nantes reports there are no noble titles, but a number of predominantly female benefactors are named (Mme de Berthou, Mme Decaze, Mme Mitterot), including Mme Angebault – possibly a relation of the bishop of Angers of the same name from 1842-1869. In addition, the congregation's financial records include a list of 40 donors who have made 'souscriptions à l'œuvre': these range from between 100 and 1000 francs, with varying lengths of time specified (some appear to be one-off donations, some have pledged to donate for three years, some for life).²⁴⁷

There is some evidence of collaboration between the different congregations of nursing nuns. The *Sœurs de la Charité* or the *Petites Sœurs des Pauvres* are mentioned in a number of the visit reports kept by the *Auxiliatrices*. In some cases, the *Sœurs de la Charité* recommend a patient to the *Auxiliatrices*, in others, the *Auxiliatrices* send a patient to the *Petites Sœurs* when their needs become too great to be handled in a

²⁴⁴ See Appendix A for a description of these reports.

²⁴⁵ The *Tiers Ordre* were a lay section of the congregation: groups of Catholic women who wished to engage with the activities of the congregation but who lived in the world and did not take vows.

²⁴⁶ See Sophie Heywood, *Catholicism and Children's Literature in France: The Comtesse de Ségur (1799-1874)* (Manchester: Manchester University Press, 2011).

²⁴⁷ "Financial Records." Archives des Auxiliatrices des Ames du Purgatoire.

domestic setting.²⁴⁸ Whilst each community had distinct identities and activities, the wider workforce of women religious shared common goals. Similarly, there are many mentions of priests who are called to administer last rites or to hear confessions, and often these men are credited with helping to convert patients. The nuns appear to have positive collaborative relationships with these clergymen. Most notably, Father Mirebeau²⁴⁹ is often enlisted to help the *Auxiliatrices* in Nantes:

Le bon P. Mirebeau est toujours prêt à recevoir nos pauvres brebis égarées, et il nous engage à lui en amener le plus possible sans se fatiguer jamais de nos fréquents visites, et il reçoit au parloir les encourage et se fait vraiment tout à tout pour les gagner à N.S...²⁵⁰

Cavallo has argued that charity can only be understood in relation to the politics of public welfare: charitable practices are determined less by the needs of the poor than by political negotiations between elites.²⁵¹ With the support of a whole host of wealthy benefactors, religious congregations formed part of the wider system of private charity which dominated health care provision in the nineteenth century.²⁵² The nuns were building networks of care and proselytising alongside other charitable institutions and many wealthy individuals. Thus, nuns were implicated in the political debates of the period regarding poverty relief and welfare. They furthered a system of denominational aid funded by private groups, forming complex networks with other congregations and clergymen. As well as providing physical relief and care to the sick and the elderly, the groups studied here utilised their position to introduce religious ideas to those in their

²⁴⁸ "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire; "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire; "Livres des Malades de Paris." (1856-1899), 10/A/D/1-5, 1/MM/5, Archives des Auxiliatrices des Ames du Purgatoire; "Livres des Malades de Nantes." (1865-1907), Archives des Auxiliatrices des Ames du Purgatoire.

²⁴⁹ Father Mirebeau appears in many of the Nantes reports, where he is depicted as a charming and amicable priest. He is said to win people over by being 'comme un paysan'. As an older man he is said to put people at ease - a number of patients voice concerns about interacting with priests who they deem too young.

²⁵⁰ 'Extrait des rapports des malades 1867' "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

²⁵¹ Susan Cavallo, "The Motivations of Benefactors: An Overview of Approaches to the Study of Charity," in *Medicine and Charity before the Welfare State (Studies in the Social History of Medicine)*, ed. Colin Jones and Jonathan Barry (London: Psychology Press Ltd, 1994).

²⁵² Weindling, "The Modernization of Charity in Nineteenth-Century France and Germany," 191-203.

care. As I will show, these nursing nuns engaged in a concerted moralising and civilising mission.

2.6 Doctors and Nuns

As I discuss at greater length in chapter four, historical narratives tend to pit nuns against a rational, scientific medical profession for whom these women were obstacles to progress.²⁵³ It is true that nuns endeavoured to convert their patients and in some cases this meant their priorities diverged from those of secular doctors. But the meetings of individuals can rarely be categorised in simple and generalised terms, and the relationship between doctors and nuns is in fact very poorly documented. Few sources exist which can give insight into how these groups worked alongside one another, particularly in domestic or private settings outside of the hospital environment. The private congregational archives used here, particularly those of the *Auxiliatrices*, can therefore shed light on the little-studied question of how nuns interacted with local medical practitioners when caring for the elderly and the sick.

The *Petites Sœurs* appear to have formed some amicable relationships with medical practitioners. In Saint Servan the residents were given free healthcare from a local doctor:

Dès le principe, Monsieur Blachier, médecin, accepta [sic.] de donner ses soins aux malades et il devait le faire pendant 15 ans avec un dévouement qui ne devait avoir d'égal que sa charité.²⁵⁴

When the hospice at St Servan is hit by a fire in 1853, the same doctor provides support for both the nuns and the residents.²⁵⁵

In the case of the *Auxiliatrices*, a number of doctors can be seen to contribute to the private charitable networks organised by nuns. The purpose of the reports must be considered, particularly when 'outside' individuals are represented in these texts. There is no doubt that the *Auxiliatrices* wrote these texts mainly for the inspiration of other members of the congregation and affiliated Catholics. Nevertheless, the texts still give some insight into the working relationship with doctors. Some of these men gave their time for free, or

²⁵³ See, for example, Ackerknecht, *Medicine at the Paris Hospital, 1794-1848*.

²⁵⁴ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1843, 8

²⁵⁵ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1853, 19.

worked through the *bureau de bienfaisance* to treat patients in need.²⁵⁶ One or two went further by becoming donors to the congregation, as is the case for Dr Gros. The mother superior of the *Auxiliatrices* tells Dr Gros about the congregation's work, and he listens 'les yeux plein de larmes'.²⁵⁷ He responds:

Madame, lui dit-il, je veux être pour quelque chose dans le bien que vous faites, disposez de moi, lorsque je pourrai être utile à vos malades. – J'accepte, répond aussitôt notre Rde Mère, et sur l'heure je vais vous donner les moyens de mettre votre offre généreuse à exécution ; Melle Parcely vous a donné hier, tout ce qu'elle possédait ; elle se désole à la pensée de vous remercier de vos soins, ou d'être forcé de vous avouer sa misère... Le docteur ne laissa pas achever ; il remit à la Supérieure un billet de 100 francs, avec prière de laisser ignorer de qui venait cet argent ; et plusieurs fois, Mr Gros renouvela cette riche offrande.²⁵⁸

There are also a few examples of doctors engaging with the religious aspects of the nurses' work. In one case a doctor advises a sufferer to be patient, and the report frames this as faith in providence – whether these are the actual words of the doctor or the interpretation of the author is not totally clear:

[M]r Simon [the doctor] ne parla pas d'opération, mais il fut d'un avis contraire, il indique un pansement dans lequel il entrait du collodion et qu'il ne fallait renouveler qu'à des distances éloignées, il engagea la malade à prendre patience, parce que le mieux serait fort lent à se manifester, et qu'il fallait avoir une grande confiance en la Providence.²⁵⁹

Another report directly quotes a doctor asking a patient to pray for him. During a painful surgery, Mme Desfontenelles repeats different prayers and offers her suffering to the souls in purgatory. The report states:

²⁵⁶ 'Mme Auvigne', 1865, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

²⁵⁷ 'Miss Parsly', N.D, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

²⁵⁸ "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

²⁵⁹ 'Melle Batisse', 1869, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

On ne pouvait s'empêcher de se sentir ému d'un courage si chrétien, aussi l'un des docteurs, en se retirant, dit à celle qu'il venait d'admirer "Priez pour moi, Madame, vous devez être bien agréable au Seigneur!"²⁶⁰

In another case, a doctor works with the *Auxiliatrices* to secure a marriage:

[I]l s'agissait d'aller à l'hospice décider un individu malade à recevoir la bénédiction nuptiale pour régulariser la position d'une jeune femme et de trois petits enfants.²⁶¹

The *Auxiliatrice* persuades the man to confess and go ahead with the marriage blessing,

Le médecin de cette même salle entre au même instant, on lui raconte la chose et il se trouve qu'il est un des adjoints du maire; il se charge de tout le civil et fait transporter le malade dans un cabinet particulier.²⁶²

Perhaps most surprising is the direct involvement of doctors in attempting to convert patients who are not practicing Catholics. One of the Paris reports begins:

Un matin, notre Rde Mère recevait une lettre du docteur F dans laquelle il lui faisait la prière d'envoyer une de ses filles chez une grainetière dont il soignait depuis longtemps l'affreux cancer, son fin approchait et son âme n'étaient pas en règle avec le Bon Dieu. Il avait fait de vaines tentatives, une sœur de St Vincent de Paul avait échoué, enfin il n'avait plus d'espérance que dans les *Auxiliatrices*.²⁶³

Another report reads:

Le Bon Docteur V. qui, au début de l'œuvre, offrit si généreusement ses soins à la communauté, demanda Notre Rde Mère au parler. « Vite, Ma Mère, je vous en supplie, donnez une de vos filles, pour une malade qui va mourir dans quelques heures et qui, à ce qu'on m'a assuré, n'a pas mis le pied dans une église depuis plus de quarante ans ». Une religieuse est aussitôt mise à la disposition du Docteur. « Ma Sœur, cherchez un prétexte quelconque pour vous introduire, mais gardez-vous

²⁶⁰ 'Famille Desfontenelles, c1859, "Rapports des Visites de Malades, Paris." Archives des *Auxiliatrices* des Ames du Purgatoire.

²⁶¹ 'Extrait des rapports des malades 1867', "Rapports des Visites de Malades, Nantes." Archives des *Auxiliatrices* des Ames du Purgatoire.

²⁶² "Rapports des Visites de Malades, Nantes." Archives des *Auxiliatrices* des Ames du Purgatoire.

²⁶³ 'Mme Toux', N.D., "Rapports des Visites de Malades, Paris." Archives des *Auxiliatrices* des Ames du Purgatoire.

de me nommer, vous seriez immédiatement conduite par une vieille cousine qui doit hériter, et qui s'imagine que je voudrais bien influencer la malade. C'est une ame [sic.] à sauver, voilà tout ce que je puis dire et si Dieu ne nous vient en aide, j'ignore comment nous arriverons à notre but. »²⁶⁴

Although these occurrences appear exceptional (only a small quantity of examples exist in the hundred reports), they nevertheless show that local doctors not only tolerated the work of nuns, some also actively encouraged and involved themselves in the *Auxiliatrices'* religious mission. The doctors and the nursing nuns were not necessarily working at odds, and in fact may have been collaborating to provide medical care *and* to convert people. The work of doctors alongside the *Auxiliatrices* helps to dismantle the false dichotomy between medical and religious workers in the second half of the nineteenth century. Just as nursing nuns administered both physical and spiritual care, some doctors were practicing Catholics whose care was shaped by their religious beliefs, and who even spent personal money on furthering the work of religious congregations.

The subject of miraculous cures arises a number of times in the reports linking in with wider devotional trends and popular beliefs in the mid-nineteenth century.²⁶⁵ In the case of a young woman dying of lung disease: 'la sainte Vierge avait manifesté sa Toute Puissance chez une de nos malades par une guérison, dont les médecins n'hésitèrent pas à reconnaître le caractère surnaturel.'²⁶⁶ Two doctors had predicted the patient's impending death and a priest had deemed it prudent to administer the last rites. At the advice of this priest the woman begins a novena and her children pray for her health. On the final day of the novena she gets up and walks. The doctor is quoted: 'Vous êtes guérie, mais je puis vous dire que ce n'est point mes remèdes.'²⁶⁷ The miraculous cure lasts, and months later the woman is still healthy and travels to Lourdes to thank the Virgin Mary.

Doctors were not always so quick to validate what the nuns identify as miraculous cures. When Mme Lepetit recovers from a serious illness (diagnosed as a tumour), the

²⁶⁴ 'Mme Rosalie Larose', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

²⁶⁵ Heimann, "Catholic Revivalism in Worship and Devotion."

²⁶⁶ 'Extrait des rapports des malades 1867', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

²⁶⁷ 'Extrait des rapports des malades 1867', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

Auxiliatrices are keen to obtain the doctor's formal recognition of her recovery. The exchange shows a certain level of disagreement between the doctor and the nuns on this subject. As an incredibly rare 'first hand' account of the interaction between a doctor and members of a religious congregation, I quote the majority of the exchange here (N.B. whilst the text remains faithful to the original, I have reformatted it for ease of understanding). Rather than openly hostile or unpleasant, the exchange could more accurately be described as awkward. The nuns and their religious patients attempt to talk to the doctor about religion, and ask him to attest to the changes he has seen in the patient:

Deux des N. N. conduisirent la malade, (à qui nous ne pouvons plus donner ce nom) chez Mr Paillet, le médecin qui la soignait depuis huit mois, avec zèle et charité; afin d'apprendre de lui-même, ce qu'il pensait de cette guérison si subite. Le docteur parut très surpris de la visite.

- « Ah ! Madame, » dit-il en entrant, « que vous m'avez donc préoccupée. Depuis hier, je vous vois sans cesse devant mes yeux : cette nuit, ce matin, en faisant mes visites, je vous avais sans cesse en ma pensée. »

- « Mais, » reprit une des N. N., « c'était une tumeur qu'avait notre chère malade ? »

- « Certainement, j'ai compté cinq glandes en plusieurs fois... C'est incroyable, je n'ai jamais rien vu de semblable depuis que j'exerce... Elle criait, la pauvre Dame, quand je palpais ce malheureux côté... Mes dames, vous faites de vrais miracles ; j'ai une jeune mère phtisique, guérissez-la-moi je vous en prie... »

- « Pardon, » dit la Sœur, « la foi de Me Lepetit a été agréable à Notre Seigneur et il a daigné le témoigner. »

- « Et bon je suis très heureux de ne pas être votre docteur, vous me ferez perdre la tête. »

- La religieuse poursuivit l'interrogatoire. « Pensez-vous, Monsieur, la guérir humainement ? »

- « Cette question est délicate, il est vrai qu'un jour, j'ai dit sur l'escalier à Mr Lepetit : C'est grave, ce sera long... je ne vois pas d'issue. Et par le fait, je n'en voyais

pas... Cependant, Madame tant que la malade existe, la médecine peut et doit agir. »

- « Enfin, Monsieur, nous désirerions un certificat, signé de vous qui appuierait ce que vous avez bien voulu nous dire, »

- Mr Paillet resta un peu interdit, devant une demande si formelle... « Mesdames, permettez, il faut attendre, il y a des choses si extraordinaires dans l'organisation humaine... Dans huit jours, oui, la guérison sera plus assurée ; tout de suite, mes confrères trouveraient que j'ai manqué de prudence. »

- « Mais Monsieur, » reprit Me Lepetit, « le certificat n'est pas pour moi, il est pour ces Dames, c'est la seule preuve de reconnaissance que je puisse leur donner, afin que la gloire du bon Dieu soit procurée. »

- « Permettez, Me, » reprit le médecin, « attendons encore huit jours. Je suis si étourdi, si abasourdi que réellement je ne pourrais en ce moment, écrire curante calamo, je craindrais de manquer de prudence. »

- « Nous ne vous demandons pas, » reprit encore la sœur, « d'attester que la malade a été guérie par miracle mais seulement, que depuis huit mois, elle est au lit et que vous la soigniez, pour une antérite et des tumeurs apparentes dans le côté. Que depuis trois mois, on n'a pu lui faire prendre aucune nourriture, ni remuer son lit une seule fois, que le vendredi, vous l'avez laissée très mal, comme le constate votre ordonnance, et que le lendemain samedi, 25 janvier, elle vous a reçu debout, se tenant seule, ayant mangé une côtelette, et vous laissant palper son côté sans ressentir la moindre douleur. »

- « Oui, oui, oui, c'est bien vrai ; la pauvre Dame ! J'étais si stupéfait, que je me suis mis à pleurer avec elle. »

- « Vous n'ajoutez pas, » interrompit Me Lepetit, « que vous refusâtes de croire une chose bien vraie cependant : que le bon Dieu avait fait ce miracle autant pour votre conversion, que pour ma guérison. »

- « C'est possible ! » et comme si le docteur eut hâte d'en finir, il ajouta brièvement : « Quand j'aurai réfléchi, je ferai le certificat, en mentionnant, ce que j'ai écrit sur

les feuilles du bureau de bienfaisance à la date du 25 je mettrai guérie, mais sans ajouter Par miracle ! » Les Religieuses se levèrent pour prendre congé « Je porterai moi-même, mon certificat a Me la Supérieure, et je lui demanderai guérir ma petite poitrine. »

Tout en riant de cette pensée du bon docteur voulant confier à la Communauté, les malades incurables et qui refusait néanmoins, de signer ce qu'il avait vu, avant d'avoir consulté ses confrères, les N. N. se retirèrent, en recommandant a Me Lepetit de descendre prudemment. [...] [As they are leaving, Me Lepetit tells the doctor she has regained her former strength and can move freely] [...]

- « Cela n'empêche pas la prudence », répondit le docteur, « du reste, je me tais. Obéissez à vos bonnes Sœurs, vous leur appartenez. Votre vie est à elles, puisque vous la leur devez... » Tout ceci se disait sur l'escalier.

Le docteur tint parole ; il apporta le certificat lui-même.²⁶⁸

It is not clear what methods were used to record this dialogue. Such long 'direct' quotations are fairly atypical in the texts, and there is no way of knowing whether these quotes are based on memory or some form of note-taking during the meeting. The unusual style of this account suggests the nuns wished to provide more compelling evidence for the miraculous cure by quoting the conversation with the doctor.

The different perspectives of the nuns and the doctors are clear in this exchange. To an extent, the two parties are vying for narrative control over what has happened to a patient whom they shared. There is no doubt that the patient's state has improved, but this is framed in different ways. The nuns wish to label Madame Lepetit 'cured', and they attribute this state of affairs to God's intervention. The doctor eschews such emphatic claims, wishing to observe the patient over a longer period before giving any official declaration that she is better. The nuns reduce the doctor's caution to a need for affirmation from his peers, and depict the doctor as denying a demonstrable fact. There is an implication of ridiculousness in the way the doctor's response is portrayed. The nuns laugh at his approach, and find his reticence irrational in the face of what they consider compelling evidence. The ridicule of the doctor is only exacerbated by his admiration for

²⁶⁸ 'Mme Désirée Lepetit', 1860, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire. I have reformatted this quote and its punctuation, but the text remains faithful to the original.

the nun's work and his desire to confer other patients on them. It is interesting to see a doctor being depicted as irrational and incapable of making a decision independent from superiors or his community, when such dismissals have so often been applied to nuns.²⁶⁹

The patient herself, Madame Lepetit, reportedly interjects twice during this exchange. She entreats the doctor to provide the nuns with a certificate as they request, as she wishes to give them some token of her gratitude. She later interrupts to point out that her miraculous recovery may well have been sent by God to facilitate the doctor's conversion. In this exchange between two figures of authority in her healthcare, the patient is shown to intervene on behalf of the nuns. Of course, this is not Madame Lepetit's account of the incident; this is an account written by one of the nuns. But they show their patient as full of gratitude and wishing to repay her carers. I will discuss these issues of gratitude and repayment further in chapters four and five.

Despite their differences, this exchange between doctor, nurses, and patient adds nuance to the stereotypical opposition of rational doctors and irrational nuns touted by republicans. The doctor's reticence to immediately write a certificate for the nuns does not negate the fact that he appears supportive of their work, and is impressed by what he perceives as the *nuns'* role in curing Madame Lepetit. The fact the nuns in turn ask the doctor for a certificate shows that they recognise his medical authority. The relationship between doctor and nursing nun remains relatively respectful and collaborative, even when the two parties differ significantly in their interpretations of events.

I have found only one example where the nuns actively oppose the wishes of a doctor.²⁷⁰ This is another 'miracle cure', the case of Anne-Marie Filleul, who suffers from a sickness in her bones and a feared problem with her lungs. After a relapse, the doctor comes late at night:

[Il] ordonna l'application d'un vésicatoire mais il déclare qu'il fallait dès le lendemain transporter Anne Marie à l'hospice vu qu'il était impossible de lui donner chez elle les soins nécessaires. [...] [According to the doctor] c'était une

²⁶⁹ See page 129.

²⁷⁰ In some reports patients show hostility to doctors. This is the case of Mr Lacuisse: 'le docteur prévint Mr L que son état était grave; mais ce dernier ne fit qu'un rire, en traitant son médecin d'incapacité, et pria la sœur de lui envoyer un homme intelligent.' The nuns use this as an opportunity to introduce Mr Lacuisse to a priest instead. 'Mr Lacuisse', 1860, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

enfant perdue, que la poitrine était attaquée comme le reste mais qu'en conscience il fallait essayer quand même du traitement énergique de l'hôpital.²⁷¹

The mother superior of the *Auxiliatrices* in Nantes visits the next day and takes the girl a relic which is placed on her painful knee. Deciding to delay Anne Marie's move to the hospital by another day, the mother superior suggests a novena in which they will ask for 'un mieux assez sensible pour qu'on renonçât à l'hôpital, sinon qu'elle parlerait immédiatement.'²⁷² Anne Marie wakes the next day feeling completely cured. She is keen to get up but is nevertheless told by her family to remain in bed until the mother superior – not the doctor – tells her she may get up. In fact, no further mention is made of the doctor in this entry. This is the only example I have found where the doctors may have considered the nuns to be an obstruction to their work, as the decisions of the Mother Superior overruled the advice of a medical professional.

For their part, the *Auxiliatrices* did make efforts to cooperate with doctors. One of the key responsibilities outlined in training manual 1 is to report to the doctor and to see that his instructions are followed. One of the sections of the manual is entitled *Obéissance scrupuleuse au médecin* and links in with the rules for nursing nuns:

[L]a 9^e règle de celles qui vont chez les malades nous le dit: les nôtres qui succéderont près d'un malade se communiqueront avec une scrupuleuse exactitude les ordonnances du médecin. C'est-à-dire, non seulement ce qu'il a écrit mais ce qu'il a pu dire de vive voix, afin qu'elles soient ponctuellement suivies.²⁷³

As well as ensuring his instructions are followed, the nurses were encouraged to make detailed and thorough reports to the doctor. In some instances, the doctors provided a chart to complete, meaning the nuns could leave a report for the doctor when they were not present during consultations. The manual provides a list of questions which the doctors often asked. These relate to the patient's sleeping pattern, complexion, respiration, temperature and heart rate as well as their mood and mental state. The nature of bodily excretions – spit, mucus, perspiration, vomit, menstruation, urine and bowel

²⁷¹ 'Anne Marie Filleul', 1872, "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

²⁷² "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

²⁷³ "Livre de Médecine." Archives des Auxiliatrices des âmes du Purgatoire, 7.

movements – should be recorded and nurses are encouraged to preserve unusual samples to show the doctor.²⁷⁴ On at least one occasion the congregation's records show a nurse ensuring that the doctor's prescriptions are collected and his advice is followed.²⁷⁵ In another case, nursing nuns assisted in a surgical intervention and are commended for their skill by the doctor.²⁷⁶

Despite being systematically excluded from the medical profession, political institutions, and formal policy, women religious such as those studied here played an integral role in charitable health care in this period. They worked in collaboration with wider networks of benefactors, priests, and medical practitioners. Doctors and nuns interacted regularly and formed complex and varied working relationships. The lack of value attributed to this work is already difficult to justify, but this becomes even more apparent when we consider the thousands of patients these women cared for. Let us turn then to the impact which the work of these nursing nuns had in communities across France.

2.7 Number of Patients

How many people were these congregations reaching and caring for? The *Auxiliatrices*, though their membership was very small, carried out thousands of home visits annually. Figure 7 shows the number of day and night visits carried out over the course of the century as well as the number of patients who died in the company of an *Auxiliatrice*. The number of visits increased steadily until the 1890s. At its peak in 1896, the Nantes community carried out 6,757 day visits in a single year, whilst the Paris community peaked in 1893 with 12,059 day visits. The *Auxiliatrices* as a whole reached their peak in 1896 with a total of 67,161 day visits carried out across all of their communities (including those outside of France). Because the *Auxiliatrices* recorded the number of visits performed (rather than the number of patients), it is not clear if the visit statistics include recurrent visits to the same person. Nor is it certain that all visits were to the sick: the *Auxiliatrices* sometimes visited the poor in their homes for exclusively spiritual reasons.

²⁷⁴ "Livre de Médecine." Archives des Auxiliatrices des âmes du Purgatoire, 26.

²⁷⁵ 'Mme Florine Benoit', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

²⁷⁶ 'Miss Parsly', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

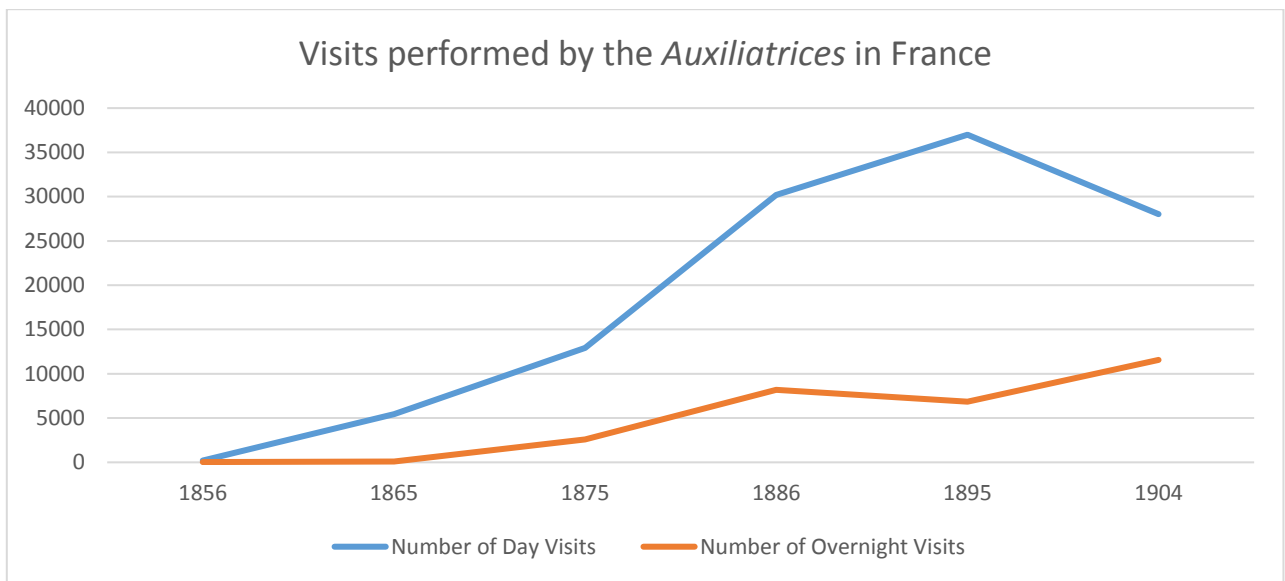


Figure 7²⁷⁷

When communities outside of France are counted, the total number of visits carried out by the Auxiliatrices continues to grow even in the 1890s, but increasingly these visits take place in other countries, particularly China and the UK. The dip in visits in mainland France is likely to bear some relation to the increasingly anticlerical government and a general decline in Catholic practice.²⁷⁸ The *Petites Sœurs*' rate of growth also slows during this period, but they appear to have been less affected at the turn of the century (although the data available cuts off sooner).

The *Petites Sœurs* document the number of hospices and the number of residents in France, but these records are patchy. The statistics in Figure 8 below were sent to me as a Word document by the congregation's *sœur archiviste*, who explained that the available records were in a variety of formats (I have never seen the originals).

²⁷⁷ "Résumé Annuel des Œuvres." Archives des Auxiliatrices des Ames du Purgatoires.

²⁷⁸ Declining religious practice affected regions and socio-economic groups to varying extents. See Cholvy and Hilaire, *Histoire Religieuse de la France Contemporaine*, Vol. 1.

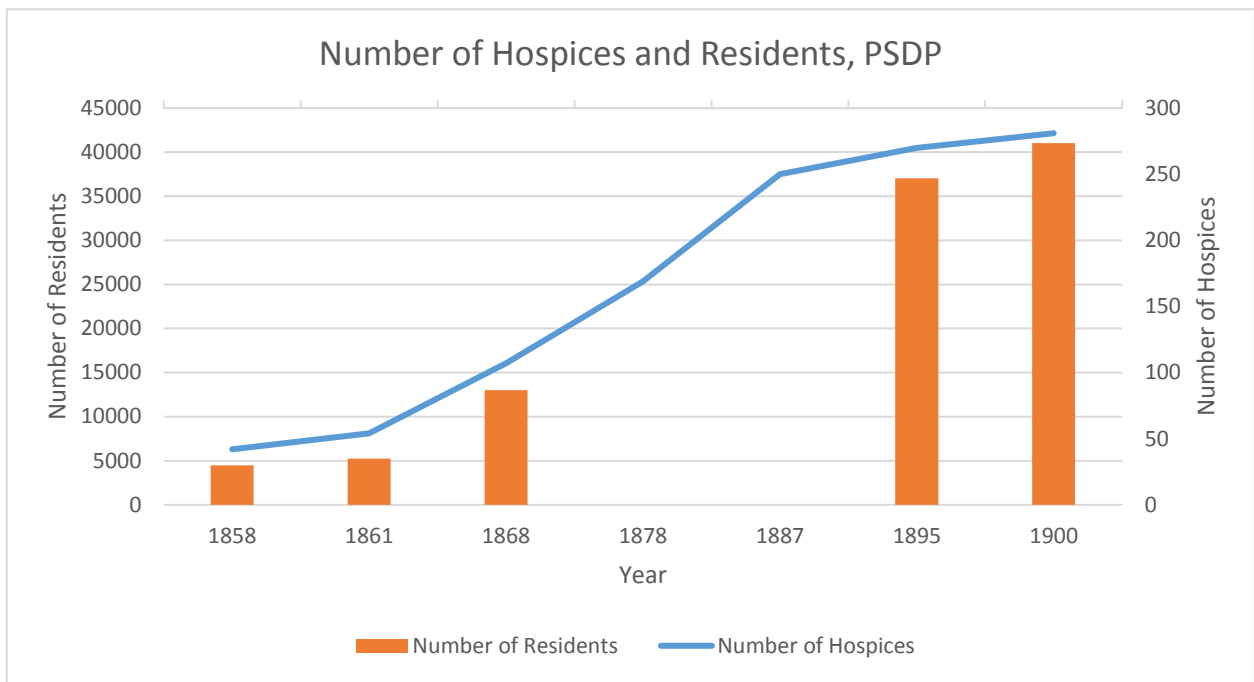


Figure 8²⁷⁹

The number of residents broken down by hospice was recorded for 1858 and 1861. The total number of residents across all hospices is recorded for 1868 and from 1895 onwards, but there is no breakdown by community.²⁸⁰ For 1878 and 1887, only the number of hospices has been recorded. Having started with a single hospice and four residents in 1839, by the end of the century the *Petites Sœurs* housed more than 40,000 elderly residents in nearly 300 hospices. Individual hospices in Nantes and Paris had a maximum capacity of around 200-250 residents.

What is clear is that both of these congregations reached tens of thousands of people each year. The *patientèle* of both congregations grew rapidly over most of the nineteenth century, suggesting a significant demand for the services they provided, namely hospice care and domestic nursing for the poor. Of course, the provision of care remained patchy and incomplete and there were many elderly or ailing poor who did not have access to the sort of services these nuns provided. In the grand scheme of things, these congregations are just a small sample of the many diverse and distinct groups which provided some form of care in this period. Nevertheless, these women religious interacted with large groups of the country's poorest people each year, lessening the burden on state services, and caring

²⁷⁹ Archives des Petites Sœurs des Pauvres, Saint Pern, France.

²⁸⁰ As above, some of these figures may include communities of *Petites Sœurs* outside of France.

for those who – in the absence of religious congregations – may have received no support whatsoever.

2.8 Demographics of Patients

We have seen that the nineteenth century brought with it an array of public health concerns: epidemics, the perils of industrialisation and urbanisation, and a general lack of effective remedies for fatal diseases. Given that many people had little access to health care or welfare in this period, it is interesting to consider which groups benefitted from the services provided by these congregations.²⁸¹ The *Petites Sœurs* accepted anyone of low means over the age of 60. There is no demographic information available on the residents of hospices run by the *Petites Sœurs* at a national level but I was able to locate some local information. In terms of the gender division, the local hospice in Nantes was predominantly inhabited by women, who made up more than 75% of the residents in the early years.

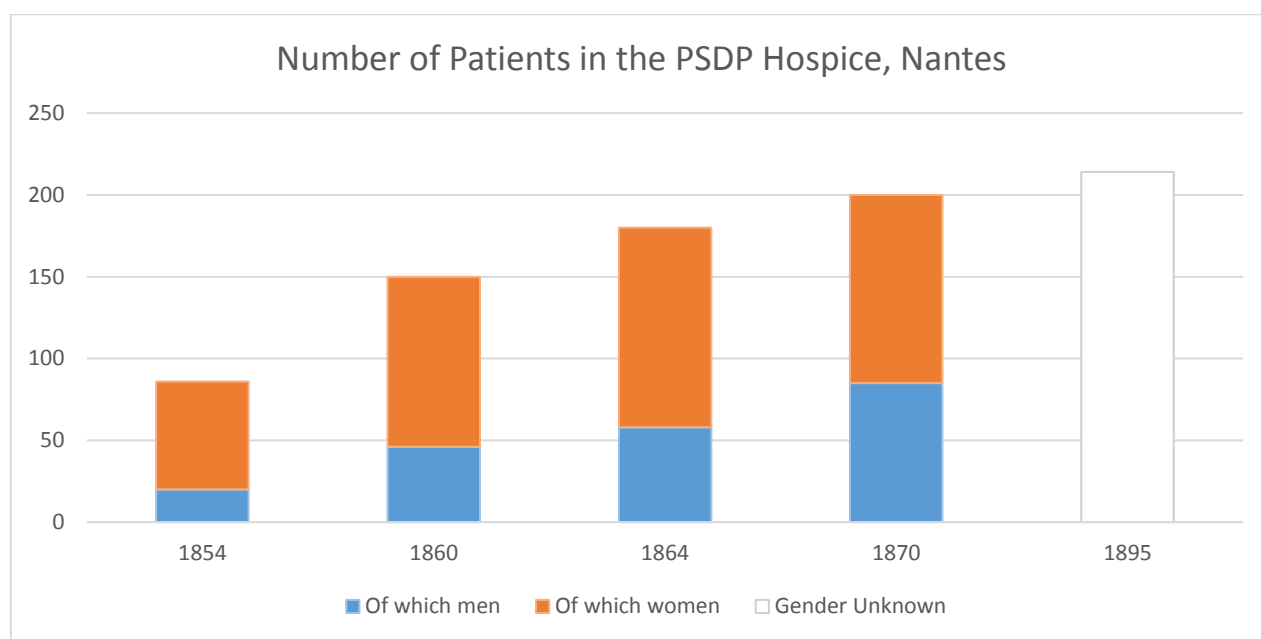


Figure 9

The congregation accepted only female residents during the first few years, so it is perhaps

²⁸¹ According to Smith: 'over 8 million French citizens still had no access to a *bureau de bienfaisance* (local, optional public welfare bureau) in 1914.' Smith, *Creating the Welfare State in France, 1880-1940*, 14.

unsurprising that men should be slightly underrepresented in this hospice.²⁸² The comparatively higher number of single women in France probably also played a part. Nevertheless, the gender imbalance became less pronounced as the years went on. As for the *Auxiliatrices*, as well as the *aperçu des oeuvres* which record the number of visits carried out, this congregation kept *Livres des Malades* for Nantes and Paris which recorded the title, name, age, doctor, address of the patients and what illnesses they were suffering from. The Paris *Livres des Malades* show that the vast majority of their patients in the capital were women, and that the average age was around the late 50s. In Nantes patient numbers were lower, but the demographics remained similar: the *Auxiliatrices* treated mostly women and the average patient age was around 48 years old. According to Porter’s extensive work on medical history, this was above average life expectancy:

Among the labouring classes, life expectation remained everywhere low – little more than thirty years – and from the 1830s photographs show working people looking old by their thirties and forties, as poor nutrition, illness, bad living conditions and gross overwork took their toll.²⁸³

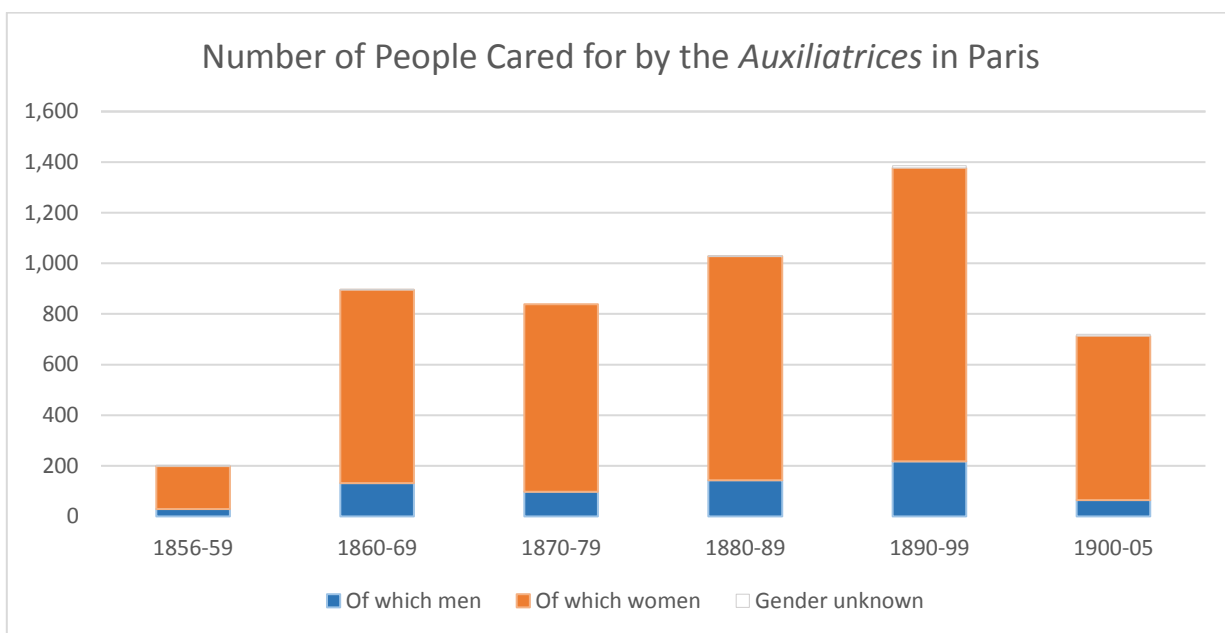


Figure 10

²⁸² In the chronicles Jeanne Jugan is credited with inviting the congregation’s first male resident, Rodolphe Lainé, to the hospice at St Servan in 1842.

²⁸³ Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, 425.

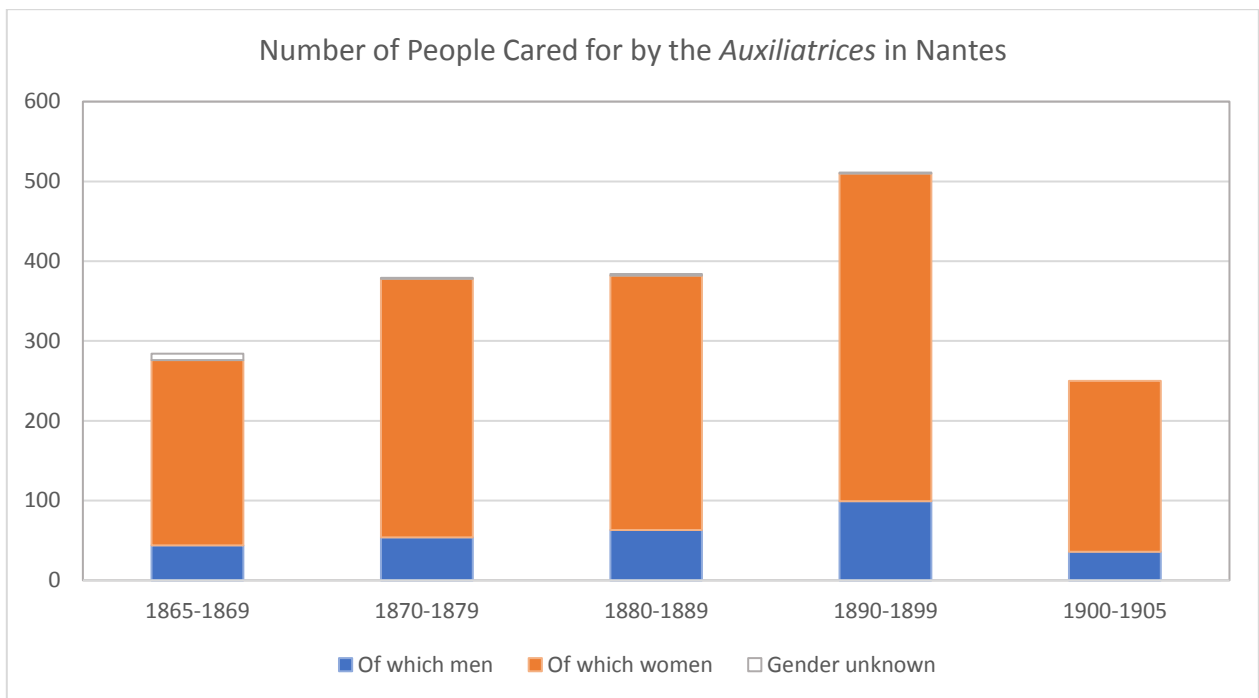


Figure 11

With sources from just a few communities it is impossible to generalise about the demographics of the congregations' patients on a national level. There are likely to be regional differences. But it would appear from the limited sources available that these nuns cared for people who were poor, comparatively elderly, and predominantly female. Perhaps the demographic of those they cared for is yet another reason these nursing nuns have historically been overlooked or undervalued. Federici argues that:

Eldercare in capitalist society has always been in a state of crisis, both because of the devaluation of reproductive work in capitalism and because the elderly are seen as no longer productive. [...] [I]t is deemed to absorb value but not produce it.²⁸⁴

Nuns cared for a class of people who were largely unfit for work, generally past childbearing age, and, in capitalist terms, non-productive.

Although there is virtually no archival material to draw on for the *Sœurs de l'Espérance*, the demographic of their patients probably sets them apart from the other congregations

²⁸⁴ Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*, 116.

studied here, at least in terms of socio-economic background. A 1920 history of the order explained the rationale behind this congregation:

la Sœur de l'Espérance sera la Sœur hospitalière du riche; elle devra lui donner l'aumône spirituelle qu'il est si difficile de faire arriver jusqu'à lui, lorsque les étreintes de la maladie le clouent sur un lit de douleur et que l'heure suprême semble prochaine.²⁸⁵

Here, as in many areas of this thesis, gaps in available sources are a barrier to understanding the diversity of work by nursing nuns or allowing us to go beyond snippets such as these. Such gaps nevertheless serve to highlight how useful the records of congregations such as the *Auxiliatrices* can be for enriching the currently patchy history of this type of women's work.

The socio-economic status of patients cared for by the *Auxiliatrices* and the *Petites Sœurs* no doubt had a bearing on how the nuns' religious message was received, as did their geographical location. I discussed earlier that areas of Northern and Western France remained strongholds of Catholicism. The *Petites Sœurs* in St Servan described their patients as 'généralement croyants comme de bons bretons qu'ils sont.'²⁸⁶ Urban areas were not necessarily so welcoming to religious congregations, however. From the mid nineteenth-century the clergy showed a growing awareness of anticlericalism among the working classes in large cities, particularly Paris:

L'anticléricalisme des ouvriers-artisans de Paris s'enracine dans la tradition des clubs révolutionnaires ; celle des soldats de la République et de l'Empire avec sa composante patriotique, très sensible entre 1815 et 1840 ; la propagation du voltairianisme, dont un Beranger popularise les thèmes sous la Restauration. [...] En 1866 Montmartre possède 40 000 habitants, l'église ne voit pas entrer 1 000 fidèles le dimanche, soit environ 3.5 % des assujettis.²⁸⁷

²⁸⁵ Anonymous, *Vie Abrégée du Bon Père P.-B. Noailles, Fondateur de la Congrégation de la Sainte-Famille* (Imprimerie Saint-Paul: Bar-le-duc, 1920), 360.

²⁸⁶ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1853, 20. The entry goes on to state that the yearly religious retreat 'est bien utile pour les éclairer et les aider à bien pratiquer leur religion.'

²⁸⁷ Cholvy and Hilaire, *Histoire Religieuse de la France Contemporaine*, Vol. 1, 236-38.

The clergy in Paris and the surrounding area observed that many workers were embarrassed to be seen leaving the Church or engaging in Catholic rites.²⁸⁸ As I will show in subsequent chapters, the religious congregations studied here made similar observations and employed a variety of strategies to negotiate this anticlericalism.

2.9 Conclusions

This chapter, a labour history of three religious congregations, serves to convincingly challenge the invisibility of such groups in histories of the period. From the data presented here, it becomes clear that these groups provided large, wide-reaching ‘workforces’, and would no doubt have been visible and influential in the communities in which they worked. Their care work can be quantified and categorised, if we move past simplistic or gendered ideas concerning which aspects of nineteenth-century medical care are important. Giving value to the emotional, organisational, practical, day-to-day work of nursing care helps to challenge the simplified image of nuns as nothing more than obstacles to the progress of stridently secular doctors. Patchy sources may constitute a barrier to such studies, but they by no means render them impossible. Building a mosaic of case studies like this one, comparing them to the works of other scholars on other congregations, reveals vast and politically important networks of women providing a variety of healthcare and welfare services to the general public. The work of congregations in hospices and in the homes of the poor is one of the most valuable and understudied elements of their history. As well as giving information on the actions of nursing nuns, such encounters are particularly interesting as a window into the lives of the working classes who are by far the most difficult group to trace in archives, and I will return to this in chapter five.²⁸⁹

Whilst this chapter has challenged the invisibility of nursing nuns in academically-produced histories of medicine or welfare, I now wish to turn to the role of congregations and the Catholic Church as producers of their own history and agents in their own invisibility. Congregations are carefully constructed communities which tell stories about their collective identity and their shared past. These may be internally produced and private or may be presented in published histories of the congregations. Of the histories

²⁸⁸ *Histoire Religieuse de la France Contemporaine*, Vol. 1.

²⁸⁹ Roger Price, *People and Politics in France, 1848-1870* (Cambridge: Cambridge University Press, 2004).

published about the *Petites Sœurs*, the *Auxiliatrices*, or the *Sœurs de l'Espérance* – histories largely produced by Catholic affiliates and members of the clergy – none appear to have made substantial use of the kind of data presented in this chapter. Lists of the different communities founded around the world may be used to demonstrate the scope of these groups, but it is rare that more specific quantitative data is provided. The patchy nature of the data available is just one potential reason for this. This is also about how histories are framed. Stories of the past serve a very specific purpose in building a collective identity for religious congregations. The priorities of these congregations, which shift over time and reflect changes in leadership, must also be considered.

Chapter 3. Congregational Historiographies: Narrative, Identity, Power

*"Who controls the past controls the future.
Who controls the present controls the past."*²⁹⁰

Nuns remain the principal interpreters and gatekeepers of congregational histories. Religious congregations are often involved in writing and publishing their own histories, usually via a trusted intermediary. It is unusual to find a story of these communities written by a complete outsider, and researchers rely primarily on archives held by the congregations themselves when writing histories of these groups. Thus, in most cases, congregations retain significant control over the framing and narration of their past. As Langlois has highlighted, these histories must therefore be understood as windows into congregational mentalities. They are in some sense a form of self-expression:

La production historiographique sur les congrégations religieuses reste le plus souvent le fait des congrégations elles-mêmes : limite incontestable, et tout à la fois intérêt évident. Si les congrégations ne disent que ce qu'elles veulent faire connaître, elles parlent directement d'elles-mêmes, ou par un intermédiaire qui leur est proche : à ce titre, les notices deviennent de précieux documents pour une histoire des mentalités.²⁹¹

As I discuss at greater length in chapter four, the religious congregations studied here do not and never have foregrounded their work when narrating their past. The records exist to prove that religious congregations provided substantial workforces in health and welfare, yet these groups choose not to focus on this aspect of their histories. Instead, creation myths dominate institutional narratives. In almost every case, it is the story of the founders and the congregations' foundation which are put front and centre.

When the archivist of the *Petites Sœurs* sent me data on the number of recruits to the congregation she related the figures back to the group's founder, Jeanne Jugan:

²⁹⁰ George Orwell, *1984* (Middlesex: Penguin Books, 1983), 34.

²⁹¹ Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*, 28.

J'espère que cela vous aidera, en tout cas pour moi a été [sic.] une nouvel [sic.] occasion d'action des grâces, surtout en pensant à ma Mère fondatrice, elle est venue à La Tour en 1856, donc elle a vu cette croissance jusqu'à sa mort en 1879 (et puis elle nous voit encore d'en Haut, et elle prie pour nous et pour vous).²⁹²

Data pertaining to the growth of the congregation was thus interpreted through the eyes of an omnipresent maternal founder. This reading exemplifies congregational approaches to their history. For generations, women have taken vows and lived within communities united by the work and the legacy of these nineteenth-century founders. Novices are taught the history of their community - the family history - and come to identify with the women in their archives who are described as their ancestors. The erasure or retelling of individual or divergent experiences is a key part of this process; events are absorbed and reimagined in the context of a wider group history where founding figures dominate.

When analysing these narrations of the past, the question of authorship becomes paramount. Congregational histories can be seen to shift over time. The focus, framing, even the events which are considered important, are subject to edits and retellings as the congregations develop. To fully understand these changes we must examine who exactly is responsible for producing these congregational histories, and to what end. Changes to the hierarchy and leadership of a congregation also mean changes to the authorship of congregational histories. Narratives of a congregation's past reflect power hierarchies both within these groups and in wider society.

Crucially, narratives of the past also produce these power structures. In their writing on autobiography, Smith and Watson invite us to consider how women and marginalised groups use writing to challenge the scripts assigned to them and to assert their own identity. They ask: 'How is this "writing back," this changing of the terms of one's representation, a strategy for gaining agency?'²⁹³ This is an important consideration. Narratives may reflect power structures, but they also produce and alter them. The relationship between power and narrative is therefore cyclical. Writing a narrative of a congregation's past creates and reinforces structures of authority within the group,

²⁹² Sister Patricia Ivonne del Espíritu Santo, letter to the author, 23rd November, 2017.

²⁹³ Sidonie Smith and Julia Watson, *Reading Autobiography: A Guide for Interpreting Life Narratives* (Minneapolis: University of Minnesota Press, 2010), 176.

establishing a shared understanding of who and what is important and who and what is valued. Individuals and groups are able to assert their authority by the use of narratives of the past; history confers power. These overlapping processes of narrative, identity and power can be seen at work in the contested foundation story of the *Petites Sœurs des Pauvres* which follows.

3.1 A Contested Foundation Story

The *Petites Sœurs des Pauvres* are a prime example of the extent to which a founder may come to dominate a congregation's history. Their founder, Jeanne Jugan, is everywhere. The congregation has a website updated by members of the community which shows the extent to which Jugan's story dominates the group's sense of a collective self. Under the tab 'qui sommes nous?' the congregation's philosophy is outlined through titles such as *petitesse, vie de prière, vie de famille, communauté, internationalité, and vœux religieux*. Pictures of Jugan, references to her life and ideals, quotes attributed to her, and snippets of a video about her are scattered throughout. Under a separate tab entitled 'Jeanne Jugan', her biography, her 'charism', her accolades, her canonisation and the miracles attributed to her are detailed.

All *Petites Sœurs* spend the second year of the noviciate at the motherhouse in Brittany. This shared space is fundamental to building a sense of collective identity rooted in the history of the congregation's foundation. The website states:

La formation reçue au cours de cette année internationale tend à aider les Petites Sœurs à mûrir humainement et spirituellement. Elle les fait grandir dans leur amour de l'Église, assure l'unité des esprits et des cœurs dans la Congrégation et leur permet de s'imprégner de l'esprit de notre Mère fondatrice Jeanne Jugan dans les lieux mêmes où elle vécut.²⁹⁴

Jugan's childhood home, her local chapel, the room where she died, and her tomb are spaces used for commemoration, prayer, reading, and reflection. There is an exhibition room dedicated to her life story. Relics of Jugan – including her teeth, scraps of clothing, earth from her grave, and (metal) nails taken from the coffin when her body was exhumed

²⁹⁴ Petites Sœurs des Pauvres, "Vœux Perpétuels," <https://petitessoeursdespauvres.org/vocation/les-etapes/voeux-perpetuels/>.

– are kept in a display case at the motherhouse.²⁹⁵ The small shop at the motherhouse sells key rings, bracelets, plaques, and postcards bearing Jugan’s image. Published histories of the congregation and children’s books about Jugan are available in a range of European languages. She is omnipresent in the congregational spaces, and fundamental to the collective identity of the *Petites Sœurs*.

In light of her current omnipresence, it may come as a surprise to learn that Jugan was usurped as founder of the congregation during her own lifetime, and lived out her final years in obscurity. The Priest Auguste Le Pailleur took credit for her work and he and Marie Jamet took over as superiors of the congregation shortly after the foundation. Over the course of the congregation’s lifetime, Jugan has been written out and written back in to the narrative of the congregation’s early years. The question of *who* tells the story is fundamental to understanding how these narrative shifts occurred.

It would appear that Jugan never had the opportunity to record her own story. Very few sources exist which provide details about her life, her thoughts or feelings, her sense of who she was or why she became involved with caring for the elderly. It is possible to confirm that she was born in 1792 and that her father was a mariner who disappeared at sea. Jugan spent her life working various jobs as a domestic servant and a nurse. According to the chronicles²⁹⁶ kept by the community of *Petites Sœurs* at Saint Servan, Jugan offered her bed to an elderly woman living in poverty in 1839, and cared for a growing community from this point onwards. In 1842, the nascent congregation received a certificate of spiritual affiliation from the Frères de Saint Jean de Dieu, a male congregation of *hospitaliers*. Jugan’s idea to take elderly people into her home is confirmed by an essay written in 1844 (by Le Pailleur) to nominate Jugan for the *Prix Montyon*.²⁹⁷ The essay goes on to explain how Jugan collected door-to-door to finance

²⁹⁵ Jugan’s body was moved from the congregation’s communal graveyard to a tomb in the crypt at the motherhouse in 1936.

²⁹⁶ Each community of *Petites Sœurs* keeps a set of chronicles, named *Livres de Fondation*, which recount how the institution collected resources and managed its affairs year by year. A description of this source can be found in Appendix A. The chronicles for St Servan exist only as a typed-up copy: the originals no longer exist.

²⁹⁷ The *Prix Montyon* is a prize for virtue awarded by the *Académie Française*, which Jugan won in 1843. As part of the decision process Le Pailleur’s letter was used as the basis for a speech, delivered by Dupon to the *Académie* and covered widely in press articles.

the project. This account formed the basis of numerous press articles about the congregation.

Jugan was superior of the congregation for the first four years before being replaced by Marie Jamet. The chronicles for St Servan describe the election of Jamet as superior of the *Petites Sœurs* in 1843:

L'emploi de Jeanne l'attirait sans cesse au dehors; elle se multipliait, infatigable, en proportion du nombre de ses pauvres. Elle était sans cesse en marche [...] Tel était bien son véritable rôle, celui de quêteuse, de pionnier de la Famille hospitalière. [...] D'autre part, ses courses au loin et ses absences [sic.] très fréquentes, son manque presque absolu d'instruction, son âge même et ses habitudes qui ne se prêtaient plus aussi facilement à une nouvelle formation religieuse, semblaient nécessiter un changement dans le Supérieurat. Il s'accomplit le 23 décembre 1843. Marie Jamet, qui avait le don du gouvernement et une grande entente de la tenue d'une maison, lui succéda.²⁹⁸

No mention is made of abbé Le Pailleur but, being Jamet's confessor, he was present and involved in the congregation by this point and the *Petites Sœurs* attribute the election of Jamet to his influence. It is certainly a strange turn of events, as the chronicle states in the previous paragraph that Jugan had been re-elected less than a month before on the 8th of December 1843. According to the *Petites Sœurs*, Jugan was not present at the congregation's first general meeting of representatives of the different communities, known as the *chapitre général*, which took place in 1847. The list of Jugan's shortcomings in the chronicles – her age, class, and education – are telling, and I will return to these below.

Over the next decade or so the congregation expanded to many new cities including Dinan, Tours, Besancon, Nantes, Angers, and Orleans. The motherhouse moved twice to accommodate the expanding congregation, first to Rennes and later to La Tour St Joseph in St Pern where it remains to this day. Two of the women affiliated with the congregation in the early years died. The first, Françoise Aubert (known as Fanchon), was never formally a member of the congregation, but lived with Jugan when she started caring for

²⁹⁸ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1843, 8.

the elderly in her home. The second, Virginie Trédaniel, joined the congregation as a young orphan and is usually depicted as another of Le Pailleur's protégées alongside Jamet. The congregation received episcopal approval of their statutes from the Bishop of Rennes in 1852 and approval from the *Siège Apostolique de Rome* followed in 1854.²⁹⁹

Shortly after the congregation obtained approval from Mgr Brossay-Saint-Marc in 1852, histories of the *Petites Sœurs* began to be published and the story of Jugan's innovation presented in the *Prix Montyon* essay was slowly rewritten. This began with Aubineau's text of the same year. In this text, the priest Auguste Le Pailleur is the central character. Depicted as a patient and intelligent man, full of ideas, Le Pailleur slowly reveals his plans for a religious congregation to his protégées Jamet and Trédaniel (who are essentially depicted as pawns in his plan). Jugan is relegated to the position of third or fourth *Petite Sœur* and all of these women are initially ignorant of what Le Pailleur has in mind for them. After the first elderly person is taken in to the house (an act attributed to no one in particular), Le Pailleur suggests that the women start collecting door-to-door to finance their work.

Having written this first history of the institution, Aubineau later wrote a preface to another, written by de la Corbinière in 1880. Aubineau's preface shows the involvement of Le Pailleur in the writing/editing process of both his and de la Corbinière's texts:

Mon petit travail achevé, je ne me sentis pas la hardiesse de le publier sans l'assentiment du fondateur. Les Saints imposent le respect, et je ne me serais jamais risqué à contrarier le *bon Père*. D'ailleurs, n'a-t-il pas juridiction et grâce d'état pour tout ce qui la touche du dehors? Au premier mot de mes intentions, le *bon Père* manifesta sa répugnance. Il ne voulait pas appeler l'attention publique sur sa petite œuvre. Ne se manifestait-elle pas assez rapidement? Il fallait laisser à la Providence tout le soin de la publicité. Un récit était bien délicat à faire. Comment parler de tant de merveilles sans blesser la modestie de celles qui en avaient été les objets et les instruments? Ayant exprimé son sentiment en général, le *bon Père* ne refusa pas de prendre connaissance du cas particulier qui lui était proposé. Après avoir lu mes courtes pages, sans changer de sentiment en principe, il estima que,

²⁹⁹ The approval of the constitutions of the *Petites Sœurs* took some time, and was only achieved in 1878 following audiences with Pope Leon XIII. Ernest Lelièvre and Louis Veillot are both credited with helping to persuade him.

dans l'espèce, il en pouvait peut-être modifier l'application; et ne se fiant pas à ses lumières, il eut recours à un sentiment qui ne lui avait jamais failli et où il avait toute confiance. J'ai tous ces détails présents et vivants dans la mémoire. Je les raconterai peut-être un jour... un jour! Dans bien longtemps, plaise à Dieu! La réponse donnée immédiatement fut qu'il n'y avait aucun inconvénient et qu'il pouvait y avoir avantage à laisser imprimer et courir mes petites feuilles. Dans leur simplicité et leur faiblesse, elles étaient peut-être bien un coup de Providence, un coup imprévu toujours. Elles donnaient une assez juste idée de l'esprit de la Petite Famille; et bien que des personnes vivantes fussent mises en jeu, le récit gardait trop de discrétion pour offenser qui que ce soit. Cette décision était sage apparemment. Mes petites feuilles, imprimées dans l'*Univers*, furent traduites dans presque toutes les langues, et elles ont propagé au loin le renom des Petites Sœurs des Pauvres. Le *bon Père* a la simplicité de croire qu'elles lui ont amené beaucoup d'enfants. Cette petite notice est toujours réputée dans la Petite Famille; elle y a un nom: c'est le *petit Livre*.³⁰⁰

Aubineau talks about not having the 'hardiesse', the audacity, to tell this story without first showing it to Le Pailleur. Woodward has argued that identity can be expressed as a tension between structures and agency: agency being 'the degree of control which we ourselves exert over who we are'³⁰¹ and structures being the forces beyond our control which shape our socially recognized position. The degree of control we have over our identities is therefore a form of power. The less limited we are by structures we cannot control, the greater our agency to create our own sense of self and determine our own social position. Le Pailleur's control over his identity was particularly strong, covering not only his personal identity but the corporate identity of the institution he led. His perceived right to ownership over the narrative represents a particular kind of power which Jugan clearly did not have access to: she seems to have no agency in the telling of her own story. As I will discuss, this lack of agency over her own identity – at least in terms of how she was presented to others – is directly linked to her gender and class.

³⁰⁰ Clémentine de la Corbinière, *Jeanne Jugan et les Petites Sœurs des Pauvres* (Paris: Librairie Victor Lecoffre, 1883), xvii-xviii.

³⁰¹ Kath Woodward, ed. *Questioning Identity: Gender, Class, Ethnicity* (London Routledge, 2004).

De la Corbinière's book marks the apex of congregational histories which focus on replacing Jugan with Le Pailleur in the foundation narrative. Although Jugan features in the title, the book is largely preoccupied with explaining that the credit given to Jugan should in fact be given to the priest, who chose to sacrifice the recognition he deserved for the good of the congregation³⁰²:

Jeanne connut promptement la ville, et bientôt elle en fut parfaitement connue. On lui attribua nécessairement tout l'honneur de la nouvelle fondation. On savait que les premières bonnes femmes avaient été logées chez elle, on la voyait se dépenser chaque jour pour trouver et assurer leur nourriture, on lui reconnaissait un don de parole, une grâce à demander, une éloquence et une vertu d'un genre vraiment extraordinaire; son âge l'établissait naturellement le mentor et la protectrice des jeunes personnes qui habitaient avec elle: on lui attribua donc, je le répète, l'honneur de la fondation. Moi-même je l'ai fait longtemps, et toi tu n'es pas mieux instruit [...]. Ce sont les informations les plus exactes et les plus minutieuses qui ont réformé mon jugement à cet égard. Le bon Père Le Pailleur, toujours modeste pour lui-même et ses filles spirituelles, ne détrompait personne. La prudence le guidait, car aux contradictions et aux vexations qui d'abord avaient assailli sa congrégation naissante, avaient succédé les éloges, les félicitations, les louanges.³⁰³

The modification of the narrative to 'falsely' attribute the credit of the foundation to Jugan is depicted here as an action taken by Le Pailleur in the interests of the greater good. Jugan's silence on the subject, and her acceptance of the credit for an endeavour which de la Corbinière attributes to Le Pailleur, are painted as further proof of the piety of both individuals. They sacrifice the 'truth' for the good of the congregation and its work in God's name:

Elle [Jugan] savait entendre des éloges sans les goûter, et sourire à des compliments sans les comprendre, car ils ne pénétraient pas dans son âme. Nous pouvons bien supposer, nous qui savons à présent les choses, qu'elle avait reçu son mot d'ordre, sa consigne, de laisser dire et de laisser croire qu'elle était la plus

³⁰² The book is written in an epistolary style, with Clementine de la Corbinière addressing letters to her brother.

³⁰³ de la Corbinière, *Jeanne Jugan et les Petites Sœurs des Pauvres*, 138.

ancienne et la principale pierre de l'édifice; car elle non plus, la bonne Jeanne, ne détrompait personne.³⁰⁴

Here Jugan's lack of control over the story and how she is depicted within it are made explicit. De la Corbinière sees fit to assume that Jugan would have been bound by obedience and humility to follow the advice of her superiors. The expectation is that a worthy nun will relinquish agency over her personal stories (particularly when instructed by superiors) in order to benefit the congregation.

A rather convoluted set of testimonies suggest that shortly before her death Jamet (Marie Augustine de la Compassion) spoke about the appropriation of Jugan's work and her own role in replacing Jugan.³⁰⁵ On the 8th August 1939 Sister Aldegonde de la Providence³⁰⁶ wrote:

Sr Alexis de Ste Thérèse, la fidèle compagne de la bonne mère générale Marie-Augustine de la Compassion dans les dernières années de sa vie, désireuse sans doute de me faire connaître la vérité m'a dit ceci : « Ce n'est pas la bonne mère générale Marie Augustine de la Compassion (Marie Jamet) qui est la première petite sœur et la fondatrice de la congrégation des petites sœurs des pauvres, elle-même me l'a dit, voici ses paroles : "Ce n'est pas moi qui suis la première petite sœur ni la fondatrice de l'œuvre. C'est Jeanne Jugan, sœur Marie de la Croix, qui est la première petite sœur et la fondatrice de la congrégation des petites sœurs des pauvres" ». ³⁰⁷

In April 1943 Sister Marie de la Croix³⁰⁸ (not Jeanne Jugan, though they share the same religious name) wrote:

³⁰⁴ *Jeanne Jugan et les Petites Sœurs des Pauvres*, 139.

³⁰⁵ In 1935 the mother superior called for testimonies about Jugan, and these were collected over the course of the 1930s and early 1940s. The exact wording of this call for testimonies is unknown. I do not have access to all of these testimonies, but copies of some of them are found in the *Positio*, the text submitted to the Vatican in the process of Jugan's canonisation.

³⁰⁶ Sœur Aldegonde de la Providence joined as a novice in 1890 and took her perpetual vows in 1899. She lived in proximity to Sœur Alexis de St Therese who in turn had lived in proximity to Marie Jamet (Marie Augustine de la Compassion) towards the end of the latter's life.

³⁰⁷ Unknown, *Positio: Joannae Jugan* (Rome: Typis Poliglottis Vaticanis, 1976), 91.

³⁰⁸ Sœur Marie de la Croix joined the Sœurs de St Cœurs de Jesus et Marie as a novice in 1900 and took her vows in 1903. Leroy was the chaplain of this congregation and of the Petites Sœurs.

En me parlant de Jeanne Jugan comme fondatrice de la congrégation des petites sœurs des pauvres, monsieur l'abbé Leroy, alors notre aumônier, m'a dit : « J'ai préparé Marie Jamet à la mort, voici ses paroles : - Je ne suis pas la première mais on m'avait dit d'agir ainsi ». ³⁰⁹

These 'quotes' from Jamet are third or fourth hand and must therefore be treated with a degree of scepticism. They are also rather ambiguous: it is not clear who advised Jamet to act in this way or why they instructed her to do so. However, it is worth noting that in 1902 abbé Leroy was the first author of a history of the congregation which acknowledged the role of Jugan in the foundation, in a version of events more in keeping with the Prix Montyon essay of 1843. His reported interaction with Jamet could plausibly have been what led him to revisit the congregation's foundation story.

The testimonies hint at Jamet's submission to the will of others, most likely Le Pailleur as the superior of the congregation. The implication is that Le Pailleur was able to use his position of authority to manipulate and mislead Jamet and other members of the congregation. Two confessions, written by Le Pailleur in July 1890, further support the idea that he used his influence over members of the congregation to create a cult of personality around himself. The foundation story is not explicitly mentioned, but the 'secret' mentioned in the second text is probably a reference to the new foundation narrative used to write out Jugan, in which Le Pailleur keeps his idea for the foundation a secret:

Moi soussigné, dans la plénitude de ma liberté, pour la paix de ma conscience et la réparation des scandales commis, je tiens à déclarer que je repousse les doctrines enseignées par moi comme voies nouvelles de perfection, je repousse les actes qui en furent l'application malheureuse.

En demandant pardon de mes erreurs et de mes désordres, je veux les réparer en demeurant fils soumis de la S. Eglise catholique, apostolique et romaine et je désire que mon repentir et ma rétractation soient notifiés à celles qui connurent ces malheurs, souhaitant vivement qu'elles mêmes agissent dans le même sens, afin que n'ayant suivi dans mes fautes, elles me suivent aussi dans leur réparation.

³⁰⁹ Unknown, *Positio: Joannae Jugan*, 92.

6 Juillet 1890

Signé Auguste le Pailleur, prêtre

Pour compléter mes précédentes rétractions, j'entends déclarer de nouveau dans la sincérité de ma conscience que les maximes enseignées par moi aux sœurs comme doctrine supérieure sont erronées, contraires absolument aux enseignements de la S. Eglise et qu'en conséquence je les réproûve à nouveau.

Je rejette aussi toute doctrine ou insinuation relative au secret qui s'est maintenu pendant tant d'années touchant les faits malheureux qui se sont produits.

Je repousse également cette sorte de vénération exagérée que les sœurs eurent de moi, vénération qu'a pu être la conséquence de mes doctrines prétendues sublimes aussi bien que des prétendus miracles qui me furent attribués.

Tout cela je le rejette et repousse et je demande aux religieuses qui connurent ces choses de vouloir pour l'amour de Notre Seigneur Jésus-Christ le rejeter et le (repousser) réproûver avec moi.

Que mes rétractions leur étant communiquées détruisent en elles l'illusion dans laquelle elles peuvent se trouver encore et qu'ainsi elles retrouvent la voie de la vérité et du salut.

Rome, 19 Juillet 1890

Signé Auguste Le Pailleur³¹⁰

I found a copy of this confession in the diocesan archives in Paris. This is one of the few sources pertaining to the foundation story which the *Petites Sœurs* did not provide me with directly. I do not know if they are aware of its existence in the Paris archive. Whilst we discussed Le Pailleur's role in usurping Jugan at some length, the sisters never spoke to me about the existence of such a document and I did not find it until much later.

As we have seen, from 1844 to 1880 the publicised history of the *Petites Sœurs* shifted dramatically to write out Jeanne Jugan. The foundation story changed from a narrative about the charitable Jugan and the care of the elderly funded by door-to-door collection,

³¹⁰ Auguste Le Pailleur, "Copie D'une Confession Certifiée Conforme à L'original Pour Ces Trois Pages, Rennes le 17 Sept, Remise à S.E. Mgr le Card. Foulon + Ch. Ph. Card. Place." (1890), 4/R/9-2/3, Archives Diocésaines de Paris.

to the story of Le Pailleur slowly revealing his plan for a religious congregation to his group of unsuspecting wards (Jamet, Trédaniel, and later Jugan). A variety of authors were involved in this retelling, and the influence of Le Pailleur is clear. But where was Jugan when the story was being rewritten in this way? What was her response to this retelling?

Jugan left behind no written records, making these questions difficult to answer. Her literacy – directly linked to her class and gender – is just one issue which made her more vulnerable to being usurped. Jamet's election in 1843 is rather sudden. The early sources point to Jugan being the innovator behind the *Petites Sœurs*, so it is strange that she should later be almost completely written out of the foundation story. The St Servan chronicles state that after Jamet was elected, Jugan continued to collect door-to-door, going further afield to motivate donors where other *Petites Sœurs* had difficulty raising funds.³¹¹ Her last appearance in these chronicles is in 1847, and she is still collecting. After this, mentions of 'la petite Sœur quêteuse' from the 1850s are ambiguous and could refer to Jugan, but are likely the actions of another *Petite Sœur* who had taken over this role. Jugan took her permanent vows in 1854. The chronicle for 1862 reveals that Jugan had at some unspecified time retired to the motherhouse 'Parvenue, elle aussi à la vieillesse, elle coulait paisiblement ses jours à la Maison-Mère, admirant les développements de la chère œuvre hospitalière, elle n'était pas oubliée par les vieillards et les bienfaiteurs qui l'avaient vue à l'œuvre.'³¹² Later published histories and the congregation's website state that she was summoned back to the motherhouse by Le Pailleur in 1852, when the congregation received the bishop of Rennes' approval for its statutes and officially recognised Le Pailleur as superior.³¹³ The sources to support this are not made clear.

How Jugan viewed these events is equally unclear. The *Petites Sœurs* present Jugan as patient and forbearing, but saddened by the usurpation:

Jeanne, elle, avait vécu tout cela avec un mélange de douleur et de confiance. Elle était lucide, et ne pouvait approuver ; mais sa foi s'élevait plus haut que ces manœuvres. Elle gardait le cœur assez libre pour dire en plaisantant à l'abbé Le

³¹¹ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1847, 14.

³¹² "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1862, 29.

³¹³ Such as Eloi Leclerc, *The Desert and the Rose: The Spirituality of Jeanne Jugan* (London: Darton, Longman and Todd Ltd, 2002); Paul Milcent, *Jeanne Jugan: Humble So as to Love More* (London: Darton, Longman and Todd Ltd, 1980).

Pailleur ce qu'elle pensait de lui ; "Vous m'avez volé mon œuvre ; mais je vous la cède de bon cœur !" ³¹⁴

No evidence is provided for this direct quote attributed to Jugan, which appears on the website and in Leclerc's book.³¹⁵ I have found no evidence to suggest that Jugan resisted any of the changes nor left any record of her feelings on the matter. This by no means proves that she consented to being written out of the story, but one can wonder if the relationship between Jugan and Le Pailleur has been misrepresented. Perhaps Jugan did not want to be superior. Perhaps she did not care if she got credit for the foundation or not.

There are a number of potential reasons for the replacement of Jugan. It is clear that power drawn from education, social status, connections, age, and religious authority allowed Le Pailleur (and, to a lesser extent, Jamet) to take control not only of the congregation, but of the story of its foundation. As Langlois explains in an article about the *Petites Sœurs's* contested foundation story, Le Pailleur and Jamet had youth and a better social standing on their side. Jugan was working-class and had little social capital. In 1839 she would have been 48 years old, much older than the average founder of a congregation. These factors made her less 'marketable' as the face of the congregation. The task of formalising and expanding the congregation would have been much easier for the young duo of Le Pailleur and Jamet, both from modest petit-bourgeois backgrounds and with connections such as Louis Veillot,³¹⁶ the prominent journalist and editor of *l'Univers*.³¹⁷ Langlois points out that the move to posthumously reinstate Jugan as founder has led to an erasure of the important work done by Le Pailleur and Jamet in the congregation's formative years, describing the *Petites Sœurs* as an 'Exemple typique d'une congrégation dont le succès semble lié à la grande longévité du « couple » fondateur, qui, dans le présent cas, reste en place près de cinquante ans.'³¹⁸ It is indisputable that the later

³¹⁴ "Jeanne Jugan, Fondatrice des Petites Sœurs des Pauvres," <https://petitessoeursdespauvres.org/jeanne-jugan/sa-vie/jeanne-jugan-fondatrice-petites-soeurs-pauvres/>.

³¹⁵ Leclerc, *The Desert and the Rose: The Spirituality of Jeanne Jugan*, 18.

³¹⁶ According to Ram, Marie Jamet was god mother to one of Veillot's children. Helen Ram, *The Little Sisters of the Poor* (London: Longmans, Green & Co, 1894), 129.

³¹⁷ A popular *Ultramontane* newspaper of the nineteenth century.

³¹⁸ Langlois, "« Je Suis Jeanne Jugan ». Dépendance Sociale, Condition Féminine et Fondation Religieuse " 24.

restoration of Jugan to the position of ‘founder’ in this narrative has led to the erasure of Jamet and Le Pailleur’s extensive work.

Yet, despite a vague reference to ‘la Condition Féminine’ in the title of his article about Jugan and the *Petites Sœurs*, Langlois barely considers the impact of gender on the power dynamic between Jugan and Le Pailleur.³¹⁹ Whilst he is right that Le Pailleur has been erased from the existing iterations of the foundation story and Jugan’s role has been inflated, Langlois does tend to dismiss the narrative of Jugan’s usurpation as a ‘melodrama’. Though acknowledging their social inequalities, Langlois largely attributes the replacement of Jugan with Le Pailleur to the eccentricity of Jugan and her informal approach to religious practice. His analysis does not take Jugan’s powerlessness nor Le Pailleur’s ability to manipulate his position seriously. With access to Le Pailleur’s confessions – which it does not appear Langlois had seen – such an analysis becomes more difficult to justify.

It is telling that when writing the first history of this congregation in 1852, Aubineau deferred to Le Pailleur – not Jamet – to read over his history before publishing it.³²⁰ These histories replace Jugan with Le Pailleur as the innovator behind the *Petites Sœurs*. Whilst Jamet took the role of mother superior, the male priest became the main figurehead of the group. The weight of Le Pailleur’s sacerdotal authority hinged on his masculinity. The very structures of the Church facilitated the writing-out of Jugan’s work and allowed Le Pailleur to rewrite the story, with the virtual guarantee that he would meet with obedience from the *Petites Sœurs*.

Identity, power, and visibility are thus intertwined. Whenever a story is written, those writing the story have the power to decide what is important and what is not. That person, or those people, make narrative choices about what is made visible and what is obscured. Having authority in a social context gave Le Pailleur the opportunity to shape historical narrative for his own ends, aided by the comparative lack of authority of Jugan and the other *Petites Sœurs* in shaping their group history. Le Pailleur’s written confessions and the preface by Aubineau hint at the cyclical nature of this power: because Le Pailleur had

³¹⁹ "« Je Suis Jeanne Jugan ». Dépendance Sociale, Condition Féminine et Fondation Religieuse ".

³²⁰ Léon Aubineau, *Histoire des Petites Sœurs des Pauvres* (Lille: Imprimerie de L. Lefort, 1863).

authority he could control the story, and he employed his story as a means to gain greater authority, ‘proving’ his own importance, authority, and piety.

3.2 Visibility and Empowerment

There is rarely a single historical narrative, so choices made about what to include are not completely fixed. In the case of religious congregations, history is constantly being told and retold, shifting over time in response to the priorities of the superiors and the direction of the Church. This ever-evolving process of historicisation means the usurpation of Jugan did not endure long after the deaths of those involved. Le Pailleur’s confession and removal to Rome occurred in the 1880s. Generally this is not mentioned in published histories,³²¹ but from the early 1900s the published story begins to revert to that depicted in the essay of nomination for the *Prix Montyon* in which Jugan is the founder and first *Petite Sœur*. Leroy’s book of 1902 was a tentative first step towards this reinstatement. Leroy acknowledges both Jugan and Le Pailleur’s role in the early days of the congregation: the two iterations of the foundation are presented side by side and are seemingly non-contradictory. This moderate approach to the contested foundation story was gradually replaced by more explicit accounts of Jugan’s ‘usurpation’. Her role in the early years is emphasised more clearly, and Le Pailleur is blamed for the manipulation or falsification of the story to remove her. A 1905 book about the contributions of a priest, Lelièvre, introduced a new male figure who has come to replace Le Pailleur as the paternal influence of the congregation in the current narrative.³²² From the late 1930s Jugan’s name becomes more prominent in the titles reflecting a greater emphasis on her role as founder.³²³

In the 1930s, the mother superior of the *Petites Sœurs* attempted to collect evidence about Jugan through testimonies written by members of the congregation (the congregation’s

³²¹ With the exception of Milcent and Leclerc.

³²² Mgr Louis Baunard, *Ernest Lelievre et les Fondations des Petites Sœurs des Pauvres d'Après sa Correspondance, 1826-1889* (Librairie Poussielgue, 1905).

³²³ for example: Chanoine A Helleu, *Une Grande Bretonne - Jeanne Jugan (Sœur Marie de la Croix) Fondatrice des Petites Sœurs des Pauvres 1792-1879* (Imprimerie Riou-Reuzé, 1938); Francis Trochu, *Jeanne Jugan Fondatrice des Petites Sœurs des Pauvres* (Lyon: Emmanuel Vitte, 1947).

website refers to an opening of a diocesan investigation on the reputation for holiness of Jugan in 1935).³²⁴ The *Positio*, a text written for Jugan's canonisation, reads:

Le 6 janvier 1935, mère générale Marguerite-Marie du Sacré-Cœur écrivait une circulaire à toutes les petites sœurs pour la nouvelle année. A la fin de cette circulaire elle demandait aux petites sœurs qui avaient connu sœur Marie de la Croix de bien vouloir donner leur témoignage.³²⁵

The exact wording of this call for testimonies is not mentioned. Whether the *Petites Sœurs* were implicitly led to favour or highlight certain aspects of their memories of Jugan is unknown. Furthermore, their knowledge or understanding of who Jugan was had almost certainly changed in the 50 years between her death and the call for testimonies. The very act of asking people to write about Jugan suggests that she was by this time considered in a new light. Asking for testimonies sets her up as an important individual, some may have now considered her the founder, and this will inevitably have shaped and modified the way the women remembered their interactions with her.

The testimony of Sister Marie de St Marguerite from 1935 shows this process very clearly. Sister Marie was a novice in 1879 and states that she barely knew Jugan. Writing 56 years after Jugan died, Sister Marie describes Jugan as 'remarquable par son humilité, sa simplicité et affabilité. On semblait ne pas faire du tout de cas d'elle, on n'en parlait pas. Je ne l'ai jamais vue pendant mon noviciat assister aux réunions et réceptions de fêtes de famille.'³²⁶ This emphasis on Jugan's humility cannot be separated from the fact that at the time of writing, Sister Marie's memories were shaped by her perception of Jugan as a founder living out her last days in obscurity:

[S]emblant heureuse de voir ces 600 futures petites sœurs qui ignoraient qu'après le bon Dieu, elles lui devaient le bonheur d'être petites sœurs des pauvres [...]. Elle était complètement effacée et donnait ainsi une preuve de son humble soumission en laissant toute la gloire au bon Dieu qui voulait sans doute que ce soit ainsi.³²⁷

³²⁴ Little Sisters of the Poor, "Canonization," <http://www.littlesistersofthepoor.org/saint-jeanne-jugan/canonization/>.

³²⁵ Unknown, *Positio: Joannae Jugan*, 88-89.

³²⁶ *Positio: Joannae Jugan*, 89.

³²⁷ *Positio: Joannae Jugan*, 89.

It is plausible that the reverent depiction of Jugan as a humble, long-suffering founder is an entirely posthumous creation.

The congregation's approach to their history shifted once again in the wake of the Second Vatican Council which ran from 1962 to 1965. Called to address the position of the Church in the modern world, the Council marked a new direction of the Church and initiated a change in the way congregations interacted with their histories. The 1964 encyclical *Ecclesiam Suam* called for self-reflection, self-examination, and restoration of perfection within the Church through a return to origins: 'We must love and serve the Church as it is, wisely seeking to understand its history and to discover with humility the will of God who guides and assists it [...].'³²⁸ The 1965 Vatican decree on the Adaptation and Renewal of Religious Life, *Perfectae Caritatis*, highlighted the importance of the founders' spirit and personal aims, which were taken as distinguishing features for each individual congregation.³²⁹ In a speech made in 1971 Pope Paul VI stated:

The charisms of founders

11. Only in this way will you be able to reawaken hearts to truth and to divine love in accordance with the charisms of your founders who were raised up by God within His Church. Thus the Council rightly insists on the obligation of religious to be faithful to the spirit of their founders, to their evangelical intentions and to the example of their sanctity. In this it finds one of the principles for the present renewal and one of the most secure criteria for judging what each institute should undertake. In reality, the charism of the religious life, far from being an impulse born of flesh and blood or one derived from a mentality which conforms itself to the modern world, is the fruit of the Holy Spirit, who is always at work within the Church.³³⁰

³²⁸ Pope Paul VI, "Ecclesiam Suam (English Translation)," *The Pope Speaks*, 10, Summer (1965).

³²⁹ "Perfectae Caritatis: Decree on the Adaptation and Renewal of Religious Life," http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651028_perfectae-caritatis_en.html.

³³⁰ "Evangelica Testificatio: Apostolic Exhortation on the Renewal of Religious Life According to the Teaching of the Second Vatican Council," http://w2.vatican.va/content/paul-vi/en/apost_exhortations/documents/hf_p-vi_exh_19710629_evangelica-testificatio.html.

Such instructions led to a rise in publications of congregational histories and also saw many congregations opening up their archives to outside researchers.³³¹ The focus on founders during Vatican II has come to shape the way congregations approached their histories. The charism of the founding members – a unique spiritual gift from God to these individuals – became central to congregational identity. Founders and early members had always played an important part in congregational histories, but they began to dominate more than ever. Their spirituality, their unique gift, their individuality, came to symbolise the wider group in many ways. As Thompson has discussed, such an approach can prove anachronistic and often requires an ahistorical retelling of foundation narratives.³³²

It would appear that the *Petites Sœurs* have always been deeply preoccupied by the story of their own foundation, but this does not mean that there was no shift in response to the Second Vatican Council. In fact, from the 1970s onwards hagiographies of Jugan become the norm, coinciding with a cause for Beatification submitted in 1970. These texts depict Jugan not only as the founder of the congregation but as a spiritual guide, with titles like *Ce que Croyait Jeanne Jugan : une Vraie Pauvre* by cardinal Garrone (1974) and later works like Leclerc's *Le Désert et la Rose* (2000), translated into English with the subtitle *The Spirituality of Jeanne Jugan*. These texts celebrate Jugan's forbearance in the face of injustice and her patient and humble acceptance of Le Pailleur's actions, which saw him taking the credit for her work.

In the 1980s two miracle cures were attributed to the intercession of Jugan. She was canonised in 2009. Jugan is undoubtedly more present in the congregation of the *Petites Sœurs* than she has ever been before. Her image, her story, her spirituality, are integral to congregational spaces and to published texts. But this modern-day retelling of the story and the current omnipresence of Jeanne Jugan by no means serve to restore Jugan's voice. The systematic inequalities rooted in gender and class in relation to the church hierarchy facilitated the exclusion of Jugan from the foundation story. However, the presence of Jugan in congregational spaces and narratives today is no more empowering than her

³³¹ Mangion, *Contested Identities: Catholic Women Religious in Nineteenth-Century England and Wales*, 5.

³³² Margaret Susan Thompson, "'Charism' or 'Deep Story'? Toward a Clearer Understanding of the Growth of Women's Religious Life in Nineteenth-Century America," *Review for Religious* 58, no. 3 (1999). See also Marit Monteiro, Marjet Derks, and Annelies van Heijst, "Changing Narratives. The Stories the Religious Have Lived by since the 1960's," in *Religious Stories We Live By: Narrative Approaches in Theology and Religious Studies*, ed. R Ganzevoort, M de Haardt, and M Scherer-Rath (Leiden: Brill, 2014).

absences in Le Pailleur's foundation history. It creates only an illusion of visibility, because most of Jugan's life, words, and actions remain as hidden as ever. Her role in the years of vast recruitment and global expansion of the congregation appears to have been minimal. The archival traces of Jugan are also relatively minimal and provide little more than dates and locations.

Jugan left no written records, and decades of her life were spent living in obscurity at the motherhouse. Every source relating to her and her role in the foundation story (in all its different iterations) is problematic or unreliable in some sense. The published histories from the nineteenth century have clearly been influenced by Le Pailleur's involvement. The essay for the Montyon award is relied on heavily by the modern-day *Petites Sœurs* as the 'true' account of the early years. Written by Le Pailleur as a nomination for an award, the reliability of this text as a history of the congregation or of Jugan's life is debatable. Most difficult are the chronicles from Saint Servan, which detail the life of the community year by year, focussing particularly on the collection of money, food, and other materials. These records have been typed up and the originals destroyed meaning any mention of Jugan should be treated carefully. The anachronistic nature of their content, particularly in the early years (1839-1845) indicates a clear process of editing and rewriting. For example, the entry for 1839-42 mentions events which took place as late as 1862. The entry for 1849 says the congregation was not yet approved, making reference to the bishop's approval which was received in 1852. Different voices become apparent in the use of pronouns (sometimes – especially in early entries – the *Petites Sœurs* are 'them', later they become 'us'). Moreover, one of the *Petites Sœurs* told me informally that these texts had been rewritten to minimise mentions of Le Pailleur. His name is certainly scarce in the text and is often replaced by ambiguous titles like *Monsieur le curé*.

The narrative this congregation lives by is pieced together from very patchy sources. The surviving snippets serve to tell an interesting and absorbing story, and as the victim of Le Pailleur's usurpation it is easy to paint Jugan in a sympathetic light. But much is inferred, relying heavily on testimonies written fifty years after Jugan's death. In this way, Jugan has been mythified. A name and an image are used to personify the institution itself, but the evidence of who this individual 'really was' is largely conjecture. It is arguable that the very scarcity of information is what makes Jugan such a perfect 'vessel' for congregational identity. As Barthes states:

[E]n général, le mythe préfère travailler à l'aide d'images pauvres, incomplètes, où le sens est déjà bien dégraissé, tout prêt pour une signification : caricatures, pastiches, symboles, etc. [...] Le mythe ne nie pas les choses, sa fonction est au contraire d'en parler, simplement, il les purifie, les innocente, les fonde en nature et en éternité, il leur donne une clarté qui n'est pas celle de l'explication, mais celle du constat (...) il abolit la complexité des actes humains, leur donne la simplicité des essences.³³³

Jugan's story reveals many of the difficulties which arise when we attempt to restore visibility to those left out of history. In the construction of myths and in the construction of narratives, the complex becomes simplified. A lack of sources can mean that the sense of self, the actions, and the choices of an individual can be lost. Piecing together someone's identity through historical sources is always difficult and will always create a limited picture. Attempting to restore visibility to those who have been systematically excluded from a historical narrative can be problematic, therefore. The agency of those who leave no written traces cannot be given back to them, and building historical narratives from silences is not necessarily empowering for the subjects of these narratives - as the use of Jugan's story makes clear.

The contested foundation narratives, the proliferation of Jugan's image in congregational spaces and the production of materials like keyrings, bracelets, and children's books also calls into question the extent to which religious congregations are self-forgetful. *Petitesse* is a key value for the *Petites Sœurs*, yet the production and publication of histories and memorabilia suggests that the congregation are deeply preoccupied with their own history and origins, and carefully curate a public image based on these stories. What becomes clear is the importance of histories for their purpose in shaping the collective identity in the present. These stories continue to shape the congregation and to promote it to the outside world. There is no doubt that this promotion of the congregation is motivated by religious beliefs – a wider platform and reach for the *Petites Sœurs* means a wider proliferation of their religious message. It is nevertheless clear that self-abnegation is encouraged at an individual level, but does not necessarily apply to the collective.

³³³ Roland Barthes, *Mythologies* (Paris: Editions du Seuil, 1957), 233-34, 253.

3.3 Individual and Collective Identities

The tension between the individual and the collective is apparent throughout the contested foundation story I have explored here. Whether it is Jugan or Le Pailleur who is recognised as the founder, one person's story dominates the group's history. The use of a single person's biography as the linchpin for a collective history allows congregations to create unity and continuity amongst otherwise disparate groups. Writing about nation states, Anderson argues that groups are united through shared languages, shared texts, and shared stories, and ultimately the connections between members of these groups exist largely in the realm of a shared imaginary.³³⁴ The same process applies to religious congregations. Mangion uses the term corporate identity to refer to the sense of groupness established in religious communities. She states:

The family metaphor was useful and perhaps even lived in some convents, but as congregations grew, the more useful tool used to assimilate a disparate group of women was a corporate identity.³³⁵

The term corporate identity is useful for highlighting that religious congregations are carefully curated imagined communities. Shared histories and rituals are written and employed within these communities to create a sense of groupness:

Corporate identity was both tangible and intangible. The tangible factors were reflected visibly in the iconography of the congregation found first and foremost in the name of the congregation, but also in the habit that women religious wore and the convents and institutional space that women religious inhabited. [...] Other corporate markers were reflected in the philanthropic work of the congregations, the special prayers and meditations and the traditions that were a part of congregational life.³³⁶

Mangion points out that individual women religious were sometimes included in this collectivity through necrologies which memorialised piety, but also highlights the dominance of the founders' stories as the key to the groups' histories. In fact, it is virtually

³³⁴ Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London: Verso, 2006).

³³⁵ Mangion, *Contested Identities: Catholic Women Religious in Nineteenth-Century England and Wales*, 155.

³³⁶ *Contested Identities: Catholic Women Religious in Nineteenth-Century England and Wales*, 178-79.

universal that the history used by congregations will be the story of exceptional individuals, usually the founding members:³³⁷

This growing body of literature functioned at many levels. It was meant to communicate the founder's ideals, teach appropriate behaviour patterns and preserve unity. Memoirs, biographies, guides, histories and edited works were part of the corpus of a congregational history that was recorded and communicated. These documents united women religious and reinforced their connection to their congregation and their identity as members of that congregation. They prayed at their founders' tombs, celebrated their anniversaries and read and reread their writings. [...] Women religious developed an awareness of belonging to a unique congregation.³³⁸

All three congregations studied here, the *Auxiliatrices*, the *Petites Sœurs* and the *Sœurs de l'Espérance*, use their websites and published texts to express their identity as a group and to recount their foundation story. The stories which religious congregations tell remain very limited and often formulaic, with similar tropes emerging across many different institutions.³³⁹ Constantly retelling the founder's story and using this story as a source of spiritual inspiration is a means of unifying large groups of women, often working in widespread locations, by giving them a common role model and a formalised set of ideals and examples. As Mangion states, 'Women from sometimes disparate backgrounds were moulded by the same corporate imprint in order to build unity and an *esprit de corps*.'³⁴⁰ Modern-day congregations are geographically scattered (see Appendix B), but using stories of a common 'ancestor' creates a group connection.³⁴¹ As well as rallying members of the order around a common purpose and a common ancestry, the focus on individuals provides a means for the congregation to differentiate itself by presenting a

³³⁷ This is not necessarily an issue specific to religious institutions. In their study of Eric Worrell's Australian Reptile Park, Cushing and Markwell have discussed the difficulty of separating founders from their institutions, stating: 'We have tried to discover a literature on the writing of institutional histories to offer guidance on striking a balance between biography and institutional history, but without success.' Nancy Cushing and Kevin Markwell, "Balancing Biography and Institutional History: Eric Worrell's Australian Reptile Park," *Public History Review* 16 (2009): 84.

³³⁸ Mangion, *Contested Identities: Catholic Women Religious in Nineteenth-Century England and Wales*, 177.

³³⁹ See Langlois, *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*.

³⁴⁰ Mangion, *Contested Identities: Catholic Women Religious in Nineteenth-Century England and Wales*, 180.

³⁴¹ Drawing on Renan's work in the late nineteenth century, McBride has explored the same process in the context of modern Ireland, arguing that groups rely on a shared heritage and a shared forgetting. See chapter 1 in particular. Ian McBride, ed. *History and Memory in Modern Ireland* (Cambridge: Cambridge University Press, 2001).

clear, unique identity based on the personality and the vision of the founder. Like the *Petites Sœurs*, both the *Auxiliatrices* and the *Sœurs de l'Espérance* rely on their foundation story in this way. Both congregations' websites feature biographies of the founders (Marie de la Providence, born Eugénie Smet, and Abbé Noailles respectively). Histories published about the congregations depict these individuals as the personification of the institution itself.

In the first history written about the *Auxiliatrices* by a priest named Blot, the foundress Eugénie Smet dominates the story of the early years of the congregation.³⁴² Smet's uncle had been the local mayor, and she grew up in Lille in a well-known and relatively wealthy family. She is portrayed by most authors as a pious child called to a religious life from an early age, and preoccupied with saving souls in purgatory, particularly those who were forgotten or abandoned in some way.³⁴³ Smet attended a boarding school and made multiple vows of chastity in her early twenties. Unlike Jugan, who appears to have been motivated by a desire for immediate social change, Smet's calling is depicted as more spiritual and more protracted. She dialogues with 'la Providence', asking for signs (which she is always granted), and spending many years in contact with various clergymen about the best way to approach her calling. She founded a prayer association in 1853, but her ill health and difficulty finding the right priest to help her with her mission lengthened the period between her original idea for a congregation and its foundation. In 1856, at the age of 31, Smet moved to Paris and the first *Auxiliatrices* took temporary vows shortly after. Upon their arrival at their new premises a neighbour asked them to care for a sick person living nearby. During a religious ceremony an associated priest, M. l'abbé Gabriel, formalised the idea of the congregation working as *gardes-malades* as part of his sermon. The congregation expanded to Nantes in 1864 and to China in 1867. This is the brief version of the foundation narrative which remains relatively unchanging in the published histories of the *Auxiliatrices*.³⁴⁴ Smet's spiritual journey and interactions with the male hierarchy of the Church (she is often noted for her strong will and tenacity) are perceived as the key founding elements of the community. Once the congregation is established,

³⁴² François René Blot, *Les Auxiliatrices du Purgatoire* (Paris: Librairie Jacques Lecoffre, 1874).

³⁴³ I discuss Smet and the concept of purgatory further in chapter four.

³⁴⁴ See for example Gaëtan Bernoville, *La Société des Auxiliatrices des Ames du Purgatoire*, ed. Edouard Schneider, *Les Grandes Ordres Monastiques et Instituts Religieux* (Paris: Bernard Grasset, 1938); Gardey de Soos, *Eugénie Smet Bienheureuse Marie de la Providence*.

expansion to Nantes, China, and other cities in France are often reported one by one – a structure also seen in histories of the *Petites Sœurs* and the *Sœurs de l'Espérance*.

This final congregation, the *Sœurs de l'Espérance*, is one of five branches of the *Sainte Famille de Bordeaux* founded by abbé Noailles. Having founded a contemplative order in 1820, Noailles was asked by the archbishop of Bordeaux to set up a congregation of *gardes-malades*. The *Sœurs de l'Espérance* were therefore established in 1936 by Noailles and Mère Bonnat and – unlike the other congregations studied here – were intended to care for the wealthy. The *Sœurs de l'Espérance* do not have an individual website and can only be contacted via the umbrella organisation of the *Sainte Famille*. Locating these nursing nuns within the wider congregation is therefore difficult. Published histories of the congregation deal with the biography of their founder Noailles and the history of the whole *Sainte Famille de Bordeaux*. It is clear that abbé Noailles provides a point of unity for this multifaceted group, as their website states:

Tous sont unis par un même Fondateur, un même esprit. Tous sont orientés vers un même but, c'est à dire une même Mission dans l'Église. Dans son cheminement la Sainte-Famille est appelée à revivre l'expérience des premières communautés chrétiennes. Le charisme du Père Noailles met en évidence la nécessité et la richesse de la complémentarité des dons dans l'Église.³⁴⁵

The *Sainte Famille* have created a digital archive of Abbé Noailles' correspondence and the link can be found on the homepage of their website. This is a selection of the founder's letters, and the content is largely of a personal and spiritual nature. Once again, it is the life story of Noailles that is prioritised: the organisation of the different vocations is rarely mentioned. Published histories of the congregation follow a similar template, using the founder's biography to create unity.

In all three of these congregations, then, the virtually formulaic structures used to tell the life story of a single person provide a neat creation myth. Within these myths there is little to no mention of the labour history discussed in chapter two. Instead, an individual hagiography comes to personify the institution. The same end could not be achieved with more diverse, complex narratives. As Sani et al. argue,

³⁴⁵ Sainte Famille de Bordeaux, "Charisme Sainte-Famille," <http://www.saintefamille.fr/charisme-sainte-famille/>.

...perceived collective continuity has two main dimensions, which broadly match the two different forms of perceived individual continuity proposed by Chandler and his colleagues. The first dimension is concerned with the perceptions that core values, beliefs, traditions, habits, mentalities, and inclinations are trans-generationally transmitted within the group. That means that the group is perceived as having deep, essential cultural traits that have a degree of permanence. The second dimension is related to the perception that the different ages, periods, and events in the history of the group are causally linked to one another, that they form a *coherent narrative*.³⁴⁶ (My emphasis)

From a wider historical view, the quest for neat and coherent narratives is inevitably problematic. The focus on exceptional individuals comes at the expense of a rich, and inevitably messier, collective history. This has been highlighted by Thompson, who argues that the search for a charism puts many religious congregations in an impossible position, leading them to create anachronistic, ahistorical narratives to fit a formula which does not reflect the true nature of their diverse experiences.³⁴⁷ Consequently, as well as providing points of commonality, collective identity necessitates the subdual of individual identities or divergent stories. Gutwirth argues that collective identities are formed by taking one or two characteristics of a group and encouraging people to define themselves by these characteristics above all else.³⁴⁸ To facilitate unity and a sense of belonging, a collective identity requires the smoothing out of difference: 'the more collective identities become affirmative, the more they have a flattening effect, the more they render uniform.'³⁴⁹

Mangion has highlighted this same process in religious congregations:

Corporate identity provided a source of strength, self-definition and accomplishment for women religious, as did the dominant discourse of selflessness and its barrage of messages on humility and piety. The individual identity receded as the corporate identity evolved. The visual image of this is striking: the homogeneity of a mass of women dressed in the habit of their congregation. It is

³⁴⁶ Fabio Sani et al., "Perceived Collective Continuity: Seeing Groups as Entities That Move through Time," *European Journal of Social Psychology* 37 (2007): 1120.

³⁴⁷ Thompson, "'Charism' or 'Deep Story'? Toward a Clearer Understanding of the Growth of Women's Religious Life in Nineteenth-Century America."

³⁴⁸ Gutwirth, "Beyond Identity?."

³⁴⁹ "Beyond Identity?," 127.

difficult to see each individual woman. Instead, what dominates is the mass itself.³⁵⁰

It is not only the individual who may disappear behind the corporate identity. With the loss of diverse individual experiences, we also lose understanding of the day-to-day responsibilities of these women in all their diversity. The story of these women's labour is obscured, and little is said of the nuns' interactions with the 'outside world'. Subsequent chapters of this thesis will attempt to redress this balance.

3.4 Authorship, Gatekeeping, and Historical Production

The concise, neatened creation myths discussed here are an exercise in power. We have seen that Le Pailleur wielded his professional authority, class, gender, education, and connections, and was thus able to dominate the corporate identity of the *Petites Sœurs* in the nineteenth century. It is his carefully curated version of the story which was told and there is little evidence of resistance from those around him. In the case of religious congregations, superiors and members of the congregation with record-keeping responsibilities often play an important role in shaping the way congregational histories are told. Leaders like Le Pailleur, Smet, and Noailles dominate the histories of their institutions, and this is partly a result of the social power they held: education, wealth, class, and connections. But the construction and perpetuation of these narratives does not happen because of a single person and there are opportunities for others to resist or challenge the narratives created by an individual. The decisions of congregational superiors were influenced by external factors such as the decisions of the Vatican and the advice or instructions of associated clergy which are often much harder to trace. Le Pailleur being summoned to Rome and confessing towards the end of his life is one such example. The stories are also passed down through the congregation and reinforced at every level. These stories hold weight precisely because large groups of women religious live their lives by them. There are few opportunities for individual members to resist narratives established by congregational superiors, however. Members of these groups were taught obedience and were expected to act on the instructions of their superiors. As

³⁵⁰ Mangion, *Contested Identities: Catholic Women Religious in Nineteenth-Century England and Wales*, 180.

a result, once a narrative like this was created, religious congregations were expressly designed to perpetuate a single story, to subscribe to the ‘party line’.

Throughout this process there is a clear tension between the individual and the collective in terms of creating, disseminating, or challenging historical narratives. The private archives of congregations often provide the most fruitful opportunities to analyse how these historical narratives and creation myths were written and to identify the role of individuals in shaping them. Archival records can give the most ‘direct’ insight into congregational mentalities: they show us how the nuns talked about themselves and the (corporate, not necessarily individual) motivations behind their nursing work. They are a window into individual and collective mentalities. What is recorded is revealing of what the congregations considered important. At the level of individual documents it is sometimes possible to identify specific authors and identify priorities (though even here anonymity can be a problem).

In the case of both the *Auxiliatrices* and the *Petites Sœurs*, records were kept from the earliest years of the congregation.³⁵¹ The *Petites Sœurs* kept chronicles for each of their communities (such as the aforementioned *Livres de Fondation* for Saint Servan). The *Auxiliatrices* in Nantes designated the task of recording the congregation’s history to one of its members as early as 1867, just four years after the foundation of this particular community and when the congregation was little more than a decade old. This drive to record and narrativise the congregations has persisted, and provides an important means of constructing a group identity.

If Jugan’s story shows us anything, it is that narratives of the past always carry significance for the present:

The crux of the matter is the here and now, the relations between the events described and their public representation in a specific historical context. These relations debunk the myth of The Past as a fixed reality and the related view of knowledge as a fixed content. [...] The meaning of history is also in its purpose. [...]

³⁵¹ As previously mentioned, the archiving practices of the *Sœurs de l’Espérance* is largely a mystery, although the founder’s correspondence was definitely preserved and some is available online.

To be sure, injustices made to previous generations should be redressed: they affect the descendants of the victims.³⁵²

An awareness of how stories of the past affect events and attitudes in the present is important. The decisions made by record-keepers and gate-keepers over time continue to shape the narrative process of corporate identity. Different generations reinterpret the same stories to best suit their present needs. This means that when relying on congregational archives for research, the researcher is influenced by the priorities of those who made the records but also the current gatekeepers of those records. These archives are an expression of collective identity with a clear process of editing and curating, which limits and shapes the stories which can be told. Conditions of access are yet another layer to this process of identity building. Modern-day congregations still have a significant power to decide what is made visible about previous generations of women and the work they performed.

During my research I sought out sources which might help to explore how the congregations constructed a sense of collective identity and what this meant to them. I focussed in particular on where this process of identity building might intersect with the history of their nursing work. The archival sources provided by the *Petites Sœurs* were relatively limited and were carefully selected by current members of the congregation. Everything I have been given access to is therefore highly curated both at the point of production in the nineteenth century and at the point of access in the present day.

For the *Auxiliatrices* the archival sources available were much more diverse, and include rulebooks and constitutions, commentaries on these rules by prominent individuals, manuals of instruction, and reports written by nuns who visited the sick. For many of these sources, there is no clear author. The individual and the collective are constantly blurred. Once again a plurality of voices and agents, the anonymity of these, and the different processes of editing and rewriting all shape the corporate identity which is revealed here. The narrative choices being made are countless and often impossible to pin down to specific people or specific moments. This also makes it harder to determine what motivates these choices. The only feasible way to move past this uncertainty is to interrogate the authorship and the purpose of each individual source, as I will be doing in

³⁵² Trouillot, *Silencing the Past: Power and the Production of History*, 147-50.

the following chapters. This said, the modern-day *Auxiliatrices* appear far less preoccupied with the gatekeeping or controlled interpretation of their records. There are far fewer limitations on archival access, and use of the archive entails little contact with living members of the congregation.

The question of gatekeeping is never addressed in histories of these congregations, which are not academic texts but rather histories produced by the congregation and its affiliates. What I refer to as ‘published histories’ are those stories written from a more ‘outside’ perspective, by historians or clergymen, for example. But these different stories about congregations exist on a spectrum – there is rarely a clear distinction between how the congregation presents itself and how it is presented by those on the ‘outside’. In the case of published histories of religious congregations, the authors are often (but not always) Catholics. They may be affiliated clergy or people who have direct ties to the congregation. Whilst these authors are not necessarily members of the congregation, they nevertheless rely on the congregation’s private archival sources, and usually have a relationship with the subjects they write about. Their choices about how to frame the narrative are therefore heavily influenced by the congregations themselves. None of these authors acknowledges that their interactions and relationships with the congregations change the story they end up telling. The authors do not identify, and perhaps aren’t always conscious of, the different agents and structures which determine what history they produce.

3.5 Conclusions

We have seen in this chapter that congregations are constantly telling and retelling stories about who they are and where they have come from. The process of remembering the past serves to construct a corporate identity in the present. Even in the most contested and complex congregational histories, the founder and the foundation story are used as a sort of linchpin for these corporate identities. The complex collective histories of these groups are overlooked, and little attention is given to the labour they have performed (and continue to perform).

Power enters this process in different ways. Elements of personal identity such as class, age, gender, education, and position within the congregational or ecclesiastical hierarchy will determine the amount of control which any one person may have in shaping these historical narratives. As authors or gatekeepers, certain individuals can come to dominate

this process, allowing them to shape the story and consequently – as in the case of Le Pailleur – their own position within the group. When dealing with collective histories, it can be difficult to identify any one individual who exercised such narrative control or to track the contributions of members at a grass-roots level. Turning to individual sources proves useful in this regard, though anonymity, editing, and a multiplicity of authors can complicate this process.

The result of current processes of authorship and gatekeeping is that the ‘neat’ stories told by congregations are constantly reproduced at the expense of other histories. As Curtis has shown, this is partly because congregational histories are family histories, and the actions of congregations must be understood in the context of priorities entirely different from those of academics.³⁵³ However, congregations are not just families but institutions which played an important role in public life. In carefully curating a single version of history no room is left for divergent narratives, and no space is given to critical voices. This is a potential problem. Histories written from ‘outside’ perspectives – in my case, one independent from the congregation, the Catholic Church and faith, and the country of origin – are important. This is not to defend the existence of a ‘true’ or ‘objective’ history of these groups which has been masked. Whilst narratives of the past can be told in different ways and with a different focus in revealing and interesting ways, this does not negate that every history is a constructed narrative of the past with a certain level of positionality and historical blind spots.³⁵⁴ Nevertheless, histories such as the one explored in this thesis provide fresh interpretations and a more diverse range of voices, opening up spaces for dialogue and reframing the pasts of these institutions in new ways. Revisiting congregational histories and moving beyond foundation stories improves our understanding of healthcare practices, histories of emotions, and the history of invisible and gendered labour. It allows us to scrutinise institutions which in their own way wielded a form of social power. As I discuss in my final chapter, disenfranchised and marginalised groups appear in these records which can therefore be used to enrich our understanding of the past, beyond the narratives of the dominant classes and dominant historical agents.

³⁵³ See page 32 of this thesis. Curtis, "Writing the Lives of Saints: Archives and the Ownership of History," 252, 256.

³⁵⁴ For an in depth analysis of this issue see Ian McBride, "Memory and National Identity in Modern Ireland," in *History and Memory in Modern Ireland*, ed. Ian McBride (Cambridge: Cambridge University Press, 2001).

In the most extreme examples, the narrative control exercised by congregations has been known to facilitate abuses of power and created historical silences around them. As Heijst explains, feminist scholars of the 1970s approached religious congregations looking for heroes, and so tended to reproduce the hagiographies which had gone before. The intellectual richness of convents and the positive influence of ‘gender bending’ nuns for women’s position in society were celebrated. But, as Heijst goes on to argue, this lack of nuance when discussing religious congregations failed to acknowledge the revelations of abuse which occurred over the course of the twentieth and twenty-first centuries:

Indeed for women the religious life *was* an alternative to becoming a mother and housewife, and nuns deserve recognition for embodying intellectual richness and facilitating a rise in social status, schooling, and training for generations of Catholic girls, as well as for housing and educating orphans and abandoned children (Rogers, 1998: 146-64). Those are the reasons that many former pupils are grateful to the nuns as an anthology of 52 memories testified (Coverdale Sumarall and Vecchione, 1992). However, critical voices should also be heard and integrated into the historical image. Even more so, the negative experiences of former pupils should be examined, but linked also to a broader background of affliction that some ex-nuns and nuns experienced themselves. The convent setting in which some children were abused, and in which some nuns and former nuns felt harmed, needs to be analyzed and understood. What was the underlying spiritual value-system that made it possible – or at least did not prevent – such things from happening?³⁵⁵

Though dealing with the example of teaching congregations, Heijst’s observation is relevant to all studies of religious congregations. The currently narrow, insular framing of religious history leaves little to no room to discuss problems which have been proven to occur in a variety of Catholic institutions around the world. There is little reflection in current scholarship as to how power may be misused, or how the particular context of the convent and Catholic charitable institutions may lead to injustices.

To be clear, I have found no evidence of either emotional or physical abuse in the case of the congregations studied here.³⁵⁶ As such, this has not been a key course of inquiry for

³⁵⁵ Heijst, "The Disputed Charity of Catholic Nuns: Dualistic Spiritual Heritage as a Source of Affliction," 159.

³⁵⁶ For greater clarity on this issue, I discuss the exact nature of nun-patient interactions further in chapter five.

this study. Nevertheless, I maintain the importance of moving beyond the narrow narrative frames of religious congregations to explore how these histories may be approached in different ways. This means drawing the focus away from religious founders, to consider the more complex collective histories of these groups. How did individual members work within these groups and why are they largely absent from congregational histories? How has this tension between the individual and the collective exacerbated the wider issues of invisibility in relation to nursing nuns? With these ideas in mind, let us move beyond foundation stories to consider how three groups of nineteenth-century nuns conceptualised their labour.

Chapter 4. Working Nuns: Naturalising Care, Obscuring Authority

“Si on donne à la petite fille le choix entre les jouets, elle choisira certainement des miniatures d’ustensiles de cuisine et de ménage. C’est un instinct naturel, le pressentiment d’un devoir que la femme aura à remplir. La femme doit nourrir l’homme. [...] Quoiqu’elle soit certainement la puissance consolante, réparatrice, curatrice, médicative, du monde, elle n’est pas le médecin.”³⁵⁷

As we have seen, the religious communities studied here carefully curated their public image and played a vital role in shaping their own histories. Thus, it is important to consider how they conceptualised and framed their labour as part of a wider corporate identity. This chapter explores how the work of the nursing congregations enumerated in chapter two was presented and conceptualised by different groups, and the impact which this had on congregational mentalities and on the work itself.

Such an analysis must begin by acknowledging the wider status of nuns and of care work in history. As I discussed in my introduction, nuns are often dismissed from histories of medicine and welfare. Ackerknecht’s study of Parisian hospitals in the nineteenth century makes only one mention of nursing nuns: ‘in 1787, the surgeon Desault had, against the opposition of the nuns, instituted clinical teaching at the Hôtel Dieu.’³⁵⁸ Here, nuns are depicted as the obstacle which doctors must overcome in order to improve medical care. There is no discussion of how their labour contributed to the institution or shaped the experience of the sick. In an overview of nursing in France, Calbéra dismisses the ‘cornettes’ in a similar fashion (*cornettes* being the distinctive headwear of the *Filles de la Charité*), who hindered doctors with their obscurantism:

La suprématie religieuse est remise en question vers le milieu du XIXe siècle pour deux raisons: [...] un certain nombre de républicains n’acceptent plus l’obscurantisme des “cornettes” qui refusent leurs soins aux vénériens et aux filles mères. [...] de nouveaux gestes d’hygiène et de stérilisation, refusés par les religieuses; [...] amène les médecins à rechercher des auxiliaires “plus dociles”.³⁵⁹

³⁵⁷ Michelet, *La Femme*, 68, 351.

³⁵⁸ Ackerknecht, *Medicine at the Paris Hospital, 1794-1848*, 31.

³⁵⁹ Calbéra, "La Profession Infirmière: l'Historique et le Mythe," 55.

Reduced to the image of their headdress, the value of these women's work is not even considered. Nuns are important only in relation– and in opposition – to doctors and the march of progress. This is when they are mentioned at all. So far, I have found only one study which analyses the work of the *Petites Sœurs* as nurses (Rossigneux-Méheust analyses their hospices alongside other kinds of private and public hospice services), and I have found no medical or welfare histories which mention the contributions of the *Sœurs de l'Espérance* or the *Auxiliatrices*.³⁶⁰

The dismissal of nursing or care work is not specific to Catholic congregations nor to the nineteenth century, but is part of a much broader problem with hierarchies of work. The European Institute for Gender Equality defines care work as:

Work of looking after the physical, psychological, emotional and developmental needs of one or more other people. Care recipients are generally identified as infants, school-age children, people who are ill, persons with a disability, and elderly people. ³⁶¹

The history of this type of work is often overlooked or trivialised.³⁶² This is true in both domestic and professional settings, and is exacerbated by inequalities of gender, race, and class. A 2019 UN report showed the extent of this issue across the world, as care work continues to fall predominantly to women, especially working-class women of colour, and is often unpaid and unrecognised.³⁶³ The visibility of this work is directly linked to its perceived social and political value, and feminist scholars in particular have long sought to revise definitions of work to acknowledge and revalorise the often unpaid and invisible labour performed by women and marginalised groups.³⁶⁴

³⁶⁰ Rossigneux-Méheust, *Vies d'Hospice : Vieillir et Mourir en Institution au XIXe Siècle*.

³⁶¹ "European Institute for Gender Equality," <https://eige.europa.eu/>. Scholars such as Federici have used the term reproductive work to describe similar activities, particularly those which take place in a familial domestic setting.

³⁶² See for example Pamela Herd and Madonna Harrington Meyer, "Care Work: Invisible Civic Engagement," *Gender and Society* 16, no. 5 (2002); Pat Armstrong, Hugh Armstrong, and Krista Scott-Dixon, *Critical to Care: The Invisible Women in Health Services* (Toronto: University of Toronto Press, 2016); Jan Windebank, "Social Policy and Gender Divisions of Domestic and Care Work in France," *Modern & Contemporary France* 20, no. 1 (2012).

³⁶³ "U.N. Women's Report: Progress of the World's Women," progress.unwomen.org. see for example pages 37 and 217

³⁶⁴ Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*; Windebank, "Social Policy and Gender Divisions of Domestic and Care Work in France."; Sheila Lewenhak, *The Revaluation of Women's Work* (London: Earthscan Publications Limited, 1992).

The continued invisibility of care work stems partly from the nature of the work itself, which is difficult to define or quantify in traditional capitalist terms and which is largely considered unproductive.³⁶⁵ Mino and Lert's study of palliative care in France has shown the important role that teams of carers play in providing not only practical but also emotional support to the terminally ill. These carers become mediators between families, patients, and medical professionals in emotionally fraught situations. Mino and Lert address the difficulties of making this largely emotional and unmeasurable work visible, particularly as it is so commonly naturalised by the workers themselves:

Autant les pratiques de la « clinique sans la clinique » concernent la mise en place d'interventions techniques dont l'objectif est de maîtriser les manifestations corporelles de la maladie, autant le soutien psychosocial s'élargit à la vie affective, relationnelle et sociale du patient, à son entourage, à leurs réactions et celles des professionnels du domicile. Les actes du « soin psychologique » se rapprochent de conduites souvent comprises comme « humaines », même par les professionnels de soins palliatifs. Ils sont rarement reconnus comme relevant d'un véritable « travail ».³⁶⁶

They go on to ask :

[C]omment avancer vers une reconnaissance de l'expertise propre des équipes de soins palliatifs quand leur action reste invisible ? Ces questions ne sont pas spécifiques aux soins palliatifs mais concernent tout le champ du soin, en particulier quand la maladie exige des prises en charge de longue durée associant des spécialités différentes et une composante sociale à la composante médicale.³⁶⁷

These questions can be applied to the case of the congregations studied here. It remains common to find that nuns or other carers have been completely omitted from histories of medicine and welfare. Many histories are framed in a way which excludes the work of these women in favour of medical institutions, 'great' medical men, and scientific

³⁶⁵ Scholars such as Federici have shown that systems of productivity are entirely beholden to this 'non-productive' work which is integral to the reproduction of the work force. Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*.

³⁶⁶ Jean-Christophe Mino and France Lert, "Le Travail Invisible des Équipes de Soutien et Conseil en Soins Palliatifs au Domicile," *Sciences Sociales et Santé* 21, no. 1 (2003): 52.

³⁶⁷ "Le Travail Invisible des Équipes de Soutien et Conseil en Soins Palliatifs au Domicile," 61.

advancement. The grass-roots social and emotional interactions of health care, the blurred boundaries between secular science and largely Catholic charity, and the specific skills required for and applied in nursing care, are often overlooked.³⁶⁸

4.1 Care Work and Maternity

Books and poetry published about the *Petites Sœurs* in the second half of the nineteenth century can give an insight into how these women's labour featured in the corporate identity of this group and in their public image throughout this period. It is hard to tease out the interwoven narratives of these congregations, both the stories from 'within', which we might consider identity building, and the stories from 'without', which we might consider the public perception of the congregation. Rather than draw a false line between those histories written by the congregation and those written about the congregation, I argue that it is more feasible and more accurate to think of these texts on a spectrum, with varying degrees of congregational involvement in their production. The works of de la Corbinière and Aubineau were edited by Le Pailleur, so are the most clearly 'autobiographical'. The work of Ram has signs of a similar influence, with the actions of Le Pailleur at the forefront of this text, but the priest or the congregations' involvement in producing the text is not explicitly stated. Ribeyre, de la Faye, Gourju and Bournand all border on hagiography, dedicating much of their text to the foundation story and the figure of the founders (both Le Pailleur and Jugan), but here too the involvement of the congregation in the production of the text is not explicitly stated (though it would not be surprising). Bournand, Ribeyre, and Du Camp all situate the story of the *Petites Sœurs* within a discussion of social services in France at the time. Bournand's text, prefaced by two clergymen, highlights the achievements of nuns in society through the prism of their religion, Ribeyre discusses both the religious roots of the *Petites Sœurs* and the inadequacy of existing hospice services. Du Camp's account is perhaps the most 'outside' perspective: markedly more secular in its focus on the social impact of both religious and lay charitable organisations in Paris, including the *Petites Sœurs*. Nevertheless, even the more secular texts are built around the narrative set out by the congregation: Aubineau's book, the Montyon essay, and subsequent press articles are quoted heavily. As a result, all

³⁶⁸ As I showed in my introduction, some scholars have challenged the dismissal of work performed by nuns and have begun to redress this oversight.

of the published texts analysed here help to reproduce the congregation's framing of their history.

Despite the differing priorities of these authors and the varying degree of engagement with the congregation's own perspective, the depiction of these women's labour remains very similar across the different texts. Their work within the hospices is rarely the focus, secondary to tales of the foundation, or hidden among lengthy descriptions of how the congregation obtained the necessary resources as it expanded across France and beyond.³⁶⁹ The stories of exceptional individuals are employed to create the history of an imagined collective. The brief mentions of the nuns' care work are therefore fleeting, but also revealing.

Ram explains some of the day-to-day duties the *Petites Sœurs* would carry out:

There were wounds to dress, their aged charges to be got up and put to bed, clothes to wash and often to change many times in the course of one day, afflicted as the poor old things were with all the ailments and infirmities inherent to old age, aggravated by long habits of filth and neglect. They had to be fed, thought for, waited upon, tended like so many babes, and, above all, instructed in the love and worship of God [...].³⁷⁰

The activities of the *Petites Sœurs* are described as relatively repetitive domestic tasks accompanied by spiritual nurturing of their charges. There is implicit physicality, skill, and a great deal of emotional labour required for much of this care work, but such elements are rarely foregrounded. The focus on a handful of domestic and physical tasks means the social, emotional, and even to some extent the spiritual aspects of care are largely overlooked.

Multiple authors refer to patients as monstrous, repulsive bodies, and I will discuss this towards the end of the chapter, yet even when the repugnance of caring for people is made explicit, the task itself is never really framed as work. Rather, the labour of caring for the incontinent and the infirm is grounded in the traditional role of women as natural care-

³⁶⁹ Even here, the labour of the women is downplayed. As I discussed in chapter two, the *Petites Sœurs* proved exceptional in their ability to attract donations, yet this is rarely attributed to their hard work but rather to divine providence.

³⁷⁰ Ram, *The Little Sisters of the Poor*, 30.

givers, namely as mothers. ‘De l’un à l’autre, elles vont, les petites Sœurs, souriantes et maternelles, tendres et radieuses.’³⁷¹ As if to strengthen this metaphor, the elderly patients are consistently infantilised. As an 1870 poem by Gourju states, ‘rien n’est négligé pour tous ces vieux enfants.’³⁷²

Ribeyre lauds the sisters for their commitment to tasks which would be difficult even for a mother:

Oh ! que c’est un beau et touchant spectacle de voir l’humble Petite Sœur rendre à tout instant, et toujours de grand cœur, aux vieillards infirmes des services si vils et si répugnants qu’une mère serait à peine capable de les rendre aux enfants issus de son sein !³⁷³

With the ubiquitous references to motherhood and the labelling of patients as ‘vieux enfants’, the work of these women is repeatedly framed as a form of maternal care. Du Camp takes this framing to its logical conclusion when he describes the nursing nuns’ work as a manifestation of their inescapable drive to fulfil the role of mother:

[E]lle ne peut rien contre les fatalités de la nature: elle est créée pour être mère; sa volonté ou l’empire des circonstances peuvent briser la loi physique de son sexe, mais rien ne prévaut contre la loi morale qui lui est assignée: elle est née mère et elle reste mère [...].³⁷⁴

Federici’s work on reproductive and domestic work was designed to ‘unmask the process of naturalization this work had undergone because of its unwaged condition [...]’ She explores how unwaged domestic and reproductive labour was packaged as a model of femininity, facilitating the invisibility of this work. She sought:

[T]o make it visible that our minds, our bodies and emotions have all been distorted for a specific function, in a specific function, and then have been thrown back at us

³⁷¹ Bournand, *Les Sœurs, 1633-1900. Sœurs de Charité. Sœurs des Hôpitaux. Petites Sœurs des Pauvres. Sœurs Enseignantes et Missionnaires, Etc*, 106.

³⁷² Pierre Gourju, *Petites Sœurs des Pauvres au Profit de l’Œuvre* (Valence: impr. de C. Chaléat, 1870), 9.

³⁷³ Félix Ribeyre, *Les Petites Sœurs des Pauvres* (Paris: Victor Palmé, 1868), 10.

³⁷⁴ Du Camp, *La Charité Privée à Paris*, 43-44.

as a model to which we should all conform if we want to be accepted as women in this society.³⁷⁵

Across the centuries, care work has been presented as a natural, innate characteristic of womanhood. By conflating domestic, reproductive work with the identity of those performing it, by making certain tasks part of the characteristics of womanhood, it was possible to disguise them as 'not work'. Naturalising work becomes a means of devaluing it, excluding it from the usual forms of recognition or reward including - but not limited to - the wage. This same issue arises in ongoing battles for nurses to gain professional legitimacy. A report on the battle for nurses' equal pay in Canada stated:

Nurses are underpaid because they are women; therefore their job-related skills "are not treated as skills but rather as qualities intrinsic to being a woman," said an Ontario government panel [...]. Current compensation systems "have made invisible the skills and responsibilities required in women's work," concluded the special tribunal of Ontario's Pay Equity Commission that's charged with settling salary disputes.³⁷⁶

The same process can be seen at play in the way the *Petites Sœurs*' religious care work is interpreted. By naturalising care work as part of the maternal role – a role every woman is naturally designed to fulfil – it was possible to perpetuate an interpretation of this activity not as work, but as an innate, biologically-determined disposition. Such a naturalisation of women's work as carers fits into the wider rhetoric of separate spheres in the second half of the nineteenth century. Women were naturally designed to be mothers, and care work was an extension of their innate maternal instincts.³⁷⁷ Foley has shown that, particularly among the elites, nineteenth-century women were expected to envisage themselves as mothers of citizens, and charitable work was prescribed to them as a type of 'social motherhood'.³⁷⁸ The model of maternity consequently served to camouflage the extensive unpaid work performed by women. Among the urban working

³⁷⁵ Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*, 19.

³⁷⁶ Unknown, "Controversies in Care: How Women's Work Is Made 'Invisible'," *The American Journal of Nursing* 91, no. 9 (1991): 17.

³⁷⁷ For exploration of antifeminist tropes in the Third Republic in particular see Clair Rowden, "Massenet, Marianne and Mary : Republican Morality and Catholic Tradition at the Opera" (Thesis: City University London, 2001).

³⁷⁸ Foley, *Women in France, since 1789 : The Meanings of Difference*, 50-51. See also Smith, *Ladies of the Leisure Class: The Bourgeoisies of Northern France in the Nineteenth Century*.

classes and the peasantry women performed paid work in far greater numbers, yet motherhood retained significant value as a feminine ideal.

As scholars such as Michaud, Warner, and Dunn have shown, motherhood is a central feature of Catholic ideals of femininity. The Virgin Mary is lauded as the paragon of pious womanhood: ‘cette Marie à la fois vierge et mère, les deux états les plus divins de la femme [...]’.³⁷⁹ There is a clear paradox in this model. The implicit sexuality of a mother makes her tarnished in comparison to the purity of the virgin body:

[M]others were the antitheses of virgins – sexual (as opposed to chaste), sinful (as opposed to stainless), controlled by (as opposed to in control of) their bodies. In contradistinction to virgins whose bodies most closely resembled the bodies of the resurrected dead who “neither marry nor are given in marriage,” [...].³⁸⁰

As a result, Catholic women are presented with an ideal of perfection which they can never attain. As Warner explains:

Mary establishes the child as the destiny of woman, but escapes the sexual intercourse necessary for all other women to fulfil this destiny. Thus the very purpose of women established by the myth with one hand is slighted with the other. [...] The twin ideal the Virgin represents is of course unobtainable.³⁸¹

Yet the nursing nun is perhaps the closest women may come to achieving the unattainable paradox which Mary embodies. Chaste and virginal but also motherly and nurturing, the nursing nun who can become a surrogate mother retains sexual ‘purity’ whilst in some sense fulfilling the maternal destiny of women.

³⁷⁹ Stéphane Michaud, *Muse et Madone: Visages de la Femme de la Révolution Française aux Apparitions de Lourdes* (Paris: Editions du Seuil, 1985), 30.

³⁸⁰ Mary Dunn, *The Cruellest of All Mothers: Marie de L’incarnation, Motherhood, and Christian Tradition* (New York: Fordham University Press, 2016), 86.

³⁸¹ Marina Warner, *Alone of All Her Sex: The Myth and the Cult of the Virgin Mary* (Oxford: Oxford University Press 2013), 343.

There is an additional political edge to the descriptions of the *Petites Sœurs* as mothers. Some contemporary discourses depicted secular nurses and state-run institutions as cold, harsh, and emotionless.³⁸² This rhetoric is present in Bournand's text, for example:

Dans notre siècle de fer, si fortement incliné à tout numéroter, où le système et la catégorie veulent à toute force supplanter la charité, il est certainement bon de réagir un peu contre cette tendance [...] de faire du malheureux malade une simple machine détraquée qu'il faut brutalement ressouder [...]. [N]ous voulons au chevet d'une jeune fille de vingt ans, qui souffre, et qui va bientôt mourir, la main et le cœur d'une mère. Cela ne veut pas dire non plus qu'aucune discipline ne doive être employée. Le malade, au contraire, a besoin plus que personne au monde d'une sage direction. Mais combien douce doit être la main qui le guide, et suave, dans sa fermeté, la voix qui lui parle ; la voix et la main d'une mère, sachant maintenir ou faire plier fort à propos la raideur d'un règlement indispensable.³⁸³

The defence of charitable Catholic nurses as preferable to their secular counterparts is thus rooted in their role as a warm and loving surrogate mother.

4.2 Self-Sacrifice, Suffering, and Mortification

Tropes of motherhood lend a sense of inevitability to nursing work: caring for others is depicted as a natural and inescapable instinct for these women. This mothering instinct is grounded in self-abnegation and sacrifice. Exemplary nuns are depicted performing significant emotional and physical labour which requires a total 'oubli de soi', and the most lauded sisters are the ones who exhaust their own bodies in service to others. Such framing serves to further camouflage the labour these women perform: care work becomes an integral part of the group's collective identity and their religious mission, but without any consideration of these women as a workforce. Yet the labour was so strenuous and the working conditions so poor that it was not deemed unusual when a *Petite Sœur* died of

³⁸² Such ideas are also hinted at in the visit reports kept by the *Auxiliatrices*. The report of Miss Parcely, who I discuss in chapter five, contains veiled criticism of secular institutions: the staff are daunting and numerous, the secular nurse is cold and authoritative, the patient's body is left naked in a room with other corpses in a way the nuns deem impersonal and indecent. 'Miss Ann Parsly', "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

³⁸³ Bournand, *Les Sœurs, 1633-1900. Sœurs de Charité. Sœurs des Hôpitaux. Petites Sœurs des Pauvres. Sœurs Enseignantes et Missionnaires, Etc*, 87-99.

overwork. Ribeyre's description of the religious workforce of women shows just how hidden their labour is within a rhetoric of maternity and self-abnegation:

S'oublier elles-mêmes toujours et en tout, aimer Dieu de tout leur cœur, prodiguer aux vieillards les soins les plus assidus et tous les trésors d'une tendre maternité, telle est la vie, tel est le caractère distinctif des Petites Sœurs des Pauvres. Nulle part, l'oubli de soi-même, l'abnégation évangélique, le sacrifice de l'amour-propre, n'ont été portés plus loin que dans cet institut.³⁸⁴

A romanticisation of suffering and self-sacrifice is clear in a small number of necrologies which appear throughout the chronicles for St Servan. One of these chronicles is for Sister Félicité:

Pleine d'abnégation et de dévouement, cette bonne petite Sœur, malgré ses grandes souffrances, s'est occupée jusqu'au bout, de ses pauvres, qu'elle aimait tant. Etant chargée de la lingerie ; elle distribua encore à chacun 3 jours avant sa mort, des tricots de laine et autres vêtements chauds ; après cette distribution elle dit aux petites Sœurs : "Maintenant je suis tranquille, les vieillards n'auront pas froid l'hiver".³⁸⁵

One of the few *Petites Sœurs* to be mentioned by name, Sister Félicité is revered as a martyr in a number of the published histories. Aubineau describes her as a shining example of what all *Petites Sœurs* strive for:

La chère Sœur Félicité, dans le séjour bienheureux où elle sourit à ses compagnes et à leurs pauvres, a-t-elle à regretter sa vie épuisée à ces nobles travaux ? Et toutes les Petites Sœurs ne courent-elles pas au même but ? C'est ce but auquel elles aspirent, cette fin suprême, qu'elles aiment avant de l'avoir goûtée, qui soutient leur zèle et leur dévouement, les rend capables de tout souffrir, de sacrifier leurs goûts, leur jeunesse, leur santé et leur vie, de les sacrifier en pure perte aux yeux du monde, si c'est la volonté de Dieu.³⁸⁶

³⁸⁴ Ribeyre, *Les Petites Sœurs des Pauvres*, 9.

³⁸⁵ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1876, 43.

³⁸⁶ Aubineau, *Histoire des Petites Sœurs des Pauvres*, 23.

In another rare passage which names individual members of the congregation, Ram discusses the toll of the nursing work on these women's bodies:

So much anxiety and fatigue broke down the health of Sister Marie-Thérèse. [...] Sister Marie-Louise equally grew old before her time [...] whilst gentle Sister Félicité [...] was the first to lay down her life in the list of the Little Sisters of the Poor who have since succumbed to their labours – a list sadly long and fast-filling, for it is the exception when a Little Sister lives to grow old. It is not so much the bodily exertions of their lives which bring them to an early grave, as the constant breathing of the vitiated air so pernicious to the lungs, produced by an agglomeration of old people and the peculiar odour arising thence, despite all airing and ventilation, of a night, especially when the Sisters are on duty in the infirmaries, whilst those who have the care of the kitchen department, whether from the heat of the fire or the continual hauling and lifting of huge coppers, are almost invariably attacked by heart-complaint or internal trouble.³⁸⁷

Self-sacrifice and even self-destruction are romanticised and revered by the congregation and its historians. In the case of Sister Cécilia, who died in 1878, her death is deemed useful and beneficial to the congregation. Her necrology in that year's chronicle states 'Même la mort d'une petite sœur est utile à sa famille religieuse, quand elle est chrétienne et acceptée pour les pauvres.'³⁸⁸ As I discuss below, resignation and acceptance in the face of suffering are crucial – it is this attitude of acceptance which lends a spiritual value to suffering.

The image of the suffering Christ is treated as a model to emulate:

[N]otre petite Sœur Félicienne Marie, attaquée d'une maladie de poitrine, a rendu son âme à Dieu [...] elle avait 27 ans d'âge et 10 mois de profession. Cette petite sœur bonne, douce, complaisante pour tout le monde, elle s'est montrée particulièrement vertueuse pendant sa maladie et nous a bien édifiées par sa patience [sic.] son calme dans ses souffrances et par son amour de la Règle jusqu'à la fin. Elle parlait souvent du Ciel et du bonheur des Saints et désirait mourir le jour de leur fête, grâce que le Bon Dieu lui a accordée. Dans ses crises, elle tenait son

³⁸⁷ Ram, *The Little Sisters of the Poor*, 100-01.

³⁸⁸ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1878, 44.

Christ dans ses mains et trouvait, disait-elle, la force en Lui. "Il n'a pas eu de soulagement sur la croix", nous disait-elle...³⁸⁹

Through stories such as this, the *Petites Sœurs* were presented with a variety of exemplary women whose piety and goodness was rooted in their resignation to suffering and physical pain modelled on the crucifixion.

There were substantially fewer histories published about the *Auxiliatrices* in the nineteenth century. An institutional history by the Jesuit priest Blot and an anonymous biography of Marie de la Providence (which doubles up as an institutional history) are the only works I have found from this period. A 1907 history was published in English by Georgina Fullerton. These texts follow a similar structure to histories of the *Petites Sœurs*, focussing on the founder's life story, the creation of the community, the acquisition of resources, and the expansion to new places. The similarities do not end there. When it comes to conceptualising both the *Auxiliatrices'* and the *Petites Sœurs'* work, the importance of suffering is paramount.

The *Auxiliatrices* took as their mission: 'prier, souffrir, agir pour les âmes du Purgatoire.'³⁹⁰ Their daily activities included visiting the sick, preparing bodies for burial, restoring marriages, and teaching catechisms. Their nursing work was considered beneficial to the *Auxiliatrices* precisely because it gave them an opportunity to practice self-sacrifice and mortification:

En allant donner des soins aux malades, les Auxiliatrices sont donc assurées de rester parfaitement dans l'esprit de l'Eglise, dans la pratique des conseils évangéliques, et dans une voie tracée par les plus saints personnages. Ce ministère est fécond en mortifications de plus d'une sorte, et par là même plus utile aux âmes du Purgatoire. Ce fut surtout cette raison qui le fit adopter.³⁹¹

To perform care work in either of these Catholic congregations, was to prioritise the needs of others over the health of one's own body. As the preceding quote demonstrates, charitable work became a source of mortification and sacrifice and so was proof of piety.

³⁸⁹ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1866, 33.

³⁹⁰ Blot, *Les Auxiliatrices du Purgatoire*, 141.

³⁹¹ *Les Auxiliatrices du Purgatoire*, 147.

This ties in with wider social trends of the time. Education of elite women, shaped around Catholic teachings, prioritised self-discipline and constraint rooted in a denial or sacrifice of the self: 'For many girls such lessons were embedded in a strongly religious framework emphasising spiritual perfection via self-sacrifice and altruism.'³⁹²

This reverential treatment of self-sacrifice is a defining element of Catholic thought. As Strenski states:

France can cite a school of Roman Catholic theology defined by its determination to articulate a theory of sacramental sacrifice, a theory so influential that it has been said to have defined Catholicism in France's golden age.³⁹³

Yet this concept is not specific to Catholicism. Strenski goes on to argue that the concept of sacramental sacrifice – sacrifice as an act of piety – has pervaded French national thinking, meaning even non-Catholic thinkers reverted time and again to the Catholic model of sacrifice when referring to notions of heroism and goodness.

There is undoubtedly a gendered dimension to the promotion of sacramental sacrifice and suffering. Burton has shown that female suffering was a highly publicised trope in Catholic writings by prominent authors and thinkers such as Bloy, Huysmans, Blanc de Saint-Bonnet, and Veillot, all of whom produced work in the second half of the nineteenth century. He states:

The role of the Catholic woman (and it was a view from which few, if any, of those studied here deviated in thought, let alone in deed) was to serve, obey, care for the suffering, and to suffer herself.³⁹⁴

Similarly, Theweleit has argued that suffering is deemed an important part of constructing a non-threatening female figure. What he terms the 'white nurse', a sexless, caring figure who is both mother and virgin, is celebrated for her self-sacrifice: 'Suffering is not only taken for granted, it's expressly admired.'³⁹⁵

³⁹² Foley, *Women in France, since 1789 : The Meanings of Difference*, 31.

³⁹³ Ivan Strenski, *Contesting Sacrifice: Religion, Nationalism, and Social Thought in France* (London: University of Chicago Press, 2002).

³⁹⁴ Burton, *Holy Tears, Holy Blood: Women, Catholicism and the Culture of Suffering in France, 1840-1970*, xxi.

³⁹⁵ Klaus Theweleit, *Male Fantasies Vol. 1* (Cambridge: Polity, 1987).

The *Auxiliatrices* are a striking example of how the Catholic philosophy around suffering influenced the actions of women in their daily lives. This congregation accorded a great deal of weight to the idea that nursing provided opportunities to gain spiritual ‘capital’ through mortification, in keeping with a wider culture of suffering within this community:

[E]lles acceptaient avec joie toutes les missions de renoncement et d’abnégation qui leur étaient offertes chez les malades pauvres : tantôt c’était un mourant à convertir ; d’autres fois c’était une pauvre infirme aigrie par la douleur que la religieuse s’efforçait de rendre douce et patiente, en s’exerçant auprès d’elle à la pratique de la patience et de la douceur. Beaucoup de pauvres étaient ainsi visités, et les Auxiliatrices sacrifiaient avec bonheur leur repos au bien des membres souffrants de Jésus-Christ.³⁹⁶

Marie de la Providence (Eugénie Smet), the congregation’s founder, suffered from a painful cancer which eventually killed her in February 1871. The congregational archives include a ‘diary’ of the final year of Marie de la Providence’s life, kept by those nuns who cared for her in her illness. The author(s) is anonymous and the exact dates of entries are not included – the text may well have been written retrospectively – but the diary gives a detailed account of the daily sufferings of the founder and demonstrates how she interpreted this pain. The text is borderline hagiographical. Marie de la Providence is essentially mythified: ‘Pensant à toutes et à chacune en particulier, prévoyant tout, se multipliant à l’infini.’³⁹⁷

Within these diaries, which includes many quotes from the founder, Marie de la Providence’s suffering is presented as God-sent: it must be endured with patience and acceptance, and it carries inherent spiritual value. For example, when the congregation founded a new community in Brussels in 1870 the foundress advises the departing *Auxiliatrices*: ‘du courage, soyez de vraies religieuses, aimez par-dessus tout la vie de sacrifice, la vie que fait les saints.’³⁹⁸ Marie de la Providence is bedridden with pain all the next day, unable to attend mass or take communion. She interprets this as payment for

³⁹⁶ Unknown, *Notice sur la Révérende Mère Marie de la Providence, Fondatrice de la Société des Religieuses Auxiliatrices des Âmes du Purgatoire*, 5 ed. (Paris: Librairie Victor Lecoffre, 1873), 156.

³⁹⁷ "Dernière Année de N. V. Mère, Journal des Infirmières." (1870-1871), 2/A/4/3/1, Archives des Auxiliatrices des Ames du Purgatoire.

³⁹⁸ "Dernière Année de N. V. Mère, Journal des Infirmières." Archives des Auxiliatrices des Ames du Purgatoire.

the Brussels foundation, reportedly saying ‘on n’a pas un enfant de plus sans qu’il en coûte, disait-elle, il est de tout justice que je paie la fondation de Belgique.’³⁹⁹ Here the founder interprets her suffering as spiritual payment in return for something good, even making a direct reference to the pain of childbirth. Once again, the combination of a maternal drive and the endurance of suffering and sacrifice are portrayed as admirable and productive.

On another occasion Marie de la Providence interprets her suffering as repentance or retribution for wider problems of irreligiousness in the world: ‘se plaindre de souffrir quand on voit Dieu tant offensé, tant outragé, c’est une bien grande lâcheté de la part d’une âme religieuse.’⁴⁰⁰ The exact offenses against God are not specified, but Pope Pius IX’s syllabus of errors issued in 1864 reinforced the belief that contemporary society had offended God.⁴⁰¹ Catholics such as Marie de la Providence believed that suffering could serve as reparation for these societal ills, and this philosophy was no doubt espoused by the *Auxiliatrices* more generally.

The concept of purgatory, so integral to the founder’s beliefs and to the *Auxiliatrices’* corporate identity, is intimately linked with these philosophies around suffering.⁴⁰² Whilst theories of purgatory differed quite significantly, all relied on the idea that some form of pain, privation, or punishment could be used as a means of spiritual purification which would make the souls fit for heaven. A more recent definition from the Catholic Church describes purgatory in the following terms:

Ceux qui meurent dans la grâce et l’amitié de Dieu mais imparfaitement purifiés, bien qu’assurés de leur salut éternel, souffrent après leur mort une purification, afin d’obtenir la sainteté nécessaire pour entrer dans la joie du ciel. L’Eglise appelle Purgatoire cette purification finale des élus qui est tout à fait distincte du châtement des damnés.⁴⁰³

Devotional practices related to a belief in purgatory encountered a renewed popularity in the period studied here: ‘il a connu au milieu du XIXe une période de forte relance

³⁹⁹ "Dernière Année de N. V. Mère, Journal des Infirmières." Archives des Auxiliatrices des Ames du Purgatoire.

⁴⁰⁰ "Dernière Année de N. V. Mère, Journal des Infirmières." Archives des Auxiliatrices des Ames du Purgatoire.

⁴⁰¹ Burton and Woodruff, "Pius IX."

⁴⁰² Smet’s preoccupation with the souls of purgatory, even in childhood, is a common theme in her biographies and institutional histories of the congregation.

⁴⁰³ Quoted in Guillaume Cuchet, ed. *Le Purgatoire : Fortune Historique et Historiographique d’un Dogme* (Paris: Editions de l’Ecole des Hautes Etudes en Sciences Sociales, 2012), 9-10.

dévotionnelle – une « recharge » pour parler comme Alphonse Dupront – qui rétrospectivement fait un peu figure de bouquet final.⁴⁰⁴ Boutry has highlighted that new associations and prayer societies were founded in this period with the focus of saving the souls of purgatory, showing a popular engagement with the concept. He links this engagement to fears of death and the idea of the revenant, as well as social Catholic concerns for the abandoned souls of the poor.⁴⁰⁵ Smet's work, founding both the *Auxiliatrices* and a prayer society, is an example of these contemporary concerns.

Cuchet has shown that practices relating to purgatory also changed in the nineteenth century to incorporate new ideas, including the generalisation of the idea that souls in purgatory could act as intercessors:

On se persuade en effet que les défunts peuvent secourir les vivants, y compris quand ils sont encore au purgatoire (c'était le point discuté), de sorte qu'aux prières des uns (les « suffrages » de la théologie) puissent répondre immédiatement les « grâces » des autres. Jusque-là, on admettait seulement que les élus, une fois sortis du purgatoire, donc moyennant un certain délai, pouvaient payer leurs dettes de reconnaissance à l'égard des vivants qui les avaient secourus.⁴⁰⁶

Interestingly, both the *Auxiliatrices* and the *Petites Sœurs* mention praying to the souls in purgatory. The *Auxiliatrices'* mission involved a complex relationship with souls in purgatory who were both sufferers in need of assistance but also potential intercessors capable of helping those on earth.

Perhaps most importantly, the popularisation of the concept of purgatory coincided with a desire to dispense with the 'pastorale de la peur' which had been an important feature of Catholicism in the eighteenth and early-nineteenth centuries.⁴⁰⁷ Marking a shift away from the hellfire and damnation which had pervaded preaching in the preceding period,

⁴⁰⁴ Guillaume Cuchet, "Le Grand Retour du Purgatoire" in *Le Purgatoire : Fortune Historique et Historiographique d'un Dogme*, 195.

⁴⁰⁵ Philippe Boutry, "Entre Enfer et Indulgence," in *Le Purgatoire : Fortune Historique et Historiographique d'un Dogme* ed. Guillaume Cuchet (Paris: Editions de l'Ecole des Hautes Etudes en Sciences Sociales, 2012).

⁴⁰⁶ Guillaume Cuchet, "Le Grand Retour du Purgatoire," in *Le Purgatoire : Fortune Historique et Historiographique d'un Dogme* ed. Guillaume Cuchet (Paris: Editions de l'Ecole des Hautes Etudes en Sciences Sociales, 2012), 204-05.

⁴⁰⁷ Ralph Gibson, "Hellfire and Damnation in Nineteenth-Century France," *Catholic Historical Review* 74, no. 3 (1988).

purgatory offered a second means of salvation which could be earned even after death through a process of purification.

These religious philosophies had a direct impact on the nursing labour these women performed. As Heijst has argued, the explanation of suffering as a positive spiritual exercise – integral both to the concept of purgatory and to the wider philosophy of both of these congregations – likely had a profound impact on the way nuns treated the recipients of their charity:

Until the Second Vatican Council, nuns lived according to a Rule that was intrinsically dualistic and sacrificial. They were encouraged to suffer and to sacrifice, partaking in the passion of Christ which they believed had a redemptive power that would remove the stain of sinfulness (Van Heijst, 1998). Nuns were referred to as the Brides of Christ, the Song of God was meant to be the main object of the nuns' love. Feelings for humans were considered far less important. The vows of obedience, poverty and virginity were interpreted as imperative to restrict one's free will, possessions and sexuality. Nuns were expected to distrust their emotions, since these could be the Devil's instrument and could lead a person into temptation. [...] Mortification was exercised in order to gain control over one's sense and imagination, to destroy carnal impulses of lust and pleasure. (The Latin word *mortuus* means 'dead'). [...] We may conclude that suffering, humility and turning oneself into a willing victim were central to the value-system of orders of nuns until the Second Vatican Council (Kane, 2002; Van Heijst, Derks and Monteiro, 2010: 935-1050). Their standards of goodness were derived from that dualistic value-system, which colored the way they treated each other and the people in their care.⁴⁰⁸

Heijst goes on to outline how such spiritual teachings led to abuse in some teaching congregations:

Instead of holding on to humane standards of goodness (which are that pain is to be avoided and happiness is to be sought) the nuns were encouraged to embrace suffering and sacrifice as central values. In other words, nuns were robbed of a

⁴⁰⁸ Heijst, "The Disputed Charity of Catholic Nuns: Dualistic Spiritual Heritage as a Source of Affliction," 167.

value-system that was sensitive to human suffering, since suffering was viewed as potentially having a spiritual benefit for one's soul. It is tragic that women, who gave up so much because they intended to do good for their fellow-men, became the ones who inflicted pain and misery upon the weakest members of society. A sad side to the story is that many nuns themselves also suffered.⁴⁰⁹

To generalise across all groups of nuns would be an oversimplification, and as I have discussed there is no evidence that the nuns studied here became physically abusive. I will discuss the nuances of their emotional responses in due course – there is evidence of compassion and empathy from the *Auxiliatrices* in particular. Moreover, from what I have found neither congregation appears to have practiced self-inflicted physical mortification. It is nevertheless important to consider, as Heijst does, how the spirituality of a congregation – particularly their beliefs surrounding suffering and pain – influenced the nuns' approach to care. There is a cognitive dissonance at work in the lives of women who saw pain as a means of purification, yet dedicated their life to both spiritual and physical relief for the sick. As I will discuss in chapter five, positive interpretations of suffering no doubt had an impact on the relationship between these nuns and their patients.

For now let us return to the question of how these women conceptualised their work. In some sense, the reverence of suffering as an act of piety is another means by which the labour of nursing nuns is naturalised. The act of caring becomes a practice of mortification, an element of the religious vocation of these women with a spiritual purpose, rather than a worldly activity worthy of social or material recognition. Thus, whilst the trope of motherhood is not nearly as prevalent in histories of the *Auxiliatrices* as it is in the *Petites Sœurs*, their work is still presented in a way that deradicalises it. Nursing becomes a spiritual pursuit, a practice of productive and valuable mortification or self-sacrifice, rather than mundane labour.

4.4 Professional Boundaries

While published histories can give some insight into how these nursing nuns were conceptualised in wider society, unpublished archival documents show most clearly how the community understood this work as part of their corporate identity. In examining

⁴⁰⁹ "The Disputed Charity of Catholic Nuns: Dualistic Spiritual Heritage as a Source of Affliction," 169-70.

these documents, it becomes clear that the *Auxiliatrices* favoured a depiction of their own labour as a purely spiritual pursuit. Time and again the *Auxiliatrices* emphasise the religious importance of the work they are doing and underplay the physical aspects of this work. Caring for sick bodies is framed as a tactic in the quest for conversions, a means to enter into people's homes and talk to them about religion.

There are twenty-two rules aimed at *Auxiliatrices* who visit the sick, in addition to the congregation's constitutions which regulated their behaviour. These 'règles des nôtres qui vont chez les malades' are printed in small booklets, three (identical) copies of which can be found in the congregational archives. The rules would have been taught during the noviciate and the director of the noviciate wrote an accompanying commentary on them. The rules are undated but the commentary was made 'dans les premières années de la société par la R Marie de la Miséricorde' who would have been director of the noviciate until 1877 and who later became superior of the congregation. Each rule is introduced one by one and then explained in further detail, totalling about 90 pages for the 22 rules.

The rules reinforce a sense of detachment from the world. Maintaining emotional distance between the nuns and those they came into contact with was vital. The rules state:

[R]ien de moins religieux et de plus imprudent que de livrer aux personnes du dehors, les choses mêmes bonnes de la Cté... [...] Le mieux est qu'on ne sache rien de nous, sinon le bien que nous faisons, apparaître un peu comme des êtres surnaturels, au chevet des malades, près des enfants, au parloir [...] qu'on ne nous connaisse que par nos Œuvres. [...] Ne faire entrer, même les amis, que le moins possible dans les affaires de la Communauté.⁴¹⁰

One report from an *Auxiliatrice* in Nantes shows these rules in practice, stating: 'D'abord il faut toujours commencer par décliner son nom.'⁴¹¹ The relationship with the patient is therefore clearly delimited to prevent undue intimacy with those outside the community. Maintaining emotional distance from patients was designed not only to preserve the integrity of the congregation as group, but also to prevent the nuns from engaging in behaviours which may interfere with their faith or compromise their personal integrity in

⁴¹⁰ "Règles des Nôtres qui Vont Chez les Malades." (N.D.), 4/B/11/a. 11^{ème} règle.

⁴¹¹ 'Extraits des Rapports des Malades de 1867', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

some way. Rule number seven details many of the potential pitfalls (écueils) which the *Auxiliatrices* may encounter in the homes of the sick. The first category are situations which a nun must immediately flee. These include bad company, drunk men, domestic altercations, and a lack of respect for the nuns' religion. The advice is clear:

[...] [F]uir. - Mais les âmes !... il y a là une âme à sauver... Oui, mais il faut se souvenir de l'ordre de la charité, qui demande que nous préservions d'abord la nôtre; le bien de notre âme avant le bien du prochain... La charité bien ordonnée permet, dans certains cas, de sauver l'âme et le corps du prochain aux dépens de son corps... parfois, c'est même un devoir d'état, d'obligation, lorsqu'on a la responsabilité du prochain. – Mais jamais le corps du prochain aux dépens de son âme...⁴¹²

The second category of pitfalls were not deemed so severe, but nevertheless should be immediately reported to the superior on return to the convent. These included:

[U]ne malade qui voudrait nous envoyer faire des commissions dans un quartier ou dans une maison qui ne convient pas... Un voisinage peu convenable de la malade, et qui nous expose à rencontrer des gens pas comme il faut... Une malade qui vous demande de lui faire une lecture dans un Auteur que vous ne devez pas lire... lecture légère, sceptique et a [sic.] une influence protestante.⁴¹³

The final category were not situational pitfalls, but referred to those behaviours which nuns should curb themselves, such as leafing through inappropriate reading or images or talking too often with particular visitors, priests, or doctors - gossiping in particular was to be avoided.⁴¹⁴ In this way, the rules established care work as a potential source of temptation, an activity to be approached with prudence and with a view to maintaining a level of personal detachment from patients and their environments. The *Auxiliatrices* visited the homes of the sick, but had to be constantly aware of their identity as part of a religious community who were both physically and spiritually separate from the world. The rules show a practice of self-policing: women religious were expected to continually monitor their own behaviour in-keeping with the community rule, treating many every-

⁴¹² "Règles des Nôtres qui Vont Chez les Malades." 7^{ème} règle.

⁴¹³ "Règles des Nôtres qui Vont Chez les Malades." 7^{ème} règle.

⁴¹⁴ "Règles des Nôtres qui Vont Chez les Malades." 7^{ème} règle.

day situations as potentially perilous. Despite this drive to maintain distance, as I will discuss below, the relationship between patient and nun was not void of emotion. There are instances of tears of sadness and cries of joy from the *Auxiliatrices* in response to their patients' lives. The prescribed emotional distance was not always strictly upheld.

As well as establishing the emotional boundaries which *Auxiliatrices* should maintain in the homes of the sick, the rules establish the limits of their work in relation to other professions. There is a conscious effort within this text to eschew any association with organised labour or professional nursing titles. In comparison, the *Petites Sœurs*, in just one instance, refer to themselves as 'hospitalières' in the chronicles for St Servan:

[L]a nourriture des corps n'est pas tout, et, pour bien remplir nos obligations de Sœurs hospit*alière [sic.], nous devons nous occuper de l'eame [sic.] de nos vieillards et leur donner tous les moyens possible de se sauver [...].⁴¹⁵

Even when describing themselves as *hospitalières*, the *Petites Sœurs* talk about the importance of caring for the souls of their patients as well as their bodies. The physical and worldly aspects of care are subsidiary to the spiritual.

In the *Auxiliatrices'* case, there are concerted efforts to draw boundaries from such medical titles. The rules are not for 'infirmières', nor for 'gardes-malades', but for *Auxiliatrices* 'qui vont chez les malades'. The rules for those visiting the sick frame this activity as a religious exercise above all else. An accompanying commentary by the head of the noviciate (and later mother superior) stated: 'C'est pour gagner les âmes que nous soignons le corps'.⁴¹⁶ The nursing work is treated as a means to get into people's homes, gain their confidence, and enter into a dialogue about religion.

The rules make it very clear that the *Auxiliatrices* wish to reject the label 'garde-malades.' Overnight visiting is discouraged because of its association with *gardes-malades*:

Les nuits passées habituellement près des malades, empêcheraient certainement de plus grands biens dans notre vie d'Auxiliatrice [...] elles nous enlèveraient à la vie Commune, à nos charges à l'intérieur, qui doivent se faire régulièrement pour

⁴¹⁵ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1861, 28.

⁴¹⁶ "Règles des Nôtres qui Vont Chez les Malades, Commentées dans les Premières Années de la Société par la R Marie de la Miséricorde." (N.D.), 3/D/5/3, Archives des Auxiliatrices des Ames du purgatoire. 1^{ère} règle.

le bien général... Elles appesantiraient l'esprit et fatigueraient le corps [...] Elles nous jetteraient bientôt dans la vie purement active, nous faisant ainsi sortir de l'élément surnaturel, dont il a plu à Dieu de nous envelopper... elles finiraient par nous ranger au nombre des religieuses garde-malades, ce qui n'est pas notre fait.⁴¹⁷

[...]

Nous ne sommes pas garde-malades... Nous n'avons pas de connaissances suffisantes en médecine, pour conseiller, diriger un traitement... notre vocation est d'aider miséricordieusement le prochain, de soulager le corps pour faire du bien à l'âme... restons à notre place qui n'est pas la moins bonne... et disons-nous, que souvent le bien, le vrai bien que nous poursuivons, sera le fruit de nos soins, de notre dépendance, de notre scrupuleuse exactitude, plus que de notre habileté en médecine.⁴¹⁸

As I discussed in chapter two, there is evidence of extensive training, careful organisation, and a large number of patients served by this congregation. The provision of a specific set of rules for this work points to the significance of nursing in day-to-day life. There is a clear inconsistency, therefore, between the way the *Auxiliatrices* talk about their incompetence or lack of professional authority here, and the evidence of their commitment to the work and their competence in comparison to nursing practices of the time. Why then do the *Auxiliatrices* so explicitly reject the term *garde-malade*?

One of the key reasons for the rejection of this term is the multiple vocations practiced by the congregation. The women's work was apostolic, and whilst some visited the sick, others taught catechisms, or worked within the convent. The first problem is therefore one of categorisation. But the *Auxiliatrices* nevertheless carried out a significant amount of work as domestic nurses. *Auxiliatrices* who visited the sick were caring for patients and administering remedies in peoples' homes. They also sometimes accompanied patients during surgeries and visited them in institutions like hospices. This experience should not be negated because they and their peers also carried out work in other areas.

⁴¹⁷ "Règles des Nôtres qui Vont Chez les Malades." 19^{ème}-21^{ème} règles.

⁴¹⁸ "Règles des Nôtres qui Vont Chez les Malades." 6^{ème} règle.

It is likely that the extent of their nursing work made the women's position potentially problematic. Ramsey has demonstrated the tensions and legal battles between illegal popular healers (quacks, travelling salesmen, occult healers, folk healers and so on) and the official medical profession (doctors and surgeons). Ramsey catalogues and assesses the success of attempts to create a medical police in his case study of the Bas-Rhin region. His work is indicative of a wider tension between the medical profession working to self-legitimise, and what Ramsey terms 'a host of part-time medical entrepreneurs.'⁴¹⁹ Doctors were competing for space in a diverse market of medical care. Though largely ineffectual, the so-called medical police made a concerted effort to oust potential competitors and to establish professional boundaries.

The changing relationship between medicine and religion can be seen in the example of Lourdes and responses to claims of miraculous cures. Harris has shown that the Church began to recognise a need for medical proof in relation to miracles, setting up a Medical Bureau at Lourdes:

[B]y establishing the Medical Bureau in 1883 the Church accepted both the need for scientific verification and for many of the epistemological criteria of modern medicines. [...] But while the church increasingly depended on medical opinion, the perception of the faithful remained tied to popular traditions generally heedless of doctors.⁴²⁰

Although at an individual level popular traditions persevered, the Church was conforming to an increasingly institutionalised and formalised positivist medical practice.

With this in mind, the rejection of the term 'gardes-malades' could be interpreted as an effort to appear non-threatening, an attempt to apply safer, more neutral terms to care work which was both religious and medical and which blurred the lines of acceptable activities for women. The nuns perhaps were not direct competitors in the medical field, and in the case of the *Auxiliatrices* appear inclined to cooperate with doctors, but they were nevertheless faced with emerging professional boundaries. This is reflected in the manuals used to train the *Auxiliatrices* in their care of the sick. These start with a warning:

⁴¹⁹ Ramsey, "Medical Power and Popular Medicine: Illegal Healers in Nineteenth-Century France," 579.

⁴²⁰ Harris, *Lourdes: Body and Spirit in the Secular Age*, 307.

Ce manuel n'a point pour but de remplacer le médecin et le chirurgien, mais de nous rendre une aide dévouée du premier, une collaboratrice éclairée du second : en vue du bien des âmes.⁴²¹

In the hierarchy of medical staff, the nursing nun is positioned as a devoted helper or assistant to the doctor and a collaborator or partner to the surgeon. It is emphasised that she is in no way there to replace either role, and it is here that her spiritual motive - to save souls – is underlined as a means of distinguishing her from the medical officials. In a reflection of contemporary tensions around the structure and policing of medical workers, the warning goes on to outline the legal repercussions risked by anyone practicing medicine without the necessary qualifications, as well as stating that any distribution of medicines by weight is 'sévèrement interdit'.⁴²²

Both in published histories and in private congregational texts there is a tendency to naturalise and neutralise the labour of nursing nuns. This is achieved through tropes of femininity and maternity and the evocation of religious motivations and self-sacrifice, all of which serve to almost completely conceal the day-to-day tasks involved in physical care. In the lives of the nuns, the nursing work was carefully monitored to facilitate a sense of detachment from these worldly pursuits. In the training manuals and rules of the *Auxiliatrices* the nuns reject any formal titles, thus positioning themselves in a role which is non-threatening to the emerging medical professions, as well as helping to iron out difference within a congregation that practiced multiple vocations. Though in each congregation the depiction and conceptualisation of the nursing differs slightly, the overall effect is the same. Whether consciously or not, the labour of nursing nuns is systematically downplayed and constrained, viewed only through the prism of religious vocation.

4.5 Finding Individuals

The framing discussed so far appears to take place at a corporate level. We are dealing with a corporate identity, prescribed from the top-down, communicated through published historical narratives, rules, and constitutions. It is difficult to identify how individuals interacted with this group identity and how they conceptualised the work they

⁴²¹ "Livre de Médecine." Archives des Auxiliatrices des âmes du Purgatoire.

⁴²² "Livre de Médecine." Archives des Auxiliatrices des âmes du Purgatoire.

performed. As discussed, many sources are anonymised and few place emphasis on the experience of the individual.

In the case of the *Petites Sœurs*, the sources available do not provide the opportunity to move beyond this corporate identity (aside from the necrologies we have already discussed). For the *Auxiliatrices*, however, it is possible to dig a little deeper into the experiences of individuals. The rules for *Auxiliatrices* who visit the sick state that nursing nuns must complete a written report of these visits when instructed to do so by the mother superior. The report should contain ‘Un compte-rendu, simple, vrai, des faits édifiants dont on peut avoir été témoin [...] enfin, tout ce qui peut édifier, consoler, aider intéresser nos Sœurs en N. S.’⁴²³ To paraphrase the guidelines on writing the reports: they were meant to be uplifting for other sisters, to inform sisters everywhere of the good work being done by the society so they can share in the joy, to instruct others in the way the society works, to conserve the memory of God’s graces to them, and finally to increase the glory of God and the sisters’ recognition and gratefulness for it. Four particular groups of people are listed as benefiting from these reports: novices, elderly nuns, *sœurs coadjutrices*, and *dames associées*. The texts are described as an important part of community-building, and sisters reading or hearing the reports are instructed to do so with a thankful heart, as ‘Ce n’est pas une lecture banale, c’est une lecture de famille.’⁴²⁴ In this way the reports can be compared to hagiographical foundation stories or eulogies of sisters. These texts were designed to create a shared sense of identity across different parts of the congregation, sometimes in geographically disparate locations. The purpose of these texts imposes limitations on the extent to which they discuss nursing work, but they are nevertheless a rare window into the experiences of individuals.

As I began to discuss in chapter two, some of these reports have been compiled in large hard-bound books. There are fifty seven reports for the community of *Auxiliatrices* in Paris ranging from 1856-1879, and there are forty nine for the community in Nantes ranging from 1866-1887. This represents only a small fraction of the *Auxiliatrices*’ patients, meaning the stories are far from exhaustive representations of the nuns’ experiences and actions. Most of the reports contained in these books are a few pages long, but the length of these entries can vary quite significantly. In the Paris reports, forty nine

⁴²³ "Règles des Nôtres qui Vont Chez les Malades.", 22^{ème} règle.

⁴²⁴ "Règles des Nôtres qui Vont Chez les Malades." 22^{ème} règle.

accounts are titled with the name of an ill person or family and focus mainly on that person and related events, whilst eight reports are more broad – entitled ‘quelques conversions’ or similar. There is no date at the top of the reports, but sometimes they are contained within the text. The visiting *Auxiliatrice* often remains anonymous, called simply ‘Mère X’. The reports are always in the third person and often in the same handwriting suggesting they have been recopied. There is greater variation in the Nantes reports: twelve reports follow the same titling system as the Paris reports whereby the title is the name of one ill person or one family. However a further twenty reports are grouped by date: e.g. ‘hiver 1866-1867’ and talk about multiple, unrelated visits to different people or families. Finally, seventeen reports I have grouped as miscellaneous: they are either untitled, separated simply by a line across the page, or grouped under titles like ‘un accident providentiel’ or ‘une conversion’. In twenty three of the Nantes reports the visiting *Auxiliatrice* is named, and an additional three talk about the mother superior who can be identified based on the time period in question. Though the reports are mainly in the same handwriting, again suggesting they have been recopied, they contain both first- and third-person accounts, with subtitles like ‘extraits des rapports de Sr St Anne’.

The visit reports are written for the purpose of spiritual edification, and focus almost exclusively on the religious conversion of the sick. They help to reproduce the corporate identity in the rulebook, reiterating the importance of the religious motives and triumphs of the women’s work, with a particular focus on successful conversions. The group’s mission to convert is deemed the most important and the most rewarding aspect of their work. One report about caring for a particularly pious sick woman states ‘Si les vertus qu’elle eut occasion d’admirer, rendit son ministère inutile, pour le bien des âmes, elle eut au moins la consolation d’alléger les souffrances.’⁴²⁵ The reports are nevertheless rich accounts of the nuns’ labour and their interactions with patients.

Whilst there are many occasions in the reports where an *Auxiliatrice* shows pride in her religious identity or identifies herself by her position as a nun, I have found only one example of an *Auxiliatrice* talking directly about her knowledge and skills as a nurse. The encounter takes place in the home of a sick person who is accompanied by their cousin. The cousin is hostile to an unnamed *Auxiliatrice* who she mistakes for a doctor. The nun

⁴²⁵ ‘Famille Desfontenelles’, c1859, “Rapports des Visites de Malades, Paris.” Archives des Auxiliatrices des Ames du Purgatoire.

is quoted: 'Non, Madame, reprit la sœur en riant, mais comme ma plus douce jouissance est de m'occuper de ceux qui souffrent, je connais une foule de remèdes, bien simples, auxquels le Bon Dieu donne souvent la vertu de soulager.'⁴²⁶ In this account the agency of curing people is given to God - a theme common to all of the reports - and the remedies are described as simple, but this is nevertheless a rare glimpse of a nun directly referring to her own knowledge and experience caring for the sick. Whilst there are many occasions in the reports where the *Auxiliatrices* discuss the importance of religion to their self-understanding, this one small example is the only one to suggest that they understood, identified, or categorised themselves as nurses or carers. Even then, the sister considers it a joy (not a job), is eager to emphasise the simplicity of what she does, and attributes her success to God rather than her own skill.

4.6 The Power of Invisibility

The persistent tendency to give no visibility to the labour of nuns and to naturalise this work is problematic for a number of reasons. Gendered hierarchies of work, perpetuated by religious congregations such as these, mean that the practical, skilled, and emotional aspects of this work – traditionally feminised forms of labour – are left undervalued in many contexts to this day. In the case of nursing nuns, the under-valuing or naturalising of this work also serves to symbolically disempower these women. This means that the authority and influence which nuns exercised remains largely invisible. Women religious are presented in congregational histories as angel-like figures at the bedside, tending wounds and holding hands. They are unthreatening communities of chaste mothers. Shrouded in stereotype and myth, nursing nuns are easily underestimated and are rarely taken seriously as a workforce capable of social and political change. Dolan has observed a similar phenomenon when nuns are treated as figures of ridicule. She argues that these dismissals, demeaning and condescending as they are, served to make nuns less threatening and occluded their social power: 'The fact that no one took such women seriously may have actually helped them with such political involvement as they did undertake.'⁴²⁷

⁴²⁶ 'Mme Rosalie Larose, N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁴²⁷ Frances E Dolan, "Why Are Nuns Funny?," *Huntington Library Quarterly* 70, no. 4 (2007): 511.

The tendency to reproduce the invisibility of nursing nuns in histories of the period is to overlook certain realities of their work. As I discussed in my introduction, to be a carer is to hold a position of power. By negating the ‘work’ element of the nun’s care, by treating their activities as not-work, considerations of how nursing nuns exercised agency and professional authority are circumvented. The work of nursing nuns in the second half of the nineteenth century formed part of complex mechanisms of social control. Nuns may present themselves as a group apart, but they interacted with diverse groups and played an important role in local communities in this period. Price has shown how the dominant classes encouraged Catholic practice, church-led education, and private charity as a means of maintaining their power during the Second Empire (1852-1870):

Religion offered both a justification for poverty – providential – and encouraged resignation to their lot on the part of the poor. It enjoyed obedience to the representatives of the state and to social superiors. Even where members of the political elite remained indifferent to the day-to-day activities of the Church it was possible to share Voltaire’s conviction that *un Dieu pour le peuple* was essential. The problem was how to win back the poor to religion. Thus, in town and country, substantial sums were provided by the elites and state for the construction and renovation of churches and schools and the payment of priests and teachers.⁴²⁸

A caveat is perhaps necessary here. The role of Catholicism, the Church, and social elites in moralising to, and exerting control over, the working classes does not mean that every member of these congregations was bent on social control and dominance over the poor. Rather, these women and their work contributed to wider systems of power and the maintenance of social hierarchies. The individuals’ levels of complicity or conscious involvement in reinforcing these structures no doubt varied. It is possible to be overly cynical about the motivations or strategies used by the nuns. The *Auxiliatrices* reports show compassion on the part of these carers, who are moved by the suffering they witness. In the event of a miraculous cure, a nun is quoted shouting with joy.⁴²⁹ There is a drive to improve living conditions for those in need and to bring them relief. This is particularly the case in the reports from Nantes, which are more personal in style than those from

⁴²⁸ Price, *People and Politics in France, 1848-1870*, 45.

⁴²⁹ ‘Elle entre brusquement: “Elle est guérie! elle est guérie” s’écrie-t-elle.’ Mme Désirée Lepetit, 1860, “Rapports des Visites de Malades, Paris.” Archives des Auxiliatrices des Ames du Purgatoire.

Paris: they are often written in the first person and are more likely to include the name of the nursing nun. On more than one occasion a writer expresses her distress at the suffering of others:

Je trouvais la pauvre petite dans un état difficile à décrire, elle n'avait plus que les os et la peau, elle se levait encore et sa mère la menait respirer l'air dans le cimetière (leur maison y est attenant) et la couchait sur son oreiller. On ne put se faire idée de l'impression que produisait cette enfant mourante, couché si près des Morts.⁴³⁰

Another entry, this one by Sœur de la Nativité, reads:

J'accours en toute hâte à la demeure indiquée et me sens émue jusque aux [sic.] larmes du triste spectacle que j'aperçois. [...] Quatre personnes couchées: le père, la mère, une petite fille atteinte de la fièvre typhoïde; un petit garçon de 5 ans convalescent de la même maladie [...] Une femme de 73 ans, mère de la malade, était seule pour soigner tout ce monde, les voisines s'étant toutes retirées, effrayées de la maladie pour leurs enfants. Je ne savais par où commencer... mon bon ange me souffla de ne pas attendre pour parler d'un prêtre [...].⁴³¹

The problematic power dynamic of patient and nursing nun does not negate the fact that these women could be compassionate and earnest carers, with a genuine belief that religious conversion would help people.

The work of nursing congregations is nevertheless one of the means by which the social order was maintained. As we saw in chapter two, the religious congregations studied here were both affiliated with social elites, albeit in different ways. The *Petites Sœurs des Pauvres* relied on a great number of bequests from wealthy donors in order to function, enjoyed the support of the Empress, and Le Pailleur and Marie Jamet boasted a number of important social connections. The *Auxiliatrices* recruited from the bourgeoisie, and their affiliates and benefactors came from rich and elite families, with a number of noble titles appearing in their records. Through these connections with the dominant classes and their position within the Catholic Church, the care work of nuns takes on a political

⁴³⁰ 'Famille Pellejot', N.D., "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁴³¹ 'Famille H+++', N.D., "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

edge. The nuns' moralising influence on the working classes was of value to both the Church and these elite groups who had a vested interest in maintaining the existing hierarchical social order. Price identifies the concept of the 'deserving poor' as one of the key means by which these hierarchies were maintained.⁴³² By reserving aid and welfare for those who were peaceful, compliant, and obedient, social elites were able to regulate the behaviour of the poor. The very system of private religious charity perpetuated a transactional relationship between the elites, the Church and the poor, placing the working classes in a position of subordination laced with potential feelings of shame, dependence, and gratitude on the part of recipients.⁴³³

Whilst it can be incredibly difficult to find mentions of individuals in archival traces of religious congregations, a few complaints made to various clergymen do shine light on the personal influence which nursing *Auxiliary*s held. A letter written by Hyacinthe Le France and addressed to Monsieur le Promoteur describes the actions of Mère de St Pierre, an *Auxiliary* working in Paris. The nun is said to be meddling in the marital and financial affairs of a family named Fleuriot:

Il est de notoriété publique qu'elle [Mère de St Pierre] mène une vie religieuse tout à fait à part et qu'elle s'occupe beaucoup des affaires de ce monde. C'est à l'autorité ecclésiastique et non à nous d'approfondir ce laisser aller dont nombre d'âmes se scandalisent. Elle a persuadé à ses dupes quand elle est prise en flagrant délit de mensonge ou d'incorrection que sa sainteté la met au dessus des lois morales ordinaires. Les hommes ne peuvent la juger, ce qui leur semble mal est bien car elle est inspirée par une intelligence tellement supérieure et des motifs si surnaturels qu'il n'y a qu'à la laisser faire. Elle continuera à exercer ainsi son influence malfaisante, au dessus de tout contrôle et de toute justice. Elle vit dans je ne sais quelle sécurité, malgré l'opinion publique qui s'émeut.' ⁴³⁴

The veracity of these accusations are not confirmed, and unfortunately only Hyacinthe's side of the correspondence has been preserved in the archive. But the issues she raises are

⁴³² Price, *People and Politics in France, 1848-1870*, 47. In the case of the congregations studied here, I have been unable to find the criteria by which they chose their patients, but this may well have played a role.

⁴³³ Price has discussed the sense of humiliation which some workers expressed in relation to accessing charity: *People and Politics in France, 1848-1870*, 319.

⁴³⁴ "Letter from Hyacinthe Le Franc to Monsieur le Promoteur, 20th January." (1891), 4/R/14, Archives Historiques du Diocèse de Paris.

pertinent to all of the women studied here. Drawing authority from their position as women of God, and using their influence within families grounded in the intimate relationships they were able to form, the nursing nun had access to a particular type of social power to influence the decisions of their patient.

4.7 Nursing and Authority

Depictions of these nursing nuns centred around motherhood or martyrdom, completely neglecting the role of nuns as authority figures in the lives of their patients. Entering into a hospice run by the *Petites Sœurs* meant entering a very specific, structured way of life built around religious practice. The nuns read religious texts to the residents, and gave them objects such as medals or scapulars to encourage devotion and prayer. Each hospice had a chapel attached – the one for Saint Servan was established in 1845. There were regular services, prayers, and retreats which the residents attended. For those resident who were religious, the spiritual care of the nuns may have been another consolation to add to the physical relief of being kept healthy, clothed, and fed. The chronicle for 1853 states that generally the residents were believers, ‘comme de bons bretons qu’ils sont.’⁴³⁵ Residing in a hospice run by the *Petites Sœurs* meant it was much easier to engage in regular religious practices even with limited mobility. Having a chapel on the doorstep and regular reading from the nuns meant religion was incorporated into everyday life.

For non-Catholic residents, though, there was a clear pressure from both the sisters and even from other residents to convert and to take up or resume religious practice.⁴³⁶ In her study of hospices in nineteenth-century Paris, Rossigneux-Méheust draws comparisons between the institution of the hospice and the carceral system, as both are systems of regulation and behavioural control. In so doing, she highlights the power imbalance between patient and carer in institutions run by the *Petites Sœurs*:

Avant les années 1930, aucun règlement intérieur ne figure dans les archives des Petites Sœurs des pauvres consultées. En revanche, plusieurs chapitres de la règle rédigée en 1886 concernent les attitudes que les sœurs doivent avoir devant les

⁴³⁵ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1853, 20.

⁴³⁶ One patient is converted by the efforts of the *Petites Sœurs* and his fellow residents: ‘Les autres vieillards le supportaient avec patience et priaient pour lui ; un d’entre-eux, qui était nouvellement converti, le prêchait doucement...’ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1860, 27.

vieillards. Le second chapitre de leurs constitutions, par exemple, porte sur les « dispositions chrétiennes que les Petites Sœurs doivent s'efforcer de faire pénétrer dans le cœur des pauvres vieillards » et, ce n'est qu'en creux qu'il révèle les attentes normatives qui pèsent sur ces derniers. L'écriture de l'autorité ne se décline de toute évidence pas selon le même mode. Il ne faut donc pas négliger les rapports de domination induits par ce type de formulation, mais renoncer à les voir plus nettement formalisés par un système disciplinaire où le rapport à l'ordre ne passe manifestement pas par la mise par écrit de la contrainte.⁴³⁷

The drive to convert patients was integral to the care-work performed by nuns in both of the congregations studied here. Such proselytising from a carer to their recipient is problematic. Bourke has shown that people are likely to modify their response to pain in light of their social and cultural context. We learn early in life that 'correctly adhering to highly esteemed scripts is most likely to generate a desirable response in terms of medication, care, and compassion.'⁴³⁸ In other words, language, facial expressions, and cultural outputs all contribute to communicating normative behaviour, teaching us how best to express our pain in order to garner sympathy or support from others. Recipients of care may also feel the need to modify their interactions with their carers for similar reasons. The *Petites Sœurs* provided free healthcare to some of the most destitute people, in a period when state services were limited. Residing in these hospices may therefore have carried a pressure to 'repay' carers in a different way. It is virtually impossible to know what level of resistance the residents were able to put up to the nuns' attempts at conversions because there are so few examples available to us, but it is likely that some felt obliged to respond favourably to the nuns' endeavours for fear of losing their support or impacting on the quality of care they received.⁴³⁹

It would appear that an implied obligation to repay the sisters was reinforced by the male clergy who delivered sermons and retreats. When the local bishop visited the hospice at

⁴³⁷ Rossignaux-Méheust, *Vies d'Hospice : Vieillir et Mourir en Institution au XIXe Siècle*, 198-99.

⁴³⁸ Joanna Bourke, *The Story of Pain: From Prayer to Painkillers* (Oxford: Oxford University Press, 2014), 129.

⁴³⁹ The issues discussed here remain pertinent to debates in modern-day healthcare. Current NHS policy remains vague on when it is appropriate for nurses and midwives to discuss religion, and a 2016 case of a nurse who was dismissed for repeatedly discussing her faith with patients continues to garner media attention (see for example "NHS Nurse Who Offered Bible to Cancer Patient 'Rightly Sacked' for Her Religious Fervour," *The Telegraph* 2019.)

Saint Servan in 1851, he instructed the patients to show gratitude and obedience to their carers:

Monseigneur St Marc étant venu confirmer à St Servan, au mois de mai, visita l'asile avec le clergé de la paroisse [...] Monseigneur exhorta les pauvres à l'obéissance, à ne pas payer d'ingratitude celles qui se dévouaient pour les soulager, à bénir Dieu de cette multiplication de pain qui s'opérait tous les jours en leur faveur.⁴⁴⁰

It is not only through engaging in religious practice that patients might have felt obliged to repay their carers. Other elements of the hospice structure may also call into question the 'free' nature of the healthcare provided by the *Petites Sœurs*. Rossignaux-Méheust has found that recruitment to the *Petites Sœurs'* hospice in Paris appears to favour construction workers, servants, and artisans: those who would be most useful in the upkeep of the hospice. A quote from the chronicles at the Rue St Jacques in Paris reveals that the residents were tasked with installing flooring in three of the hospices dormitories:⁴⁴¹

En 1883, les Petites Sœurs des pauvres de la maison de la rue Saint-Jacques, qui accueillent 250 vieillards, résumant sans l'avoir préalablement théorisé l'esprit du temps quant à la valeur et aux usages à donner au travail des vieillards : « Les premiers mois furent employés à quelques petites réparations pour le bon entretien de l'Asile, blanchissage et peinture de la Chapelle ; 3 dortoirs des vieillards avaient besoin d'être planchés, ces travaux n'allaient pas très rapidement, car, autant que possible, nous y employions nos vieillards ; c'était une économie pour la maison et cela procurait à nos bons vieux d'utiliser encore leurs petites industries, ce dont ils étaient heureux. » [...] Si l'on ne retrouve pas de sources témoignant d'un rapport utilitaire aux vieillards, de nombreux indices laissent à penser que c'est un critère de premier plan dans le recrutement et l'économie institutionnelle. Le quotidien d'un assisté chez les Petites Sœurs des pauvres est jalonné par le travail qu'elles lui

⁴⁴⁰ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1851, 17.

⁴⁴¹ As previously stated, Rossignaux-Méheust appears to have accessed different documents in the archives of the *Petites Sœurs*, including *Registres d'Entrées* for the Parisian hospices.

donnent. La gratuité de cette assistance, affichée tout au long du siècle, se retrouve alors tout à fait remise en cause.⁴⁴²

Obligatory work was a common feature of equivalent hospices run by the *Assistance Publique*, designed to fund hospices and prevent laziness.⁴⁴³ The chronicles for Saint Servan confirm that the residents of the nuns' hospice were also expected to work, with the aim of raising funds for the congregation and providing the residents with a 'pastime' or a small source of income.⁴⁴⁴ For example in 1847:

[L]e travail des pauvres donnait aussi un petit gain: plusieurs femmes faisaient du tricot ou filaient les autres pauvres valides faisaient de l'étoffe. Le quart du gain leur était remis, les $\frac{3}{4}$ revenaient à l'Asile.⁴⁴⁵

In 1857 the community at Saint Servan acquired a hectare of land, '[...] qui devait procurer des légumes et des fruits et distraire les Vieillards par un travail qu'ils aimaient.'⁴⁴⁶ Larger pieces of land were also acquired by the sisters and tended by the residents, including a farm in 1877. Such activities are framed not as work, but as relatively small, trivial activities to keep the residents active and happy and to raise funds for communal life. It is possible that such work helped to build a sense of community and allowed the residents to feel that they were supporting the sisters who cared for them. However, this may also be an inaccurate reduction of what was actually strenuous labour. Washing and bleaching wool, brushing or combing it, spinning it, then using it to knit, is hard work. Tending to a garden or a farm is manual labour. As Rossigneux-Méheust states:

⁴⁴² Rossigneux-Méheust, *Vies d'Hospice : Vieillir et Mourir en Institution au XIXe Siècle*, 216-17.

⁴⁴³ *Vies d'Hospice : Vieillir et Mourir en Institution au XIXe Siècle*, 209.

⁴⁴⁴ As well as working to fund the hospices, the patients were also engaged in ambulance work alongised the nuns in 1870 during the conflict with Prussia: 'Pendant les graves évènements nous prions beaucoup dans nos asiles, nos chers pauvres, trop vieux et trop débiles pour porter les armes, amis qui sentent leurs cœurs battre bien fort au récit des malheurs de la patrie, se servent de la seule arme en leur pouvoir : l'arme puissante de la prière [...] nous étions touchées de voir comme nos pauvres se prêtaient volontiers à ces arrangements qui forcément devaient déranger leurs petites habitudes ils nous aidaient à faire de la charpie, à préparer des lits, enfin à tout ce qui était en leur pouvoir et partageaient notre confiance en Dieu qui saurait bien nous aider dans ce surcroît de besoin [sic.] et de dépenses. En effet ce temps un temps de sacrifices mais le public fut touché, il s'intéressa à ces petites ambulances et nulle part on ne manqua du nécessaire.' "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1870, 36.

⁴⁴⁵ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1847, 14.

⁴⁴⁶ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1857, 24.

Présenter leur emploi comme une occupation plus que comme un travail contribue à occulter la pénibilité de l'entreprise. [...] Au même titre que le travail des femmes, le travail des vieux en hospice est un travail invisible parce que gratuit, fait de tâches subalternes, féminisées (épluchage, travaux domestiques, confection). L'ampleur et la durée de l'emploi des vieillards dans leur institution d'assistance invitent toutefois à revenir sur ce point de vue.⁴⁴⁷

Whether the residents would have described this work as gentle tasks to occupy their time or as arduous labour we cannot know. Once again, the *Petites Sœurs* control the historical narrative.

How does this compare with the *Auxiliatrices* who, as domestic nurses, had a different role in the lives of their patients? Whilst these nuns saw their patients regularly, they were visitors to peoples' homes, and naturally this altered the dynamic between the carer and her patient. The nuns seemingly exerted less control over their patient's daily lives, but their motivations were the same and they still held a position of influence in relation to their vulnerable charges. The religious goal of this congregation was virtually identical to that of the *Petites Sœurs*, in that the *Auxiliatrices* entered the homes of the poor with the intention to convert them or to encourage religious practice. The methods to achieve this were also similar: the *Auxiliatrices* gave patients medals of the Virgin Mary, they encouraged the reading of 'good' books, and prayed with their patients. The nuns in the reports are always looking for an opportunity to talk about God, to encourage non-believers and non-practicing Catholics to confess, to take communion, and to receive last rites. In virtually every account, the *Auxiliatrices* are able to convert non-believers and to persuade 'lost sheep' back to the fold.⁴⁴⁸

There were nevertheless a significant number of instances of hostility between the patients and their carers, which I will discuss further in chapter five. Whilst this hostility took a variety of forms, one theme which emerges in the reports is the problem of impiety amongst workers which has led them to abandon the Church. Religious conversion thus fed into a wider drive to moralise and educate the poor, and shows the nuns working to

⁴⁴⁷ Rossigneux-Méheust, *Vies d'Hospice : Vieillir et Mourir en Institution au XIXe Siècle*, 215-16.

⁴⁴⁸ Only about four reports end without a clear conversion (taking communion, giving confession), and even in these stories the behaviour of those targeted is said to 'improve' (less swearing, attending mass at Easter, hostile attitudes to the Church are lessened).

further the civilising missions of the elite. The drive to moralise the working classes is clear in the example of a man who shows a violent hostility to the visiting *Auxiliatrice*. The patient calls the visiting *Auxiliatrice* hard-hearted, says she has the heart of a Jesuit, and shouts that a million of her sort could never change his mind about religion. Mme D, a member of the third order, continues to work with this man (who is unnamed) and through her charitable actions she convinces him to confess and to take Easter communion.

[D]epuis ce moment il est beaucoup plus calme et plus doux, il a dit à Me D qu'il était fort content, mais avec moi il évite toute question religieuse. Me D s'est abonnée pour lui[sic.] au journal l'Ouvrier. Ce journal court ainsi dans toute la maison de ce jeune homme où beaucoup d'autres auraient, comme lui besoin de conversion.⁴⁴⁹

The publication mentioned in this report was an illustrated bi-weekly journal published from 1861 to 1920. It was created in Paris by a priest, l'abbé Geslin de Korsolon, who wrote moral tales under the pseudonym Jean Loysau – a fictional cobbler writing for his comrades in the workshop:

Le premier numéro du nouvel Ouvrier avait fait son apparition le 4 mai 1861. Son programme était précis : « Nous nous dévouons, exposait la rédaction, au triomphe de toutes les idées utiles à l'ouvrier dans l'ordre scientifique, philosophique, religieux. Assez d'autres écriront pour le candide bourgeois. Nous ouvrons gratuitement les colonnes de notre journal à tout ouvrier intelligent et expérimenté qui jugera à propos de communiquer à ses frères une idée de perfectionnement ou d'amélioration applicable à la classe ouvrière. »⁴⁵⁰

The journal was financed by the Association de Saint-François de Sales, an association founded by Mgr de Ségur. Mgr de Ségur appears as a benefactor in some of the reports, and so was clearly known to the *Auxiliatrices*.⁴⁵¹ Once again, the nuns and their associates

⁴⁴⁹ 'Un Jeune Homme qui a Vu Paris', N.D., "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁴⁵⁰ Anonymous, "Abbé Geslin de Korsolon (1817-1888), en Littérature Jean Loyseau, Cordonnier," *Les Contemporains* N.D.

⁴⁵¹ See for example 'Quelques conversions', 1860, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

in the third order can be positioned within a wider network of Catholic activists working to moralise and educate the working classes. Wealthy benefactors and prominent clergymen strove to educate the working classes and to shape their ideas through targeted moralising tales. The nursing congregations studied here showed a desire to ‘improve’ the habits of the working-class. As I will show in the next chapter, the *Petites Sœurs* sought to rehabilitate alcoholics and vagrants, whilst the *Auxiliatrices* worked to remove their patients from undesirable social circles, which included factories or living quarters where anticlericalism was rife.

The influence which nuns had over the poor is made explicit in a history of the *Sainte Famille de Bordeaux*. As previously mentioned, the *Sœurs de l’Espérance* were specifically created to act as domestic nurses for the bourgeoisie. Explaining this choice, the text notes that poorer patients are easier to access and to influence than those with wealth or authority:

Avec quelques secours, on peut toujours aborder le pauvre, pénétrer jusqu’à son grabat, lui parler du Ciel, lui amener le ministre du Seigneur qui fortifiera son âme pour les dernières luttes. Il n’en est pas ainsi pour le riche: retire au fond de ses appartements, il donne l’ordre de ne pas recevoir, et si le prêtre désireux d’accomplir son saint ministère, se présente, il est souvent évincé par mille raisons spécieuses.⁴⁵²

Clearly, the *Sainte Famille* were aware that nuns and the clergy could exercise their authority more easily in the homes of the poor, whilst those with wealth and influence were better able to make free choices about whether or not to engage with proselytisers. The role which nursing nuns played in maintaining social hierarchies is made clear by such examples. With the expectation that patients and residents might work for the congregations, the implication that patients are under some obligation to ‘repay’ their carers, and the moralising of the working classes by nursing nuns, it becomes apparent that wealth and class were important contributing factors in the authority which the nuns held. Congregations of nursing nuns were able to influence the intellectual, social, and financial aspects of people’s lives through the provision of charity.

⁴⁵² Anonymous, *Vie Abrégée du Bon Père P.-B. Noailles, Fondateur de la Congrégation de la Sainte-Famille*, 360-61.

The result of this is that people are arguably disempowered by their reduction to the role as a 'patient' of one of these congregations. As Porter points out, the very word patient 'seems dangerously redolent of professional medical relations' and risks reproducing the assumptions of modern physician-focused history and sociology of medicine.⁴⁵³ It is true that the term patient is not necessarily the most apt one to describe the heterogeneous group of people cared for by these nursing congregations. A variety of experiences of illness, old age, and infirmity led people to engage with or be approached by nursing nuns. The types of lifestyle and care needs varied greatly, and people led rich and diverse lives outside of this relationship. Moreover, the relationship between the nuns and these individuals was rarely comparable to the physician-patient relationship which the word patient might conjure, and was initiated in a number of different ways. Nevertheless, for ease of expression I have used the term patient as a catchall to describe the people these nuns visited, housed, or cared for due to their illness, advanced age, or infirmity. The *Petites Sœurs* referred to their residents as 'vieillards' or 'bonnes femmes', whilst the *Auxiliatrices* opted for 'malades' or even 'nos chers/chères malades'. Whatever term is used, in grouping these people by their condition of health or age, complex life-stories are reduced down to a single limited experience. Where possible, therefore, I have provided more clarity and specificity about individual situations in order to move beyond the term 'patient' and avoid reducing people to their physical state or implying passivity or subordinancy to a medical professional.

The disempowerment of patients is particularly clear in the tendency to infantilise them or to reduce them to their bodily functions. Du Camp describes the residents of 'la salle des « grands infirmes ». [...] Les paralytiques, les gâteux insensibles et puants, dormant ou absorbés dans des rêves intérieurs que leur volonté ne peut traduire[...].'⁴⁵⁴ Bournand describes the patients as 'Celui-ci qui bave et qui bat, qui pleure et qui sent mauvais'.⁴⁵⁵ Patients are dehumanised, reduced to their leaking bodies. Scarry has argued that an intense embodiment is a means of disempowerment in the Judaeo-Christian (old-testament) scriptures:

⁴⁵³ Porter, "The Patient's View: Doing Medical History from Below," 181.

⁴⁵⁴ Du Camp, *La Charité Privée à Paris*, 59.

⁴⁵⁵ Bournand, *Les Sœurs, 1633-1900. Sœurs de Charité. Sœurs des Hôpitaux. Petites Sœurs des Pauvres. Sœurs Enseignantes et Missionnaires, Etc*, 106.

[T]he scriptures systematically ensure that the Omnipotent will be materially unrepresented and that the comparatively powerless humanity will be materially represented by their own deep embodiment. But to have no body is to have no limits on one's extension out into the world; conversely, to have a body [...] is to have one's sphere of extension contracted down to the small circle of one's immediate presence. Consequently, to be intensely embodied is the equivalent of being unrepresented and (here as in many secular contexts) is almost always the condition of those without power.⁴⁵⁶

The relationship between carer and patient is one built on need, vulnerability, and emotion, placing the elderly, the infirm, and the sick in a position of subordination to those they rely on for support, often reducing them to their bodily needs.

4.8 Conclusions

Despite carrying out significant and impactful care work, we have seen that both of the nursing congregations studied here downplay their labour. The texts produced by and about these congregations give priority to the maternal and sacrificial elements of their work, framing this activity as a spiritual calling. The more limited archives of the *Petites Sœurs* make it difficult to move past official narratives constructed about, and often by and with the congregation. It is certainly true that these histories perpetuate a stereotype of martyr-like mothers, sacrificing themselves to help the poor. This rhetoric was deeply gendered and helped to ingrain a separation between religious vocation and mundane labour which could be particularly damaging for individual nursing nuns - a culture of sacramental suffering meant severe over-work was lauded as an example of piety. Moreover, at least in the case of the *Auxiliatrices*, nuns were taught to internalise the idea that what they were doing did not qualify as work and should be treated with a level of detachment and wariness. Individual members were taught to self-police constantly, maintaining a sense of emotional distance from their charges.

It would appear that both at a corporate level, and in the rare glimpses of individual identity, the *Auxiliatrices* on the whole did not consider themselves domestic nurses (*gardes-malades*) and the work they did was not included in the stories they told about

⁴⁵⁶ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford: Oxford University Press, 1985), 207.

who they were. Texts by and about the congregation largely omit, and even eschew, the role of 'nurse'. This exclusion of nursing from their sense of self has had a clear impact on the visibility of their work right up to the present day. The archives of the *Auxiliatrices* are run by a lay archivist, and she too stressed that the *Auxiliatrices* were not nurses when I first met with her to discuss the collections. In her initial emails she was careful to distinguish the congregation from other groups of *hospitalières*. The archives continue to adhere to - and reproduce - the absence of nursing in the corporate identity. Because the congregation defines itself as apostolic and carries a complex corporate identity dominated by their spiritual mission, the work of these women continues to be ambiguous and is often obscured.

As I discussed in the introduction to this thesis, religious congregations in nineteenth-century France faced a number of political problems. They represented the influence of the Catholic Church in society, they were the foot soldiers of private and regional charity, and they had the potential to surpass the traditional roles prescribed for women. Yet, by adhering to established feminine tropes, nuns (consciously or unconsciously) made themselves palatable and permissible in societies where women's work might be contentious or dangerous. At a corporate level, the non-threatening, mother-like nursing nun was a useful construction, allowing these groups to negotiate emerging medical boundaries and disguising the substantial power they wielded as charitable carers. Through their chastity, religious dress, and a gendered rhetoric around the more contentious aspects of their public work, the potentially transgressive nature of their activities was rendered less conspicuous.

As I have begun to demonstrate, the reductive descriptions of nurses as mothers and martyrs also leads to further silences in the histories of these institutions. The authority which nuns exercised over their patients is almost entirely unacknowledged. As a result, reconsidering the labour and working identities of nuns in this way draws attention to the most invisible group within a largely untold story. Recipients of care are anonymised and infantilised, influenced and coerced in many of the texts studied here, and the complex power dynamics behind this are unexamined. To fully acknowledge this imbalance, the final chapter turns to the experiences of those cared for by nursing nuns.

Chapter 5. Someone Else's Story: Echoes of the Patient

*"...how intricately the problem of pain is bound up
with the problem of power..."⁴⁵⁷*

The patient-carer relationship is characterised by an imbalance of power. This imbalance may stem from class, authority, education, age, and gender, but also from a loss of bodily autonomy, feelings of gratitude or shame, and a lack of privacy, to name but a few. A variety of medical professionals, including nursing nuns, draw authority from their socially-recognised positions. How patients and carers have navigated this power dynamic in different contexts is a little-studied but nevertheless rich field of history. In parallel with the usurpation of Jeanne Jugan, this oversight is another example of how social hierarchies become embedded in historical narratives. Narratives of sickness and illness are usually the production of medical professionals. It is rarely the sufferer, but rather different types of carers and practitioners who record and narrativise these experiences. As I will show, by recounting stories of their patients for their own spiritual purposes, the nuns studied here were exercising a form of power and authority which their illiterate, vulnerable patients did not have access to and which they had no ability to control. These predominantly female patients, largely uneducated and living in poverty, were unable to act as agents of their own stories and rarely – if ever – made written records of their experiences. One may wonder whether the patients consented to (or were even aware of) the nuns' record-keeping practices, which in some cases put their physical, emotional, and spiritual trials on display for the edification of women religious. In this final chapter I will use the sources kept by nursing congregations to look for echoes of the patient, approaching the labour of nursing nuns – where possible – from the perspective of those who received their care, and exploring the negotiations of power inherent in these encounters.

Porter has called for such a reframing of medical history to focus on the experience of sufferers, pointing out the dominance of institutions, of doctors, and of medical elites in histories of medicine:

⁴⁵⁷ *The Body in Pain: The Making and Unmaking of the World*, 11.

[W]e lack a historical atlas of sickness experience and response, graduated by age, gender, class, religious faith, and other significant variables. It's *terra incognita*, partly because it has been discussed so little in histories of medicine.⁴⁵⁸

To go about redressing this balance, Porter listed five key areas for future investigations:⁴⁵⁹

1. Moving beyond the current focus on 'cure' to consider rituals, modes of comfort and consolation, and the psycho-dynamics of the bedside encounter
2. Health maintenance, self-care, and positive health
3. The life meanings given to sickness, 'involving transforming ideas of self, salvation, destiny, providence, reward, and punishment.'
4. The role of the family in managing sickness
5. A medical history in which 'we should stop seeing the doctor as the agent of primary care. People took care before they took physick.'⁴⁶⁰

Porter argues that the assumed passivity of patients in response to medical institutions must be questioned, and we should instead consider how the sick actively interacted with and responded to care in its many forms. Neither medical histories nor histories of nursing congregations habitually foreground the two-way nature of encounters between patients and carers. The patient experience is, in a sense, an untold history from below, and much of this stems from a lack of sources. The documents kept by nursing nuns allow us to shine a light on a number of the ideas raised by Porter, to consider varied forms of care which sufferers relied on, and to provide some insight into the agency of these sufferers in relation to their own health and their relationship with carers.

With this in mind, what can the congregational archives studied here tell us about the experience of being cared for by nursing nuns? How did the nuns try to shape the patients' experiences of ageing, infirmity, health and illness? How does this intersect with the questions of power and historical agency which I have already discussed? This chapter begins by examining how and why the nuns talk about their patients in the narratives they construct about their community. Moving beyond the priorities of the congregation,

⁴⁵⁸ Porter, "The Patient's View: Doing Medical History from Below," 181.

⁴⁵⁹ "The Patient's View: Doing Medical History from Below," 193-94.

⁴⁶⁰ "The Patient's View: Doing Medical History from Below," 194.

subsequent sections of this chapter are structured around three of the areas mentioned above, which the archives studied here help to illuminate: firstly the rituals, modes of comfort and consolation, and the psycho-dynamics of the bedside encounter, secondly the life meanings given to sickness, and finally the role of the family, neighbours, and local communities in managing sickness. Structuring analysis around these themes helps to reorient the stories told by nursing nuns to consider the experience of the patient, or at the very least to consider the patient-carer relationship beyond the limits of existing congregational histories.

5.1 Recording the Patient

The archives of both the *Auxiliatrices* and - to a lesser extent - the *Petites Sœurs* contain some limited records about their patients. As discussed in the previous chapters, both congregations kept some statistical records about the numbers of people they cared for. In the case of the *Petites Sœurs*, only figures are preserved. As I have not seen the original manuscripts, it is not known if they recorded patients by name or any other personal information, though Rossigneux-Méheust's research and later discussions with the congregation suggest they did.⁴⁶¹ The *Auxiliatrices* have much more detailed records: the *Livres des Malades* show the name, age, address, doctor, illness, of the patients, and the duration of the congregation's work with this person, accompanied by a column of 'observations'⁴⁶².

Alongside these principally statistical documents, the congregations kept records such as chronicles and reports. Although these records take different forms, their purposes are perhaps rather similar to one another. These texts historicised or narrativised the activities of the group, and served not only as records for posterity, but as stories shared among the congregation to bolster a sense of collective identity. Though I have found no explicit prescription of what the *Petites Sœurs'* chronicles should include, the texts are rather formulaic and repetitive in nature, suggesting there were certain things that its authors were expected to record. The entries focus on the practicalities of running the institution: where money and resources are sourced, how new premises are acquired, changes of leadership, occasional exceptional events (deaths of clergy or sisters, the siege of 1870, a

⁴⁶¹ Rossigneux-Méheust, *Vies d'Hospice : Vieillir et Mourir en Institution au XIXe Siècle*.

⁴⁶² Usually these are observations on the religious state of the person and their family.

fire), and examples of the sisters' piety and God's goodwill towards the institution. Chronicles are a relatively common document to find in the archives of religious congregations, who began keeping such records as early as the Middle Ages. As Hufton has argued, convent record-keeping was motivated in part by an 'institutional need to maintain records relating to property transactions or in defence of privileges,'⁴⁶³ but not only did these documents provide a financial record, they also represented the collective memory of the community.

The chronicles for Saint Servan reveal relatively little about the *Petites Sœurs'* residents, and the physical care that residents received in the hospices is never the focus of these texts. The nuns undoubtedly engaged in considerable repetitive, physical activities which were vital for the everyday upkeep of the hospices and the daily care of the hundreds of residents. Yet the care work they performed is, once again, naturalised to the point of being rendered invisible. Of the hundreds of patients cared for in the community at Saint Servan, only a small handful of residents are mentioned in these texts and most are unnamed.

There is one exception to this. Three patients are named and discussed in some detail in the first chronicle for 1839, which appears to have been rewritten at a later date. The 1839 entry opens with a short biographical note on Jeanne Jugan. All three of the patients named here are described in relation to Jugan. The first two women cared for by the community are described thus:

Au commencement de l'hiver 1839, elle [Jugan] apprit qu'une vieille femme pauvre, infirme et aveugle venait de perdre sa sœur, son unique soutien, touchée de son sort, Jeanne la fit transporter dans sa maison et l'adopta pour sa mère. Peu de temps après, c'était une ancienne servante qui exposait à Jeanne son triste sort, après avoir fidèlement servi et sans gages ses anciens maîtres tombés dans la détresse et après avoir dépensé pour eux ses économies, puis mendié pour leur procurer du pain, elle se trouvait à leur décès faible et infirme. Jeanne la recueillit avec joie: la première se nommait Anne Chauvin, Vve Harraux, la seconde Isabelle Coeuru.⁴⁶⁴

⁴⁶³ Hufton, "Whatever Happened to the History of the Nursing Nun?," 7.

⁴⁶⁴ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1839, 1.

The story of the first female resident is often repeated in hagiographies of Jugan, who is said to have carried the woman on her back up the steep stairs to her room. The story of the first male resident also appears in this entry of the chronicles and is repeated in published histories:

Un jour, Jeanne apprend qu'un vieillard de 72 ans, Rodolphe Lâiné, ancien marin non pensionné, est abandonné dans un caveau humide. Elle s'y rend, aperçoit un homme au visage exténué, couvert de haillons et jeté sur la paille qui n'était plus qu'un hideux fumier. Ce malheureux avait une pierre pour oreiller; son caveau était au bas d'une maison de pauvres, ceux-ci lui donnaient quelques morceaux de pain et il vivait ainsi depuis deux ans.

After these entries, no other patients are described in such detail in the chronicles and none are named.

It would appear that subsequent mentions of the patients in the chronicles were designed to show the most successful examples of the nuns' work. The 'vieillards' are used to celebrate the spiritual success of the congregation in converting people, to provide evidence for the provenance of their finances and resources, and to promote the social usefulness of their work in rehabilitating alcoholics and vagrants. Donations and religious practice are the most common reasons that a patient may appear in the reports. For example, the 1856 chronicle reads:

Quelques vieillards avaient des petites rentes de marine qu'ils donnaient à la maison, c'était encore une petite ressource. Un Monsieur de St Malo plaça une bonne femme de 80 ans, il nous remit 500 à son entrée et promit de donner 60 frs chaque année, une vieille fille de la campagne demanda son entrée et donna 1.000 francs [...].⁴⁶⁵

The residents taken in by the *Petites Sœurs* were usually very poor, but they provided some additional funding for the institutions through savings and the contributions of family members. Just as we saw in chapter two, the preoccupation with recording exactly how the *Petites Sœurs'* work was funded is clear.

⁴⁶⁵ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1856, 23.

Other appearances of patients in the text tend to focus on their religious practices. The entry for 1868 shows the *Petites Sœurs*' take pride in their pious residents:

Au point de vue spirituel, les bienfaits du Bon Dieu ne sont pas moins nombreux, tous les secours nécessaires aux bien des âmes sont donnés à l'asile; la chapelle est là, réunissant à heures fixes Vieillards et Petites Sœurs pour une prière commune, et elle est ouverte à toute heure du jour à celui ou à celle [sic.] désire trouver force, courage, consolation, auprès du divin hôte du Tabernacle; que de fois nous sommes touchées et édifiées en voyant nos chers vieillards agenouillés à la chapelle et restant là à prier, bien longtemps parfois, eux qui autrefois ne pensaient guère au Bon Dieu [...].⁴⁶⁶

The residents of the hospices are largely grouped together in this way as 'nos chers vieillards.' The discussion of an individual amongst the hundreds of unnamed residents is therefore exceptional. A passage in the 1876 chronicles provides the greatest level of detail about individual residents at the hospice, presenting four narratives of pious patients in succession, each about a paragraph in length. These appear to be stories designed to inspire and uplift, introduced thus: 'Nous avons souvent dans nos asiles des traits touchants dont le souvenir fait du bien à l'âme.'⁴⁶⁷ All four of these patients are unnamed. There is a generous man who, despite having a large family and very little money, regularly donated to help with the founding of the hospice. 'Cette charité lui servait encore à devenir un modèle qui édifiait toute la maison.'⁴⁶⁸ There is a second man who prays continuously, and whose only complaint on falling ill is that he is no longer able to attend mass and take communion. There are also two pious women. Both are described as simple, charitable, and always happy. Their good humour is inspiring and uplifting to others:

Gaie, simple, charitable, ses compagnes se plaisaient auprès [sic.] d'elle; les bienfaiteurs l'approchaient pour en avoir un mot de religion les petites Sœurs l'excitaient pour recevoir une de ses charmantes réponses.⁴⁶⁹

⁴⁶⁶ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1868, 35.

⁴⁶⁷ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1876, 41.

⁴⁶⁸ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France.

⁴⁶⁹ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 42.

The *Petites Sœurs* take pleasure in the good humour and the piety of these exemplary residents. These individuals are joyful and virtuous, charitable and devout, and their stories are shared in the chronicles in a way designed to uplift and inspire the reader. In virtually every mention of the elderly residents, their religious behaviours are foregrounded. Individuals are presented as evidence of the *Petites Sœurs*' success running Catholic hospices filled with pious residents.

Finally, a small handful of other residents are mentioned in passing in the chronicles, often in relation to either a donation or a particularly noteworthy conversion. Among the few individual residents who are discussed, three have drinking problems. For example, the chronicle for 1844 reads:

[I]l y avait parmi les pauvres de l'asile une ancienne poissonnière qui ayant peu à peu abandonné son commerce mendiait et errait sur les grèves, le plus souvent ivre. Des parents aisés l'avaient secourue sans pouvoir la relever de son abjection, les Sœurs avaient été plus heureuses, elles l'avaient convertie. Cette pauvre femme habituée à n'entendre que des huées et des injures, fut gagnée par la vue du dévouement des Sœurs et par leurs procédés de douceur. Un de ses neveux qui habitait l'Ile de Jersey vint et contempla le prodige; en reconnaissance du bien fait, il légua peu de temps après en mourant 7.000 francs à l'asile.⁴⁷⁰

Although couched in terms of donations and conversion, this woman's drinking appears to be part of the reason she is singled out. Why, in chronicles which tend to group together all the residents as an anonymous mass, are three heavy drinkers chosen as examples of the congregation's work?

The nineteenth century saw the origin of alcoholism as a medical term. Müller has shown the shifting depictions of drunkenness from the laughable buffoon to the more dangerous and disturbing alcoholic. Excessive drinking had been treated as a sign of bestiality and of moral failings for centuries, but it became an increasingly significant worry in the French public consciousness in the nineteenth century.⁴⁷¹ As Müller states:

⁴⁷⁰ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1844, 10-11.

⁴⁷¹ Launay shows that alcoholism was a particular concern of the clergy in the French countryside, particularly around the mid-century. Launay, *Le Diocèse de Nantes Sous le Second Empire*, Vol. 1, 65.

[L]a plaie sociale de l'alcoolisme occupe tous les genres (poésie, théâtre, romans...) et tous les courants littéraires des années 1850-1900.⁴⁷²

Launay highlights drinking as a particular problem in the rural areas around Nantes, with clergymen fighting in vain to curb the practice.⁴⁷³ The *Petites Sœurs* certainly saw alcoholism as a common and troublesome problem of the time. They too describe it as a plague:

Un pauvre homme s'était abruti par la boisson, la grand plaie de ce pays ; il faisait la désolation de sa famille, vendant même ses vêtements pour boire, il avait l'air d'un homme des bois.⁴⁷⁴

Alcohol was depicted by the medical profession and in cultural outputs as wilful self-poisoning which led to the decay of the body. The condemnation of alcoholism drew on moral and religious interpretations of alcohol abuse: physical symptoms were the embodied manifestations of temptation, sinfulness, and idleness. Such anxiety around the physical and moral degeneration of France may explain why the *Petites Sœurs* single out their work with alcoholics.

As I will discuss in the following section, the *Petites Sœurs* viewed alcoholism as a disease of the soul, and it is by helping people spiritually and emotionally that they treated those who were suffering from drinking problems. When the chronicles single out alcoholics, it is in part because they are examples of the nuns' success: all three of them are converted and are saved from homelessness. The accounts indicate a sense of pride in the nun's work, bringing relief to those who suffer and bringing them back to God. The three alcoholics also serve to demonstrate the usefulness of the congregation from a wider social perspective. Early in the chronicles the *Petites Sœurs* discuss how their work wins favour with the local population as they target the poorest and most stigmatised individuals:

Ces pauvres femmes âgées, naguère errant dans les rues, sans aucun soin, maintenant propres et assistées avec un tendre respect, étaient autant de conquêtes de la charité. Les Sœurs avaient pris de préférence les plus malheureux notamment

⁴⁷² Muller in Sophie Leroy, ed. *Medicine and Maladies: Representing Affliction in Nineteenth-Century France* (Leiden: Rodopi, 2018), 69.

⁴⁷³ Launay, *Le Diocèse de Nantes Sous le Second Empire*, Vol. 1, 65.

⁴⁷⁴ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1863, 30.

une pauvre femme qui ramassait des chiffons et était l'horreur de la ville. Son retour au bien fut sincère et causa une véritable joie dans le pays. Aussi les habitants appréciaient-ils de plus en plus cette œuvre et le dévouement personnel des courageuses filles.⁴⁷⁵

By housing and caring for individuals who wandered around public spaces, causing discomfort or embarrassment due to their alcoholism, their unusual habits, or their unkempt appearances, the sisters are said to win support in Saint Servan. The chronicles therefore use these patients as examples of the effectiveness of the nuns' work, their usefulness in local communities, and their success in rehabilitating people both physically and spiritually. Individuals are guided in a safer, healthier life and local communities are saved from the disturbance caused by these formerly deviant individuals.

The religious conversion of these individuals is also celebrated. The 'homme de bois' described above is converted by the *Petites Sœurs*:

[P]lacé à l'asile, il ne voulait pas entendre parler du Bon Dieu, et, quand la petite sœur faisait la lecture, il s'enfuit; il avait été jusqu'à refuser une médaille de la Ste Vierge, cependant on était parvenu à lui faire accepter un scapulaire et on pria pour lui, quand vint le coup de grâce de la retraite. Le merveilleux changement se fit. A la première entrevue, le Père l'encouragea, l'ambrassa [sic.] même. Le pauvre homme, touché et content, le disait à tout le monde, ajoutant "si le Père me prend bien, il me finira en trois petites fois". C'était ainsi qu'il parlait de sa confession générale qui était arriérée de plus de 40 ans... à la fin de la retraite elle était finie, le vieux pécheur était réconcilié avec son Dieu et prenait part avec ses camarades au banquet sacré.⁴⁷⁶

Passages such as this suggest the *Petites Sœurs* were engaged in a civilising mission. The poor and the afflicted are presented as a problem to be solved by changing their habits. The nuns were cleaning up alcoholics and the homeless, converting people and bringing lost sheep back to the fold as a means of purifying them both physically and spiritually.

⁴⁷⁵ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1843, 8.

⁴⁷⁶ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 30.

The archives of the *Auxiliatrices* contain texts more specifically dedicated to the patient experience, in the form of visit reports written by those nuns who worked as carers. The rules for *Auxiliatrices* who visit the sick lay out very clear recommendations for writing these texts:

Que doivent contenir ces rapports? Un compte-rendu, simple, vrai, des faits édifiants dont on peut avoir été témoin: Exemple: une misère supportée avec foi et résignation... une maladie reçue de la main de Dieu... un exemple de foi, de simplicité, de dévouement, de désintéressement que l'on a sous les yeux... une grâce obtenue, un effet consolant de la prière... une confession... On peut rapporter encore: une parole édifiante, touchant, charitable, reconnaissante... On peut raconter ce qui nous apparaît comme un effet de la bonté, de la miséricorde divine envers une âme... la manière providentielle par laquelle Dieu nous a conduites près de ce malade, et les moyens dont Il aura bien voulu se servir pour toucher les cœurs. Nous pouvons encore faire ressortir dans nos rapports, la manière dont une œuvre en a amené une autre. Nous ne manquerons pas de signaler les effets de l'intercession de la Très Sainte Vierge de celle des Ames du Purgatoire - enfin, tout ce qui peut édifier, consoler, aider, intéresser nos Sœurs en N. S.⁴⁷⁷

The *Auxiliatrices* therefore used stories of the bedside encounter for the purpose of inspiring, educating, and consoling the reader. The reader, too, is carefully designated in the rulebook and is even instructed as to the manner in which these texts should be read:

Il y a en particulier 4 catégories de personnes pour lesquelles les rapports deviennent consolation et profit... 1. Les Novices, qui, pendant que le Noviciat développe en leur cœur le zèle des Œuvres, apprennent par le récit des travaux des N. N. la manière pratique de les faire. 2. Les Religieuses âgées, infirmes, qui ne pouvant plus travailler elles-mêmes, prient pour les Œuvres de la Société et se réjouissent de leurs succès. 3. Nos Sœurs Coadjutrices, qui sont Apôtres par le travail, le dévouement au dedans, et qui trouvent, dans la lecture des rapports, un stimulant pour leur ferveur. 4. Nos Dames Associées et Anges, auxquelles, dans certaines Maisons, on communique les lettres de la Société en tout ou en partie... C'est un moyen de la leur faire connaître par ses Œuvres, de stimuler leur charité, et, peut-être, de développer des Vocations. [...]

⁴⁷⁷ Auxiliatrices des Ames du "Règles des Nôtres qui Vont Chez les Malades." 22^{ème} règle.

Celles qui les écoutent [les rapports] doivent louer Dieu Notre Seigneur, Le remercier... élever leur cœur vers Lui par l'amour et la reconnaissance... Ce n'est pas une lecture banale, c'est une lecture de famille... L'exciter au zèle par le dévouement et la prière....⁴⁷⁸

Accounts of the patient experience were employed by the congregation as a means of inspiring, motivating, and educating members of the congregation and associated lay women. The texts set up behavioural norms, established and reinforced the cultural practices of the congregation, and created a shared narrative of the work which the congregation carried out in the homes of the poor. The reports can be sorted into the following broad categories:

- Conversions (often of someone hostile, often followed by a good death⁴⁷⁹)
- Bringing lost sheep back to the fold (often followed by a good death)
- Education of non-Catholics (Protestants or people with no religious education)
- Smaller victories such as encouraging better behaviour (not swearing, not drinking)
- Pious sufferers who usually die good deaths
- Victim souls
- Miracle cures
- Cautionary tales

Often a report will fit into two or three of these categories, with a good death or conversion being a common way to end the entry. The more extreme or unusual narratives, such as those of miracle cures, are perhaps the most stark example of how the patient experience is used to inspire women with tales of God's glory.

As well as telling inspirational stories designed to motivate the women to greater acts of piety, the *Auxiliatrices'* reports are essentially comportment manuals. They are educational texts. Through tales of conversion or bringing lost sheep back to the fold, the reader is given examples of good practice when caring for the sick or when speaking to someone who they may be able to lead to the Church. Through tales of good deaths and

⁴⁷⁸ "Règles des Nôtres qui Vont Chez les Malades." 22^{ème} règle.

⁴⁷⁹ A 'good' death entailed the performance of last rites: confession, the Eucharist, and the extreme unction during which the priest anointed the sick person with oil.

victim souls, the texts demonstrate appropriate behaviours when faced with suffering or death: a point which I will return to later. Through stories of miracle cures or cautionary tales, the merits of faith and the perils of disbelief are reinforced. Through reading or hearing these narratives of illness and care, nuns and affiliated Catholic women were being given advice on how best to approach others, either to convert them to Catholicism or to encourage them to greater practice. Nuns were also being taught how they themselves should behave. Ideal qualities of piety, patience, and faith are consistently praised. The visit reports are in some sense a set of parables, taking the stories of the nun-patient encounter and utilising them to strengthen the beliefs and shape the behaviours of those who read them.

Bearing in mind the purpose these texts serve for the congregations, any depiction of the patient must be treated with a degree of scepticism. The stories the nuns tell are tales of conversions and successes – how many stories were there which didn't make it in because the patient consistently resisted the efforts of the nuns to convert them? It is highly likely that the stories presented here are a rose-tinted, carefully curated version of events. Once again, the historical narratives which are recorded in these documents reflect the priorities of the congregation. In contrast, the voice of the patient is virtually impossible to find in these archives.

Despite the lack of first-hand accounts, the echoes of the patient experience in religious congregational archives help us to consider both the relational and political nature of the nuns' labour, and the responses of patients to the care they received. The chronicles and reports provide valuable windows into the experiences of the 'patient' cared for by both congregations, giving insight into their personal relationships, processes of meaning-making, and engagement with rituals and modes of comfort and consolation. If we read them with an eye for these elements of the patient experience and their relationship with the nuns – elements which have never previously been prioritised – then these texts provide a valuable contribution to the study of medical humanities.

5.2 The Bedside Encounter and Modes of Comfort and Consolation

This section deals with the encounter between patients and their carers (including but not exclusive to the bedside). I explore the interactions between the two parties and how the carer shaped the rituals and modes of comfort or consolation with which patients engaged.

The defining feature of care provided by nursing nuns is the religious motivations of their work. As discussed in previous sections of this thesis, the *Petites Sœurs* saw care of the soul as part of their role as *hospitalières*, so it is perhaps unsurprising that pious residents are particularly celebrated in the chronicles.

In the passage detailing the cases of four individual residents, two are mentioned for their devotion to God.⁴⁸⁰ One woman is described as especially zealous:

Une autre bonne femme était si pieuse qu'elle passait toutes ses journées à la chapelle. Si l'on était obligé de la retirer au moment des repas, elle montait à la tribune et, renvoyée encore de là on la retrouvait un moment après devant le Bon Dieu; elle avait vraiment la connaissance et l'amour. Gaie, simple, charitable, ses compagnes se plaisaient auprès [sic.] d'elle; les bienfaiteurs l'approchaient pour en avoir un mot de religion les petites Sœurs l'excitaient pour recevoir une de ses charmantes réponses.⁴⁸¹

Similarly, one of the male residents is frustrated by his own infirmity which prevents him from attending mass:

Sa grande peine, dans la maladie qui l'emporta, était de ne plus assister à la messe, de ne plus faire ses heures d'adoration, tant son âme s'était unie à Dieu. Et quand on lui demandait s'il souffrait? comment il était? il répondait: "Comme un homme qui n'a pas été à la messe" ou bien "comme un homme qui n'ira pas faire son heure d'adoration"....⁴⁸²

Whilst for some, religion was an added consolation in the later years of their life, not every person entering into the *Petites Sœurs'* hospice was religious. As discussed in chapter two, there were regional differences in religious participation. Part of the nuns' work, therefore, entailed trying to convert those residents who were withdrawn from or hostile to the Church. As we saw in the previous section, religious conversion was the main priority of the congregation when working with alcoholics – all three mentioned in the chronicles are converted. The *Petites Sœurs* try a variety of strategies to achieve these conversions

⁴⁸⁰ See page 174.

⁴⁸¹ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1876, 42.

⁴⁸² "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1876, 42.

including prayer, offering a medal of the Virgin Mary or a scapular, and facilitating the intervention of an affiliated priest. There is a crossover between the physical and spiritual care of those patients suffering from alcoholism. Alcoholism and piety are portrayed as diametrically opposed, meaning converting and returning to the Church is presented as synonymous with overcoming addiction and mastering the self:

Un homme d'une soixantaine d'années vint au mois d'Octobre demander à être admis dans la maison. Il était encore robuste, mais adonné à la boisson. [...] Avec ces 600 frs de pension et de rentes, il était l'homme le plus malheureux du monde, couvert de dettes, ayant dans les auberges tous ses vêtements engagés et jusqu'à son [sic.] livret de marin pour la rente. Le Bon Dieu l'avait touché ce jour-là de sa grâce ; il comprenait qu'il avait une âme à sauver, et qu'il fallait qu'il fut dans une maison comme celle-ci, pour se séparer des camarades de débauche et des occasions. Il avoua ingénument que d'un bout de l'année à l'autre il s'enivrait. [...] Il était d'un caractère difficile et sa pauvre tête atait [sic.] affaiblie par la boisson. Mais bientôt il retrouva son bon naturel et sut faire la différence entre la maison du Bon Dieu et la maison de la boisson. Les autres vieillards le supportaient avec patience et priaient pour lui ; un d'entre-eux, qui était nouvellement converti, le prêchait doucement...⁴⁸³

After a long debate, the man is taken to confess for the first time:

[L]e mauvais esprit, sentant sa proie lui échapper, l'agitait, le troublait...; le pauvre homme, voyant le moment venu, n'avait plus ni force ni courage, et, tout impressionné se bloquait contre la porte de la sacristie. On l'aida en ouvrant la porte et le faisant entrer. Il avoua après, qu'il n'avait jamais éprouvé de pareilles souffrances. Le Dieu de toutes miséricordes l'attendait et sut le dédommager en lui donnant la paix de l'âme et la victoire sur sa passion... [...] il eut encore à lutter contre son caractère, la malheureuse boisson ayant en quelque sorte désorganisé tout son être ; mais il bravait tout respect humain et faisait des efforts pour se maîtriser, c'était une âme conquise à Dieu.⁴⁸⁴

⁴⁸³ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1860, 27.

⁴⁸⁴ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1860, 28.

This man, clearly conflicted and showing extreme reticence, was ‘helped’ into Church in order to cure him both physically and spiritually.

Thus, whilst the type of care administered by the *Petites Sœurs* is never written about in detail, the psycho-dynamics of the hospice environment are implicit in some of the descriptions in the chronicles. There was a strong expectation to engage in Catholic practices which may have provided comfort to many, but also placed non-believers in a delicate position. Regular prayer, reading, and periodic retreats were part of day-to-day life in these hospices. Moreover, we have seen that residents were expected to work in order to raise funds or collect produce for the hospice. Institutionalised care from the *Petites Sœurs* may not have had a financial cost, therefore, but it did carry an implied set of expectations and norms for how residents ought to behave and how they should engage with their religious carers. All of these regulations contributed to the nuns’ role in maintaining social hierarchies. Through their attempts to civilise, moralise, and convert their residents, the *Petites Sœurs* exerted significant control over poor people’s day-to-day lives. Unfortunately, the archives reveal nothing about how the patients reacted to these endeavours beyond the snippets discussed here. Whilst some may have found comfort in religion, more sceptical patients were left with limited options.

The *Auxiliatrices* were also motivated by the desire to convert their patients and this is the main focus of the reports made by these nursing nuns. However, the sources pertaining to the patients of this congregation are much richer and show a greater variety of patient-nun interactions. One of the most noticeable differences is that the reports kept by the *Auxiliatrices* show many more fraught relationships between the nuns and their patients. More extensive record-keeping, the different power dynamics in an institution compared to a domestic setting, and the nuns’ ability or desire to regulate their patients’ behaviour are all possible reasons for this greater diversity of patient responses.

Though the *Auxiliatrices* generally meet with gratitude from the patients by the end of the report, the journey to this point varies significantly. On multiple occasions the patients are noted to have a true hatred of clergy and religious when they first encounter the nursing nuns. Of approximately one hundred reports there are at least twenty-three instances of hostility or fear in relation to religion. This comes in a variety of forms: fear of Church control, dislike of religious habits and dress, a hatred of priests, a belief in God

but a dislike of organised religion, a fear of being seen practicing religion or a fear of being seen visiting or talking to a priest. Most of the antagonism the *Auxiliatrices* face is decidedly anticlerical rather than antireligious. Virtually no patient directly contradicts the existence of God, but many show a fear or a hatred of the Church and its personnel. At least a further six reports mention reluctance to return to the Church, often after a long period of non-practice which leaves people feeling too guilty or embarrassed to confess.

One patient, Mme de Mainville, provides a clear example of the hostility the nuns might face. On her first visit, the unnamed *Auxiliatrice* is warned by the concierge that as a nun she will not be welcomed in Mme de Mainville's home:

« Prenez garde dit-il à la bonne sœur, elle pourrait bien vous mettre à la porte si elle se doutait qui vous êtes; prêtres, religieuses, et même religion, elle a tout cela en horreur. »

- Pourvu qu'elle ne me casse pas une membre répondit la bonne sœur, je m'inquiète peu du reste".⁴⁸⁵

Such a reply from the sister indicates that anticlericalism was a typical part of the *Auxiliatrices'* experiences visiting the sick. In light of this warning, the *Auxiliatrice* chooses to hide her religious identity from Mme de Mainville. The *Auxiliatrices* often risked dishonesties of this sort in the face of hostility towards the Church or towards nuns in particular. This was easily done - the *Auxiliatrices* did not wear a habit and the only visible sign of their vocation was a large crucifix, which they would hide under their clothes when they suspected it may cause problems. Instead of openly stating they were nuns, they would present themselves as bourgeois ladies doing charitable visits.

The rules for those visiting the sick advise *Auxiliatrices* to have conversations about faith with patients once they have visited them a few times - particularly if they feel the patient may be close to death:

[L]ui demander si elle croit en Dieu, en Jésus Christ, en sa grâce, en son amour, aux mystères... cela, sous forme de conversation.... Lui faire dire qu'elle est enfant de la Sainte Eglise... qu'elle regrette ses péchés... qu'elle est disposée à ne plus

⁴⁸⁵ Mme de Mainville, N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

offenser Dieu... qu'elle pardonne à ceux qui lui ont fait quelque peine [...] Eveiller en elle de bonnes aspirations... Tout cela peut se faire prudemment et presque sans que la malade s'en rend compte, en lui donnant nos soins.⁴⁸⁶

It is clear from these guidelines that the *Auxiliatrices* were permitted, even encouraged, to use their physical and medical care as a way to get into people's homes and to earn their trust, allowing the nuns to subtly introduce religious ideas without necessarily making their motives clear. From an institutional point of view, they were not obliged to reveal who they were or why they were visiting.

Mme de Mainville's report is just one of many examples of how this approach played out in practice. She receives many visits from one particular nun, and builds up a relationship with her. The report mentions that trust is established. There are hints that Mme de Mainville suspects the nun is deeply religious, and even questions her, but the nun denies her true identity. The report describes this strategy:

...avantage précieuse que la sagesse et la prudence de la Rde Mère Générale nous a ménagé, afin que nous puissions aborder tous les malades, sans que ceux-ci aient à combattre la répugnance que malheureusement ils éprouvent parfois pour l'habit religieux, répugnance qui peut leur devenir si funeste pour leur intérêts éternels, les pauvres malades sont heureux ordinairement de pouvoir parler à cœur ouvert à une personne dont les soins dévoués et complètement désintéressés inspirent la confiance...⁴⁸⁷

The nuns are focussed on winning the trust of the patient, but are prepared to do so whilst withholding information about their affiliations and motives. This information is not withheld permanently, but is revealed at different times and in different ways to those who have been misled or kept in the dark. Eventually, Mme de Mainville learns of the *Auxiliatrice's* deception from a third party, and reacts with anger. When the nun next visits, bringing her a scarf, she says:

⁴⁸⁶ "Règles des Nôtres qui Vont Chez les Malades." 15-18^{ème} règles.

⁴⁸⁷ 'Mme de Mainville', N.D. "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

“Bonjour, melle la religieuse, puis jetant un regard sur un paquet que la sœur tenait à la main, que m’apportez vous là?” - Madame, c’est un jupon ouaté qui vous tiendra bien chaud - Eh! bien, je n’en veux pas, je ne veux rien de ce qui me vient des religieuses, pas même leurs soins. Et la porte était fermée vivement sur cette apostrophe.⁴⁸⁸

Most of these reports are tales of conversion, so in virtually every case the *Auxiliatrice* is able to reveal that she is a nun without serious repercussions, once the patient has been won over. In the case of Mme de Mainville she quickly comes round, asking if the *Auxiliatrice* will return and welcoming her on her next visit. The same events transpire with a number of different patients, all of whom finish by forgiving the nun who has deceived them. Another patient, Mme Stalars, is said to ‘éprouve une véritable répulsion pour tous ceux qui portent l’habit religieux’⁴⁸⁹, yet ends up converting and thanking the *Auxiliatrices* for their approach:

C’est pourquoi je vous pardonne de m’avoir trompée en me cachant que vous êtes religieuse, je vous remercie de m’avoir sauvée malgré moi, car si j’avais découvert dans votre extérieur le moindre indice qui m’eût fait soupçonner qui vous étiez, la première fois que vous m’avez veillée, je crois que j’aurais retrouvé assez de force pour vous mettre à la porte.⁴⁹⁰

However, we might wonder how often such encounters would end so successfully. We may even question the accuracy of the reports in relating how the patients reacted. Would such calm acceptance of the nuns’ true identity have been the norm? The reaction of one patient sums up just how emotional people would feel when discovering the nuns had cared for them under false pretences:

A cette subite et si inattendue révélation, la pauvre Louison devint rouge, blanche, écarlate; un tremblement nerveux agita ses membres, et on put croire un moment qu’elle allait se trouver mal: vous êtes religieuse! disait-elle, vous êtes religieuse! Puis silence complet. Surmontant enfin son émotion et tendant la main à la Mère

⁴⁸⁸ "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁴⁸⁹ 'Mme Stalars', 1856, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁴⁹⁰ 'Mme Stalars', 1856, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

X⁴⁹¹ qui s'empressa de la saisir, eh bien, n'importe lui dit-elle, je vous aime autant qu'auparavant. Mais les Religieuses sont donc bien effrayantes reprit la Mère en souriant? C'est leur habit qui m'impressionne Madame, et à un tel point, que si vous l'eussiez porté, jamais je n'aurais eu le courage d'accepter votre visite.⁴⁹²

Although Louison accepts the nun's reasoning, it is clear that discovering the 'true identity' of her carers is a shock. Here, as in a number of other instances, there is a clear indication that the patient would have refused the care of a nun had they been made aware of the women's motives for their visits. A carer in a habit, openly wearing the signs of her religious vows, would not have been welcome in these homes. The nuns' behaviour in hiding who they are is based on the idea that the dishonesty is for the women's own good, yet a number of reports describe the process of building trust between patient and carer. The patients are not given the opportunity to make an informed decision about the care they received, and face the emotional upheaval of learning that the relationship they have built is not what it originally appeared.

As discussed in the previous chapter, the behaviour of those in need is no doubt mediated by their desire for comfort and consolation, their need for support. Gratitude can lead people to feel indebted to others. The appreciation and relief of the patients cared for by nursing nuns may have made them more inclined to convert or to behave in a way which the nuns approved of. The nuns were not ignorant of this, seeing acts of charity as a means to win over patients: 'Cet acte de charité qui la soulagea beaucoup toucha son cœur, tout était gagné près de cette malheureuse brebis bien égarée.'⁴⁹³ In this way, conversion may become a 'repayment' for the care of the nuns – comparable perhaps to the labour performed by residents of the *Petites Sœurs*' hospice. This essentially transactional relationship, in which relief and kindness are offered as a means of persuading the patients to comply to prescribed religious practices, clearly demonstrates how the drive to convert becomes potentially problematic and coercive in a context of care-giving.

⁴⁹¹ A pencilled note in the margin attributes this report to Mère Chantal.

⁴⁹² 'Melle Batisse', 1869, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁴⁹³ 'Melle Rivard', 1878, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

The *Auxiliatrices* consciously used people's infirmities as an opportunity to talk to them about religion. Bed-bound patients were essentially a captive audience.

[J]e sentais que l'heure de la providence était venue pour ce vieux pêcheur et il ne pouvait plus m'échapper cloué comme il l'était sur son lit pour plusieurs mois, j'eus donc le temps de l'influencer, de lui faire comprendre la grandeur des devoirs qu'il avait négligés et la miséricorde infinie de celui qui ne l'avait pas laissé périr dans l'état de péché où il se trouvait depuis si longtemps.⁴⁹⁴

The case of Angélique, a young woman described as 'aussi près de la mort qu'elle était loin de Dieu',⁴⁹⁵ demonstrates just how much people's vulnerabilities might factor into their conversions. According to the report, the doctor tells her neighbours she is close to death but keeps this from the patient, meaning she remains entirely preoccupied with recovery (in direct contradiction with the *Auxiliatrices*' philosophy of submission and resignation). She agrees to do a novena to Saint Anne on the suggestion of the unnamed *Auxiliatrice*.⁴⁹⁶ On the last day of the novena the *Auxiliatrice* performs a pilgrimage on the woman's behalf and ends it by praying to Saint Anne, asking her to heal the woman's soul rather than her body.

Quelques jours après elle fut atteinte de la vérole volante, elle devint affreuse à voir: on ne dira plus en me regardant passer voilà la belle Angélique disait-elle tristement; à ce même moment le lien qui la retenait loin de Dieu fut brisé de la manière la plus douloureuse pour elle. Alors accablée par la souffrance, dans un isolement complet, le cœur inondé d'amertume, elle prêta une oreille à la grâce; elle commença à apprendre son catéchisme, à m'en réciter les prières; les visites d'une de nos dames du TO diminuèrent son excessive appréhension de la pauvreté, elle demanda Mr le curé.⁴⁹⁷

⁴⁹⁴ 'Un accident providentiel (extrait des rapports de Mère de la Nativité)', N.D., "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁴⁹⁵ 'Angélique', 1866-67, "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁴⁹⁶ Prayers were (and still are) addressed to different saints depending on personal and local preferences and the nature of requests made in the prayer.

⁴⁹⁷ 'Angélique', 1866-67, "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

It is at the point of being physically and mentally worn down and socially isolated that Angélique succumbs to the will of the *Auxiliatrice* and agrees to learn the catechism, to pray, and eventually to see a priest for confession. Clearly in such cases, consent becomes a vital issue. Can people in physical pain, social isolation, and fear for their lives freely decide to convert or return to a religion they had previously rejected? The nuns are in a position to alleviate suffering, and in Angélique's case are her only hope of being taken care of during a terrible illness. The drive to convert is therefore introduced to patients like Angélique who are, in a sense, under duress to agree.

The summoning of a priest or the issuing of last rites is sometimes sprung upon people when they are in physical pain or fear for their life, even when the patient has shown a clear reticence. This is the case for a relatively hostile patient, Mr Ferret, who on the third visit by Sister Saint Anne asks 'd'un air de mauvais humeur [...]: Vous n'avez donc rien à faire pour revenir si souvent nous voir?'⁴⁹⁸ This patient is taken ill one night and ends up confessing:

[I]l fut pris un jour comme malgré lui, car s'étant trouvé très mal une nuit, une voisine, qui avait été prévenue, courut sans rien dire chercher un Prêtre de la paroisse qui le confessa. Mais quelle confession! Heureusement sa dernière heure n'était pas encore sonnée; il fut d'abord très fâché de s'être confessé et bouda Sr Ste A, puis il s'adoucit et insensiblement ses idées prirent une tournure moins hostile.⁴⁹⁹

Eventually Mr Ferret moves to a new house with residents considered to be better company. He is won over, choosing to confess again and taking the last sacraments before dying a 'good' and peaceful death.

In another case, the last rites are administered to an unconscious woman (Mme L):

[P]révenu contre la religion [...] Mme L n'allait pas à l'Eglise mais au temple protestant sous le prétexte de ne pas payer sa chaise. [Un jour, s]e trouvant mal, elle était venue chercher du secours avec une lumière le feu avait pris dans ses

⁴⁹⁸ 'Octobre 1873- Octobre 1874', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁴⁹⁹ 'Octobre 1873- Octobre 1874', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

cheveux et Mme L prise d'une attaque de paralysie qui mettait sa vie en danger ne quittait plus son lit, Mr le Curé avait été appelé et lui avait donné l'Extrême Onction, bien qu'elle eût perdu connaissance [...].⁵⁰⁰

Although their aim was to convert the patient (which they eventually do) the *Auxiliatrices* were not present when Mme L suffers this attack of paralysis, and so do not appear to be directly involved in the decision to administer the last rites.⁵⁰¹ In fact, it is the family of the patient who advise the *Auxiliatrice*, Sister Saint Anne, 'de ne pas lui dire qu'elle avait reçu l.EO'.⁵⁰² The nun's position of authority makes some conversions or religious rites ethically problematic, therefore, but must be seen as part of a wider attitude to confession and last rites in this period, one which did not necessarily take into account the feelings or desires of the patient.

Moreover, those converted by the *Auxiliatrices* invariably express a deep sense of gratitude and appear to draw consolation from their conversion. One of the patients who is initially anticlerical, Mr Rollin, shows a particular hostility to priests. He converts as a result of the *Auxiliatrices*' visits:

Quand le Prêtre l'eut communié et administré, Mr Rollin se jette en pleurant dans ses bras et l'embrasse avec effusion « Monsieur le Curé, je n'ai jamais été si content ; je n'en veux plus à personne ! Oh ! C'est vrai, ce que vous m'avez dit : Le bon Dieu est bien bon ! »⁵⁰³

For this poor, ailing anticlerical the moment of conversion is transformative. He is quoted as having never been happier in his life. Many of those who convert are described as tearful, joyful, and fundamentally changed.

In some cases, conversion directly impacts how people respond to their illness or suffering. These newly-reformed Catholics are encouraged thereafter to be patient and faithful in the trials of poverty, suffering, or death. Mr Guéniot is one such example:

⁵⁰⁰ 'Extraits des rapports de Sr Ste Anne: Une Conversion', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire. Price has shown that pew rents and other issues of wealth inequality may well have deterred the working classes from attending Church. Price, *People and Politics in France, 1848-1870*, 366-67.

⁵⁰¹ See glossary in Appendix C for an explanation of the sacraments including the *Extrême Onction*.

⁵⁰² "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁰³ 'Mr Joseph Rollin', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

[L'H]omme passait pour si méchant et si peu communicatif, qu'on n'osait le visiter, la femme avait la réputation de ne pas jouir pleinement de sa raison. [...] [Il] ne rompait le silence taciturne qu'il gardait habituellement que pour témoigner son aversion pour les Prêtres et pour les religieuses qu'il qualifiait d'épithètes plus ou moins outrageantes. [...] la détestable habitude de l'ivrognerie lui avait fait contracter une maladie d'estomac qui le retenait au lit depuis 15 jours [...].⁵⁰⁴

Converted by the care of the *Auxiliatrices*, particularly their assiduous attentions to his wife, Mr Guéniot confesses and begins to attend church, reportedly shedding tears of regret for the ignorance which fuelled his hatred of priests. When Mr Guéniot and his wife are starving, he is accepting of their suffering:

Nous avons péché, disait le brave homme, il est juste que nous soyons punis, puisque nous avons su offenser le bon Dieu, disait-il encore dans une autre circonstance pénible, sachons souffrir pour obtenir notre pardon.⁵⁰⁵

Such reports show that the care of the nuns brought with it physical relief but also coping strategies for difficult times. Whilst there are clear issues of power imbalance between carers and their patients which make the drive for conversion or religious improvement problematic, and whilst we must certainly question whether these reports are really indicative of how the patients felt about their position, it is nevertheless indisputable that, for some patients, religion endowed difficult events with significance and purpose. The spiritual teachings of the nuns gave people a potential source of comfort and consolation. They provided a story which gave meaning to the most difficult parts of life: pain, illness, poverty, death.

These strategies appear to be particularly effective for patients who were already Catholic and for whom the spirituality of their carers was an unproblematic source of consolation. The *Auxiliatrices* used medals, tableaux, and prayers to comfort those who were suffering, and some patients appear to have benefitted from such techniques. A patient in Paris,

⁵⁰⁴ 'Mr et Mme Guéniot', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁰⁵ "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

Mme Desfontenelles, uses prayer as a coping mechanism for pain where chloroform has proved ineffective:

[A]près l'avoir soumise à l'action du chloroforme, un des médecins lui fendit la cuisse droite et coupa profondément dans les chairs. La patiente ne resta pas longtemps insensible à la douleur. "Jésus, Marie, s'écria-t-elle, c'est pour les âmes du purgatoire, que je souffre!" Ses cris devenant plus forts, une des N. N. lui dit à l'oreille "Je vous salue Marie", et la pauvre Dame se met à réciter son *ave Maria*, le recommençant sans cesse avec l'anxiété et la précipitation de la fièvre ajoutant parfois "Jésus, Marie, Ma Mère, c'est pour les âmes du purgatoire!" On ne pouvait s'empêcher de se sentir ému d'un courage si chrétien, aussi l'un des docteurs, en se retirant, dit à celle qu'il venait d'admirer "Priez pour moi, Madame, vous devez être bien agréable au Seigneur!"⁵⁰⁶

The patient is encouraged to use the repetition of a prayer to help get her through a painful operation. Praying gave people a means to channel their energy and regain a sense of control. Not only does Mme Desfontenelles recite the *Ave Maria*, she also reminds herself that the suffering she undergoes will be redemptive for the souls in purgatory. Similar strategies were employed to deal with chronic pain. Such is the case for Mr Ducoin:

La Mère xxx n'avait qu'un but, c'était de donner un grand prix à ces souffrances en les lui faisant unir à celles du Divin Maître, chaque matin, d'après son conseil, il faisait son offrande pour le soulagement des âmes du Purgatoire, quand les douleurs deviennent encore plus grandes et que les nuits étaient sans sommeil, ce bon Mr Ducoin eut la pensée de la renouveler le soir de procurer la gloire de Dieu.⁵⁰⁷

Again, a process of meaning-making provides consolation. I will return to this process of meaning-making in the next section, but what is key here is that in a time when anaesthetics and pain relief were underdeveloped, the nuns offered a different set of coping mechanisms to their patients.

⁵⁰⁶ 'Famille Desfontenelles', c1859, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁰⁷ 'Mr Ducoin', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

Religion and prayer provided consolation for the dying and the grieving, allowing them to face death with acceptance. The nuns, working alongside priests who heard confessions, performed the invisible emotional labour of psychologically preparing people for death. One woman returns to the community periodically after the death of her husband to seek words of consolation from the nuns.⁵⁰⁸ In another report a patient states that she has lost all fear of death thanks to the *Auxiliatrices*. A little before dying she is staring at the *Auxiliatrice* who has cared for her.⁵⁰⁹ When asked why, she replies:

[A]vec l'accent de la plus profonde reconnaissance, pouvez-vous me faire une pareille demande, c'est que je vous aime, et comment ne vous aimerai-je pas?... sans vous je serais morte sans confession; je suis si heureuse, je n'ai plus peur de mourir maintenant. [...] On la plaignait en la voyant tant souffrir... Taisez-vous, disait-elle, le Bon Dieu sait bien ce qu'il fait, je dois souffrir pour expier mes péchés. Elle mourut pieusement, laissant à toute la maison qu'elle habitait l'exemple d'une véritable conversion.⁵¹⁰

In the Nantes reports Sœur de la Nativité (later Mère de la Nativité⁵¹¹) finds a priest comforting Mme H, whose husband has died during the night:

[I] consolait la veuve l'engageant à prendre courage par amour pour ses enfants; elle le promet et nous avoua depuis que sans la force qu'elle avait tirée des sacrements, elle n'aurait pu surmonter son amère.⁵¹²

Religion gave dying and grieving people the strength to carry on, helping them to manage their fear and the pain of loss.

Before returning to this process of meaning-making, let us briefly conclude what these sources can tell us about the 'bedside' encounter, modes of comfort and consolation, and the psychodynamics of the patient-carer relationship. Studying the chronicles and reports for what they can tell us about the 'bedside' encounter reveals a problematic power

⁵⁰⁸ 'Mr Chamolle', 1878, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁰⁹ The name of the sister appears to be pencilled on to this report but is illegible.

⁵¹⁰ 'Mme Howel', 1878, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵¹¹ Having initially used the title 'Sœur' all nursing nuns in the *Auxiliatrices* are referred to as 'Mère' from c1860 onwards.

⁵¹² 'Famille H+++', N.D., "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

relationship between nuns and their patients. Those cared for by the *Petites Sœurs* were expected to engage in specific rituals, prayers, and readings. In the case of the *Auxiliatrices*, those cared for by the nuns may experience more covert attempts to convert them or bring them back to the Church. People were helped, given physical and practical care which allowed the nuns to earn their trust and gratitude, and once this trust had been won the *Auxiliatrices* would seek to convert or reform their patients. Whether explicit from the outset or sprung on them later, pressure to adhere to the religious behaviours solicited by these nuns was an integral part of receiving their care. No doubt the need for help and support, and gratitude after the fact, influenced the way people negotiated with these attempts. For those patients who were anticlerical, atheist, or who were not practicing Catholics, their state of vulnerability probably made them more likely to convert or reform their religious practice. For those with faith, it would appear that belief proved an effective coping mechanism in difficult times.

5.3 The Life Meanings Given to Sickness

The coping mechanisms discussed above are grounded in the belief that there is a purpose to both physical and emotional suffering. In the care work performed by women-religious, modes of consolation or comfort are directly related to this process of meaning-making. The patients are seen to reinterpret their misfortunes as a productive and redemptive process sent directly from God: “Oui dit-elle quelque fois, je souffre bien, et ce n’est pas sans peine que je gagne mon pain, mais maintenant tout est pour Dieu, tout est pour réparer le passé, tout est pour mériter le Ciel.”⁵¹³

This is in keeping with Bourke’s findings in her historical study of pain. Bourke explains that pain carries with it different physical and emotional responses based on contextual variables and the meaning ascribed to it:

It makes a difference whether the person-in-pain conceives of the event as having been inflicted by an infuriated deity, being due to imbalance in the ebb and flow of humours, as punishment for a lifetime of ‘bad habits’, or as the result of an invasion by a germ. [...] the body is more than merely a sensory indicator. It does not simply register a throbbing sensation, for instance, but simultaneously evaluates it as

⁵¹³ ‘Mme Vve B’, c1879, “Rapports des Visites de Malades, Paris.” Archives des Auxiliatrices des Ames du Purgatoire.

unpleasant or as eliciting fear or anger, or, for that matter, sexual jouissance. The body is never pure soma: it is configured in social, cognitive, and metaphorical worlds.⁵¹⁴

In *The Mystery of Pain* (1872), James Hinton observed

...that people strove to ensure that physical suffering was not meaningless. While people could endure pain inflicted for a reason, they struggled to ‘tolerate the unreason, the waste, the seeming wrong’ of random afflictions.⁵¹⁵

Religion has always shaped beliefs about what pain meant, particularly before the advent of anaesthesia and painkillers.⁵¹⁶ Bourke argues that theological explanations for pain can be broken into four areas: pain as a result of sin, pain as a guide to virtuous behaviour, pain as a stimulus to personal development, and pain as a means of salvation. In nineteenth-century French Catholicism, pain-events were interpreted as carrying a sort of spiritual credit (providing the pain was accepted without resistance).⁵¹⁷ This rhetoric was pervasive, and is particularly clear in the spiritual teachings of the *Auxiliatrices*, as evidenced by the diary of Marie de la Providence’s nurses. In these texts, the founder consistently interpreted her suffering as a payment to God. This ‘credit’ might be used either personally or vicariously, to atone for sins, to purify the soul, or to mitigate the need for purgatory by redeeming the sinful in this life rather than the afterlife. As previously discussed, the very concept of purgatory relies on the belief that spiritual purification may be achieved through some form of punishment or pain.⁵¹⁸

We have seen that the chronicles kept by the *Petites Sœurs* make very little mention of the residents in the hospices. The experience of their patients as they aged, grew ill or infirm, and died in these institutions is therefore much harder to trace. But in the rare mentions of individuals there is a sense that suffering carries a moral value when endured with cheerfulness and patience. The death of Sister Cécilia was considered useful to the

⁵¹⁴ Bourke, *The Story of Pain: From Prayer to Painkillers*, 16-17.

⁵¹⁵ Quoted in *The Story of Pain: From Prayer to Painkillers* 91-92.

⁵¹⁶ Bourke has explained that attitudes to pain shifted as these new technologies allowed for greater control of these bodily sensations. *The Story of Pain: From Prayer to Painkillers*

⁵¹⁷ Bourke describes pain not as a ‘thing’ but as an ‘event’ in an attempt to avoid reifying language which fails to acknowledge the temporal and contextual aspects of experiencing pain.

⁵¹⁸ Cuchet, *Le Purgatoire : Fortune Historique et Historiographique d’un Dogme*.

community because it was accepted on behalf of the poor.⁵¹⁹ In the passage about the four residents one woman is listed as an example of gaiety and good humour in the face of suffering.⁵²⁰ She is always singing, and remains cheerful and open to God right up until the moment of her death. A second woman spends all of her time in the chapel. She is described as gay, simple, charitable and good humoured. In this second account, we see the *Petites Sœurs* interpreting pain as a redemptive, purifying process just as the *Auxiliatrices* do. The passage highlights this woman's patience and resignation in the face of suffering: 'Dieu acheva de la purifier par une longue maladie durant laquelle sa patience ne se démentit pas un instant.'⁵²¹

The idea that pain can purify the soul is prevalent throughout the *Auxiliatrices'* reports. One report describes a Mme Joly's suffering as purgatory on earth, designed to cleanse her soul so that she may ascend directly to heaven after death: 'Ses longues et cruelles souffrances souffertes si pieusement et avec tant de patience lui avaient fait faire son Purgatoire sur terre et le ciel l'attendait.'⁵²² Crucially, Mme Joly shows forbearance in the face of her suffering, and it is by this means that she is cleansed. Suffering is repeatedly compared to the crucifixion in the *Auxiliatrices'* reports. Sufferers evoke Christ when speaking of their own trials. This tendency to compare personal suffering with that of Christ gives new significance to the metaphorical language used to describe pain. Though a commonly-used phrase in French, is it a coincidence that so many of the sick are described by the nuns as 'nailed' to their beds? Mr Ducoin spends 'dix-huit mois cloué sur son lit souffrant comme Notre Seigneur de toutes manières'⁵²³ whilst for another sufferer 'depuis 15 mois une maladie grave la clouait sur la croix, et [qu']au lieu d'être fatiguée de l'existence, elle y tenait beaucoup.'⁵²⁴

Within the reports, the equation of an individual's suffering with that of Christ is not limited to physical pain: emotional suffering, trials of patience, and even people, are objectified as crosses to bear. Melle Broome, upon finding her deceased mother's journal,

⁵¹⁹ See page 139.

⁵²⁰ See also pages 174 and 181.

⁵²¹ "Livres de Fondation Saint Servan." Archives des Petites Sœurs des Pauvres, Saint Pern, France, 1876, 42.

⁵²² 'Récit de quelques conversions', c1867, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵²³ 'Mr Ducoin', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵²⁴ 'quelques conversions', 1869, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

finds that '[à] chaque page, il y avait une croix; et la pauvre fille comprit sur le champ que cette croix si douloureuse pour sa bonne Mère, c'était elle qui en était l'auteur.'⁵²⁵ For Mme Lepetit, suffering from a severe illness and the consequences of poverty, 'son mari était une croix bien autrement lourde, dans l'état de découragement, où le plongeait de continuelles déceptions.'⁵²⁶ Because these experiences of suffering are interpreted as redemptive, these crosses – i.e. pain-events or specific instances of suffering – become a valuable commodity to be collected. Mme Pellejot is quoted 'je dis souvent à mon mari, nous souffrons beaucoup sur cette terre, mais nos croix sont un trésor qui s'amasse dans le ciel, et que nous trouverons en quittant la terre.'⁵²⁷

In keeping with this attitude, the conversion of an often ailing couple, Mr and Mme L, is deemed particularly fortuitous by Mère N (probably Mère de la Nativité):

Tout cela marcha comme sur des roulettes, et ces excellentes gens se trouvèrent très heureux d'avoir mis ordre à leurs affaires spirituelles, car étant souvent malades l'un ou l'autre, ils ont bien des occasions d'acquérir de nombreux mérites pour le ciel.⁵²⁸

Pain and illness are thus presented as opportunities, they are productive events which will pay off in the next life. In some reports, pain is welcomed not only for its redemptive qualities, but also because it is deserved. One unnamed *Auxiliatrice* chastises her patient, Mr Goussot, for complaining about his misfortunes:

Pourquoi vous plaignez vous? Vous avez abandonné le seigneur, il eût été juste qu'il vous abandonnât à son tour; cependant voyez, il veille sur vous et vous envoie des personnes qui s'intéressent à votre position. Laissez vous l'ingratitude de votre côté.⁵²⁹

⁵²⁵ 'Melle A Broome', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵²⁶ 'Madame Désirée Lepetit', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵²⁷ 'Famille Pellejot', N.D., "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵²⁸ 'Septembre 1874-1875', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵²⁹ 'Mr Eugène Goussot', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

The patient quickly comes round to this way of thinking, and reportedly dies a good death having prayed for the *Auxiliatrices* and his family and spent his final hours kissing a crucifix. If we return to the example of Mr Guéniot – an anticlerical man converted by the *Auxiliatrices* – he too appears to internalise the beliefs that suffering is deserved and redemptive.⁵³⁰ Mr Guéniot expresses a sense of personal responsibility for the suffering he and his wife must endure following their conversion:

Nous avons péché, disait le brave homme, il est juste que nous soyons punis, puisque nous avons su offenser le bon Dieu, disait-il encore dans une autre circonstance pénible, sachons souffrir pour obtenir notre pardon.⁵³¹

In these cases, blame for the pain and suffering experienced is pinned on those who sin, and patients appear to accept this reading.

In other cases suffering was viewed more as a providential push towards conversion. One report from Nantes is entitled ‘un accident providentiel’ and recounts how an unnamed man breaking his knee and becoming bedbound gave Mère de la Nativité the opportunity to work on him.⁵³² Another unnamed man is told that he has been struck by illness because God wants to remind him of his duties:

Le bon Dieu qui dans sa miséricorde cherchait cette bonne âme, le remit sur son lit. Cette fois je ne manquais pas mon coup, j’abordai [sic.] directement la question de la confession en lui faisant voir que le Bon Dieu avait permis cette rechûte pour que j’eusse l’occasion de lui rappeler ses devoirs.⁵³³

Whether punishment or encouragement, suffering was sent directly from God. Scarry has argued that God’s power to inflict pain becomes a means of re-enacting creation:

[T]he positioning of God and humanity at the two vertical ends of the weapon itself recurs so regularly that it seems to become a central and fixed locus toward which and away from which the narrative continually moves. At times, this image seems

⁵³⁰ See pages 190-91.

⁵³¹ ‘Mr et Mme Guéniot’, N.D., “Rapports des Visites de Malades, Paris.” Archives des Auxiliatrices des Ames du Purgatoire.

⁵³² ‘Un accident providentiel (extrait des rapports de Mère de la Nativité)’, N.D., “Rapports des Visites de Malades, Nantes.” Archives des Auxiliatrices des Ames du Purgatoire.

⁵³³ ‘Famille H+++’, N.D., “Rapports des Visites de Malades, Nantes.” Archives des Auxiliatrices des Ames du Purgatoire.

to define the structure of belief itself. [...] Man can only be created once, but once created, he can be endlessly modified; wounding re-enacts the creation because it re-enacts the power of alteration that has its first profound occurrence in creation.⁵³⁴

Because suffering is God-sent, patients are encouraged to face their trials with acceptance and submission. There are of course moral and political implications to such a belief. As discussed in the previous chapter, attributing positive spiritual value to submission and obedience meant Catholic moralising served as a means of maintaining existing social hierarchies.

Following Heijst's argument discussed earlier, it becomes possible to see how standards of goodness and care may become skewed by an interpretation of pain as providential and spiritually valuable.⁵³⁵ Whilst there is no evidence that the *Auxiliatrices* became cruel with their patients, there are certainly hints of an emotional distance in relation to suffering and loss which may seem uncompassionate to modern eyes. Mme Lejeune, a sick woman preoccupied by the fate of her two young children, sells her business for 2000 francs to provide for them. The next day she finds that the money has disappeared, and the worry and sadness exacerbate her illness. Mme Lejeune dies shortly after, leaving behind her two children with little material support. The *Auxiliatrices* describe the children's subsequent death as a blessing:

[E]lle mourut en disant: Dieu est un bon Père, il aura pitié de mes pauvres enfants ! La Providence avait entendu les vœux de la Mère, ses deux enfants sont allés la rejoindre dans l'espace de deux années. Le petit garçon fit une mort sainte et précieuse aux yeux du seigneur, quelques mois après avoir fait sa première communion.⁵³⁶

⁵³⁴ Scarry, *The Body in Pain: The Making and Unmaking of the World*, 183.

⁵³⁵ See page 145 of this thesis. Heijst, "The Disputed Charity of Catholic Nuns: Dualistic Spiritual Heritage as a Source of Affliction," 169-70.

⁵³⁶ 'Mme Victorine Lejeune', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

The nuns interpret the death of these two children as an act of providence in response to their mother's dying prayer. There is no sense that this death is an injustice or a tragedy, particularly because the boys die 'good' deaths.

In the eyes of the *Auxiliatrices*, pain and illness could have many positive effects on the lives of their patients. On a personal level, pain might be interpreted as righteous punishment, purification, or restitution. People-in-pain are described as martyrs, perceived to be suffering for a cause. Like many Catholics in nineteenth-century France, the *Auxiliatrices* believed that this cause may be vicarious, that a person's pain and suffering could be good for the souls of others. This interpretation of suffering as a potentially indirect redemptive process found its most extreme iteration in the idea of 'victim souls' which (re)emerged in nineteenth-century France. Kane has charted the genealogy of the idea of victim souls, highlighting the roots of the thinking in 'the rituals of "sorrowful reparation" for the Sacred Heart of Jesus that originated in the seventeenth century'.⁵³⁷ These rituals were then renewed and revitalised in the nineteenth-century, when the term 'victim soul' was coined:

Described in religious writing as an individual whose spiritual work is to plead with God to make reparation for the suffering of others, the victim soul voluntarily embraces and receives pain. Obedient submission to suffering, rather than the suffering itself, is the redemptive act, in imitation of Christ's complete acceptance of God's will.⁵³⁸

Burton has illuminated the importance of male Catholic writers such as Blanc de Saint Bonnet, Barbey d'Aurevilly, Veuillot, Bloy, Huysmans and Hello in promulgating this idea. According to Burton, these writers publicised vicarious suffering as an expression of - predominantly female - Catholic spirituality in France. He identifies 'example' sufferers including Simone Weil, Mélanie Calvat, Camille Claudel, and Thérèse de Lisieux. Burton describes this trend as 'the most publicized, if not the most generalized, expression of female Catholic spirituality in France' throughout the majority of the Third Republic.⁵³⁹

⁵³⁷ Paula M Kane, "She Offered Herself Up': The Victim Soul and Victim Spirituality in Catholicism," *Church History: Studies in Christianity and Culture* 71, no. 1 (2002): 83.

⁵³⁸ "She Offered Herself Up': The Victim Soul and Victim Spirituality in Catholicism," 83; Burton, *Holy Tears, Holy Blood: Women, Catholicism and the Culture of Suffering in France, 1840-1970*.

⁵³⁹ *Holy Tears, Holy Blood: Women, Catholicism and the Culture of Suffering in France, 1840-1970*, xv.

'Victim souls' and vicarious suffering drew scriptural authority from Colossians 1:24, where Paul writes:

It makes me happy to be suffering for you now, and in my own body to make up all the hardships that still have to be undergone by Christ for the sake of his body, the Church, [...].⁵⁴⁰

The passage was taken to mean that the suffering of Christ on the cross – suffering wilfully endured with the purpose of atoning for the sins of mankind – was incomplete. As a result, it was understood that pious people should undergo suffering in imitation of Christ, and that through this they could achieve their own redemption and save others as well.

The *Auxiliatrices'* visit reports allude to this concept of vicarious suffering on a number of occasions. Two devout Catholic women, Madame Lebreton and Miss Parcely, are typical examples of victim souls in that their suffering is explicitly linked to religious conversions. Such accounts show the extent to which some women internalised the Catholic narratives built around suffering. The accounts of Mme Lebreton and Miss Parcely are exceptional for a number of reasons, not least for their explicit and gruesome descriptions of the women's physical condition:

[L]es mouches fatiguaient beaucoup Mme Lebreton et lui occasionèrent bientôt un autre genre de tourment car ces mouches en déposant leur jet sur le sang corrompu qu'on ne pouvait pas toujours soustraire complètement à leur atteinte (les oreilles en étant constamment imprégnés) donnèrent naissance à une multitude de vers qui en 24 heures avaient atteint leur grosseur et se répandaient dans le lit. [...] c'était affreux de penser qu'elle avait été livrée vivante à ces repoussants animaux, le cœur manquait rien qu'à les voir courir dans le lit! Depuis ce jour la vie de Mme Lebreton ne fut plus qu'une longue agonie, elle rendait tout ce qu'elle prenait même la boisson.⁵⁴¹

Such vivid descriptions are relatively atypical. Most of the *Auxiliatrices* reports are less graphic about the physical conditions of those they visit – the sickness of the soul is of far

⁵⁴⁰ Col. 1:24, New Jerusalem Bible.

⁵⁴¹ 'Mme Lebreton', c1872, "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

more concern than that of the body. Long descriptions of pain and suffering seem to be a particular feature of those reports which deal with pious Catholics, usually women, who bear their pain with resignation and patience.

Like many of the patients, Mme Lebreton uses the thought of Christ's passion to help her through the pain. She interprets her suffering both as reparation for her own sins and as a means of helping others, stating: '[L]e bon Dieu a souffert bien plus que moi ! Et moi j'ai tant à expier! Puis les pêcheurs et les âmes du Purgatoire, il faut bien souffrir aussi pour eux!' ⁵⁴² The *Auxiliatrices'* narrative of Mme Lebreton's illness situates her suffering within stories of successive conversions. Grotesque descriptions of her illness are interspersed with tales of the congregation's successes. At ten pages, the report on Mme Lebreton is comparatively long, but much of this entry is dedicated to the conversions of neighbours and acquaintances. A pair of sisters living next door to Mme Lebreton are converted after the nursing nun borrows a candle from them. A man living nearby is encouraged to attend mass in order to set a better example for his son who is due to take first communion. As well as persuading him to confess, the nuns warn him of the dangerous example his heavy drinking is setting for his child. The concierge, a former sailor, is given a medal of the Virgin Mary and is persuaded to convert. Mentions of the worsening state of Mme Lebreton are interspersed with these success stories, and a direct causal link is made between the prayers and extreme suffering of Mme Lebreton and the salvation of wayward souls:

Ce fut sans doute aux prières de cette sainte femme qu'une nouvelle brebis égarée fut de rentrée dans le bercail. [...] Mme Lebreton avait souffert et prié pour cette âme, son zèle ne fut pas longtemps sans avoir à s'exercer de nouveau.⁵⁴³

Crucially, Mme Lebreton is praised for her submission to suffering. Generally the reports tend towards this interpretation of *submission* to suffering, rather than promoting self-mortification. However, the report of Miss Parcely, a teacher from Ireland, is exceptional in the sense that she not only submits to pain, she actively seeks it.⁵⁴⁴ Miss Parcely asks

⁵⁴² "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁴³ "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁴⁴ Miss Parcely's name is spelt in a number of different ways in the report, and she is referred to as both Miss and Mlle. I have opted for 'Miss Parcely', the spelling favoured in the main body of the report, but in the report's title she is named Miss Parsly.

for the nuns' support as she is due to have a serious operation for a large and fast-growing abscess. She is enthusiastic at the prospect of her own pain:

L'aspect seul des préparatifs aurait fait trembler une ame [sic.] courageuse, mais Melle Parcely sentait son cœur surabonder de joie, en voyant ses désirs exaucés. Elle souriait aux nombreux instruments de son supplice.⁵⁴⁵

Miss Parcely goes so far as to seek out suffering, attempting to refuse anaesthetic, stating 'Oh ! pour cela, non, je ne sentirai pas la douleur et je veux souffrir [...] Je suis entre les mains du Seigneur, soumise à tout ce qu'il attend de moi.'⁵⁴⁶ The doctor insists on administering chloroform but is obliged to give five times the usual dose, and even then the patient is said to be crying out in pain throughout the operation (which takes place in a hospice). There is a long period during the operation during which the patient appears to have died. She is revived by the doctors who whip her open wound, using her extreme pain to bring her back to consciousness. After the operation the *inspectrice* at the hospice asks Miss Parcely if she has suffered a lot, to which she replies '« Dieu seul le sait, mais je suis contente, c'était pour les ames [sic.] du Purgatoire ! »'.⁵⁴⁷

Miss Parcely dies a few days after the operation. Her death is said to be an exchange for the life of a young widow with three children who is also being treated in the hospice. The young widow is on her death bed:

Melle Parcely lui fit faire une neuvaine à la Ste Vierge et le dernier jour qui se termina par une fervente communion, elle s'offrit comme victime, à la place de la Mère affigée [sic.]. Celle-ci guérit, contre toute attente, et Melle Parcely mourut du même mal.⁵⁴⁸

The reports relating to Miss Parcely and Mme Lebreton border on hagiography. Their extreme physical torment is highlighted, and they are praised for this vicarious suffering which they accept with forbearance. Having learnt how Miss Parcely 'exchanged' her life for that of the young mother, the writer of the report describes Miss Parcely's death as 'un

⁵⁴⁵ 'Miss Ann Parsly', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁴⁶ "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁴⁷ "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁴⁸ "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

acte héroïque de charité.’⁵⁴⁹ Similarly, Mme Lebreton is described as a ‘malade exceptionnelle’. She is praised for her gaiety, her patience, and her acceptance of God’s will, described as an inspiration for the nuns who cared for her:

La consolation n’était pas seulement pour elle mais pour nous car c’était une malade exceptionnelle; d’une foi vive et simple, elle acceptait ses souffrances non seulement avec résignation mais avec joie: jamais le murmure ne sortit de ses lèvres et toujours son accueil était gracieuse.⁵⁵⁰

It is not only Mme Lebreton and Miss Parcely who are described as inspirational. Mme Dupré is described as ‘un exemple de patience et de résignation [...] c’est une second Ste Vierge on devrait l’encadrer avec une couronne de patience.’⁵⁵¹ Mr Jacob, reportedly savage and skeletal in appearance after a long illness, is ‘un modèle de patience, de résignation, et de soumission à la volonté de Dieu.’⁵⁵² The report of Mme Girardot interprets her suffering as beneficial to the souls of purgatory, though the nuns do not identify any specific conversions as having arisen from her pain. She too is set up as an inspiration for the nuns:

Ses réflexions les plus habituelles étaient celles-ci: Oh! quel bonheur d’être pauvre et oubliée! Quel bonheur de n’avoir jamais son pain assuré pour 24 heures et de devoir vivre d’abandon à la Providence... Non, je n’échangerais pas ma position contre la possession du monde entier... [...] Oh! je souffre bien un peu, mais qu’est-ce que cela à côté de ce que J. C a souffert pour moi?’ [...] Le médecin disait que ses douleurs extérieures quoique bien grandes n’étaient rien en comparaison de celle qu’elle endurait intérieurement. Ayant eu le bonheur de l’assister lors de sa dernière Communion nous pûmes l’admirer en silence et nous édifier de chacune de ses paroles.⁵⁵³

⁵⁴⁹ "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁵⁰ ‘Mme Lebreton’, N.D., "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁵¹ ‘Mme Vve Dupré’, N.D., "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁵² Mr et Mme Jacob, c1879, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁵³ ‘Mme Marguerite Girardot’, c1879, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

In accounts such as these, it is clear how much the congregational mentalities in relation to suffering have been influenced by the ideas of their founder. As seen in chapter four, Marie de la Providence (Eugénie Smet) was heavily influenced by contemporary rhetoric around sacramental suffering. This shaped the way the nuns approached care in the homes of the poor and in some cases even seems to shape the lived experience of the patients themselves. The phenomenon does not appear specific to the *Auxiliatrices*, however. Though the examples are much more limited, we have already seen that the *Petites Sœurs* attributed spiritual value to suffering, and drew inspiration from residents who faced suffering with piety and acceptance.

Bourke has argued that hagiographies of people-in-pain serve a prescriptive purpose:

These accounts are in reality comportment manuals, seeking to provide more ‘ordinary’ sufferers with pious role models. I suggest that although these explanations and exhortations are highly idealistic - nay, unrealistic - religious people-in-pain strive to conform to their strictures.⁵⁵⁴

Reports of vicarious sufferers like the women discussed here served as comportment manuals for those reading them. By praising these people-in-pain for their patience and submission, these texts perpetuate the idea that – if approached in the right way – suffering carried a moral value. They helped to normalise the idea that there was a right and a wrong way to react to illness. Once again, patient narratives are being employed for the purposes of inspiring and educating nursing nuns in appropriate behaviours, and these interpretations of pain no doubt had a bearing on the treatment of those in their care.

5.4 The Role of the Family and the Community in Managing Sickness

Pain and sickness are fundamentally social experiences: people-in-pain must navigate shared arenas such as homes, hospitals, clinics and hospices, workplaces and workhouses, and may come to rely entirely on others to survive.⁵⁵⁵ People who are ill or suffering may find themselves dependent on others for food, shelter, clothing, hygiene. They also have greater need for emotional support. As well as medical professionals and carers, spouses,

⁵⁵⁴ Bourke, *The Story of Pain: From Prayer to Painkillers*, 92.

⁵⁵⁵ *The Story of Pain: From Prayer to Painkillers*

relatives, children, friends and neighbours help provide for those who are unable to cope on their own. These support networks are often just as valuable, if not more so, than professional or institutional care and can have a direct impact on physical health. For example, scientific research shows a direct link between loneliness and mortality risk. As Cacioppo and Hawkey state, 'Social isolation is a potent but little understood risk factor for morbidity and mortality, and its negative consequences are most profound among the elderly, the poor, and minorities'.⁵⁵⁶

Some of the *Auxiliatrices*' patients were entirely isolated from their communities. This is the case for Melle Gramillet, who suffers from leg ulcers, open wounds, and decomposing flesh. Initially, many friends and neighbours helped her:

[M]ais, peu à peu, les visites diminuèrent, au grand étonnement de la pauvre fille, qui en cherchait vainement la cause. Le fait est, qu'elle exhalait une odeur tellement insupportable, que plusieurs personnes se trouvèrent mal, en quittant sa chambre.⁵⁵⁷

In the face of such a gruesome illness which drove her into isolation, the nuns provided Melle Gramillet with a support system. They were in a sense her last resort, providing emotional and domestic care in the absence of close social ties.

Melle de la Motte is another patient who faces her final days alone until the *Auxiliatrices* come to care for her. In this case, isolation is depicted as a result of the patient's ambition and the fickleness of her friends:

Mademoiselle de la Motte, appartenant à une famille noble et distinguée, avait vu son enfance entourée de toutes les exigences du luxe et de la grandeur. Plusieurs changements successifs ruinèrent sa famille et la laissèrent orpheline, avec une sœur qu'elle n'avait plus voulu revoir, depuis qu'elle s'était faite religieuse. [...] Melle de la Motte, froissée dans son amour propre, par l'indifférence de ceux qu'elle appelait ses amis, aux jours de sa prospérité, ne voulut devoir qu'à elle seule ses

⁵⁵⁶ John T Cacioppo and Louise C Hawkey, "Social Isolation and Health, with an Emphasis on Underlying Mechanisms," *Perspectives in Biology and Medicine* 46, no. 3 (2003): 39. See also Teresa Seeman, "Social Ties and Health: The Benefits of Social Integration," *Annals of Epidemiology* 6, no. 5 (1996).

⁵⁵⁷ 'Melle Charlotte Gramillet', N.D., "Rapports des Visites de Malades, Paris." Archives des *Auxiliatrices* des Ames du Purgatoire.

moyens d'existences. Elle se fit auteur; mais sans protection, elle ne pouvait que regretter! L'empereur Napoléon III, en retour de l'hommage que lui faisait Melle de la Motte, d'un ouvrage sur Napoléon 1er lui écrivit de sa propre main, l'assurant du succès qu'obtiendrait son travail, une fois livré à l'impression. Un secours eut été plus nécessaire que des éloges, car la reliure du manuscrit avait épuisé les dernières ressources de la pauvre demoiselle.⁵⁵⁸

The end of Melle de la Motte's report is something of a cautionary tale. Though she prays relentlessly in her final hours, she dies before the priest arrives to give her communion. In the final words of the report it is her isolation, poverty, and suffering which are highlighted, along with her having missed out on taking the last sacraments:

Une bourse, cachée sous son oreiller, ne contenait qu'un centime; un journal, sur lequel la pauvre Demoiselle écrivait presque chaque jour, donnait une idée des angoisses d'une âme privée de la force et des consolations qu'inspirent des sentiments chrétiens. Le corbillard du pauvre la conduisit à sa dernière demeure, il fut suivi de Me de Falaiseau, du concierge, et de quelques-unes des N.N. du moins, des prières bien ferventes accompagnèrent au-delà de la tombe, celle qui avait vécu seule et abandonnée.⁵⁵⁹

Although family and friends are often the first to help those in need, the nuns helped to carry this burden or to tend to those with no support system of their own – both in their final hours and in the process of preparing and burying the body after death. The relationships formed between nuns and patients could be very close. Miss Parcely, who we have already discussed, relies on the Church as her surrogate family. As well as accompanying her during her surgery, the congregation provides the bed-bound patient with domestic care and nursing twice a day and also sends her meals from the community when she has run out of money. A curé in Paris pays this patient's hospice fees when she is admitted for an operation and prioritises her funeral over another professional engagement:

⁵⁵⁸ 'Melle Marie-Thérèse de la Motte', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁵⁹ "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

Quand le cortège funèbre arriva, Mr le Curé laissa à un de ses vicaires, le soin de célébrer un riche mariage, pour accompagner au champ du repos, où il avait fait acheter un terrain, l'étrangère qui, au sein de la religion, avait retrouvé un père et des sœurs !

By helping the most vulnerable and isolated individuals, the nuns were providing not only physical care but also, in the case of women like Miss Parcely, much-needed emotional support and social integration. They became the familial support she did not otherwise have. Histories of nineteenth-century healthcare tend to be preoccupied with public hygiene and advances in scientific research. But at a grass roots level, the work of nursing nuns shows these religious women performing emotional labour which is in itself a vital and undervalued form of health care.⁵⁶⁰

The *Auxiliatrices* employed these community ties as a means of finding new souls in need of conversion, as reports like Mme Lebreton's have shown. The closeness of families and neighbours and frequent interactions among members of the local community allowed the nuns to reach new people. One report in Nantes lists five different stories of successful conversions all of which stem from their work in one house, referred to as 'cette fameuse maison'.⁵⁶¹

Nuns were a source of relief and support for isolated people and over-burdened families, but they also cared for patients within larger social networks. There are many instances where families or the community are already providing domestic care and financial help to those in need. Family members tend to the sick and work to provide for the ill. Wealthy benefactors provide food and clothes to the needy. Neighbours provide care and recommend the help of the *Auxiliatrices*. As in the case of Mme Gremillot cited above, it is considered noteworthy when neighbours are driven away by contagious or gruesome illnesses, or by the difficult personality of the patient as in the case of Melle de la Motte.⁵⁶²

⁵⁶⁰ As discussed above, this affective and rather intimate aspect of their work was a potential source of anxiety for nuns preoccupied with maintaining spiritual and professional distance.

⁵⁶¹ 'Famille H+++', N.D. "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁶² '[E]lle a un caractère tellement acariâtre que personne ne veut plus en approcher, toutes ses voisines l'ont abandonnées.' 'Melle Marie-Thérèse de la Motte', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

In the midst of these complex social networks, the religious motivation of the nuns' work could create problems. There are hints that the presence of nuns would have caused some strain between the sick and their families if opinions differed on religion.⁵⁶³ One woman attributes her lack of religious practice to 'obstacles de famille qu'elle n'a pas le courage de braver étant dans la dépendance de ses enfants.'⁵⁶⁴ The *Auxiliatrice*, Mère de St Joseph, promises to help, saying: '...le salut est une affaire personnelle et que si ses enfants ne veulent pas se sauver il ne faut pas qu'elle se damne avec eux pour ne pas leur déplaire.'⁵⁶⁵ Having helped this woman to confess, the *Auxiliatrices* succeed in persuading the previously hostile daughter to have her marriage blessed.

In their drive to encourage religious practice, it is unsurprising that the *Auxiliatrices* consider some forms of social interaction as undesirable. In a number of instances, bad company is deemed the cause of impiety. As mentioned in the previous chapter, this seems to be particularly the case for workers in industrial settings:

Malheureusement le petit paysan [Mr B] entra dans un mauvais atelier et sa foi se perdit vite dans ce milieu. L'esprit faussé par de mauvaises lectures, il se fit une religion à lui, dont le soleil fut le dieu suprême⁵⁶⁶

In this case Mr B's friends are said to be disappointed and angered by his eventual conversion:

Cette mort si chrétienne causa une violente irritation parmi ses nombreux amis dont la plupart sont libres-penseurs. Il avait bien baissé! Disaient les unes..., il n'avait pas tant d'esprit qu'il en avait l'air disaient les autres. [...] près de quatre ou cinq cents ouvriers suivirent son cercueil, plusieurs la firent bien à contre cœur parce que la croix les précédait et beaucoup restèrent à la porte de l'Eglise.⁵⁶⁷

The problem of impiety amongst workers is reflected clearly in this report. The work of the *Auxiliatrices* served to distance or alienate converted patients from their peers.

⁵⁶³ As we have seen, the nuns' religious mission sometimes caused tension with doctors. This is most clear in the reports of miraculous cures discussed in chapter two.

⁵⁶⁴ '1877 Extraits des rapports des malades', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁶⁵ "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁶⁶ "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁶⁷ "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

Following her conversion, a patient in Nantes named Louise moves house to protect herself from bad influences:

En attendant son admission chez les Petites Sœurs des Pauvres, il était nécessaire de lui trouver un asile convenable, celui qu'elle habitait ne lui offrant que des occasions de chutes et de scandales. Une excellente femme, aussi pauvre que Louise voulut bien partager avec elle son modeste logis et traiter notre chère convertie comme sa mère.⁵⁶⁸

It would appear that in some cases the *Auxiliatrices* played a strong role in this decision to move people out of their homes. In another report:

Ce jour-là fut une journée de larmes et de sacrifices car la Mère exigea qu'elle sortit immédiatement de son logement pour aller habiter dans un quartier éloigné. [...] par affection pour la religieuse, elle y consentit et abandonna le jour même sa demeure pour n'y plus revenir. Lorsqu'elle se vit installée dans sa nouvelle chambre il fallut la soutenir avec douceur et la laisser déraisonner. Elle ne pouvait admettre que le bonheur peut se trouver dans le sacrifice et cependant elle comprenait que tout ce que la Mère H faisait pour elle ne pouvait venir que d'intérêt qu'elle portait à son âme. Éloignée de son mauvais entourage peu à peu Mme A céda à ce qu'on exigea d'elle⁵⁶⁹

Using the premise of healthcare to enter people's homes, the *Auxiliatrices* had a significant impact on people's lives and on their relationships with others. Once again we see the emotional pressures placed on patients who placed a great deal of trust in their religious carers. Through the process of conversion, people faced genuine upheaval both of their belief systems but also of the practical aspects of their day-to-day living. Once again, the power of nursing nuns to shape and maintain social hierarchies and to facilitate the moralisation of the working classes becomes clear.

The events and difficulties of day-to-day life are an important yet often neglected area when studying sickness and healthcare. The *Auxiliatrices* blame spiritual ills on bad

⁵⁶⁸ '1876 Extraits des rapports des malades', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁶⁹ '1878 Extraits des rapports des malades', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

company, but the reports also make clear the role which social and economic pressures played in causing physical and mental health problems. One family's situation moves the visiting *Auxiliatrices* to tears with the extremity of the poverty she witnesses. Mr Goussot, who we have already seen being chastised for complaining of his misfortunes, is described as 'jeune encore, mais présentant l'aspect d'un véritable squelette.'⁵⁷⁰ He tells the visiting *Auxiliatrice* he will soon die, having seen his mother and brother die in the same bed. He also says that his sister is working herself to death in an attempt to support him, herself, and their younger brother who has fallen in with the wrong crowd.

Such scenes of poverty recur throughout the reports. The link with ill health is made direct in the report of Mme Désirée Lepetit.⁵⁷¹ Her son, working as an apprentice, says that dry bread isn't much to run on all day, a comment which upsets his mother. He tries to comfort her:

C'est égal, va Maman, tant que j'en aurai, je serai bien content. Coupant alors la mie en guise de viande, il se met à rire de son invention; personne ne l'imite, de semblables scènes se renouvelaient trop souvent.⁵⁷²

The family's desperate situation is exacerbated by risk of eviction, a theme which emerges in a handful of the reports:⁵⁷³

Le propriétaire ne pouvait manquer de jouer un rôle, au milieu de ses tristes circonstances. [...] Fatigué des supplications de la malheureuse Dame, il entre un matin, où elle était seule et lui annonce, en lui montrant l'huissier et les deux porteurs qui l'accompagnent, qu'il va la conduire à l'hôpital et garder ses meubles en paiement du loyer. Les larmes, les cris de sa locataire n'auraient pu l'adoucir, si

⁵⁷⁰ 'Mr Eugène Goussot', N.D., "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁷¹ Subject of a 'miraculous' cure, see chapter two.

⁵⁷² 'Madame Désirée Lepetit', 1860, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁷³ 'Mr Eugène Goussot', N.D. and 'Melle Lebrette', 1860, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire., and 'Fleury', "Rapports des Visites de Malades, Nantes." Archives des Auxiliatrices des Ames du Purgatoire.

une voisine bien pauvre elle-même, accouru au bruit, n'avait offert 20 francs comme à compte.⁵⁷⁴

Whilst neighbours and donors step in to cover Mme Lepetit's rent, the *Auxiliatrices* make the connection between the emotional upheaval and her failing health: 'Tant de douloureuses émotions n'étaient point faites pour améliorer l'état de la malade. Bientôt, elle ne digéra même plus la tisane.'⁵⁷⁵

The power which nuns had to influence people's lives and decisions positions them once again in the wider networks of social control in this period. Separating people from 'undesirable' groups was a means to divide and conquer, with a greater likelihood that conversions would be maintained long term. But it is also a sign of the extent to which people trusted and respected them. The influence that nuns held stemmed from their immersion in people's lives and their witness of everyday struggles. These women visited their patients more regularly than other medical professionals, providing their services for free and following up on people's progress even when their condition improved. Nuns were therefore able to build stronger relationships, and to address all the different aspects of a person's life which might be potential sources of ill health and spiritual waywardness. They recognised the impact of landlords, poverty, and stress on people's physical health. In previous chapters we saw that wealthy donors stepped in to work alongside them, providing furniture, clothing, and even jobs to those in need. In this way, nursing nuns arguably provided more holistic care than most medical professionals of the time.⁵⁷⁶ Occupying themselves with people's living arrangements, social networks, and mental state means that in some ways the women discussed here were practicing early forms of services not dissimilar from modern-day palliative care, mental health care, or social work.

5.5 Conclusions

The chronicles and reports discussed here were designed to be read by other members of the congregation and by associated lay women. They were records of congregational

⁵⁷⁴ 'Madame Désirée Lepetit', 1860, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁷⁵ 'Madame Désirée Lepetit', 1860, "Rapports des Visites de Malades, Paris." Archives des Auxiliatrices des Ames du Purgatoire.

⁵⁷⁶ Léonard, "Femmes, Religion et Médecine : Les Religieuses qui Soignent, en France au XIXe Siècle."

successes, providing religious inspiration to those who read them. Such shared texts helped to build a sense of collectivity, showing how the group was working towards a common purpose.⁵⁷⁷ They allowed the congregation to keep a record of the provenance of resources and to demonstrate the usefulness of their work. They were shared amongst the congregation and associated lay women in order to bolster the faith of those reading them. The *Auxiliatrices'* reports in particular were designed to fuel the reader's confidence in the project and in God's approval of it. The texts also serve a purpose which they do not specifically designate. They are normative, showing appropriate behaviours and reinforcing catholic interpretations of what pain and death should be taken to mean. All of the groups who might read these reports: nursing nuns, members of the community at different stages and with different responsibilities, and Catholic women associated with the community, were being shown how to control their own bodies and emotions. They were learning how to face illness and death and being shown what was considered the appropriate response to these experiences.

Current practices of archival gatekeeping, coupled with a general lack of scholarly interest in the work of nuns, mean that this is the only way these records have been used. The texts are rarely, if ever, shared with a wider public. Virtually no detail of the patient experience makes it into the histories of these congregations aimed at a more general audience. These records have not yet been employed as historical sources by external scholars.⁵⁷⁸

Clearly, the reports left by the *Auxiliatrices* are much more illuminating of this relationship than the chronicles of the *Petites Sœurs*. Whilst it appears that both congregations attributed value to suffering as a process of purification, the interpretative processes of the *Auxiliatrices* can be seen in much greater detail. We have seen that such interpretative processes - which gave meaning to pain and a good death as purposeful, productive, and redemptive – provided patients with coping strategies. Prayers and rituals were sources of comfort, particularly at a time when painkillers and anaesthetic remained underdeveloped. But the drive to convert and the interpretation of suffering as meaningful and God-sent could be very problematic. The nuns held a position of power in the homes of vulnerable people and in the hospices they ran. They provided 'free' healthcare but

⁵⁷⁷ Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism*.

⁵⁷⁸ With the exception of Rossigneux-Méheust, *Vies d'Hospice : Vieillir et Mourir en Institution au XIXe Siècle*. Her work draws on the Paris chronicles of the *Petites Sœurs des Pauvres*.

expected patients to modify their behaviours or to work for the good of the congregation (in the case of the *Petites Sœurs*). They used the isolation and desperation of people nearing death as an additional motivation to convert or to return to the Church.

Be they positive or negative, there were strong emotional relationships built between nuns and their patients. The *Auxiliatrices'* reports show that the nuns were often moved and inspired by their patients. Clearly the prescribed emotional and physical distance discussed in chapter four was applied at different levels and in different ways, but was not always strictly upheld. By approaching these chronicles and reports with an eye for the experience of the patient, we can learn more about the unexplored but incredibly complex relationships the nuns formed as carers. This allows us to move beyond stereotypes of incompetent nurses or saintly founders, and instead consider the two-sided relationships in caring situations, the power dynamics inherent in the relationship between a nursing nun and her patient, and the positioning of this relationship in wider social hierarchies. These are stories of submission, resistance, and negotiation, acts of consolation and comfort, and all of them centre around a process of meaning-making in which pain, illness, and death are interpreted through the lens of Catholic religious thought.

Chapter 6: Conclusions

Catholic nuns are arguably the precursors to modern-day carers or social workers. Despite the methodological barriers faced by historians of religious congregations, the story of these communities warrants further exploration. Schultheiss has shown that the fundamentally gendered nature of nursing work was evoked more and more as nuns were replaced by lay women.⁵⁷⁹ A clichéd image of the nursing nun continues to colour cultural perceptions of how female carers should behave.⁵⁸⁰ The reverence of maternal instincts and self-sacrifice in these groups of labourers must therefore be seen as part of a continuum which feeds into existing gender-based stereotypes. Outside of the nursing communities themselves, the work performed by these women was overlooked and undervalued. The range of palliative care, physical and emotional support, reproductive and domestic labour provided by congregations, which catered mainly to older women, was excluded from a capitalist imaginary which conceptualised labour as masculine and productive – despite the fact that emotional and unmeasurable labour is just as integral to the functioning of such a system. A better understanding of the roots of this problem helps us to combat it.

The congregations studied here have not always been overlooked. In fact, we have seen that they would have been visible and influential in local communities of the nineteenth century. The *Petites Sœurs* ran institutions right across France, with each hospice catering to around two hundred people, meaning that across the second half of the century tens of thousands of people would have lived in these residences – the majority of them women. Nuns fed these people, housed them, took care of their personal hygiene, and provided medicine for those who needed it. Doctors visited these institutions, in some instances providing their services for free. Over the course of the century, local elites donated more than a million francs to support this work. Jugan received accolades from the *Académie* and was celebrated in Saint Servan, and the congregation attracted positive press attention. The *Auxiliatrices*, despite the much smaller membership of their congregation, carried out thousands of visits each year, again supported materially and financially by local elites. For this congregation, too, the recipients of their care were largely women. The

⁵⁷⁹ Schultheiss, *Bodies and Souls: Politics and the Professionalization of Nursing in France, 1880-1922*.

⁵⁸⁰ *Bodies and Souls: Politics and the Professionalization of Nursing in France, 1880-1922*, 1-3.

range of tasks the *Auxiliatrices* performed were broader, as they entered into people's homes and adapted to different needs. Hygiene and domestic tasks were accompanied by treatments, support during surgeries, emotional and palliative care. Whilst the *Sœurs de l'Espérance* remain elusive, the work this congregation carried out in the homes of the elite would be a fascinating addition to histories of the period, if only more sources were available.

Until now, foundation stories and the perceived charism of a small number of individuals dominated the few historical narratives produced about the congregations studied here. Yet this thesis shows them to be groups with rich, complex, and sometimes contested pasts. The collective history of these women's labour is seldom featured, overlooked in wider histories of medicine and welfare and overshadowed by much simpler narratives in congregational histories. The history of the *Petites Sœurs* is condensed down to the charism of Jeanne Jugan helping the elderly poor, the *Auxiliatrices des Ames du Purgatoire* are defined by Marie de la Providence's quest to save souls from purgatory, and the *Sœurs de l'Espérance* fade into the *Sainte Famille de Bordeaux*, personified by the work of the priest abbé Noailles. The everyday lives of the thousands of women who made up these communities fades into the background. I have shown that it is possible to challenge and unpack this oversight, and that by foregrounding the labour of this largely anonymous collective, we can shine a new light on questions of gender and religion, the politics of charity, historical authorship, and the lived experiences of health and social care in the nineteenth century.

The approach of looking for the marginalised and silenced voices in history is perhaps not a new one, but remains an important practice for historians. It is necessary to interrogate the power structures which allow certain stories to dominate the present and to be translated into a historical past which is always political. Following the work of Trouillot, Salin, and Porter, and the recent popular work of Criado-Perez, research must continue to challenge assumptions about what is important and valuable, to question the canon and existing data sets, and to relocate lost voices, thus challenging histories which reproduce and perpetuate the power imbalances and injustices of previous generations.⁵⁸¹ This thesis

⁵⁸¹ Trouillot, *Silencing the Past: Power and the Production of History*. Salin, *Women and Trade Unions in France*; Porter, "The Patient's View: Doing Medical History from Below."; Caroline Criado-Perez, *Invisible Women: Exposing Data Bias in a World Designed for Men* (London: Chatto & Windus, 2019).

shows the importance of such a practice both for valorising the contributions of nuns and other carers to societies both past and present, but also for highlighting the authority which they exercised over other marginalised groups. Whilst many scholars identify the invisibility of nursing nuns in order to contextualise their studies, none have comprehensively explored how and why this problem has occurred.

In order to challenge historical invisibilities I have argued that it is important to understand their origins. Just as Trouillot has shown, silences enter history at every level and understanding how and why they occur can be revealing. In the case of nursing nuns the problem of visibility stems from the following issues. Firstly, religious congregations fall foul of capitalist hierarchies of work, which favour productivity and profit. Secondly, a process of identity building within religious congregations means a single shared narrative is carefully curated in their records at the expense of other aspects of their history. There are likely records which could further illuminate the labour history of these groups, but these remain inaccessible. Finally, even when nursing work has been directly discussed, gendered rhetorics around maternity and self-sacrifice have been employed by a variety of groups, and serve to disguise these activities as 'not-work'. Such an interpretation of nuns' labour had profound impacts on the sisters and on those they cared for.

In the nineteenth century, whilst teaching congregations were increasingly scrutinised as dangerously influential and insidious, these nursing congregations passed more easily under the radar of anticlerical republicans seeking to implement new systems. This is perhaps in part because there was no one to replace nursing nuns, but also suggests that replacing them was less of a priority. We may question why nursing congregations do not appear to have elicited the same fears as teachers.⁵⁸² Undoubtedly, these nursing congregations had less opportunity to shape the minds of the *young* than their teaching counterparts, but we have seen that they nevertheless undertook concerted proselytizing missions. The *Petites Sœurs* and the *Auxiliatrices* both treated the conversion of their patients as the most important element of care, and this shaped the care work itself. The nurses provided physical relief but preached acceptance and resignation to their patients.

⁵⁸² Stone shows that anticlerical republicans targeted teachers in particular: The anticlerical republican accepted the positive associations linked to the *bonnes sœurs* as nurses, but refused to extend that term to women religious who taught. Stone, "Anticlericals and *Bonnes Sœurs*: The Rhetoric of the 1901 Law of Associations," 116.

Catholic interpretations of suffering meant the search for a cure was rarely prioritised: whatever the outcome, it was presented as God's will. A philosophy of acceptance in the face of suffering factored into wider means of social control, as religious teachings protected existing social hierarchies. Moreover, nursing nuns used their authority to influence people's reading habits, social circles, living arrangements, drinking habits, use of language (e.g. not swearing), all in an attempt to fundamentally alter the religious practice and day-to-day lives of their patients. The influence of Catholic congregations was by no means limited to the classroom.

This social power has largely gone unacknowledged, perhaps in part because the patients cared for by two of these three congregations were rarely, if ever, in a position to narrate or record these events. Illiterate, poor, and in a position of vulnerability, these people often remain invisible. Only through the words of their carers do we know anything about them, though even here the patient was rarely considered a subject in their own right. The archives of religious congregations have nevertheless proven to provide a rich insight into working-class lives which are otherwise poorly documented. The visit reports kept by the *Auxiliatrices* are a window into the homes of the poor, recounting the lifestyles of a few hundred working-class people living through sickness and poverty in the second half of the nineteenth century. There is scope for further research into the patients named in these records, which include demographic information, addresses, and detailed descriptions of every-day life. How many more congregations hold sources of this type which could help to shine a light on marginalised groups? This is an exciting avenue of research which can contribute fruitfully to the burgeoning field of medical humanities.

There are of course limitations to this study of nursing nuns, which deals with only three of the hundreds of female Catholic congregations operating in France in this period. Three congregations cannot be considered representative of all of these groups, but I would argue the sheer diversity of these types of institutions means no congregation can be considered so. Only a wide variety of in-depth case studies like this one will allow for a true understanding of the diverse approaches which nursing congregations took to their work. There are also geographical limitations. Nursing nuns and their practices no doubt varied depending on location. However, the comparison between Paris and the provincial areas in Western France (Nantes and Saint Servan) give us a sense that at both ends of the spectrum in terms of levels of medicalisation, levels of religious practice, and even to an

extent the differences between rural and urban populations, the nursing nuns studied here followed similar trajectories and engaged with similar rhetorical strategies and processes of meaning-making. Moreover, the geographical scope of this study was restricted to France due to constraints of time and resources, but the international question would add a new dimension to many of the themes considered here. Not least, research in Rome may shine further light on the archival gaps I have identified. But perhaps more significantly, a study of the missionary work carried out by these groups would provide another avenue to interrogate the power dynamics inherent in this work, as Catholic congregations and other types of missionaries often used religion to reinforce colonial hierarchies. The *Auxiliatrices* were particularly successful in their expansion to China where they focussed largely on education, and the content of this teaching may shine light on the influence of this group overseas. Further study into the international missionary work performed by these groups would be a fruitful area for future researchers.⁵⁸³

Other avenues which would merit further inquiry include the donors to religious congregations. The records kept by the *Petites Sœurs*, and about them in state or diocesan archives, provide information about many of the people who financed these institutions. My research suggests these were largely women, many of them widows, and this is in keeping with Brejon de Lavergnée's findings in his study of the *Filles de la Charité*.⁵⁸⁴ The same appears to be true for the *Auxiliatrices*. The financial support of wealthy women, often widows, being given to Catholic female congregations who catered to a largely female *patientèle*, is an example of the sort of politicised civic engagement which is often deemed the domain of men in this period. Additional research in this area would help to further dismantle the institutional and often androcentric approach to health and welfare in the nineteenth century.

In this study of power and identity, my own position as a researcher cannot go unexamined. The professional authority drawn from my place within the university, funded by a research council and working within a community of scholars, has given me access that others may not be able to achieve. The academy is still a privileged space to which access is restricted and where inequalities of race, class, gender, and physical ability

⁵⁸³ Sarah Curtis has already done substantial work in this field in the case of teaching congregations but there remains scope for similar studies into nursing congregations.

⁵⁸⁴ Brejon de Lavergnée, *Le Temps des Cornettes : Histoire des Filles de la Charité XIX^e-XX^e Siècle*, 133.

continue to shape research opportunities. My capacity to scrutinise these institutions and to make decisions about how to publish my research is therefore a form of power in its own right. Decisions about what is important in the framing of a historical narrative are inevitably shaped by wider structures and institutions.

With this in mind, there are a number of important ethical implications to this research which the academy has not yet fully explored, and a number of political tensions which must be addressed. Firstly, as I discuss in chapter five, the suffering of others was recorded in the archives of nursing congregations and is reproduced and reused for congregational purposes. Questions of consent and the ownership of these stories remain intimately linked with the vulnerability of the patients whose lives and illnesses are recorded in these archives. In this thesis, the same narratives are reproduced and reused for academic historical purposes. This is no less problematic. It is important to consider where the boundaries lie when it comes to disseminating such narratives, which put the suffering of the vulnerable poor on display.

Secondly, the relationship between the researcher and congregations as ‘subjects’ of research features its own complex negotiations of power. As I have discussed throughout, the constant curation of records, telling and retellings, the fact that many sources are anonymously authored and appear to have undergone editing processes, and the strict gatekeeping of these records, all serve to limit what is possible when it comes to writing the history of a nursing congregation. Not having an archival catalogue for two of the three congregations studied here, not knowing why sources cut off at certain dates or only exist for certain geographic areas, means the insight we gain remains incomplete. The varied levels of access which different groups grant to their archives further complicates the possibilities of studies such as this one. These issues reflect a wider tension between the Academy and the Church as institutions who produce historical narratives, and once again the tension between the individual and these institutions is apparent. Whilst scholars conducting research into religious congregations have acknowledged the limitations of access, there is an inevitable risk in critiquing these issues too openly. Possibilities for future access hinge on the ongoing relationship with modern-day congregations.

As we have seen throughout this thesis, members of these modern-day congregations live their lives by the narratives of the past studied here. Relationships formed with sisters or

archivists can make the process of writing congregational histories feel personal and even uncomfortable. Knowing that women live their lives by the histories of these communities inevitably shapes the production of such research: it is impossible not to write with the modern-day congregations in mind, both the institutions and the individuals who populate them. Departing from established narratives, deciding what to include, writing and publishing histories that these communities might prefer to remain hidden, all are ethically complex decisions. Restoring visibility is not an inherently positive or empowering activity. Interdisciplinary dialogue with ethnographers, oral historians, sociologists and so on may help to build a better framework for carrying out such research, which remains strongly bound up with peoples' livelihoods and the politics of the present.

Thus visibility, power, and identity are intertwined, creating a complex research problem bound up with the purpose and the ethical implications of historical narratives. By dissecting these layered themes in the historiography of three religious congregations, this thesis reveals the rich and nuanced collective history of the labour of nursing nuns and its significance for wider social histories.

Appendix A:
Descriptions of primary sources from
the congregational archives

Les Auxiliatrices des Ames du Purgatoire
Manuals

There are two manuals in the *Auxiliatrices'* archives which provided training for the nursing activities they performed. The first, entitled the *Livre de médecine*⁵⁸⁵ is handwritten and appears to predate the second, which is an updated typed-up version of the first text. This updated version is entitled *Manuel de l'œuvre des malades*.⁵⁸⁶ The *Auxiliatrices'* archivist was able to provide some approximate dates and further information on the use of these texts:

Ces ouvrages étaient généralement reproduits pour être distribués dans les bibliothèques des maisons de formation, mais nous ne conservons pas d'autre exemplaire du « livre de médecine » (4B14), et seulement un autre pour le Manuel de l'œuvre des malades (4B15). Pour la datation, le livre de médecine est indiqué « entre 1875 et 1925 », et le Manuel de l'œuvre des malades (4B15) est réputé avoir été écrit par M. de la Bse Louise de Savoie (Louise Robert de son nom civil) avant son départ en mission en Chine, en 1908. Elle était alors « ministre infirmière ». Compte tenu de la reprographie, je dirais malgré tout que le 4B14 est plus ancien que le 4B15.⁵⁸⁷

I refer to these as manual 1 (the *Livre de médecine*) and manual 2 (the *Manuel de l'œuvre des malades*). The texts include diagrams and one chart and are separated by a variety of subheadings relating to hygiene, types of illness, types of remedy, domestic tasks in the homes of the sick, and so on.

⁵⁸⁵ "Livre de Médecine." Archives des Auxiliatrices des âmes du Purgatoire.

⁵⁸⁶ "Manuel de l'Œuvre des Malades." Archives des Auxiliatrices des âmes du Purgatoire.

⁵⁸⁷ Flore de Javel, email to the author, 30th April, 2018.

Reports

The visit reports (referred to in the archives as both *rappports des malades* and *notices des malades*) were written by nursing *Auxiliatrices* after their visits to the sick. This is in keeping with the congregation's rules, which state that the nuns should write these reports when instructed to do so by their superior. The rulebook gives clear guidelines for the writing process:

‘Que doivent contenir ces rappports? Un compte-rendu, simple, vrai, des faits édifiants dont on peut avoir été témoin: Exemple: une misère supportée avec foi et résignation... une maladie reçue de la main de Dieu... un exemple de foi, de simplicité, de dévouement, de désintéressement que l'on a sous les yeux... une grâce obtenue, un effet consolant de la prière... une confession... On peut rapporter encore: une parole édifiante, touchant, charitable, reconnaissante... On peut raconter ce qui nous apparaît comme un effet de la bonté, de la miséricorde divine envers une âme... la manière providentielle par laquelle Dieu nous a conduites près de ce malade, et les moyens dont Il aura bien voulu se servir pour toucher les coeurs. Nous pouvons encore faire ressortir dans nos rappports, la manière dont une oeuvre en a amené une autre. Nous ne manquerons pas de signaler les effets de l'intercession de la Très Sainte Vierge de celle des Ames du Purgatoire - enfin, tout ce qui peut édifier, consoler, aider intéresser nos Soeurs en N. S.’

These reports have been compiled in a set of large hard-bound books, 57 reports for Paris ranging from 1856-1879, and 49 for Nantes ranging from 1866-1887. There is a clear process of recopying and rewriting. Some reports are in first person and some in third person. A few reports are duplicated with minor changes. Most patients are named but the nuns are often anonymous. The use of first person and of names of the nuns is more common in the Nantes reports.

Whilst the reports are initially divided by patient and will focus on one particularly story, it becomes increasingly common to have a group of stories under the heading of a year or date later in the volumes (this may be a reflection of the growing number of visits being carried out).

Rule books

All congregations rely on a set of rules to regulate behaviour. I have not had the opportunity to focus in on the spiritual rules of my case studies in detail (these are not always simple to access), but the specific set of rules for those who visit the sick have been an important object of study. There are 22 rules for *Auxiliatrices* who visit the sick. These are presented with an explanation of each, and there are also accompanying commentaries by some of the more senior members.

Petites Sœurs des Pauvres

Chronicles (*Livres de Fondation*)

The chronicles from Saint Servan detail the life of the community year by year, focussing particularly on the collection of money, food, and other materials. These records have been typed up and the originals destroyed. The anachronistic nature of their content, particularly in the early years (1839-1845) indicates a clear process of editing and rewriting. Different voices become apparent in the use of pronouns (sometimes – especially in early entries – the *Petites Sœurs* are ‘them’, later they become ‘us’). One of the *Petites Sœurs* told me informally that these texts had been rewritten to minimise mentions of Le Pailleur.

Positio

The *Positio* is a text written by the congregation (author unknown) and submitted to Rome as part of the procedure for Jugan’s canonisation. It was submitted in 1976. Jugan was beatified in 1982 and canonised in 2009. The *Positio* document Jugan’s life, her spirituality, her interactions with others, and the miracles she has been associated with. It include copies of many original sources including sections of the chronicles, extracts of correspondence, and testimonies gathered from members of the congregation.

Quantitative Data

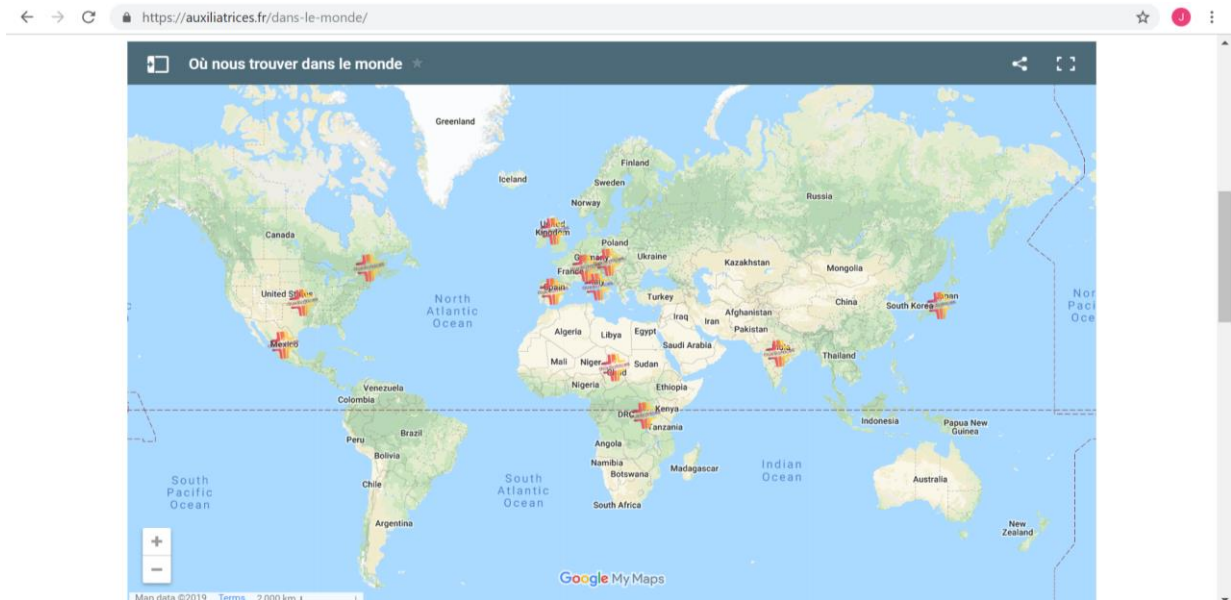
The archivist for the *Petites Sœurs* sent me word documents containing the number of recruits to the congregation, the number and location of hospices, and the number of patients.

The number of recruits to the congregation seems to have been recorded in an annual 'dénombrement' – I have seen an image of these recording the number of novices and postulants for the years 1899 and 1900. Figures for 1843, 1844, and 1846 are missing, the reason for which is not known. From 1847 onwards the number of sisters was recorded annually at the end of each year. The sisters are listed in two categories: those on temporary and those on perpetual vows. Temporary vows were taken as the next stage after the noviciate, followed by perpetual vows at a later date.

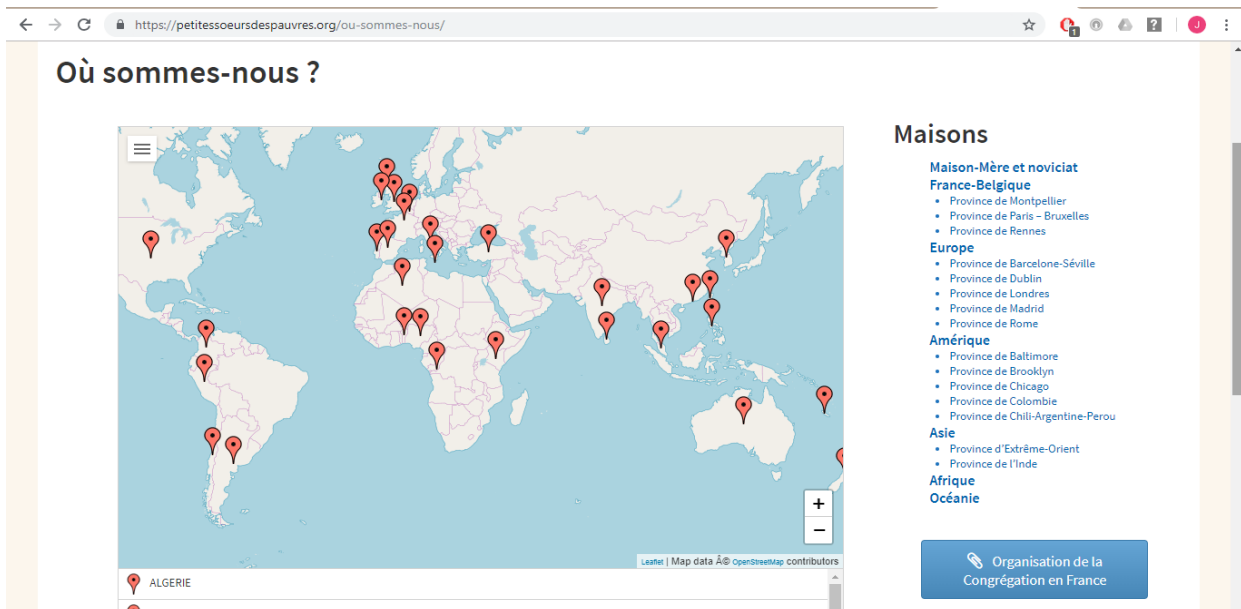
Records of the number of residents and hospices appear to be taken from a variety of documents which the archivist has typed up for me. The information for 1858 and 1861 is labelled 'envoyé à Rome' the 29th December and 18th September respectively. These are detailed breakdowns of the number of residents in each hospice which are listed in order of foundation date. Information for 1868, 1878 and 1887 is labelled 'obtenu des Actes des Chaptires généraux'. This information is much simpler: the number of hospices (no names or locations) and, for 1868 only, the total number of elderly cared for by the congregation. From 1895 onwards the number of hospices and the number of resident is listed for each year, this information having been obtained from the 'dénombrement'.

Appendix B: Locations of the modern-day congregations across the world

Auxiliatrices des Ames du Purgatoire:



Petites Sœurs des Pauvres:



Appendix C: Glossary

The below definitions are my own, but draw from the catholic encyclopaedia available at:
<http://www.newadvent.org/>

Aspirant

An individual seeking to join a religious community. An aspirant is pre-postulancy: they may be living for a period with the religious community but have not formally moved in.

Beatification

The formal declaration that a deceased person showed a heroic degree of holiness during their life and is worthy of public veneration. Beatification requires either proof of a miracle attributed to the candidate's intercession or the martyrdom of the candidate for their faith. Beatification is the first step towards canonisation.

Canonisation

The formal declaration that a deceased person was a saint. This is a higher honour than beatification alone and requires a second miracle, attributed to the candidate's intercession, to take place after the beatification ceremony. This is considered God's approval of the Church's proclamation.

Canon Law

Codes or norms specified as Church laws through the ecclesiastical jurisdiction of the Vatican.

Charism

Extraordinary graces given to individual Christians for the good of others. A unique spiritual gift from God.

Eucharist

The body and blood of Christ, Holy Communion.

Extreme Unction/Extrême Onction

A sacrament to grant spiritual aid and comfort, the remission of sins, and conditionally to restore bodily health. A priest anoints the recipient with oil which has been blessed and speaks accompanying prayers. The ceremony is also referred to as the anointing of the sick.

Graces

Grace is favour, the free and undeserved help that God gives. Sanctifying grace is God's gift of life, and makes the soul holy. Sanctifying grace is believed to be incompatible with sin.

Hagiography

The biography of a saint or venerated persons. More broadly the term can be used for any biography which idolises or idealises its subject.

Intercession

Prayers of intercession are addressed to those in heaven, Jesus, Mary, the angels or the saints to intercede to God the father on behalf of the needs of mortals, those on earth.

Médailles Miraculeuses/Medals of the Virgin Mary

The *médaille miraculeuse* is a small oval medal bearing the image of the Virgin Mary, produced and distributed in extraordinary numbers from the 1830s onwards following Cathérine Labouret's vision of the Virgin Mary. The medal is believed to have miraculous properties.

Novena

Nine days of prayer recited in private or in public often addressed to a particular saint in order to obtain certain graces.

Novice

A novice is a postulant who has been formally received into a religious community and is in the process of formation but has not yet taken their final vows.

Postulant

A postulant is someone who has formally moved in to a religious community and begun to learn to live there, whilst remaining a candidate who has not yet been formally accepted as a member.

Purgatory

An intermediate state after death where souls are believed to undergo purification and so become fit for heaven.

Religious superiors

Religious congregations are governed by an elected superior general who is often aided by a small council. Female religious superiors have no spiritual jurisdiction (they may not administer penance or the extreme unction, for example), but they may give directions to members of the community and oversee the running of the institution and have administrative authority. Each separate convent also has a local superior.

Sacrament

In the broadest sense, the seven sacraments are outward signs of inward grace: ceremonies or practices which serve to make piety visible and material. Sacraments are not only symbols of grace but are believed to cause grace. (Baptism, confession, communion, confirmation, marriage, ordination of clergy, and extreme unction)

Third Order/*Tiers Ordre*

An organised group of laymen or laywomen affiliated with a congregation or order. Members contributed to the missions of congregations through donations, participation in certain charitable activities, prayer, and so on. These groups were not required to live in the community or to take permanent vows (though some third orders did make some form of promise or temporary vow).

Bibliography

Collections consulted

Archives Départementales de Loire-Atlantique
Archives de Paris
Archives Historiques du Diocèse de Paris
Archives Historiques du Diocèse de Nantes
Archives Nationales de France
Archives Privées des Auxiliatrices des Ames du Purgatoire
Archives Privées des Petites Sœurs des Pauvres
Bibliothèque de Fels, Institut Catholique de Paris
Bibliothèque de l'Académie Nationale de la Médecine
British Library

Archival Sources

- "Contract Made between Marie Jamet, Superior of the Petites Sœurs des Pauvres, and the Mayor of Nantes, N.D.", J/125/2/F/38, Archives Départementales de Loire-Atlantique.
- "Dernière Année de N. V. Mère, Journal des Infirmières." (1870-1871), 2/A/4/3/1, Archives des Auxiliatrices des Ames du Purgatoire.
- "Dons et Legs aux Petites Sœurs des Pauvres." F/19/6322 Archives Nationales.
- "Dons et Legs aux Petites Sœurs des Pauvres." 4/R/9-2/3, 4/R/9-3/3, Archives Diocésaines de Paris.
- "Draft Letter from Mgr Jacquemet, Bishop of Nantes, to the Mayor of Laval, 24th March." (1854), J/125/2/F/38, Archives départementales de Loire-Atlantique.
- "Exercice de 1869." X/1/X/567, Archives Départementales de Loire-Atlantique.
- "Financial Records." 2/a/1/10, Archives des Auxiliatrices des Ames du Purgatoire.
- "Letter from Hyacinthe Le Franc to Monsieur le Promoteur, 20th January." (1891), 4/R/14, Archives Historiques du Diocèse de Paris.
- "Letter from Marie de La Providence to Mgr Jacquemet, Bishop of Nantes, 13th March." (1869), J/125/2/F/27, Archives Départementales de Loire-Atlantique.
- "Letter from Marie de la Providence to Mgr Richard, 24th January." (1868), J/125/2/F/27, Archives départementales de Loire-Atlantique.
- "Letter from Marie de la Providence to Mgr Richard, 27th November." (1868), J/125/2/F/27 Archives Départementales de Loire-Atlantique.
- "Letter from the Deputy Mayor of Laval to Mgr Jacquemet, Bishop of Nantes, 31st March." (1854), J/125/2/F/38, Archives Départementales de Loire-Atlantique.
- "Livre de Médecine." (N.D.), 4/B/14, Archives des Auxiliatrices des âmes du Purgatoire.
- "Livres de Fondation Saint Servan." (1839-1880), Archives des Petites Sœurs des Pauvres, Saint Pern, France.
- "Livres des Malades de Nantes." (1865-1907), Archives des Auxiliatrices des Ames du Purgatoire.
- "Livres des Malades de Paris." (1856-1899), 10/A/D/1-5, 1/MM/5, Archives des Auxiliatrices des Ames du Purgatoire.
- "Maison de Nantes Statut." (1869-1870), J/125/2/F/27, Archives départementales de Loire-Atlantique.

- "Manuel de l'Œuvre des Malades." (N.D.), 4/B/15, Archives des Auxiliatrices des âmes du Purgatoire.
- Pailleur, Auguste Le, "Copie D'une Confession Certifiée Conforme à L'original Pour Ces Trois Pages, Rennes le 17 Sept, Remise à S.E. Mgr le Card. Foulon + Ch. Ph. Card. Place." (1890), 4/R/9-2/3, Archives Diocésaines de Paris.
- "Rapport sur l'Établissement Tenu à Chantenay par les Petites Sœurs des Pauvres, 1er Janvier." (1895), J/125/2/F/38, Archives Départementales de Loire-Atlantique.
- "Rapport sur l'Établissement Tenu à Nantes par les Petites Sœurs des Pauvres, 1er Janvier." (1895), J/125/2/F/38, Archives Départementales de Loire-Atlantique.
- "Rapports des Visites de Malades, Nantes." (c1866-c1887), 2/MM/6, Archives des Auxiliatrices des Ames du Purgatoire.
- "Rapports des Visites de Malades, Paris." (c1856-c1879), 1/MM/5, Archives des Auxiliatrices des Ames du Purgatoire.
- "Règles des Nôtres qui Vont Chez les Malades." (N.D.), 4/B/11/a.
- "Règles des Nôtres qui Vont Chez les Malades, Commentées dans les Premières Années de la Société par la R Marie de la Miséricorde." (N.D.), 3/D/5/3, Archives des Auxiliatrices des Ames du purgatoire.
- "Résumé Annuel des Œuvres." (1877), 3/D/2/a/5, Archives des Auxiliatrices des Ames du Purgatoires.
- "Situation de l'Asile Ste Anne Pour les Vieillards." X/1/X/567, Archives Départementales de Loire-Atlantique.

Secondary Sources

- Accampo, Elinor Ann; Fuchs, Rachel G and Stewart, Mary Lynn, eds. *Gender and the Politics of Social Reform in France, 1870-1914*. London: The Johns Hopkins University Press, 1995.
- Ackerknecht, Erwin Heinz. "Hygiene in France, 1815-1848." *Bulletin of the History of Medicine* 22, no. 2 (1948): 117-55.
- *Medicine at the Paris Hospital, 1794-1848*. Baltimore: Johns Hopkins University Press c1967.
- Adams, Christine. "Maternal Societies in France: Private Charity before the Welfare State." *Journal of Women's History* 17, no. 1 (2005): 87-111.
- Adams, Thomas. "Universalism in One Country: *La Protection Sociale* over the *Longue Durée*." *French Historical Studies* 34, no. 3 (2011).
- Adelman, Sarah. "Empowerment and Submission: The Political Culture of Catholic Women's Religious Communities in Nineteenth-Century America." *Journal of Women's History* 23, no. 3 (2011): 138-61.
- Anderson, Benedict. *Imagined Communities: Reflections on the Origin and Spread of Nationalism*. London: Verso, 2006.
- Anonymous. *Vie Abrégée du Bon Père P.-B. Noailles, Fondateur de la Congrégation de la Sainte-Famille*. Imprimerie Saint-Paul: Bar-le-duc, 1920.
- "Abbé Geslin de Korsoron (1817-1888), en Littérature Jean Loyseau, Cordonnier." *Les Contemporains*, N.D.
- Armstrong, Pat; Armstrong, Hugh and Scott-Dixon, Krista. *Critical to Care: The Invisible Women in Health Services*. Toronto: University of Toronto Press, 2016.
- Aubineau, Léon. *Histoire des Petites Sœurs des Pauvres*. Lille: Imprimerie de L. Lefort, 1863.

- Barnes, David. *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*. Maryland: The Johns Hopkins University Press, 2006.
- Barthes, Roland. *Mythologies* Paris: Editions du Seuil, 1957.
- Baunard, Mgr Louis. *Ernest Lelievre et les Fondations des Petites Sœurs des Pauvres d'Après sa Correspondance, 1826-1889*. Librairie Poussielgue, 1905.
- Bernoville, Gaëtan. *La Société des Auxiliatrices des Ames du Purgatoire*. Les Grandes Ordres Monastiques et Instituts Religieux. Edited by Edouard Schneider. Paris: Bernard Grasset, 1938.
- Blot, François René. *Les Auxiliatrices du Purgatoire*. Paris: Librairie Jacques Lecoivre, 1874.
- Bourdelaïs, Patrice. "Le Poids Démographique des Femmes Seules en France (Deuxième Moitié du XIX^e Siècle)." *Annales de démographie historique* (1981): 215-27.
- Bourke, Joanna. *The Story of Pain: From Prayer to Painkillers* Oxford: Oxford University Press, 2014.
- Bournand, François. *Les Sœurs, 1633-1900. Sœurs de Charité. Sœurs des Hôpitaux. Petites Sœurs des Pauvres. Sœurs Enseignantes et Missionnaires, Etc.* Paris: Librairies salésiennes, 1900.
- Boutry, Philippe. "Entre Enfer et Indulgence." In *Le Purgatoire : Fortune Historique et Historiographique d'un Dogme* edited by Guillaume Cuchet, 167-94. Paris: Editions de l'Ecole des Hautes Etudes en Sciences Sociales, 2012.
- Brejon de Lavergnée, Matthieu. *La Société de Saint-Vincent-de-Paul au XIX^e Siècle: Un Fleuron du Catholicisme Social*. Paris: Edition du Cerf, 2008.
- *Histoire des Filles de la Charité. La Rue Pour Cloître (XVII^e-XVIII^e Siècle)*. Paris: Fayard, 2011.
 - ed. *Des Filles de la Charité aux Sœurs de Saint-Vincent-de-Paul: Quatre Siècles de Cornettes (XVII^e-XX^e Siècle)*. Paris: Honoré Champion, 2016.
 - *Le Temps des Cornettes : Histoire des Filles de la Charité XIX^e-XX^e Siècle*. Histoire des Filles de la Charité XIX^e-XX^e Siècle. Paris : Arthème Fayard, 2018.
- Brubaker, Rogers and Cooper, Frederick. "Beyond Identity." *Actes de la Recherche en Sciences Sociales* 139 (2001): 66-85.
- Burton, Ivor and Woodruff, Douglas. "Pius IX." In *Encyclopaedia Britannica*, 2019.
- Burton, Richard. *Holy Tears, Holy Blood: Women, Catholicism and the Culture of Suffering in France, 1840-1970*. Cornell: Cornell University Press, 2004.
- Cacioppo, John T and Hawkley, Louise C. "Social Isolation and Health, with an Emphasis on Underlying Mechanisms." *Perspectives in Biology and Medicine* 46, no. 3 (2003): 39-52.
- Calbéra, Jean-Bernard. "La Profession Infirmière: l'Historique et le Mythe." *Vie Sociale et Traitements* 3, no. 79 (2003): 55-57.
- Carney, T. F. "Prosopography: Payoffs and Pitfalls." *Classical Association of Canada* 27, no. 2 (1973): 156-79.
- Cavallo, Susan. "The Motivations of Benefactors: An Overview of Approaches to the Study of Charity." In *Medicine and Charity before the Welfare State (Studies in the Social History of Medicine)*, edited by Colin Jones and Jonathan Barry, 46-62. London: Psychology Press Ltd, 1994.
- Cholvy, Gérard. *André Soulas et les Sœurs Gardes-Malades de Notre-Dame-Auxiliatrice (1808-1875), Histoire et Témoignages*. Montpellier: Imprimé chez la Congrégation, 1982.
- *Le XIX^e : Grand Siècle des Religieuses Françaises*. Perpignan: Editions Artège, 2012.

- Cholvy, Gérard and Hilaire, Yves-Marie. *Histoire Religieuse de la France Contemporaine*. 3 vols. Vol. 1, Paris: Privat, 1985.
- Coles, D. Crystal; Netting, F. Ellen and O'Connor, Mary Katherine. "Using Prosopography to Raise the Voices of Those Erased in Social Work History." *Journal of Women and Social Work* 33, no. 1 (2018): 85-97.
- Criado-Perez, Caroline. *Invisible Women: Exposing Data Bias in a World Designed for Men*. London: Chatto & Windus, 2019.
- Cuchet, Guillaume, ed. *Le Purgatoire : Fortune Historique et Historiographique d'un Dogme*. Paris: Editions de l'Ecole des Hautes Etudes en Sciences Sociales, 2012.
- "Le Grand Retour du Purgatoire." In *Le Purgatoire : Fortune Historique et Historiographique d'un Dogme* edited by Guillaume Cuchet, 195-210. Paris: Editions de l'Ecole des Hautes Etudes en Sciences Sociales, 2012
- Cunningham, Hugh and Innes, Joanna, eds. *Charity, Philanthropy and Reform from the 1690s to 1850*. London: Macmillan Press, 1998.
- Curtis, Sarah A. "Charitable Ladies: Gender, Class and Religion in Mid Nineteenth-Century Paris." *Past & Present*, no. 177 (2002): 121-56.
- "Writing the Lives of Saints: Archives and the Ownership of History." *French Historical Studies* 40, no. 2 (2017): 241-66.
- Cushing, Nancy and Markwell, Kevin. "Balancing Biography and Institutional History: Eric Worrell's Australian Reptile Park." *Public History Review* 16 (2009): 78-91.
- Dauphin, Cécile. "Histoire d'un Stéréotype, la Vieille Fille." In *Madame Ou Mademoiselle? Itinéraires de la Solitude Féminine XVIII^e-XX^e Siècle*, edited by Arlette Farge and Christiane Klapisch-Zuber, 207-31. Paris: Editions Montalba, 1984.
- de la Corbinière, Clémentine. *Jeanne Jugan et les Petites Sœurs des Pauvres*. Paris: Librairie Victor Lecoffre, 1883.
- Diebolt, Evelyne. "Prémices de la Profession Infirmière : de la Complémentarité entre Soignantes Laïques et Religieuses Hospitalières XVII^e - XVIII^e Siècle en France." *Recherches en Soins Infirmières*, no. 113 (2013): 6-18.
- Dinet-Lecomte, Marie-Claude. *Les Sœurs Hospitalières en France aux XVII^e et XVIII^e Siècles: la Charité en Action*. Paris: Honoré Champion, 2005.
- Dolan, Frances E. "Why Are Nuns Funny?". *Huntington Library Quarterly* 70, no. 4 (2007): 509-35.
- Downing, Lisa. *The Cambridge Introduction to Michel Foucault*. Cambridge: Cambridge University Press, 2008.
- Du Camp, Maxime. *La Charité Privée à Paris*. Paris: Hachette, 1885.
- Dunn, Mary. *The Cruellest of All Mothers: Marie de L'incarnation, Motherhood, and Christian Tradition*. New York: Fordham University Press, 2016.
- Durand, Yves and Faugeras, Marius. *Le Diocèse de Nantes*. Paris: Beauchesne, 1985.
- Edelman, Nicole. "« Olivier Faure, Aux Marges de la Médecine. Santé et Souci de Soi. France XIX^e Siècle » (Review)." *Revue d'Histoire du XIX^e siècle* 52 (2016): 215-16.
- Ellis, Jack D. *The Physician-Legislators of France: Medicine and Politics in the Early Third Republic, 1870-1914*. Cambridge: Cambridge University Press, 1990.
- Farge, Arlette and Klapisch-Zuber, Christiane, eds. *Madame Ou Mademoiselle? Itinéraires de la Solitude Féminine XVIII^e-XX^e Siècle*. Paris: Editions Montalba, 1984.
- Faure, Olivier. *Aux Marges de la Médecine: Santé et Souci de Soi Aix-en-Provence*: Presses Universitaires de Provence, 2015.
- Fauray, Jean. *Cléricalisme et Anticléricalisme dans le Tarn (1848-1900)*. Toulouse: Association des Publications de l'Université de Toulouse-Le Mirail, 1980.

- Federici, Silvia. *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*. Oakland: PM Press, 2012.
- Foley, Susan K. *Women in France, since 1789 : The Meanings of Difference*. Basingstoke: Palgrave Macmillan, 2004.
- Foucault, Michel. *Surveiller et Punir : Naissance de la Prison*. Paris: Gallimard, 1975.
- Gardey de Soos, Thérèse. *Eugénie Smet Bienheureuse Marie de la Providence*. Paris: Editions François-Xavier de Guibert, 1996.
- Gibson, Ralph. "Hellfire and Damnation in Nineteenth-Century France." *Catholic Historical Review* 74, no. 3 (1988): 383-402.
- *A Social History of French Catholicism: 1789-1914*. London: Routledge, 1989.
 - "Female Religious Orders in Nineteenth Century France." In *Catholicism in Britain and France since 1789*, edited by Frank Tallett and Nicolas Atkin. Hambledon Press: London, 1996.
- Gourju, Pierre. *Petites Sœurs des Pauvres au Profit de l'Œuvre*. Valence: impr. de C. Chaléat, 1870.
- Grogan, Susan. "Philanthropic Women and the State: The *Société de Charité Maternelle* in Avignon, 1802-1917." *French History* 14, no. 3 (2000): pp.295-321.
- Gutwirth, Serge. "Beyond Identity?." *Identity in the Information Society* 1, no. 1 (2009).
- Hamon, Auguste. *Les Auxiliatrices des Ames du Purgatoire : 1856-1909. I, Mère Marie de la Providence 1856-1871*. Paris: G. Beauchesne, 1921.
- Haraway, Donna. *Simians, Cyborgs, and Women: The Reinvention of Nature*. New York: Routledge, 1991.
- Harris, Ruth. *Lourdes: Body and Spirit in the Secular Age*. London: Penguin, 2000.
- Harrison, Carol. *Romantic Catholics: France's Postrevolutionary Generation in Search of a Modern Faith*. USA: Cornell University Press, 2014.
- Heijst, Annelies van. "The Disputed Charity of Catholic Nuns: Dualistic Spiritual Heritage as a Source of Affliction." *Feminist Theology* 21, no. 2 (2012): 155-72.
- Heimann, Mary. "Catholic Revivalism in Worship and Devotion." In *The Cambridge History of Christianity*, edited by Sheridan Gilley and Brian Stanley, 70-83. Cambridge: Cambridge University Press, 2005.
- Helleu, Chanoine A. *Une Grande Bretonne - Jeanne Jugan (Sœur Marie de la Croix) Fondatrice des Petites Sœurs des Pauvres 1792-1879*. Imprimerie Riou-Reuzé, 1938
- Herd, Pamela and Meyer, Madonna Harrington. "Care Work: Invisible Civic Engagement." *Gender and Society* 16, no. 5 (2002): 665-88.
- Heywood, Sophie. *Catholicism and Children's Literature in France: The Comtesse de Ségur (1799-1874)* Manchester: Manchester University Press, 2011.
- Hickey, Daniel. "To Improve the Training of Nurses in France: The Manuals Published as Teaching-Aids, 1775-1895." *Canadian Bulletin of Medical History* 27, no. 1 (2010): 163-84.
- Hufton, Olwen. "Whatever Happened to the History of the Nursing Nun?" In *Hayes Robinson Lecture Series No.3*: Royal Holloway, University of London, 2000.
- Jones, Colin. *The Charitable Imperative: Hospitals and Nursing in Ancien Régime and Revolutionary France*. London: Routledge, 1989.
- "Medicine in France on the Eve of the French Revolution: Sisters of Charity and the Ailing Poor." *The Society for the Social History of Medicine* 3 (1989): 339-48.
 - "Sisters of Charity and the Ailing Poor." *Social History of Medicine* 2, no. 3 (1989): 339-48.

- Jusseume, Anne. "La Relation entre Sœurs et Malades dans les Hôpitaux Parisiens au XIX^e Siècle, Une Relation de Soins ?". *Histoire, Médecine et Santé* 7 (2015): 17-35.
- "Pratiques de l'Espace Hospitalier par les Religieuses au XIX^e Siècle dans les Hôpitaux Parisiens : Préserver Un entre-Soi Religieux et Féminin ? ." *Genre & Histoire* 17, no. 1 (2016).
 - "Dévoiler les Sœurs, Retrouver le Soins. L'histoire des Congrégations Hospitalières au XIX^e Siècle, entre Archives Privées et Publiques." *Source(s). Arts, Civilisation et Histoire de l'Europe* 10 (2017).
- Jusseume, Anne; Marquis, Paul and Rossigneux-Méheust, Mathilde. "Le Soins Comme Relation Sociale : Bilan Historiographique et Nouvelles Perspectives." *Histoire, Médecine et Santé* 7 (2015): 9-15.
- Kane, Paula M. "'She Offered Herself Up': The Victim Soul and Victim Spirituality in Catholicism." *Church History: Studies in Christianity and Culture* 71, no. 1 (2002): 80-119.
- Keats-Rohan, Katharine S. B. *Prosopography Approaches and Applications: A Handbook*. Oxford: Occasional Publications UPR, 2007.
- Knibiehler, Yvonne; Leroux-Hugon, Véronique; Dupont-Hess, Odile and Tastayre, Yolande, eds. *Cornettes et Blouses Blanches. Les Infirmières dans la Société Française 1880-1980*. Paris: Hachette, 1984.
- La Berge, Ann. "The Early Nineteenth-Century French Public Health Movement: The Disciplinary Development and Institutionalization of *Hygiène Publique*." *Bulletin of the History of Medicine* 58, no. 3 (1984): 363-79.
- *Mission and Method: The Early Nineteenth-Century French Public Health Movement*. Cambridge: Cambridge University Press, 1992.
- Langlois, Claude. "Les Effectifs des Congrégations Féminines au XIX^e Siècle. De l'Enquête Statistique à L'Histoire Quantitative." *Revue d'Histoire de l'Eglise de France* 60, no. 164 (1974): 39-64.
- "« Je Suis Jeanne Jugan ». Dépendance Sociale, Condition Féminine et Fondation Religieuse ". *Archives de Sciences Sociales des Religions* 52, no. 1 (1981): 21-35.
 - *Le Catholicisme au Féminin. Les Congrégations Françaises à Supérieure Générale au XIX^e Siècle*. Paris: Le Cerf, 1984.
 - *Catholicisme, Religieuses et Société. Le Temps des Bonnes Sœurs*. Paris: Éditions Desclée de Brouwer, 2011.
- Latour, Bruno. *Les Microbes: Guerre et Paix, Suivi de Irréductions*. Paris: A. M. Métailié, 1984.
- Launay, Marcel. *Le Diocèse de Nantes Sous le Second Empire*. 2 vols. Vol. 1, Nantes: CID éditions, 1982.
- Leclerc, Eloi. *The Desert and the Rose: The Spirituality of Jeanne Jugan*. London: Darton, Longman and Todd Ltd, 2002.
- Léonard, Jacques. "Femmes, Religion et Médecine : Les Religieuses qui Soignent, en France au XIX^e Siècle." *Annales. Histoire, Sciences Sociales* 32, no. 5 (1977): 887-907.
- Leroy, Sophie, ed. *Medicine and Maladies: Representing Affliction in Nineteenth-Century France* Leiden: Rodopi, 2018.
- Lewenhak, Sheila. *The Revaluation of Women's Work*. London: Earthscan Publications Limited, 1992.
- Magnon, René. *Les Infirmières : Identité, Spécificité et Soins Infirmiers*. Paris: Masson, 2006.

- Magraw, Roger. *France 1814-1915: The Bourgeois Century*. Oxford: Oxford University Press, 1983.
- Mangion, Carmen. "'Good Teacher' or 'Good Religious'? The Professional Identity of Catholic Women Religious in Nineteenth-Century England and Wales". *Women's History Review* 14, no. 2 (2005): 223-42.
- *Contested Identities: Catholic Women Religious in Nineteenth-Century England and Wales*. Manchester: Manchester University Press, 2008.
- McBride, Ian, ed. *History and Memory in Modern Ireland*. Cambridge: Cambridge University Press, 2001.
- "Memory and National Identity in Modern Ireland." In *History and Memory in Modern Ireland*, edited by Ian McBride, 1-42. Cambridge: Cambridge University Press, 2001.
- McMillan, James. *France and Women, 1789-1914: Gender, Society and Politics*. London: Routledge, 2000.
- Michaud, Stéphane. *Muse et Madone: Visages de la Femme de la Révolution Française aux Apparitions de Lourdes*. Paris: Editions du Seuil, 1985.
- Michelet, Jules. *L'Amour*. Paris: Librairie de Hachette 1859.
- *La Femme*. Paris: Librairie de Hachette, 1860.
- Milcent, Paul. *Jeanne Jugan: Humble So as to Love More*. London: Darton, Longman and Todd Ltd, 1980.
- Mills, Hazel. "Negotiating the Divide: Women, Philanthropy and the 'Public Sphere' in Nineteenth-Century France." In *Religion, Society and Politics in France since 1789*, edited by Frank Tallett and Nicholas Atkin. London: Hambledon Press, 1991.
- "'La Charité est une Mère': Catholic Women and Poor Relief in France, 1690-1850." In *Charity, Philanthropy and Reform from the 1690s to 1850*, edited by Hugh Cunningham; and Joanna Innes, 168-92. London: Macmillan Press, 1998.
- Mino, Jean-Christophe and Lert, France. "Le Travail Invisible des Équipes de Soutien et Conseil en Soins Palliatifs au Domicile." *Sciences Sociales et Santé* 21, no. 1 (2003): 35-64.
- Monteiro, Marit; Derks, Marjet and van Heijst, Annelies. "Changing Narratives. The Stories the Religious Have Lived by since the 1960's." In *Religious Stories We Live By: Narrative Approaches in Theology and Religious Studies*, edited by R Ganzevoort, M de Haardt and M Scherer-Rath. Leiden: Brill, 2014.
- Nelson, Sioban and Gordon, Suzanne. "The Rhetoric of Rupture: Nursing as a Practice with a History?". *Nursing Outlook* 52, no. 5 (2004): 255-61.
- "NHS Nurse Who Offered Bible to Cancer Patient 'Rightly Sacked' for Her Religious Fervour." *The Telegraph*, 2019.
- O'Brien, Susan. "*Terra Incognita*: The Nun in Nineteenth-Century England." *Past & Present* 121, no. 1 (1988): 110-40.
- Orwell, George. 1984. Middlesex: Penguin Books, 1983.
- Petersen, Alan and Bunton, Robin, eds. *Foucault: Health and Medicine*. Oxon: Routledge, 1997.
- Poland, B; Lehoux, P; Holmes, D and Andrews, G. "How Place Matters: Unpacking Technology and Power in Health and Social Care." *Health and Social Care in the Community* 13, no. 2 (2005): 170-80.
- Pope Paul VI. "Ecclesiam Suam (English Translation)." *The Pope Speaks* 10, no. Summer (1965): 253-92.
- Porter, Roy. "The Patient's View: Doing Medical History from Below." *Theory and Society* 14 (1985): 175-98.

- *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*. London: Harper Collins, 1997.
- Price, Roger. *People and Politics in France, 1848-1870*. Cambridge: Cambridge University Press, 2004.
- Proudhon, Pierre-Joseph. *De la Justice dans la Révolution et dans L'église*. Bruxelles: Librairie de l'Office de Publicité, 1858.
- Ram, Helen. *The Little Sisters of the Poor*. London: Longmans, Green & Co, 1894.
- Ramsey, Matthew. "Medical Power and Popular Medicine: Illegal Healers in Nineteenth-Century France." *Journal of Social History* 10, no. 4 (1977): 560-87.
- "History of a Profession, *Annales Style: The Work of Jacques Leonard*." *Journal of Social History* 17, no. 2 (1983): 319-38.
- Renard, Didier. "L'assistance en France au 19^e Siècle : Logiques de l'Intervention Publique." *Revue Internationale d'Action Communautaire* 16, no. 56 SI: La Pauvreté : Raison d'Etat, Affaire de Cœur (1986): 9-25.
- Ribeyre, Félix. *Les Petites Sœurs des Pauvres*. Paris: Victor Palmé, 1868.
- Rossigneux-Méheust, Mathilde. *Vies d'Hospice : Vieillir et Mourir en Institution au XIXe Siècle*. Ceyzérieu: Champ Vallon, 2018.
- Rougeron, C. "La Médecine Générale en France de la Révolution à Aujourd'hui : La Métamorphose." *Ethics, Medicine and Public Health* 1 (2015): 283-88.
- Rowden, Clair. "Massenet, Marianne and Mary : Republican Morality and Catholic Tradition at the Opera." Thesis: City University London, 2001.
- Salih, Sara and Butler, Judith. *The Judith Butler Reader*. Malden, MA: Blackwell Publishers, 2004.
- Salin, Sandra. *Women and Trade Unions in France*. Oxford: Peter Lang, 2014.
- Sani, Fabio; Bowe, Mhairi; Herrera, Marina; Manna, Cristian; Cossa, Tiziana; Miao, Xiulou and Zhou, Yeufang. "Perceived Collective Continuity: Seeing Groups as Entities That Move through Time." *European Journal of Social Psychology* 37 (2007): 1118-34.
- Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. Oxford: Oxford University Press, 1985.
- Schultheiss, Katrin. *Bodies and Souls: Politics and the Professionalization of Nursing in France, 1880-1922*. Cambridge, MA: Harvard University Press, 2001.
- Schwartz, Joan and Cook, Terry. "Archives, Records, and Power: The Making of Modern Memory." *Archival Science* 2 (2002): 1-19.
- Seeman, Teresa. "Social Ties and Health: The Benefits of Social Integration." *Annals of Epidemiology* 6, no. 5 (1996): 442-51.
- Simon-Jeanjean, Chantal. "La Constitution de la Professionnalité Infirmière : les Religieuses Soignantes en Basse-Normandie (1804-2009)." Université de Caen Normandie, 2013.
- Simon, Jules. *La Femme au Vingtième Siècle*. Paris: Calmann Lévy, 1892.
- Smith, Bonnie G. *Ladies of the Leisure Class: The Bourgeoises of Northern France in the Nineteenth Century*. Princeton: Princeton University Press, 1981.
- Smith, Sidonie and Watson, Julia. *Reading Autobiography: A Guide for Interpreting Life Narratives*. Minneapolis: University of Minnesota Press, 2010.
- Smith, Timothy *Creating the Welfare State in France, 1880-1940*. Montréal: McGill-Queen's University Press, 2003.
- Sowerwine, Charles. *France since 1870: Culture, Politics and Society*. Basingstoke: Palgrave, 2001.

- Stone, Judith. "Anticlericals and *Bonnes Sœurs*: The Rhetoric of the 1901 Law of Associations." *French Historical Studies* 23, no. 1 (2000): 103-28.
- Stone, Lawrence. "Prosopography." *Historical Studies Today* 100, no. 1 (1971): 46-79.
- Strenski, Ivan. *Contesting Sacrifice: Religion, Nationalism, and Social Thought in France*. London: University of Chicago Press, 2002.
- Sussman, George D. "The Glut of Doctors in Mid-Nineteenth-Century France." *Comparative Studies in Society and History* 19, no. 3 (1977): 287-304.
- Tallett, Frank and Atkin, Nicholas, eds. *Religion, Society and Politics in France since 1789*. London: Hambledon Press, 1991.
- Theweleit, Klaus. *Male Fantasies Vol. 1*. Cambridge: Polity, 1987.
- Thompson, Margaret Susan. "'Charism' or 'Deep Story'? Toward a Clearer Understanding of the Growth of Women's Religious Life in Nineteenth-Century America." *Review for Religious* 58, no. 3 (1999): 230-50.
- Tombs, Robert. *The Paris Commune 1871* New York: Pearson Education Inc., 1999.
- Trochu, Francis. *Jeanne Jugan Fondatrice des Petites Sœurs des Pauvres* Lyon: Emmanuel Vitte, 1947.
- Trouillot, Michel-Rolph. *Silencing the Past: Power and the Production of History*. Boston, Mass: Beacon, 1995.
- "U.N. Women's Report: Progress of the World's Women." progress.unwomen.org.
- Unknown. *Notice sur la Révérende Mère Marie de la Providence, Fondatrice de la Société des Religieuses Auxiliatrices des Âmes du Purgatoire*. 5 ed. Paris: Librairie Victor Lecoffre, 1873.
- *Positio: Joannae Jugan*. Rome: Typis Poliglottis Vaticanis, 1976.
 - "Controversies in Care: How Women's Work Is Made 'Invisible'." *The American Journal of Nursing* 91, no. 9 (1991).
- Wall, Barbra Mann. "Science and Ritual: The Hospital as Medical and Sacred Space, 1865-1920." *Nursing History Review* 11 (2003): 51-68.
- Warner, Marina. *Alone of All Her Sex: The Myth and the Cult of the Virgin Mary* Oxford: Oxford University Press 2013.
- Weindling, Paul. "The Modernization of Charity in Nineteenth-Century France and Germany." In *Medicine and Charity before the Welfare State*, edited by Jonathan Barry and Colin Jones. Psychology press: London, 1994.
- Weisz, George. "The Emergence of Medical Specialization in the Nineteenth Century." *Bulletin of the History of Medicine* 77, no. 3 (2003): 536-74.
- Windebank, Jan. "Social Policy and Gender Divisions of Domestic and Care Work in France." *Modern & Contemporary France* 20, no. 1 (2012): 21-35.
- Woodward, Kath, ed. *Questioning Identity: Gender, Class, Ethnicity*. London Routledge, 2004.
- Worboys, Michael. "Practice and the Science of Medicine in the Nineteenth Century." *Isis* 102, no. 1 (2011): 109-15.

Websites

Auxiliatrices des Ames du Purgatoire, <https://auxiliatrices.fr/>.

"European Institute for Gender Equality." <https://eige.europa.eu/>.

Little Sisters of the Poor. "Canonization." <http://www.littlesistersofthepoor.org/saint-jeanne-jugan/canonization/>.

Petites Sœurs des Pauvres. "Jeanne Jugan, Fondatrice des Petites Sœurs des Pauvres."
<https://petitessoeursdespauvres.org/jeanne-jugan/sa-vie/jeanne-jugan-fondatrice-petites-soeurs-pauvres/>.

- "Vœux Perpétuels." <https://petitessoeursdespauvres.org/vocation/les-etapes/voeux-perpetuels/>.

Pope Paul VI. "Perfectae Caritatis: Decree on the Adaptation and Renewal of Religious Life."

http://www.vatican.va/archive/hist_councils/ii_vatican_council/documents/vat-ii_decree_19651028_perfectae-caritatis_en.html.

- "Evangelica Testificatio: Apostolic Exhortation on the Renewal of Religious Life According to the Teaching of the Second Vatican Council."

http://w2.vatican.va/content/paul-vi/en/apost_exhortations/documents/hf_p-vi_exh_19710629_evangelica-testificatio.html.

Sainte Famille de Bordeaux. "Charisme Sainte-Famille."

<http://www.saintefamille.fr/charisme-sainte-famille/>.

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