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Urban Governance in French Colonial North America: Hospital Care in Québec City and New Orleans in the 17th and 18th Centuries

Zusammenfassung

Anders als in den britischen Kolonien in Nordamerika, wo erst 1751 das erste Krankenhaus im modernen Sinne des Wortes gegründet wurde, existierten Einrichtungen dieser Art in Neufrankreich bereits ab der Mitte des 17. Jahrhunderts. Während diese Krankenhäuser anfangs noch ausschließlich auf die Initiative religiöser Orden und privater Gönner im Mutterland zurückgingen, engagierte sich ab den 1660er Jahren auch die französische Krone verstärkt in diesem Bereich. Die Erfahrungen der ersten Jahrzehnte in Nordamerika hatten den französischen Kolonialherren gezeigt, dass eine erfolgreiche Kolonisierung nicht zuletzt auch von der Gesundheit der Siedler und Soldaten abhing und daher die medizinische Versorgung in der Kolonie zentraler Bestandteil der königlichen Kolonialpolitik sein musste. Um die hierfür anfallenden Kosten möglichst gering zu halten, war die Krone bestrebt, religiöse Orden und Siedler in die Verwaltung und Finanzierung von Krankenhäusern einzubeziehen. Anhand der Beispiele des Hôtel-Dieu in Québec City sowie des Hôpital du Roi und des Hôpital des Pauvres de la Charité in New Orleans wird in diesem Aufsatz der Frage nachgegangen, auf welche Art und Weise königliche, religiöse und private Akteure kooperierten, um die Pflege und Behandlung von Siedlern und Soldaten in kolonialen Krankenhäusern zu gewährleisten.

Résumé

Tandis que, dans les colonies britanniques en Amérique du Nord, le premier hôpital au sens moderne du terme ne fut fondé qu'en 1751, la Nouvelle-France détenait des institutions de ce genre déjà depuis le milieu du dix-septième siècle. Au début, ces hôpitaux se basaient exclusivement sur l'initiative des ordres religieux et des donateurs privés. Cependant, à partir des années 1660 la couronne française s'engagea aussi de plus en plus dans ce domaine. Les expériences des premières décennies en Amérique avaient montré clairement aux colonisateurs français qu'une colonisation ne pouvait avoir de succès que si la santé des soldats et des colons pouvait être assurée. En conséquence, des soins médicaux devaient constituer un élément central dans la politique coloniale du roi. Voulant maintenir au plus bas les coûts de cette entreprise, la couronne était intéressée

par une intégration des ordres religieux et des acteurs privés dans l'administration et le financement des hôpitaux. En s'appuyant sur l'exemple de l'Hôtel-Dieu à Québec ainsi que de l'Hôpital du Roi et de l'Hôpital des Pauvres de la Charité à la Nouvelle-Orléans, cet article veut montrer de quelle manière des acteurs royaux, religieux et privés coopéraient afin de garantir le soin et le traitement des soldats et des colons dans les hôpitaux coloniaux.

Diseases were omnipresent in European colonies in North America during the 17th and 18th centuries. Malaria, dysentery, respiratory sicknesses and epidemic diseases like smallpox and yellow fever represented a serious threat to the settlers' health. Effective care of the colonies' sick civilians and soldiers was of paramount importance for the success of the European powers' colonization efforts. In the French colonies of Canada and Louisiana,¹ religious orders, colonial officials, and the settlers themselves realized the necessity of providing proper medical care to the inhabitants at an early stage of the colonization process. The establishment and maintenance of colonial hospitals constituted a decisive part of this care.

Eager to improve the medical situation in the recently established town of New Orleans (Nouvelle-Orléans), Abbé Raguét, the ecclesiastical director of the Company of the Indies, suggested recruiting Ursuline nuns from France as nurses for the town's royal hospital. In a letter to the bishop of Québec he wrote in May 1726:

Je me suis appliqué a [...] l'Établissement de l'hôpital de la nouvelle Orleans. Les Malades y sont quelquefois nombreux, et toujours mal, soit pour la subsistance, soit pour les medicamens qu'on détourne trop impurement. Les Urselines aiant réussi dans le soin quelles ont des Malades en Canada, j'ai pensé quelles réussiroient aussi a la nouvelle Orleans.

1 During the first half of the 18th century, the territory claimed by the French Crown on the North American continent extended from the area around the Saint Lawrence River (colony of Canada) over the Great Lakes region all the way down the Mississippi River to the Gulf of Mexico (colony of Louisiana). While settlement along the Saint Lawrence River already began during the early 17th century – Québec City as Canada's first permanent settlement was established in 1608 –, the Lower Mississippi Valley was not settled until the beginning of the 18th century after Louisiana had been founded as a French colony by Pierre Le Moyne d'Iberville in 1699. The colony's early settlements Mobile and Biloxi soon proved to be poorly located to serve the economic and strategic needs of a colony which extended from the Gulf of Mexico to the Illinois Country. In order to remedy this situation, the settlement of New Orleans was established in 1718. It was located on the banks of the Mississippi River, close to Lake Pontchartrain, making it possible for ship captains to reach the settlement either from the river or from the lake which in turn was connected to the Gulf of Mexico. The economic and strategic advantages of the site stood in stark contrast to the climatic and environmental features of the location. The swampy, low-lying region was a perfect breeding-ground for diseases, especially malaria and yellow fever, resulting in large numbers of sick settlers and soldiers in need of medical treatment and hospital care every year during the hot and humid summer months.

[...] Les Religieuses prendront l'hopital tel quil est, et y trouveront un Logement convenable. (Centre des archives d'outre-mer (CAOM), Archives des colonies (AC), C13A, vol. 10, 54)

Raguet's efforts to solicit the help of the Ursuline nuns for the management of the hospital in New Orleans soon proved to be worthwhile. In September 1726, the Ursulines of Rouen entered into a contract with the Company of the Indies, which was in charge of the French colony at that time. In this agreement the nuns consented to dispatch a number of their sisters to Louisiana where they would assume control of the king's hospital and provide nursing care for the sick (cf. CAOM, AC, C13A, vol. 10, 88). As Raguet mentions in his letter, this was not the first time that nuns of the Ursuline order engaged in health care in French North America. Almost thirty years before, in 1697, Ursuline sisters had been recruited for the administration of the then newly-founded *Hôtel-Dieu* in Trois-Rivières. Even earlier than that, in 1639, Augustinian nuns from Dieppe had arrived in New France to establish a hospital in the town of Québec. In Louisiana, as in Canada, these nuns played a key role in shaping and organizing the sector of medical care within the *Hôtels-Dieu* or the *Hôpitaux du Roi*. During this time, the sisters benefited to a large extent from the knowledge and experience they had acquired in France before coming to the colonies. However, the completely new environment and the unfamiliar living conditions in North America made new demands on the sisters. They faced a heterogeneous population, unknown diseases, different climatic conditions and, above all, the long distance between colony and home country that made communication as well as the frequent supply of medicine, surgical instruments, and other necessities quite difficult.

The inhabitants of the French colonies in North America had to find their own individual ways of dealing with these new demands and the problems arising in the unfamiliar environment of the New World. Although the strategies adopted by the colonists in response to these challenges could be based on established forms of organization used in the mother country, the settlers nevertheless had to adapt them to their particular needs. Thus, not even the solutions found in the different French colonies in North America were identical. The inhabitants of Canada were faced with different problems than their counterparts in Louisiana.

Taking the relatively small field of hospital care as an example this article wants to look at the ways in which colonial towns in French North America were organized during the 17th and 18th centuries. Of particular interest in this context is the question of which actors were involved in the organization of hospital care in Louisiana and Canada and of how these different actors cooperated in finding solutions to all problems arising in the colonial centers Québec City and New Orleans with regard to the financing and administration of hospitals. The method of comparison that was adopted here serves to identify the peculiar features of hospital organization in

the two colonies and thus enables us to understand the actors' opportunities to creatively influence the organization of their community.

The *Hôtel-Dieu* of Québec City: From Religious Initiative to Royal Funding

The *Hôtel-Dieu* in Québec City was founded by Madame de Combalet, the Duchesse d'Aiguillon, a niece of Cardinal Richelieu, in 1639. The duchess had read with excitement the reports of the Jesuit priest Le Jeune about the Jesuits' missionary work in New France. In his narrative for the year 1635, Le Jeune talked about the advantages of a hospital for the Christianizing efforts of the missionaries among the indigenous population of Québec:

Le deuxiesme iour de Feurier, la petite Sauuage qu'on porta en France l'an passé, fut baptisée au Monastere des filles de la Misericorde, c'est à dire, en l'Hospital de Dieppe [...], l'vn des mieux reglez de l'Europe. Il ne faut qu'entrer dans al salle des pauures, contempler la modestie des filles qui les seruent, considerer leur charité dans les plus fascheuses maladies, ietter les yeux sur la netteté des ceste maison, pour en sortir tout affectionné, et donner mille louanges à nostre Seigneur. Si vn Monastere semblable à celuy-là, estoit en la Nouvelle-France, leur charité feroit plus pour la conuersion des Sauuages, que toutes nos courses et nos paroles. (Côté 1858, Year 1635, 7sq.)

Inspired by Le Jeune's suggestion, the duchess decided to fund – with her own money – the establishment of an *Hôtel-Dieu*, similar to that in Dieppe, in Canada. Not only did she succeed in convincing the Company of New France to grant her land for the purpose, but she was also able to secure the support of the hospital sisters of Dieppe. In 1636 she wrote to Le Jeune:

Dieu m'ayant donné le désir d'aider au salut des pauvres Sauvages, après auoir leu la Relation que vous en avez faicte, il m'a semblé que ce que vous croyez qui puisse le plus seruir à leur conuersion, est l'establissement des Religieuses Hospitalieres dans la Nouvelle France: de sorte que ie me suis resoluë d'y enuover cette année six ouuriers, pour défricher des terres, et faire quelque logement pour ces bonnes Filles. (Côté 1858, Year 1645, 5)

The nuns whom the duchess had managed to recruit for her charitable undertaking in Québec belonged to the order of *Les Religieuses Hospitalières de la Miséricorde de Jésus*, an Augustinian order. They set out for New France in 1639 and, after spending the first years nursing sick Native Americans in the Jesuit missionary settlement of Sillery, the nuns finally settled in Québec City where the first hospital was built in 1644 (cf. Goulet/Paradis 1992, 55sq.). Besides the Christianization of the indigenous

population, the main objective of the *Hôtel-Dieu* of Québec City was – as it was the case with the *Hôtels-Dieu* in France – to provide medical care for the sick poor.

During the first decades of the hospital's existence, its funding was largely the responsibility of its foundress, the Duchesse d'Aiguillon. In 1637 she had granted the sisters an annuity of 1,500 pounds for the maintenance of the hospital. Three years later, in 1640, she had agreed to forward them the sum of 40,000 pounds for the construction and maintenance of the institution. When in 1654 the wooden structure of the first hospital building became too small to accommodate the growing number of sick people, the nuns again turned to the duchess and other charitable persons in France and successfully raised funds for a newer and larger building. In 1672, almost ten years after New France was taken over by the French crown, the royal *intendant*, Jean Talon, again enlarged the hospital out of his own funds (cf. Heagerty 1928, 148-155).

Beyond these extraordinary funds designated for constructional purposes, the hospital received annual payments from various sources, which were used for the maintenance of the hospital. After 1663, the hospital's principal income consisted of royal support, revenues from the *biens fonciers des Pauvres* – real estate property that had been bequeathed by private persons for the benefit of the poor –, donations from France, and the fees that some of the patients had to pay for the nursing services provided to them. The share each of these different revenues had of the total amount of income varied over time. While private donations from France were the most important source of income during the first decades, royal subsidies made up the largest part of the hospital's funds from the end of the seventeenth century onwards. This large financial commitment by the Crown was not without self-interest: the sisters were expected to provide medical care for troops and Crown employees that came to the colony in ever-growing numbers. The treatment of these individuals was a lucrative business for the nuns: apart from the pensions that soldiers had to disburse out of their own wages, the religious sisters also received an additional royal subsidy for each day such a patient was treated and accommodated at the hospital.

During the eighteenth century, this royally funded care was extended even further to include French prisoners of war, militiamen, seamen, deckhands on the king's ships, and even salt smugglers (cf. Lessard 1994, 298). The growing number of people eligible for royal support in case of sickness is reflected in the share this kind of revenue had of the *Hôtel-Dieu's* total income: while it made up only 7-11% between 1666 and 1723, it increased in the following years, accounting for approximately 18% of the nuns' revenues for the time period between 1724 and 1753. This increase was accompanied by a decline of donations from France, the revenue that had been so important in ensuring the maintenance of the hospital during the early years of its existence. Between 1724 and 1733, these payments amounted to just 6% of the hospital's total revenues, declining further in the following three decades (cf. Rousseau 1983, 90). The nuns accepted this situation with mixed feelings: While

they needed the annual royal support in order to maintain the hospital and provide care for the sick poor, the hospital's capacity was often completely exhausted with the soldiers alone, meaning that the nuns could not take in any indigent sick.

Besides financial aspects, the establishment of Canada as a royal colony brought with it another consequence for the *Hôtel-Dieu*: The Crown sent a large number of medical practitioners to Quebec, physicians, surgeons and assistant-surgeons, midwives and pharmacists. The *médecin du roi*, the royal physician, as well as the *chirurgien du roi*, were employed by the French Crown to take care of the sick at the *Hôtel-Dieu*. As professional medical practitioners, often educated at universities and schools in France, doctors and surgeons felt superior to the religious sisters and treated them as subordinates. The nuns, in turn, did not accept the doctors and surgeons as their superiors and insisted, as much as possible, on their autonomy. There was little cooperation between the nuns and the lay medical personnel, and complaints came from both sides. In 1736, for example, the surgeon Michel Bertier complained to the minister of marine that the sisters received large numbers of wealthy patients in their institution. Because he was only paid for treating soldiers and poor settlers, he demanded extra pay, if he was to extend his services to the prosperous colonists who came from places as far away as Louisbourg to enjoy the sisters' services (cf. CAOM, AC, C11A, vol. 66, 134-136^v). Seven years later, the Mother Superior of the nuns complained in a letter to a vendor of medicine based in France about the doctor and the surgeon recently arrived from France:

[Le médecin] qui nous est venu lannée passée paroît jaloux de son métier il si applique mais Comme il na pas lusage du pays il no[us] fait bien de la dépense et no[us] taille de louvrage, il est extreme[men]t susceptible et délicat aimant son point dhonneur, nous ne no[us] accostons pas trop, il no[us] faut de la franchise, po[ur] nôtre chirurgien il na pas dexpérience n'aime pas son ard, nest pas assidu a ses playes ny a louvrage d lhopital que des apprentis font ordinairement[en]t il cest mariez a une jolye demoiselle qui a du bien, par la vous voyez bien Monsieur que no[us] ne voyons notre hopital servi si avantageusem[en]t que parle passé, ou le Roy dépensoit moin ne payant pas tant de gage, ny dapointem... (Lettres de Mère Marie-Andrée Duplessis de Sainte-Hélène 1930, 369)

The *Hôpital du Roi* of New Orleans: A Royal Institution Under Religious Administration

While the *Hôtel-Dieu* of Quebec originally started as a hospital for Native Americans and the sick poor, and then only gradually evolved into a de facto military hospital, the *Hôpital du Roi* in New Orleans was designated as such right from the beginning. Established in the early 1720s, just after the founding of New Orleans, it was intended to serve as a hospital for soldiers and the official administrative per-

sonnel of the Company of the Indies that was in charge of the colony during the 1720s. Due to the lack of alternative medical care, however, the hospital also provided treatment for sick civilians, at least during the first decades of the town's existence. The explicitly military character of the hospital can be attributed to the fact that the establishment of Louisiana was primarily a strategic enterprise aimed at securing the region from British and Spanish appropriation. The hospital's administration was formally placed in the hands of the colony's *commissaire-ordonnateur*. This official, analogous to the *intendant* in New France, was in charge of justice, finance, and police, part of which were also matters of health policy. In order to ensure the functioning of the hospital and its adequate supply of food and medicine, the *commissaire-ordonnateur*, in turn, commissioned one of the members of the Superior Council, the administrative body of the colony, with supervising all matters concerning the hospital.

During the first years of the hospital's existence, the care of the sick was carried out by surgeons and doctors sent from France and a small number of male nurses who were appointed by the council (cf. CAOM, AC, C13A, vol. 9, 99^v-100). As the colony grew, it became evident that the nursing care had to be put on a more professional basis. In 1723, during an especially sickly summer, the hospital had to accommodate up to 900 patients at a time, even though the actual capacity was only 80 persons (cf. Giraud 1987, 220). Apart from the lack of space to shelter all the sick settlers and soldiers, there was also not enough personnel to care for the large number of patients. This is why, in 1726, the Company of the Indies entered into a contract with the Ursuline nuns of Rouen to take over the management of the hospital and the care of the sick. Although the Ursulines arrived in Louisiana shortly after the contract was signed, they could not formally attend to their nursing duties, because the new hospital and convent that had been promised to the nuns by the Company were not finished until the early 1730s. In the meantime, the Ursulines focused on the education of girls and the care of orphans and only marginally ministered to the sick.

During the 1720s, it was primarily the Company of the Indies that, in exchange for the trading monopoly it held for Louisiana, oversaw the financial maintenance of the colony including that of the hospital and its personnel. The payments of the Company were completed by funds that originated from taxes on slaves and from fines imposed on settlers for misdemeanors (cf. Duffy 1958, 94). In the treaty with the Ursulines the directors of the Company specified how admission to the hospital was to be regulated:

Tous malades de maladies ordinaires et non incurables seront recus a l'hospital sur un billet du Medecin et en son absence du Chirurgien major, et s'ils sont pauvres ils seront traités gratis en raportant un Certificat de leur Curé visé du Procureur general, comme ils n'ont pas le moyen de payer. (CAOM, AC, C13A, vol. 10, 88-100^v)

Employees of the Company were given preference with regard to admission to the hospital, but the Company agreed to pay extra fees for their treatment. Regular colonists who could afford to do so also had to pay for the medical care provided for them (cf. CAOM, AC, C13A, vol. 10, 88-100^v).

The generosity of the Company with respect to the funding of the hospital and the admission of the sick poor was not continued by the Crown when it took over the colony in 1731. Although the king expressed his appreciation for the work of the religious sisters and the hospital's lay medical personnel, he made it clear that the hospital was supposed to serve primarily as a hospital for sick soldiers and workmen in the service of the Crown. Being familiar with the disastrous effects of the Crown's indifferent attitude toward the sick poor in Louisiana, royal officials repeatedly pointed out the inadequacy of the funds available for indigent colonists. In December 1731, for example, *gouverneur* Périer and *commissaire* Salmon wrote to the Comte Maurepas, the French minister of marine, that "the funds assigned for the maintenance of the poor of the hospital appear very moderate when one takes into account the number of sick soldiers and inhabitants to whom this assistance cannot be refused without leaving them to perish" (Rowland/Sanders/Galloway 1984, 93). Unimpressed by these complaints, the Crown insisted that the funds designated for the maintenance of the hospital were more than sufficient, provided that the Ursulines managed their accounts economically. In a memoir to his officials the king instructed them to keep watch over the sisters and to ensure that they took due care of the hospital patients (cf. CAOM, AC, B, vol. 57, 824^v-837^v). Underlining the Crown's unaccommodating position once more, Maurepas wrote in a letter to Salmon in October of 1732:

Je vous ay deja mandé que le Roy ne vouloit point augmenter le nombre des Lits ny la dépense de l'hopital. Je souhaiterois pouvoir procurer aux habitans ce soulagement dans leurs maladies, mais les fond ne permettent pas de faire cette augmentation de dépense ainsy conformes vous a ce que je vous ay prescript sur cela et ne vous en departez point pour quelque cause que ce puisse estre. (CAOM, AC, B, vol. 57, 855^v)

The order Maurepas refers to here was clear: Civilian inhabitants of the colony were only to be admitted to the hospital if there was room to be spared. The Crown would by no means provide additional funds for the medical care of sick civilians, let alone of the sick poor who were not able to pay for their treatment. Apparently, however, the funds granted by the king did not even suffice to ensure the adequate treatment and accommodation of soldiers and Crown personnel. In May of the following year, Salmon and the recently established governor Bienville again underlined the financial difficulties of the hospital in New Orleans:

...the five thousand livres ordered for the maintenance of the hospitals is hardly sufficient to supply them with the medicines which must be considered a much less considerable expense than the food of the sick [...], much less still than the maintenance of the beds, linen and the other equipment necessary for the hospital. If your Lordship is so good as to notice that the King maintains eight hundred troops in the colony and that half and often two-thirds of these troops suffer every year from fever and dysentery which oblige us to admit them to the hospital, you will see that five thousand livres is not nearly enough to treat so many patients. We are not including in this number many unfortunate inhabitants exhausted by hardship whom charity does not permit us to abandon. (Rowland/Sanders/Galloway 1984, 89sq.)

The *Hôpital des Pauvres de la Charité* of New Orleans: Private Initiative for the Sick Poor

The royal decision left the colony's poor with no place to turn to when sick. The Capuchin priests who were responsible for the colony's poor relief were not able to provide medical care for them due to their limited resources. Relief finally came to the indigent sick in 1736, when a resident of New Orleans, the boat builder Jean Louis, bequeathed his entire estate to the colony, on condition that a hospital would be built for the indigent sick. In his will, Louis appointed a member of the Superior Council by the name of Raguét as executor and administrator of the hospital. Raguét together with the rector of the parish, Father Philippe, and *commissaire* Salmon purchased a building to accommodate the new hospital. By 1737, the first patients were admitted to the institution, which came to be known by the name of *Hôpital des Pauvres de la Charité*. Although Jean Louis had explicitly called for a "hospital for the sick of the city of New Orleans" (Cruzat 1918, 94sq.), the institution funded out of his estate not only served as a place for the indigent sick, but also, analogous to the *Hôpitaux Généraux* in France or the work houses in England, functioned as a house of confinement for beggars who were locked up and put to work in the hospital (cf. CAOM, AC, C13A, vol. 22, 30; Salvaggio 1992, 11).

The funding of the hospital was provided by different sources. Since the initial sum of 10,000 pounds bequeathed to the colony by Jean Louis had been largely consumed by the establishment of the hospital – for the expenses of the building itself, the furniture and medical equipment – it was necessary to find other sources of income. Funds provided by the French Crown were out of the question. The minister of marine, Maurepas, made it clear that the colony had nothing to expect from the royal coffers. In a letter in September 1737 to the colony's highest officials, Bien-ville and Salmon, he wrote:

[...] J'aurois souhaité que vous m'eussiez expliqué si le montant de cette succession suffira pour l'Entretien de cet hopital, sur quel pié il est Etabli, comment ceux qui y sont recus doivent y estre traittés, de quelle manière il est gouverné, que est ce qui est chargé d'administration de ses biens, en un mot quels sont les arrangemens qu'ont esté pris pour cet Etablissement. Vous aurés agréable de m'envoyer ces Eclairemens. Mais je dois vous prevenir que le Roy n'entrera ny pour le présent n'y pour l'avenir dans aucune dépense pour ce second hopital. (CAOM, AC, B, vol. 65, 519^v)

The Crown remained true to its word. There is no reference to any royal aid extended to the *Hôpital des Pauvres* except for the donation of a new site for the hospital in 1743. The costs of the institution's maintenance were mostly paid out of private donations. Additionally, limited public funds were provided by the colony's administration. They stemmed from fines imposed upon inhabitants for misdemeanors. An example of this can be found in the records of the Superior Council, the highest judicial court of the colony. In 1746, the justices found one Nicolas Judice guilty of assaulting and severely injuring another colonist. The fine of 1,000 pounds that he was sentenced to pay was to be forwarded to the Hospital for the Poor of New Orleans (Cruzat 1933, 136-137).

Although the Crown refused to support the indigent hospital through direct financial aid, the indigent sick benefited from the royal subsidiaries indirectly. The royal physician who was responsible for providing medical care to patients at the royal hospital also visited the sick at the *Hôpital des Pauvres* without charging extra fees. The institution's administrators also found a way of supplying nursing care for the sick in spite of the hospital's limited financial resources. During the first years of the hospital's existence, the work was carried out by a Senegalese black named François Tiocou and his wife Marie Aram, an African slave. Tiocou signed on to work for the hospital for seven years without pay, except for food and clothing. In exchange for their work, Marie would gain her freedom at the end of the term and "enjoy all the privileges of the other legitimate wives married to the subjects of the King" (Dart 1920, 551-553)

The administration of the hospital was carried out by a board of directors that consisted of prominent citizens of the town, government officials and the parish vicar. Every three years these directors elected two executive officers, a general director and a treasurer, to take charge of the management of the institution (cf. Duffy 1958, 108).

Different Paths, Same Result?

As the examples from Québec City and New Orleans show, governance of medical care in French colonial towns in North America was shaped by various actors who contributed in various ways, even if this cooperation was not always harmonious.

Government officials, representatives of the church and private individuals worked together to provide hospital care for the colonies' inhabitants. The organization of the hospitals was adapted to the specific conditions in the respective settlements. In Québec City, the *Hôtel-Dieu* was started by religious sisters with the financial help of a private individual. When the Crown took over New France in 1663, the royal administration took advantage of already existing institutions, like the *Hôtel-Dieu*, and adapted them to its purposes. The resulting cooperation between the Augustinian sisters and the Crown provided a sound financial and organizational basis of medical care in the town of Québec from which both sides, in spite of friction, benefited.

The *Hôpital du Roi* in New Orleans was started by the *Compagnie des Indes* as a hospital for the military and company personnel residing in Louisiana. Not until it became evident that the lay personnel of the hospital were unable to provide effective management of the institution did the company solicit the help of the Ursuline sisters who, from the 1730s onwards, successfully took care of the administration of the hospital and the nursing of the sick. Unlike the *Hôtel-Dieu* in Québec City, the Royal Hospital in New Orleans provided inadequate care for the sick poor. Convinced that there had to be a place in the colony the indigent could turn to in case of sickness, a private person bequeathed his estate to the town of New Orleans, so that a hospital for the poor could be started. After the Crown's refusal to finance the institution, other private individuals, Capuchin priests and government officials residing in the colony stepped in to ensure the proper functioning of the *Hôpital des Pauvres*.

References

- Centre des archives d'outre-mer, Aix-en-Provence (CAOM), Archives des colonies (AC), series B, C11A, C13A.
- Côté, Augustin (ed.), 1858, *Relations des Jésuites: contenant ce qui s'est passé de plus remarquable dans les missions des pères de la Compagnie de Jésus dans la Nouvelle-France*, vol. 1, Québec City.
- Cruzat, Heloise Hulse, 1918, "Sidelights on Louisiana History", *Louisiana Historical Quarterly*, 1.3, 87-153.
- Cruzat, Helois Hulse/Henry P. Dart (eds.), 1933, "Records of the Superior Council of Louisiana", *Louisiana Historical Quarterly* 16.1, 135-150.
- Dart, Henry P. (ed.), 1920, "Cabildo Archives, French Period", *Louisiana Historical Quarterly*, 3.4, 543-553.
- Duffy, John (ed.), 1958, *The Rudolph Matas History of Medicine in Louisiana*, vol. 1, Baton Rouge, LA: Louisiana State University Press.
- Giraud, Marcel, 1987, *A History of French Louisiana*, vol. 5, Baton Rouge, LA: Louisiana State University Press.
- Goulet, Denis/André Paradis, 1992, *Trois siècles d'histoire médicale au Québec. Chronologie des institutions et des pratiques, 1639-1939*, Montréal, QC: VLB.
- Heagerty, John, 1928, *Four Centuries of Medical History in Canada and a Sketch of the Medical History of Newfoundland*, vol. 2. Bristol: Wright.

- Lessard, Rénaud, 1994, *Pratique et praticiens en contexte colonial: Le corps médical canadien aux 17e et 18e siècles*, PhD Thesis, Université Laval, Québec City.
- "Lettres de Mère Marie-Andrée Duplessis de Sainte-Hélène, Supérieure des Hospitalières de l'Hotel-Dieu de Québec", 1930, *Nova Francia*, 5.6, 359-379.
- Rousseau, François, 1983, *L'oeuvre de chère en Nouvelle-France. Le régime des malades à Hôtel-Dieu de Québec*, Québec City: Presses de l'Université Laval.
- Rowland, Dunbar/A. G. Sanders/Patricia Galloway (eds.), 1984, *Mississippi Provincial Archives*, vol. 4, Baton Rouge, LA/London: Louisiana State University Press.
- Salvaggio, John E., 1992, *New Orleans' Charity Hospital: A Story of Physicians, Politics, and Poverty*, Baton Rouge, LA: Louisiana State University Press.