

METAMORPHOSED HOSPITAL PATRIMONIES IN BURGUNDY: ARCHIVES, ARCHITECTURES, COLLECTIONS (13TH-20TH C.)

Sylvie Le Clech

Conservatrice générale du patrimoine
Archives nationales – UMR Artehis Dijon

e-mail: sylvie.le-clech@culture.gouv.fr

Received: 9 July 2013 | Revised: 9 Sept. 2013 | Accepted: 1 Dec. 2013 | Available online: 20 Dec. 2013 | doi: 10.1344/Svmma2013.2.13

Résumé

Le propos de cette contribution se centrera sur la problématique scientifique de la connaissance et de la valorisation des patrimoines hospitaliers (archives, architectures, objets), concernés par des opérations de désaffectation et de transformation, suite aux mutations économiques de la période contemporaine, depuis les opérations d'humanisation des hôpitaux dans les années 1960. Elle examinera les outils de cette connaissance, les inventaires, outils d'aide à la compréhension et à la décision autant qu'outils de recherche.

A travers l'exemple de l'hôtel Dieu de Tonnerre en Bourgogne¹ et celle de quelques autres hôpitaux bourguignons (Beaune, Tournus, Louhans, Auxerre²), dont les notices sont accessibles sur le site du ministère de la culture français,³ on évoquera les sources que constituent les archives, les architectures et les objets. Il s'agit de faire prendre conscience que la connaissance sert non seulement des démarches heuristiques produites par des univers académiques, mais aussi des démarches opérationnelles de transmission des savoirs aux populations contemporaines.

Mots clés: Bourgogne, patrimoine, assistance, archives, architecture, pharmacie, documentation

Abstract

This article focuses on the understanding and valorization of hospital patrimonies (archives, architectures, objects). After the 1960s interventions aimed at the humanization of the buildings, and as a result of current economic change, such patrimonies have been affected by decommissions and transformations. We will analyse the inventories, the most suitable support tools to understand hospitals, make decisions about them and perform research based on them.

Through the example of the Hôtel-Dieu de Tonnerre, in Burgundy, and other Burgundian hospitals (Beaune, Tournus, Louhans, Auxerre), whose information can be accessed online at the website of the French Ministry of Culture, we will discuss archives, architectures and objects, that is, the sources for the study of hospitals. Our aim is to make clear that understanding them is not only of use to the heuristic approach of the academic world, but also to the practical purpose of transferring knowledge to people.

Key Words: Burgundy, Heritage, Welfare, Archives, Architecture, Pharmacy, Documents

¹ LE CLECH-CHARTON 2012, 2010a, 2010b, 2010c.

² See the critical edition of the regulations of the hôtel-Dieu d'Auxerre in the upcoming work of the author on Jacques Amyot that will be published by Éditions du CTHS in September 2013.

³ www.culture.fr [2013/06/13], Mérimée (architecture), Mémoire (photographies) and Palissy (objects) databases, also available at the Collection portal of the same Ministry, which gathers archive documents. Data also provided by the French Heritage services.

Hospital Archives

By virtue of the 1968 regulations on hospital archives,⁴ hospitals keep or deposit their holdings in regional archives, within the H depository series, classified according to an alphabetical classification table that distinguishes between archives prior to and later than the French Revolution. Such holdings can date back to the medieval period, when most of these establishments were founded, and contain recurrent typologies: regulations and foundational documents (charters, cartularies...); records of deliberations, which recount the major decisions made by the hospital administrators; lease agreements related to the real estate; title deeds; plans of the buildings; books of admission of the patients; foundations of masses and chapels by benefactors; relic inventories; inventories of movable objects and accounts in the form of expenses and receipts. In regional archives, the holdings of prefectures, which held the tutelage of these establishments, are preserved in the X series; series L and Q must also be taken into account since they correspond to the revolutionary period and thus contain important documents for the study of old hospitals, since the administrative organs spawned by the French Revolution had to make decisions about them. It is interesting to note that although the revolutionary administration decommissioned the properties of noble emigrants and sold ecclesiastical properties (abbeys in particular, within which hospitals worked), locally, it preserved hospital establishments moved by the necessities of public service. Therefore, it is no surprise that hospital archives do not interrupt their dealings during that period, since the service of the nursing sisters was indispensable for a country in need. In the case of Tonnerre, for example, hospital archives provide information about the fate of the buildings, but also about that of the objects of the countess and the tombs of the counts of Tonnerre, as well as about the management of the hospitals through the records of deliberations.

These archive holdings are usually included in the digital repositories of many municipal (Arles, Saumur, Tours) and regional archives,⁵ which are gradually becoming more available online, as well as in the archives of the *Assistance publique hôpitaux* in Paris⁶ and the civic hospices of Lyon, two establishments provided with archival services. Suffice it to perform a simple search of the expression ‘hospital archives online’ with any search engine,⁷ to be addressed to institutional sites explaining the classification table of hospital archives and granting access to their finding aids. Most of the holdings are rich for the period after the 17th century, owing to the unification of small medieval establishments into general hospitals founded in towns under the rule of Louis XIV,

⁴ Most professional websites provide access to those regulations, which will help the researcher to understand the classification table of hospital archives; www.archivesdefrance.culture.gouv.fr/gerer/publications/lois [2013/06/13]

⁵ The regional archives of Var publish an online database devoted to hospital archives. The regional archives of Alpes-maritimes, Bouches-du-Rhône, Côtes d’Armor, Eure-et-Loir, Meurthe-et-Moselle, Meuse, Orne, Pas-de-Calais, Savoie, Seine-maritime, Yvelines, publish their repositories online.

⁶ <http://recherche.aphp.fr> [2013/06/13]

⁷ For other online resources, we refer to the institutional website of the *Service interministériel des Archives de France* (French Ministry of Culture, *Direction Générale du Patrimoine*), the institutional portal of the French Ministry of Culture, ‘Collections’, and the directory of services of hospital archives (Généawiki).

but the medieval period, from the 12th and 13th centuries, is also well covered, especially for hospitals to the south of the Loire, where the written tradition of Roman law remained strong.

These holdings show the triple nature of hospital patrimonies: social institution, evolving from private charity to the construction of a public policy –first municipal, later state policy–, of welfare and health care, from the 14th century onwards and definitely after the French Revolution; its relationship with its immediate economic environment (urban and peri-urban territory, rural areas); ecclesiastical institution (hospitals are founded by religious orders or bishops and usually benefit from the protection of episcopal power).

From the bibliographic standpoint, a whole historiographical line has developed for half a century, at first focused on institutional concerns, and twenty years later on the sociological and anthropological aspects. We refer here to the works by François-Olivier Touati,⁸ who gathered numerous historians combining archival research and the problems of the study of architecture or, in the case of Burgundy, to the works by Christine Lamarre on Dijon (LAMARRE 2004) and the Modern Era, and for the Middle Ages, those by Alain Saint-Denis,⁹ both of them emerit professors at the Université de Bourgogne whose students have participated in many inventorying operations of hospital patrimonies ensuring, along the research lines of their professors, the analysis of archival sources and the identification of welfare places.¹⁰ For the Catalan region, the historians of the French region of Languedoc-Roussillon (Daniel Le Blévec,¹¹ honorary professor at the Université de Montpellier) are an essential reference. An initiative to create an atlas has been launched by a group of historians and curators at the Université de Picardie in Amiens (under the direction of Pascal Montaubin and Marie-Claude Dinet-Lecomte); it compiles complete archival reviews until 1800. This project was presented at the conference on *Les établissements hospitaliers en France du Moyen Age au XIXe siècle, Espaces, objets et populations*, held in Tonnerre in 2008, whose proceedings were published by the university press of Dijon, under my direction, in 2010. Recently, the ‘Archives’ commission of the group of documentary public interest in mental health ASCODOCPSY, published online the last version of the guide to documentary resources in hospital archives, composed of seven downloadable files.¹²

In the specific case of the hôtel-Dieu de Tonnerre (Fig. 1), the consultation of the archival holdings preserved in the premises of the hospital, controlled by the regional archives, allows us to go beyond the articles composed in the 19th century by the director, the hospital historian, who was Camille Dormois, promoter and starter of the first inventory of the old sources of the hospital,

⁸ TOUATI 1991, 1993, 1996, 1998, 2004.

⁹ <http://www.artehis-cnrs.fr/Bibliographie-Alain-Saint-Denis> [2013/06/13]

¹⁰ On 30 October 2012, Aurore-Diane Simon defended a doctoral dissertation in history at the Université de Bourgogne under the supervision of Vincent Tabbagh entitled *Implantations, activités et relations des établissements d'assistance en Bourgogne à la fin du Moyen Âge*.

¹¹ LE BLÉVEC 2000 and <http://cemm.upv.univ-montp3.fr/equipe/professeurs/daniel-le-blevec/> [2013/06/13].

¹² <http://www.ascodocpsy.org/Guide-des-archives-hospitalieres.682> [2013/06/13].

centred on the 19th century cartulary and the main deeds related to the foundress, Marguerite de Tonnerre (Fig. 3-4). Until quite recently, the largest hospital in medieval Europe was only perceived in a fragmentary way, either within the framework of its legal status as historical building, or due to its restoration projects. Thus, scholars focused on the medieval building and the figure of its foundress, countess Marguerite de Tonnerre, usually constructing what modern historiography would find a fascinating romantic history; it is well known that the discourses of 19th century historians and art historians fall within literary and political structures that were very influenced by the *roman national* of a deeply transformed French academism. In other words, the history of the hospital of Tonnerre says as much from the perception of the historical objects by the historians and archaeologists of the Romantic period as from the facts, whether proven or questioned. The complete consultation of the hospital archives from the 13th century to the beginning of the 20th century, allows us to consider the hospital complex as a whole, uniting the original nucleus constituted by the castle of the counts of Tonnerre and the medieval hospital founded in 1293, and the annexes erected between the 16th and the 17th centuries –and lost today–, around a yard that strongly resembled that of other hospitals of the Modern Era. The 19th century, embodying the modernity of medical science and the primacy of the public policy of welfare and health care, is represented by the discussions, work and commissioning dossiers, accounts, collections of plans and pictures, of the construction of the hospital between 1848-1852. It is on the basis of these archives that we can compare the data provided by these holdings and their reliability, with the archaeological excavations of the 1990's which complemented the partial restoration of the medieval building. These excavations furnished information which sometimes concurred with written sources and sometimes differed from it or was entirely new, thus putting to the test the silence of archival information, so frequent for documents composed within the framework of administrative management.

The libraries that contain manuscripts are yet another source related to the existence and functioning of the hospitals of the Ancien Régime. The sisters had manuscripts, medieval romances, but also *regimen sanitatis*, medicine books and richly illuminated books of hours providing teachings on health care and the use of spaces. In Burgundy, the hôtel-Dieu de Beaune still preserves a small fonds of illuminated manuscripts dating back to the medieval period or the beginning of the Renaissance (FROMAGET, LE CLECH-CHARTON 2007).

Architectures

Through several examples, we will allude to medieval urban and peri-urban architecture as well as to the urban hospitals of the Modern Era. The general inventory founded in France in 1964 by André Malraux, who was the minister of culture at the time, is the main source of general information on hospitals, studied from the perspective of their history but, above all, as architectural heritage. The general and systematic character of the inventories of French

architectural heritage allows us access to a normalized knowledge, since it was produced in keeping with a methodology suitable for the comparison between buildings, an advantage for the researcher who wants to have a knowledge platform capable of placing hospitals in context to study their typologies. However, it is also useful to search the records of the works carried out on the hospitals when they became protected as historical monuments, or the documents issued by archaeological excavations. These records are less accessible, since they are unpublished and written on paper, and preserved in the regional *Directions of cultural affaires* (DRAC) or in the *Médiathèque du patrimoine*, which is provided with a database. Finally, it is to note the 2008 assessment of the *Centre national d'archéologie urbaine* (CNAU) on the topic of hospitals¹³ and, within each region, the reports of preventive excavations of the *Institut national de recherche en archéologie préventive* (INRAP), examined by the *Commissions interrégionales de la recherche archéologique* (CIRA) and recorded in the *Services régionaux de l'archéologie* within the *Directions régionales des affaires culturelles*.

The patrimonial studies of the general inventory gain wide publicity through the databases of the Ministry of Culture, *Mérimée* for architectural heritage and *Mémoire* for photographs. Many regions such as Aquitaine, Nord-Pas-de-Calais and Burgundy have decided to study the architecture of hospitals according to a specific theme approach, but all of them have produced documentary records and notes added to databases in accord with the general approach of the inventory, divided into fields of study: the districts.

Moreover, the topic has become the object of a European approach addressed at the study and the preservation of hospital patrimonies since 2000, the European programme PAPHE,¹⁴ *Présent et avenir du patrimoine hospitalier européen* and many regional services of the general inventory have directed monographs or theme publications, the last of them a national synthesis.¹⁵ Such a remarkable improvement could not have happened without a long-term normalized approach. Here, we will only present examples coming from the survey I have conducted with the team of the regional service of the general inventory of Burgundy, through an agreement with the *Agence régionale de l'hospitalisation*, from 2002 to 2008, which has been the subject of regular extensions; it is susceptible of offering an interesting comparative perspective, to the extent where the duchy of Burgundy, crossed by the influences of northern and the southern Europe, is a convincing example of patrimonial and historical syncretism.¹⁶

From the Middle Ages to the 20th century, the architectural shape of hospitals has evolved in both functions and needs. They are collective architectures, close to the architecture of medieval markets, rural estates and churches. We should distinguish rural hospitals, the leprosariums or

¹³ The tasks of this centre have been performed by the central administration of the French Ministry of Culture since 2010.

¹⁴ <http://europaphe.aphp.org/fr/a.html> [2013/06/13].

¹⁵ See LAGET, LAROCHE, DUHAU, 2012, which includes the results of the Burgundian survey.

¹⁶ The regional service of the *Inventaire* published its results between 2005 and 2011.

maladières/maladreries, where the buildings include a chapel, a hall for the sick with several beds and living quarters organized around a yard, from larger urban hospitals. The large urban hospitals of the Middle Ages, Saint Jean in Angers, the Comtesse hospice in Lille, the hospital of the Quinze-vingts in Paris, and the *hôtel-Dieu* in Tonnerre (Fig. 5), are single-nave buildings, leading to a church whose front façade includes a portal eventually preceded by a porch and illuminated by bay windows. The ecclesiastical character of such establishments is clear, although they are founded by members of the lay aristocracy. Their plan is described as a ‘hall’ owing to the single nave and the presence of pillars dividing the inner space, but their ecclesiastical vocation is clear. Entering a hospital in the Middle Ages was entering a space where spiritual healing combined with physical healing, one could not go without the other since healing was perceived as a transformation of the individual, both soul and body. Moreover, concerning spiritual matters, these establishments were ruled by chapters and the women who took care of the sick lived in religious or lay communities similar to nunneries (the *beguinages* of northern Europe). The bishop granted his protection to the new establishment, or even founded it himself, as Jacques Amyot did in Auxerre in 1579. Therefore, the plan of the *hôtel-Dieu* de Tonnerre, as other examples we have previously mentioned (Angers, Lille, but also the *Bilocke* in Gand), can be considered as representative of the plan of large urban establishments erected on the city limits.

Beaune, where the hall of the poor was founded by the chancellor of the duke of Burgundy, Nicolas Rolin, and his wife, Guigone de Salins in 1443,¹⁷ adopted a central nucleus identical to that of Tonnerre; it also evolved by adding buildings around a yard during the Modern period, which evinces the continuous adaptation of the hospital to its parcel plan and the increasing variety of its functions. Several halls are necessary in order to separate the sick according to gender, and later according to their nature (elderly, ‘troubled’, etc.). The *hôtel-Dieu* de Beaune (1443-1451), much more known to the greater audience due to its valorization for tourism purposes after the 1930s, seems to express the ideal of medieval hospital architecture. The extant sources preserved on site allow the study of the particular context of its foundation by chancellor Rolin (1376-1462), in a moment of crisis for the population, as well as its implementation and the different stages of the works. As in the case of Tonnerre, the *hôtel-Dieu* de Beaune reveals that its founders made formal architectural choices that placed the building among the prestigious buildings of its time. The founder, who sought the salvation of his soul, played a social role also on Earth. Just as a bishop is ‘the father of the poor’, a lay patron rivals with him to show his benevolence towards the destitute and the sick. The few extant urban medieval hospitals, usually profoundly reorganized in the 19th and the 20th centuries, have adopted large gable roofs, covered mostly by quality flat tiles or, in the case of Beaune, by slate and glazed tiles, supported by a

¹⁷ In 2004 Didier Sécula, defended a thesis dissertation under the supervision of Fabienne Joubert entitled *L’hôtel-Dieu de Beaune, étude architecturale et approche iconologique d’un monument emblématique*, at the université de Paris – Sorbonne (<http://www.sudoc.fr/095855726> [2013/06/13])

wooden ceiling, as in Tonnerre. Under such ceilings, prevails a wooden vault on a panelled cradle over the great hall. In Beaune, the half-timbered façades of the courtyard reveal the medieval architecture that combined the use of wood and stone in the facing of buildings. In Beune, the outer façade, destined to be in view of the public, is made of stone and is truly magnificent (Fig. 8). In Tonnerre, the hospital is entirely made of stone (Figs. 1,5). When there are various buildings around a courtyard, circulation is assured by galleries, an architectural element in vogue from the Middle Ages to the Renaissance, since it allows the connection between not adjoining buildings. The theses of Didier Sécula and Aurore-Diane Simon, established comparisons between noble hospital foundations, beguinages and princely residences.

Throughout the Modern period, essentially from the 17th century onwards, when the general hospital was created in France, hospitals either completed their medieval buildings or, when they were located in towns, adopted the plan of a particular hôtel, renowned in aristocratic civic architecture. Two wings were added to the central building, set at a right angle forming a U-shape. If the plan was more advanced, the building had an H-shape, with either a single or double courtyard. The H-shape is also Italian in origin, in particular, in large Roman establishments, whose structure was disseminated in the Renaissance. In Burgundy, the hospital of Cluny, which adopted the U-shaped plan around a large courtyard of honour, appears as a true urban palace. Under the patronage of Notre-Dame, it replaces the old hospital of Saint-Blaise, destroyed in 1706 and which had entered a period of decline since the 16th century, in another location. The foundation of the establishment dates from 1674. The current hôtel-Dieu, whose building was planned in 1702 and carried out between 1706 and 1713, was funded by the citizens and by a personal donation of the cardinal of Bouillon.

The hospital of Tournus is more discrete and owes to a variant from a primitive 17th-century nucleus, with a formal approach similar to the medieval hall (Tonnerre, Beaune), a single nave to which two wings are added for sex segregation (Fig. 9). The hôtel-Dieu de Tournus is actually located at the spot where, in 1642-1644, a rector of the college of the *rue des Lambrois* had erected a 'nave' for the admission of the sick. In 1661, Bernard Sartoise, an architect of Bourg-en-Bresse (Ain), proposed the upgrade and enlargement of this hall, thus shaping the new hospital. In 1673, after the model of the hôtel-Dieu de Villefranche-sur-Saône (Rhône), visited by two administrators, a new enlargement project of the hall of the sick, foreseeing an increase of capacity to eighteen beds, was entrusted to Jean Gorrat, the master architect of Tournus. The construction of a chapel was undertaken in 1675. The pharmacy seems to date from 1685. A second hall of the sick, within the enlargement of the first, and a chapel at the intersection, were built from 1705 to 1723, following the planning of the reverend father dom Barbereux, who also entrusted with the supervision of the construction of the hôtel-Dieu de Cluny by Cardinal de Bouillon. The hôtel-Dieu, which had by then a capacity of thirty-six beds, was forced to undertake the building of a third hall, reserved for the admission of military personnel, from 1789 onwards.

Therefore, the plan of the hospital was concluded with subsequent reorganizations until the 18th century and finally adopted the shape of an unfinished cross. Built on a complex parcel plan, it is basically a main building to which the access is granted through a slightly protruding front building that contains the two 17th-century halls of the sick along the same axis. In front of it, and perpendicular to the main building, which was erected in two stages, stands the third hall, devoted to military personnel, onto which a new chapel opens. The inspiration source for the hospitals of Cluny and Tournus is the nearby hospital of the Rhône, and several links provide the hospitals of Saône-et-Loire, Cluny, Tournus and Louhans with quite close features, also showing the development in this part of the duchy of a dynamic activity of hospital construction, owing to the wealth of the communities and the presence of benefactors close to the courts of the king, the abbeys, the cardinals and the nobility.

The plan of the hospital of Louhans is still more developed. It adopts an H-shape and articulates within the different buildings the halls of the sick, a pharmacy, the council chamber and the chambers of the sisters. The architectural decoration is immaculate and also reveals, as in the case of large medieval establishments, the wish to express the prestige of the function, with the difference that the buildings of the modern period are the result of communal decisions, of the citizenry instead of the initiative of a wealthy founder. The western entrance of the left wing of Louhans includes a front building where the pediment is decorated with a high quality relief depicting the parable of the good Samaritan. Built in several stages, from 1682 to 1687, from 1715 to 1719, in 1754 and later between 1766 to 1769, the hospital perfectly embodies the pragmatic use of the available parcel plan, which depended both on the necessities and funds that determined the decision to complete it in stages, according to an evolving plan that allows for the H- and U-shaped plans which finally provide formal unity to buildings whose successive constructive stages span more than two centuries.

The successive modernization of hospitals kept going during the 19th and 20th centuries, still borrowing from the rational models of civic architecture. Complete reconstructions, as in Tonnerre for the Dormois wing or the additions separated by the hospice of Louhans show the persistence of the U-shaped plans of the modern period. Elsewhere they settle for additions instead of separated buildings. These new buildings assume new functions, operation rooms, morgues and autopsy rooms for the teaching of anatomy, orphanages, charity workshops, rooms for the elderly, the sick and the incurable, social categories created by social legislation after the Revolution. Baths are arranged for the treatment of skin diseases as well as for hygiene and calming down the ‘troubled’, when there is no psychiatric asylum nearby. In the 20th century, the collective living quarters in rows of low-raise buildings provides inspiration, while many-centuries-old hospitals are still used until the decades of the 1970s and 1980s in France, in general, and in Burgundy, in particular, for very specific examples such as Louhans, until the 1990s.

Objects

The collections of objects preserved in hospitals have been, as their architecture, the object of studies whose results are available at the website of the French Ministry of Culture (*Palissy* database for information on objects and *Mémoire* database for photographs). Daily objects, health care related objects and religious art objects are the main categories represented in these establishments, whose fate is quite irregular depending on their situation as objects of patrimonial protection. Pharmacies, when they have coherent ensembles still in place inside their original furniture, and the furniture in the rooms for the sick, were the first preserved objects thanks to the constitution of a true 'collection' of objects within the setting of museums of varied status. Such a patrimonial approach overlaps or is totally independent of another field, that of legal protection of objects as historical monuments. Thought up at the beginning of the 20th century and integrated in the *Code du patrimoine* after 2004 and the other texts on heritage protection in France, objects are now susceptible of being protected as movable ensembles, which reinforces the coherence of establishing a 'collection', related to a series of common uses and preserved in buildings devoted to that use. According to this measure that favours the intrinsic link between objects and their place of preservation, the problems of preservation can evolve and the constitution of a museum is the only way of settling the residence of such patrimony, especially if such an approach ends up in visibility and accessibility to the public.

In France, the successive modernizations of hospitals have prompted the removal or disappearance, on purpose or due to negligence, of numerous objects of the scientific and technical culture, hospital beds and armoires, which find buyers in the antiquity market. The same fate awaits the statues, paintings, reliquaries and precious objects of religious jewellery, unless they remain concentrated in chapels, which became less and less used within an institution that became lay after the hospital reformation of 1968. The statues and paintings can also be sold or deposited in municipal museums. A great variety of situations is observed then, since this movable patrimony belongs to the private property of the hospital, and not to the public domain. When the Administration does not to make an inventory, in the accounting sense of the word, these objects lose their value or their value is established by their market price.

The layzation of hospitals also sanctioned the rising power of medical knowledge and administration and brought about an ambivalence of such milieus with regard to civic movable patrimony, considered either as a remainder of a prestigious past that had to be shown or, on the contrary, hidden, becoming a secret appreciated by initiates, or as old-fashioned and out of usage objects, as in the case of laboratory, chirurgical or radiology items after the 18th century. The sisters were not there any more to maintain a movable patrimony they themselves had maybe contributed to the institution, the ecosystem now worked otherwise. A selection was carried out

among the objects to be protected. Prestigious pharmacies,¹⁸ testimonies to the art of physicians and apothecaries, the link between the sisters and modern men of science, could be preserved since they combined the symbolical prestige with a conventional aesthetic appeal.

The physicians of local hospitals are interested in their history, as well as in the history of the founders, since it is a way of joining symbolically the spiritual paternity of those founders, all of them belonging to the elite. In the decades of the 1960s and 1970s, everywhere and very quickly, professional milieus were the promoters of campaigns of preservation, maybe more than the services of the Ministry of Culture, absorbed by the protection of the objects of the churches and the furniture of castles. The elitist culture of heritage milieus,¹⁹ the ambivalent relationship of physicians with the past, left out scientific and technical movable heritage, posterior to the Revolution (hospital museums only showed interest in tin clyster syringes), but also the utilitary objects of daily life, unless they were picturesque items of tinware or remarkable sets (series of dishes, jars, bowls and different kitchenware made of tin). At any rate, the latter were damaged by a rate of natural erosion (loss, theft, breaking) very important due to their reiterated use.

The hospital museum of Tonnerre is not the only one to grant access to collections of objects whose compilation and exhibition allow a better understanding of the functions of the institution, but also the role of the patrons, benefactors and founders in the growth of the movable patrimony. Dijon, Tournus, Louhans, Cluny, Chalons-sur-Saône, Beaune, have remarkable collections and Burgundy has joined the region of the Rhône-Alpes as well as the museum of Lessines in Belgium, in order to constitute a network of pharmacies open to the public.

The interactions with the local economic milieu are also perceivable through the orders placed by the establishments to local craftsmen and artists or commissioned by royal circles (the mausoleum of Marguerite de Tonnerre, by Bridan, who worked for the Louvre and the Luxembourg garden). Moreover, it is no surprise to identify among the tin objects devoted to health care, but especially to the kitchen, the marks of local pewterers, organized into powerful corporations (Vitteaux, Tonnerre (FROMAGET 2008)). Altarpieces, statues, among them the famous entombment of Christ of the hôtel-Dieu de Tonnerre, evince the presence of artistic circles working on Burgundian soil, following the works of the sculptor Claus Sluter, who worked for the dukes of Burgundy. The faience of the pharmacies came from the factories of Nevers in the case of the oldest pots, maybe from Italy or Lyon for the rare pots of the 16th century, and in the case of the 18th century, the centre of production of Dijon is the most present. At the beginning of the 19th century, the establishments supplied themselves in Paris.

¹⁸ <http://www.apothecaireries.eu/index.html> [2013/06/13].

¹⁹ The officers of the *Directions régionales des Affaires culturelles*, the curators of antiquities and art objects, proceed to counting the art objects protected as historical monuments, suggest the protection of new objects and follow up restorations. The objects from hospitals are a minority within protection dossiers, unless rare exceptions, such as the regions where the services of the *Inventaire général* have conducted theme surveys.

One of the most interesting elements is the hospital bed, whose craftsmanship and placement in the sick rooms has evolved more than anything else. Medieval miniatures, frequently representing the hôtel-Dieu de Paris in the 13th century, give the impression that all the beds were perpendicular to the walls of the rooms, which the austerity of archives strongly nuances. In Burgundian hospitals that was not the case. The wooden beds were placed ones after the others, in rows, within chambers or under wooden galleries forming the floor and circulation ways above the head of the sick, in this way sheltered from cold and light. The inventories of movable goods of Tonnerre, in particular from the 14th-century hospital, accurately describe two rows of beds under a gallery which qualifies the hospital in the 17th century documents as a building equipped with aisles, since the gallery of wooden poles separates the beds and produces an effect of internal compartmentalization, nowadays disappeared.

It is only in the 19th century and the beginning of the 20th that in certain cases the beds, not any more wooden beds but made of cast iron or iron, for hygienic reasons, are placed perpendicularly. That change allowed for a densification of occupation of the halls and a different organization of care tasks, while evincing the dissemination of the furniture made of iron, sold to collectivities, as the chairs conceived by Pauchard for the TOLIX factory in Autun during the 1930s. In general, hospital domestic furniture is close in style to the civic furniture of private houses and hotels. On the other hand, we note a great presence of large lining wardrobes, three beautiful examples of which can be found in the sculpted panels of Tonnerre or Mâcon as well as interesting examples for the inlaid work in the hospitals of the Saône-et-Loire, especially in the area between Tournus and Mâcon.

From the second half of the 17th century onwards, these wardrobes, usually provided by the sisters upon their entrance into the service of the establishment, are shaped as chests drawing from the medieval or the Renaissance tradition; they could serve to keep cereals, lining, coins and other kinds of objects. In Beaune, an exceptional series of chests dating back to the 15th century have been studied by Bruno François and Brigitte Fromaget in the inventory record of the hôtel-Dieu and dated by means of dendrochronology. The Burgundian taste for chests evinces their belonging to the Germanic influence area and the chests of Beaune are close to the chests of the communities preserved in the museums of eastern France or Bavaria. In any case, whether of modest craftsmanship with iron hinges or sculpted, chests were progressively relegated to kitchens, barns and other service premises.

To conclude, there is no history of a building or collection of objects without resorting to the notion of source, constituted by archives, research documentary dossiers or the material sources themselves just as the centuries have passed them on, with their gaps, their remorse and their errors of assessment. That link between a first-hand patrimony, archives, buildings and objects,

and the analysis of documentary dossiers is established, however, through the ‘numerical humanities’ but it is still weak and must be always reinvented, criticized. Such ascertainment, produced by a field researcher, does not owe anything to a preceding theoretical construction. At the most it feeds from the major principles of research constantly tested by facts and objects. These indispensable links grant their full sense to terms as ‘biography’, or ‘portrait’, which can also be conceived for hospital patrimonies, buildings, movable and archival patrimony. These portraits, in order to be convincing, must arouse the interest of our contemporaries, since the essential question of research, once regulated its methodology, is its acceptance or rejection by the heirs of cultural heritage, that is, the population of the so-called ‘civic’ society, a qualification which professional academic and patrimonial milieus, usually the same, aim to grant to their fellow citizens. The state usually appears as the promoter of a virtuous campaign which does not find its operational result but in the conviction transferred to other patrimonial actors that such heritage, once devoid of its social care function, can be preserved in order to find another usage, also social, a cultural usage. This new use must undergo a stage of valorization of cultural goods that includes their study; a stage which will not be possible without collaboration, at least, at the European level.

BIBLIOGRAPHY

FROMAGET, Brigitte, 2008. *Des étains pour le soin*, Tonnerre: Ville de Tonnerre – Service Patrimoine et Inventaire de Bourgogne.

— 2007. “Le livre d’heures de l’hôtel-Dieu de Beaune”, *Arts et métiers du livre*, 262, p. 28- 33.

HUGONNET-BERGER, Claudine, 2009. *L’hôtel-dieu de Louhans, Saône-et-Loire*, Paris: Somogy.

LAGET, Pierre Louis, LAROCHE, Claude, DUHAU, Isabelle, 2012. *L’hôpital en France, histoire et architecture*, Paris: Éditions du Patrimoine – Association des Régions de France.

LAMARRE, Christine, 2004. *L’hôpital de Dijon au temps des Lumières*, Langres: Éditions Dominique Guéniot.

LE BLÉVEC, Daniel, 2000. *La part du pauvre: l’assistance dans les pays du Bas-Rhône du XIIe siècle au milieu du XVIe siècle*, Rome: École Française de Rome.

LE CLECH-CHARTON, Sylvie, 2012. *L’hôtel-Dieu de Tonnerre*, Langres: Éditions Dominique Guéniot

— 2010a. “L’hôtel-Dieu de Tonnerre, un reliquaire?”, *Les établissements hospitaliers en France du Moyen Âge au XIXe siècle, Espaces, objets et populations*, Dijon: Éditions Universitaires de Dijon, p. 163-184

— 2010b. “Le trésor de l’hôpital de Tonnerre: usages et significations (XIVe-XIXe siècle)”, *Bulletin du Centre d’Études Médiévales d’Auxerre*, 14, p.129-145, <http://cem.revues.org/11614>

— 2010c. “Tournus, l’Hôpital (XVIIe – XIXe siècles)”, *Congrès Archéologique de France*, 166e session (2008), Saône-et-Loire, Paris: Société Française d’archéologie

— 2007. “Les manuscrits et leurs propriétaires”, *Arts et Métiers du Livre*, 262, p. 22-27

L’HÔTEL-DIEU DE BEAUNE, 2005. *L’Hôtel-Dieu de Beaune*, Paris: Somogy

PATRIMOINE HOSPITALIER, 2011. *Patrimoine hospitalier de Bourgogne*, Paris: Somogy

TOUATI François Olivier (dir.), 2004. *Archéologie et architecture hospitalières de l’Antiquité tardive à l’aube des Temps modernes, actes du colloque*, Paris: La Boutique de l’Histoire

— 1998. *Maladie et société au Moyen Âge: la lèpre, les lépreux et les léproseries dans la province ecclésiastique de Sens jusqu’au milieu du XIVe siècle*, Paris; Bruxelles: De Boeck Université, 1998

— 1996 (dir.). *Archives de la lèpre: atlas des léproseries entre Loire et Marne au Moyen Âge*, Paris: Éditions du CTHS

- 1993. *Maladies, médecines et sociétés. Approches historiques pour le présent*, Paris: L'Harmattan
- 1991. *Voluntate Dei leprosus. Les lépreux entre conversion et exclusion dans les sermons ad status aux XIIe et XIIIe siècles*, Spoleto: Centro Italiano di Studi sull'Alto Medioevo



Fig.1. Tonnerre: Hôtel-Dieu, choir and southern façade (© Ministère de la Culture - base Mémoire).

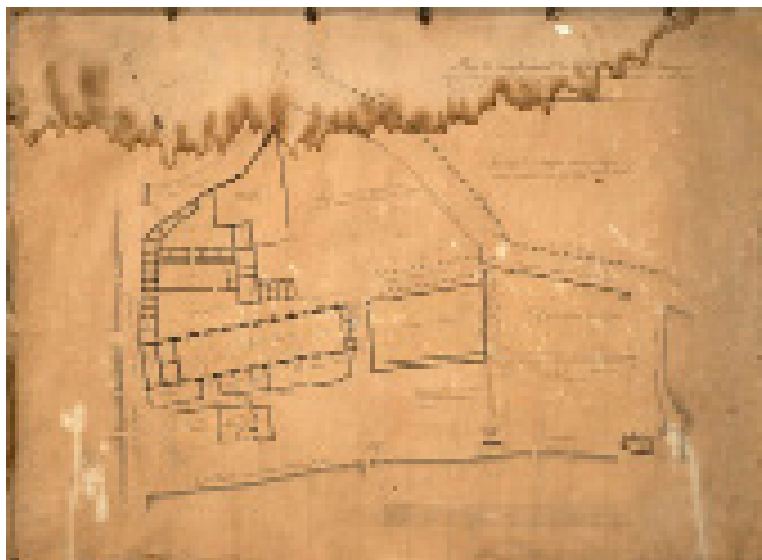


Fig.2. Tonnerre: Hôtel-Dieu, plan of the buildings prior to the 1845 projects by architects Chauvelot and Ours (© Ministère de la Culture - base Mémoire).



Fig.3. Jean-Joseph Ansiaux: 'Portrait of Marguerite of Burgundy'; 1825, oil on canvas. Tonnerre: Musée Hospitalier (© Ministère de la Culture - base Mémoire).



Fig.4. Jean-Joseph Ansiaux: 'Portrait of Marguerite of Burgundy', detail; 1825, oil on canvas. Tonnerre: Musée Hospitalier (© Ministère de la Culture - base Mémoire).



Fig.5. Tonnerre: Hôtel-Dieu, hall of the sick, looking West (© Ministère de la Culture - base Mémoire).



Fig.6. Beaune: Hôtel-Dieu, general view of the hall of the sick (phot.: Antoni Conejo)



Fig.7. Beaune: Hôtel-Dieu, general view of the courtyard (phot.: Antoni Conejo)



Fig.8. Beaune: Hôtel-Dieu, main façade (phot.: Antoni Conejo)



Fig.9. Tournus: Hospital, women's ward (© Ministère de la Culture - base Mémoire)



Fig.10. Tournus: Hospital, pharmacy, c. 1685 (© Ministère de la Culture - base Mémoire)

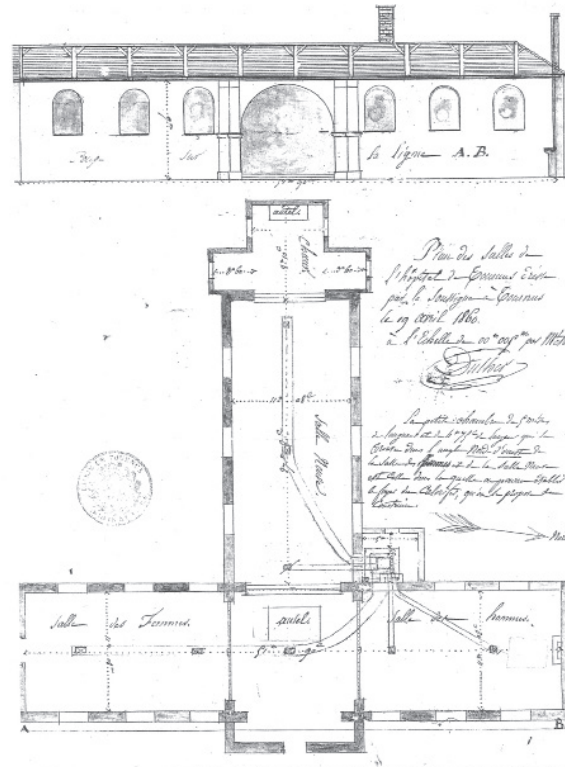


Fig.11. Tournus: Hospital, plan and elevation (following line A-B) of the halls of the sick, 19 April 1869. The 1860 plans are reproduced from the original preserved in the archive of the hospital of Belnay (Tournus, Archives Hospitalières).



Fig.12. Louhans: Hôtel-Dieu, pharmacy, last quarter of the 17th c. - first quarter of the 18th c. (© Ministère de la Culture - base Mémoire)



Fig.13. Louhans: Hôtel-Dieu, men's ward, last quarter of the 17th c. - first quarter of the 18th c. (© Ministère de la Culture - base Mémoire)



Fig.14. Georges and Jean-Michel de la Sonnette: 'Statuary Group of the Entombment of Christ', c. 1453, stone. Tonnerre: Musée Hospitalier (© Ministère de la Culture - base Mémoire).