Consulting by Letter in the Eighteenth Century: Mediating the Patient’s View?

Micheline Louis-Courvoisier and Séverine Pilloud

Medicine today, fortified by a wide variety of highly specific investigative tools, deals largely with physical examination. The human cell has recently been deciphered to its smallest unit, the gene, promising new possibilities for therapy and research. This technical evolution, that first took root in the nineteenth century, has profoundly affected the nature of the patient–doctor relationship. According to some medical historians and sociologists, sick persons’ bodies have gradually replaced their narratives; in physicians’ eyes, reading pathological signs through the mediation of different instruments has become more relevant than listening to a description of symptoms.¹ The therapeutic interaction tends to confront a speechless patient with a scrutinizing practitioner, especially with the move towards hospitalization. In this particular clinical situation, not only the words but also the world of the patient appears to vanish progressively. Placed in an institution, sick people are cut off from their community.²

The situation was quite different with Enlightenment medicine. Diagnosis then was based mainly on an account of the sensations felt by the patient.³ The history of illness as told to the doctor constituted the main source of information, even if bodies were also occasionally submitted to a more or less extended observation.⁴ The fact remains, nonetheless, that medical practice was based largely on verbal testimony, such that the practitioner did not always have to see his patients, relying instead on a written report in order to formulate his opinion: hence the relative importance of doctor–patient correspondence during the eighteenth century.⁵

This chapter is not about the written consultations given by physicians but rather about the epistolary requests addressed to them concerning someone’s sickness. Such an archival body of records
affords exceptional interest, not so much because it deals with patients but above all because it originates with them. If not necessarily leading to an objective truth, it does, however, give access to a genuine perception that is difficult to grasp through other historical records, which have often been marked by the interests of others concerned with the health system. Much recent work centred on the patient’s view has indeed studied the way individuals themselves experience sickness, in their flesh as much as in their mind, seeking different kinds of help to restore their health. This shift in perspective also allows the intervention of other protagonists to be brought out. For, as Roy Porter points out, ‘it takes two to make a medical encounter – the sick person as well as the doctor … it often takes many more than two, because medical events have frequently been complex social rituals involving family and community as well as sufferers and physicians’. The therapeutic relationship appears as a complex interaction, in which different mediators engage. We will deal mainly with the question of mediations within epistolary requests for consultation, mediation being understood as an action undertaken by a certain person, which has an influence on the epistolary relationship between the practitioner and the sick person; but the notion of mediation can of course be thought of in a larger sense; it concerns, in a more general way, the handling of sickness in everyday life, within a social group. Focusing in particular on the patient’s view or voice, it appears to be occasionally mediated by other actors, as revealed by the correspondence addressed to Samuel Auguste Tissot.

Dr Tissot, his patients and the mediators

The Swiss physician Tissot was very famous during his lifetime due largely to certain books he published, notably Onanism: a Treatise Upon the Disorders Produced by Masturbation (L’Onanisme) and Advice to People in General with Respect to their Health (Avis au peuple sur sa santé). He received a considerable quantity of correspondence, around 1200 letters or mémoires each describing the case of a sick person in order to obtain Tissot’s advice on diagnosis and treatment. These documents, on which other scholars have already worked, notably Daniel Teyssière and Michael Stolberg, stimulate new reflections on the social history of medicine in the eighteenth century, incorporating as they do individuals’ representations and practices in relation to their health and their bodies, expressions of ailments and pain, the
patient–practitioner dynamic and therapeutic pluralism. Written between 1765 and 1797, the documents came from all over Europe, but mostly from France, Italy and Switzerland. They were composed by more than 800 different authors, some of whom sent several letters over a particular period of time. They were written by sick people themselves, but also by others, mediators, who will be discussed later. Some patients’ files contain several documents (up to thirteen) whereas others consist of only one. About half of the texts are written in letter format, with conventional openings and endings, to which signatures have usually been added. The others are structured as a kind of report or description of the illness, drafted in a less personal tone than in the letter format.

Despite the great heterogeneity of these documents, some common elements can be pointed out: they usually begin by introducing the sick person, often including details related to his or her constitution, temperament and way of life. There follows a list of previous illnesses with information concerning treatment taken and the diagnosis or hypothesis suggested by practitioners previously consulted. Then the author describes the current ailments, the results of different examinations (blood, urine, faeces and pulse) and the different therapies so far attempted. Some explanations or ideas about the sickness and its cure might finally be added before the author formulates his or her hopes and expectations regarding Dr Tissot.

As mentioned above, other people besides the patient were likely to have taken part in writing the documents, and these people could fulfil several types of roles, which illustrate the complexity of mediations in the epistolary relationship. The three major roles for mediators were:

- the mediator-scribe, who acts as a mere secretary, lending his pen and putting words to paper at someone else’s dictation;
- the mediator-observer, who has observed the course and the symptoms of another’s illness, and reports them, without necessarily writing the request for consultation;
- the mediator-author, who drafts the narrative using his own words, giving his own point of view on the sickness, and referring to the patient in the third person.

Of course, these different levels of mediation could be combined, as in a document written by a Monsieur Dedelay d’Agier concerning a
32-year-old woman, a friend of his wife. The patient has related the story of her sickness to Madame Dedelay d’Agier who, in turn, has dictated the letter to her husband. The married couple functions here as a pair of mediators; he is the mediator-scribe and she the mediator-author. In the letter concerning Monsieur Duvoussin, there are also two kinds of mediation; his father takes on the narration, adding the comments of a mediator-observer, the physician, who having performed two palpations, has discovered tubercles on the liver.

In the discussion that follows, attention will be focused mainly on the mediation of narration, which can be considered as the most important one because it concerns the authorship of the text. The person who speaks in the patient’s place and signs the request for consultation may give his or her own interpretations. The crucial question of the subjective position of the mediator-author will not be debated here, nor the kind of alterations inherent to the textual medium itself or to the addressee; the account of sickness is indeed undoubtedly determined, at least in part, by the whole process of writing and by the personality or image of Tissot. Rather, the intention here is to try to understand the reason for the patient’s silence, and to examine who is telling his or her story, and why.

We have noticed that about 60 per cent of Tissot’s patients were not the authors of the letter or the mémoire relating their ailments, which raises several questions. For example, two authors, his wife and one of his friends, report the history of Monsieur Chatelain’s illness. The document does not explain why the patient cannot tell his story himself. It indicates that his right hand is crippled, but nothing would prevent him from dictating to a secretary. Similarly, when a Monsieur Viton seeks consultation for his wife, one imagines that she is unable to do so herself, or that it is not usual for women to undertake this kind of endeavour. But those suppositions do not fit, because the next letter is actually signed by her: she thanks Dr Tissot for his prescription, and gives additional information about her health. So how has her husband come to write the first letter? One can also ask why Madame D’Hervilly does not draft the document concerning her own sickness (her sister does) although she has previously sent many letters about her daughter’s health. If in some cases the reason for epistolary mediation may be understood easily, for example when a parent seeks advice for a young child, in other cases the motives are more difficult to discern. Let us consider some hypotheses.
Patronage or other interpretations of epistolary mediations

Regarding the patterns of the epistolary relationship between the sick person and the healer, it has been claimed that very few patients approached the doctor directly, except for titled aristocrats or those who had already been in contact with the doctor. Most patients, it is argued, were supposed to do so through intermediaries known to the physician. Laurence Brockliss has qualified this mediation as a kind of patronage\(^23\): in the seventeenth and eighteenth centuries people often had to be introduced and recommended by someone else in order to solicit assistance or information. Examining this first hypothesis on the basis of Tissot’s medical correspondence, we have discerned that a mediator does not represent about 40 per cent of his patients when they address their first communication to him. This is a quite significant proportion. We do not have much information about the socio-cultural situation of these patients, but we can affirm that titled aristocrats are not the only ones to act without a mediator, so the hypothesis of patronage is not satisfactory to explain the epistolary mediations.

It has also been asserted that it was common sense to entrust the composition of this written request for consultation to medical men, most often physicians but also surgeons or apothecaries, because they were considered best qualified to do this, even if the social elite to which most of the sick persons consulting by letter belonged, had quite a good command of contemporary medical discourse.\(^24\) The use of lay intermediaries, such as family members, ecclesiastics or acquaintances, was also possible, but it would stand out as an exception, reflecting the patient’s isolation, both social and geographical. This second hypothesis concerning the great predominance of medical mediation does not fit well either in regard to Tissot’s patients. An important number of authors are lay people, and we cannot reduce their intervention to a last resort in the absence of other, better, solutions. The problem is therefore more complex. Other interpretations need to be considered.

First, it is important to make a distinction between the document containing the history of the illness and the letter of introduction; the latter generally does not reveal much about the pathology itself and serves another purpose that remains to be defined more clearly. It should be noted that not all correspondence addressed to Tissot is preceded or accompanied by a letter of introduction (less than 20 per cent) which means that such a procedure was not so common when
asking for medical advice. About 65 per cent of these letters of introduction are signed by a mediator, most of the time a family member (about 20 per cent). The authors can also be healers (approximately 15 per cent), ecclesiastics, or friends and acquaintances, among whom some of Tissot’s patients, while consulting for their own trouble, take the opportunity to introduce a new patient. Sometimes the intermediary’s identity or link with the patient is not revealed.

In any event, the predominant mediation in the letters of introduction appears to be assumed by family members, which invalidates at least partially the hypothesis of patronage. Since close relatives are generally situated at the same social level as the patient, it is highly improbable that they would have acted as influential patrons. Furthermore, more than 35 per cent of the documents are written by the sick person him- or herself, which proves that they cannot be reduced to a means of recommendation.

**Patient’s view and writer’s view**

In fact, the main use of the letter of introduction is to present the patient to, and legitimate his or her approach towards the doctor. It is, however, true that some documents mention the name of other persons, acquaintances or family members, who have been successfully treated by Tissot, or who have come to know him personally. The aim is to position the patient within a recognizable social circle; but we cannot talk about ‘vertical patronage’ for the sick persons, and the people referred to generally belong to the same network. This is more like a process of identification. The patients are not complete strangers to Tissot once it can be demonstrated that they share common relationships with the doctor.

Now concerning the narrative of the ailments sent to Tissot, we still find about 40 per cent of patient-narrators, who use the first person to designate themselves and to tell their story. But the mediation occurring in the remaining 60 per cent is not of the same nature as in the letters of introduction. The mediator-authors are mainly physicians or surgeons (about 20 per cent) followed by family members (about 10 per cent), friends or acquaintances, and ecclesiastics. There are also some teachers and army officers. The medical mediation is thus predominant when dealing with the story of sickness, which tends to demonstrate that among mediators, medical professionals seem to be preferred to lay authors to describe the symptoms. But one must be careful not to jump to conclusions.
First, it is important to note that medical mediators do not always write to Tissot at another’s request. Several of them do so on their own initiative. One example is Dr Millet, who had been trying without success for fifteen months to cure Madame de L'Ecluse.25 He is positioning himself as the one who needs advice. Dr Metzger is in more or less the same situation with his epileptic patient. But he is also eager to derive personal benefits, which he openly admits. He would like to help the woman, he says, this is the duty of an honest practitioner, but he also wants to find favour with her powerful family and hopes that Tissot’s fame will enhance his own reputation. In this case, there is actually a patronage relationship, but it is Dr Metzger who solicits this:

Beyond an interest in humanity, the first objective of any honest physician, I would like to alleviate the lady’s suffering in order to commend myself to a powerful and creditable family. This, Sir, is the reason of my letter. My small reputation strives to profit from the greatness of yours.26

Here we have a physician seeking the support of one of his more famous colleagues and trying to get on good terms with the social elite.

Other people, most often family members, also take the initiative in consulting Tissot by letter, for example, the Comtesse de Vougy, who decides to send a letter to the doctor without her husband’s knowledge.27 She is extremely worried about her husband, thinking that he neglects his health because he refuses to follow her advice. She needs Tissot’s help to make him more sensible. There is here a disagreement between the married couple, and the physician is implicitly exhorted to resolve the conflict, being himself, in a way, a kind of conjugal mediator. He is sometimes also drawn into familial issues, as when Madame Courtevel de Pezé d'Argouges, who is very upset about the state of her sick daughter, begs him to relieve the young woman of her prejudices against some treatments and to fight her morbid ideas.28 In this case, too, the letter must remain secret.

These situations are not exceptional. Several authors are critical of the sick person’s attitude, notably concerning therapeutic compliance, which demonstrates that if the epistolary requests for consultation offer a certain access to the patient’s view, it is not always faithfully translated by the mediators’ words. This is not very surprising, for diagnosis and treatments are often at the centre of discussions or debates that imply involvement not only of the practitioner and the patient, but also of different people moving around them. The authors some-
times express personal expectations that do not necessarily converge with those of the sick person, supporting the idea that they are not always invited to fulfil their role, but do so sometimes out of self-interest.

In some cases, however (about 3 per cent of the documents), it is explicitly mentioned that the mediator-author has been asked to draft the text. And if the patient or the family often chose a healer, it must be underlined that they might also decide to appeal to a lay intermediary, for very precise reasons. Monsieur Bon’s letter is a good illustration of this kind of mediation; it concerns a young girl, suffering from epilepsy. The author is a relative living in the same house, who has witnessed the fits. He explains that the parents have preferred his writing to that of a professional, because doctors tend to present their own opinion instead of the true facts:

Bound by friendship and parenthood with her family, living under the same roof, I have witnessed both the circumstances and the patient’s crisis. Her parents have therefore asked me to send you as detailed a report as possible about her illness. They prefer my pen to those of physicians whose opinions always show and present facts as they see them.

This kind of criticism of medical narration is not uncommon, and appears in quite a few patients’ letters. Monsieur Thomassin, for example, is very clear about this, and he implies also that any lay mediator would fail to describe his ailments properly. He insists on the fact that his sickness is interior, subjective. He is the only one who can talk about it. A doctor would probably give his own interpretation, which is the reason why he decides to narrate the story of his illness:

My illness is within me, I alone feel it. I believe that I am the only one capable of describing it; that is why I have not used the services of some doctor belonging to the faculty, who, by using the terms of his art, would explain my case less well than my own simple words.

These last instances show that several of Tissot’s patients deliberately chose not to ask a medical professional to draft their written request for consultation, preferring to narrate their sickness themselves or to entrust a lay author to draw up the text. So why do lay or professional intermediaries intervene?
Epistolary mediations: a complex phenomenon

In some cases the answer seems simple, especially as noted before, in the case of children (about 8 per cent of Tissot’s patients) who are unlikely to put their ailments into words. One must also take into consideration the patients’ state of health. Those who it is supposed suffer from madness, for example, are usually not able to describe their situation themselves, all the more because they may not recognize their insanity.

The mediation is seldom due to patients’ illiteracy because most of Tissot’s clients belong to the social elite. There are, however, some exceptions, notably one or two servants who are represented by their employers, among them an aristocrat. In these few cases, we can actually say that the mediation functions as a form of patronage. But it should be reiterated that the hypothesis of patronage does not fit in many other cases. Further thought needs to be given to the question of mediations within the epistolary relationship between doctor and patient.

First, it is wrong to take for granted that it is always the sick person’s idea to look for the healer’s advice or help. As has been shown above, the initiative may come from other people, even at times acting in secret. So the mediation is not necessarily a service requested by the patient to obtain something. It can, on the contrary, be the sign of some kind of disagreement between the patient and the author, the latter being willing to give his or her own point of view or forcing the sick person into an endeavour he or she would not have undertaken without a third party’s intervention.

Besides, and this second point is linked closely to the former, it is essential to consider the impact of sickness on the community, especially on the family. The importance of kin intermediaries proves that relatives often feel very concerned by what is happening to their nearest and dearest. Many of them are upset and eager to be active, to do something to ease pain or to relieve their own anguish. Hence they dare to write to the doctor, revealing the different symptoms and sometimes proposing diagnosis, treatments, or even criticizing the way a physician has handled the case up till now.

One more point must be added, to qualify the hypothesis of medical mediation: lay people, including the patients themselves, feel authorized to talk about medical matters and do it relatively easily most of the time. Though it may not be a simple thing to do, they do not seem to agree with the idea that discussing sickness is the doctors’ privilege.
Some of them, as mentioned before, even mistrust professional narration, considering it too dogmatic and prejudiced, which might distort the reality of the symptoms. This offers some original clues concerning the physician’s status in the eighteenth century, a subject that will not be developed in this chapter.32 There are indeed some quite interesting aspects of the social history of medicine that are tackled by reflection on the epistolary mediations, as will be presented by way of conclusion.

First, in the field of medical practice, a common assumption is being confirmed: it is true that there are many lay actors who take on the function of care substitutes, intervening as mediators between a doctor and a sick person. For instance, the Marquis de Cély and his wife appear to have sent several letters about patients in their area; one document even says that the man threatened to withdraw his help from a woman if she did not show more compliance towards Dr Tissot’s prescription.33

Madame Fontanes represents another example of lay medical adviser, functioning as an intermediary between doctor and patients. She consults Tissot for the daughter of a friend of hers, offers a very theoretical explanation of the sickness, conveys the opinion of some healers, evaluates the treatments prescribed and, having read a treatise by Tissot on nervous sicknesses, gives her own opinion about the nature of the symptoms:34

Sir, the case in question seems to be relevant to your treatise on epilepsy, but having not found a comparable example ... I strongly recommended writing to you ... and offered my services as a secretary. With your intelligence, you will be able to complete this description, and we can later add any further information you may require.35

These two illustrations are enough to show that some mediators not only took on the narration of the sickness, but also contributed by helping the people in their neighbourhood. Tissot had intended his famous book, Advice to People in General with Respect to their Health, precisely for just such social intermediaries, who belonged to the educated elite and thus were capable of reading, and who lived in the country, next to peasants or other less privileged people.36 It was above all aimed at the ministers, and it would be very interesting indeed to analyse more thoroughly the healing function of the churchmen in their parishes. But it was also directed to the aristo-
crats or any other reasonably well-off people, schoolteachers, army officers or representatives of liberal professions. This treatise was intended to be used in order to provide first aid or counsel in the absence of professional physicians, who were not always within reach in small villages.37

Focusing on the epistolary mediations also provides, as mentioned before, some interesting insights regarding the experience of sickness by the social environment of the patient. The anxiety of a parent or a friend is often very perceptible, as in the letters from Madame Decheppe de Morville about her husband. This file shows how his wife observes the course of the disease day and night, giving many details about the quantity and quality of his urine, the colour of his skin, his loss of weight, the swelling of his leg, the nature of his vomiting and so on:

Although he quite regularly urinates once supper is finished, it is only at about four in the morning and before getting up that he does so abundantly. His urine appears to be of natural colour and not superior to his liquid intake.

Being next to her suffering husband and observing him all the time leads her to elaborate a diagnosis: she is afraid of him being affected by dropsy and notes with fear that his obstructions have not disappeared as they should have. This latest stage in the illness has redoubled her fright and her sorrow:

I confess that this last accident has increased my fears and my sorrow ... I tremble at the thought that the swelling could be a symptom of the dropsy, and that the obstructions are not dissolved as they seemed to be.

In February 1783, she writes that her anguish and grief increase every day. This is partly related to the distance that separates her from Tissot; he is the only one who has her complete trust and who can ease her worries.

Please forgive my anxiety, which has increased every day since the various accidents that my husband has recently suffered, consider my trouble, living so far from you, the only person in whom I have confidence; I wish I could hear you at all times, you are the only one who could calm me down.
Monsieur Decheppe de Morville is not improving, and in March 1784, his wife writes that his state affects her so much that she cannot convey it, all the more so because she has not yet received an answer from the physician. She has the impression of being left all alone with her torments: ‘Sir, I await your advice and council concerning the condition of M. de Morville. His present state preoccupies me beyond what I can express, and your directions are my only hope.’ This collection of documents concerning Monsieur Decheppe de Morville ends abruptly with a report of a post-mortem examination.38

Straightforwardness, shame or secret in social discourse about the body and illness

Generally speaking, patients’ files, which sometimes contain several documents written by different people but about the same person, are very interesting in tracing the course of the symptoms and the way such an evolution is lived by the surrounding community. They also bring to light the various and subjective representations, or attitudes, towards health. The Prince of Piémont’s file serves as a good illustration: among seven documents, two are signed by the aristocrat himself, the others being composed by his practitioner and his wife, who are both very worried about him. The woman notably explains that she has insisted that the Prince writes himself to Tissot, but for quite a long time he has been unwilling to do so, being very happy with his treatment and not seeing the necessity of another consultation.

I consistently insisted that he write to you himself, after the period of twenty days, but to no avail since he declared that his regimen agreed with him too much for him to try another. In October, he refused to take any precaution against the cold.39

The woman has a different conception of hygiene and prevention to that of her husband. Convinced that he is not able to take responsibility for himself, she is led to take part in the therapeutic endeavour, addressing several letters to Tissot in place of the patient, who is too reluctant to do so regularly. Such a conjugal mediation demonstrates the extent to which illness affects individuals’ interactions with each other, being the source of negotiation between the different parties concerned.

The norms or values underlying human relationships are indeed one more aspect enlightened by reflection on the epistolary mediations,
offering new perspectives on social and cultural history, around themes like privacy or sense of decency. For instance, when Madame Gounon Laborde writes, at her husband’s dictation, a document concerning his ailments, she cannot avoid the question of his sexuality. Going back over his past, he relates, but she writes, that he has always indulged his passions, having loved women desperately, drunk too much, and gambled all his life:

I have repeatedly suffered from all types of passions, I have loved women furiously. I have gambled all my life and drank much wine and consumed coffee continuously. My nature has always been to take all that comes with excess. For as long as I can remember, I have almost always taken medicine for my nerves which have always felt irritated and which my cruel passions have irritated yet more.40

Monsieur Gounon Laborde is disclosing very personal matters through the mediation of his wife, which implies that the couple do not have many secrets from each other. We could draw similar conclusions when reading Monsieur Martin’s letter about Monsieur Demeunier’s onanism41 or when following the Marquis d’Albaray’s descriptions of the Comtesse de Mouroux’s menstruation42 and complaints related to the genital organs. There is undoubtedly something to say about the various thresholds of sensitivity and the idea of intimacy in the eighteenth century, especially regarding different kinds of pathology. It would be interesting to explore the link one may find, if any, between the nature of the sickness and the profile of the mediator (gender, age, medical or lay intermediary, for instance). At first glance, it does not appear that complaints connected with menses, menopause or pregnancy are especially related by women, but this issue deserves a more precise study. It is true, however, that the theme of onanism is not treated in a banal way. Many men emphasize the difficulty of such a confession. If some of them seem almost relieved to tell all, others choose to remain anonymous, sometimes asking someone else to represent them. Monsieur Ducassé explains that one of his friends has asked him to report this ‘horrible crime’.43 But the amount of detail contained in his letter is rather surprising, and one wonders if the author is not in fact telling his own story, trying to protect his dignity behind a ‘virtual mediator’.

This last instance underlines the intricacy of the mediations in the epistolary relationship between the patient and the practitioner, which
reflects the complexity of the questions raised by the eruption of illness, regarding not only the sick person him- or herself but also the surrounding people. Such an archival body demonstrates a fact that is perhaps a universal truth: the experience of sickness is not the business of one individual alone, it often implicates third parties. It is even truer concerning the eighteenth century, because of the particular structure of the medical market and institutions. At that time, when hospitalization was quite rare and professional services not so easily accessible, relatives were usually very involved in the therapeutic process. Help and care at home played an essential part, all the more so because people often had to wait before consulting a physician or any other healer. Journeys took quite a long time, as did epistolary exchanges, which had to come and go before being of any use. Hence the crucial importance of the community in the process of coping with sickness.

Notes


4. D. Porter and R. Porter, *Patient’s Progress: Doctors and Doctoring in Eighteenth-century England* (Cambridge: Polity Press, 1989), p. 77. R. Porter and W. F. Bynum (eds), *Medicine and the Five Senses* (Cambridge: Cambridge University Press, 1993). However, it should be specified that touching the body was not as marginalized an activity as commonly claimed. Quite a number of documents (about 15 per cent) mention palpation or examinations, including several vaginal and rectal ones; how and by whom the body of the patient has been palpated is specified and the result of this procedure seems to be an important element to relate to Tissot. Cf. O. Keel, ‘Percussion et diagnostic physique en Grande Bretagne au 18e siècle: l’exemple d’Alexander Monro seconfus’ (Bologne: Actes du XXXI


7. R. Porter (ed.), Patients and Practitioners; E. Wolff, ‘Perspectives on Patients’ History’. Other kinds of archives can provide this perspective on the patient’s point of view, such as family archives, diaries or autobiographies.


9. Tissot’s medical correspondence, conserved in the public library of the University of Lausanne, contains about 1250 requests for consultation. (Apart from a few exceptions, we do not have his complete reply, but he made notes on quite a number of documents, so we sometimes find his diagnosis or his prescription concerning a particular case.) Realizing the major historical interest of this collection, we decided to try to make it more easily accessible to scholars. With funding from the Swiss National Fund for Scientific Research, we have developed a database, integrating as much information as possible. With around fifty headings for each document, the challenge has been to find a way to simultaneously classify several types of data (such as gender, age and type of sickness) to pave the way for a quantitative approach, while at the same time preserving the particularities of each document. A CD-rom of the database will soon be available. This project (FNRS no. 11-56771.99) has been conducted under the direction of Professor Vincent Barras (Institut Universitaire d’Histoire de la Médecine et de la Santé Publique, Lausanne, Switzerland). Further
publications are planned; the issues addressed deal notably with body experience, therapeutic relationship, lay representation of health and sickness, self-treatment and healing practices at large.

10. S. A. Tissot, *L’Onanisme* (Lausanne: Grasset, 1760, 1st edn.); in English: *Onanism: a Treatise Upon the Disorders Produced by Masturbation* (London, 1766). This book seems to have reached a large audience; about fifty-five documents are related to the question of masturbation.

11. Tissot’s most famous books include *L’inoculation justifiée, avec un essai sur la muë de la voix* (Lausanne: Bousquet, 1754, 1st edn); *Avis au peuple sur sa santé* (Lausanne: Grasset, 1761, 1st edn); this text was a bestseller, between 1761 and 1792 it was republished eighteen times and was translated into different languages. Other publications by Tissot include: *Traité des nerfs et de leurs maladies* (Lausanne: Chapuis, 1778–80, four volumes); *De la santé des gens de lettres* (Lausanne: Grasset, 1768, 1st edn); *Essai sur les maladies des gens du monde* (Lausanne: Grasset, 1768, 1st edn).


15. The Netherlands, Austria, Germany, Great Britain, Ireland, Scotland, Denmark, Greece, Portugal, Spain, Luxembourg, Russia, Croatia.

16. The number of pages varies from one to thirty-five. Some documents are very precise, with lots of detail, while others are much more sober, and seem to be written as if in an emergency.

17. Lausanne, Bibliothèque Cantonale Universitaire, manuscript department (from now: BCU), IS/3784/II/144.04.04.19, undated.

18. Lausanne, BCU, IS/3784/II/144.01.08.04, 13 January 1772.

19. Lausanne, BCU, IS/3784/II/144.01.05.01, 1770.

20. Lausanne, BCU, IS 3784/II/144.02.06.35 and 36, 25 March and 6 September 1775.

21. Furthermore, we have noticed that quite a number of the authors are women, writing for themselves or for their relatives and acquaintances, which suggests that it was not exceptional for them to do so.
22. Lausanne, BCU, IS/3784/II/144.02.02.16–24, 1770–4.
23. The term patronage, as used by Brockliss, refers to two types of situations: first, when a lay person seeks to obtain a consultation by letter with the help of an intermediary whose name is familiar to the physician; second, when a physician writes to one of his famous colleagues in order to get medical advice, which was considered as a ‘mark of deference, a way of acknowledging the superiority of a handful of medical stars. In an age of patronage, it was the means whereby a junior doctor could place his foot on the first rung of the medical ladder.’ Brockliss, ‘The Medical Practice of Etienne-François Geoffroy’, in *French Medical Culture*, pp. 81, 87. In this chapter, we use the notion of patronage mainly in the first sense, that is when a patient is represented by a third party when addressing his/her request to Tissot. But it should be noted that patronage in the eighteenth century has been analysed from other perspectives, particularly in cases in which we find physicians themselves being patronized by aristocratic patients, dependent on their fees and favours. See notably B. Moran (ed.), *Patronage and Institutions: Science, Technology and Medicine at the European Court 1500–1750* (Rochester: Boydell Press, 1991); N. Jewson, ‘Medical Knowledge and the Patronage System in 18th Century England’, *Sociology*, 8 (1974), 369–85.
25. Lausanne, BCU, IS/3784/II/144.04.05.18, undated.
26. Lausanne, BCU, IS/3784/II/144.02.05.16, 23 November 1774.
27. Lausanne, BCU, IS/3784/II/144.03.06.35, 3 April 1785.
28. Lausanne, BCU, IS/3784/II/144.05.04, 18 and 21 February 1792.
29. The *mémoire* composed by Monsieur Bon is extremely clear and precise. It is ten pages long and structured in several different parts that expose the origin of the sickness, the symptoms, the treatments prescribed with their results, and so on. Towards the end of his report, the author even inserts some explanatory hypotheses. Such a document would refute the argument denigrating the scientific value of a lay description of illness compared with a professional one.
30. Lausanne, BCU, IS/3784/II/144.05.02.35–6, April 1790.
31. Lausanne, BCU, IS/3784/II/144.02.08.13, 13 March 1775.
33. Lausanne, BCU, IS/3784/II/146.01.02.05, 8 August 1785.
34. S. A. Tissot, *Traité des nerfs et de leurs maladies*.
35. Lausanne, BCU, IS/3784/II/149.01.03.09, 29 December 1774. Madame Fontanes is referring to the *Traité de l’épilepsie*, third volume of the *Traité des nerfs*.


37. The appearance of this book, in 1761, undoubtedly increased Tissot’s clients, especially those who asked for his services by correspondence. But other publications are referred to in the epistolary requests for consultation, notably *Onanism*. Quite a number of documents are related to the question of masturbation whereas a good proportion deal with complaints described in Tissot’s other works – epilepsy, nervous diseases, ailments particular to the *gens du monde* and the *gens de lettres*. See S. A. Tissot, *Traité des nerfs et de leurs maladies; De la santé des gens de lettres; Essai sur les maladies des gens du monde*.

38. Lausanne, BCU, IS/3784/II/144.03.02.06–15, 1783–4.

39. Lausanne, BCU, IS/3784/II/144.05.04.01–07, 1790–2.

40. Lausanne, BCU, IS/3784/II/144.02.02.08, undated.

41. Lausanne, BCU, IS/3784/II/144.04.06.03, undated.


43. Lausanne, BCU, IS/3784/II/144.02.04.29, 27 July 1774.