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A Great Swiss Scholar

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I had not read this book until I read it in Gilbert's Bibliography of Medical References to the Famous, 1962 (already reviewed in the Archives of Internal Medicine). Tissot was one of the great Swiss doctor whose remedies John Wesley (Primitive Physic, 1747) recommended for their simplicity. For a tickling cough Wesley (page 42) says Tissot recommends a biscuit or a crust of bread held in the mouth. For drowning (page 50) the remedy is salt rubbed over the whole body.

Tissot's works were written first in Latin and then translated into English and French. His Advice to the People in General, with Regard to their Health was printed in Boston in 1767, and in three times in Philadelphia in 1771. It was an English translation of the French; the Boston printers put a false London label in the hope that the book would sell better (see Ausden: Early American Medical Imprint, 1668-1820, 1961, page 203).

Mestler says this book and Tissot's Essai sur les maladies des gens du monde (1770) were the most important studies of the health of famous people after Burton's Anatomy of Melancholy (1621). Within a few weeks of reading it, I happened to see its title in the catalogue of London bookseller H. K. Elliott (price fifty shillings). Tissot, who lived at Lausanne, was professor of physic at Basle and a member of the Economic Society of Berne. He dedicated this book to the "great, famous and mighty" leaders of the city and republic of Berne and in his dedication (dated 1766) mentions the chair they had entrusted to him.

In the preface (dated 1768) Tissot refers to an earlier book by him, Advice to Writers and to People who Lead Sedentary Lives, with Regard to Their Health, which had been translated into destestable French. In a footnote he says he is highly satisfied with the translation of Advice to the People... Not only, however, had the other work been abbreviated, but the text had been horribly mutilated so that in several places he could not understand it. Almost throughout the book, complains Tissot, the translation seemed not to have caught the spirit of the original; in addition they had allowed misprints and committed faults of order, omission and exaggeration. Finally, they had made a mistake in plain common sense relating to the first principles of medicine. The translators, said Tissot, had published a work which had made him ashamed of it, and then they claimed it had been approved by him. Tissot's indignation breaks out into two long foot notes in which he discusses how indispensable is consultation between author and translator. He had had the privilege of seeing the bad work reprinted in January 1768 in Holland, in a publication called Extracts from the Best Journals of Europe.

Tissot had only intended to bring out a new and corrected Latin edition of his original work. But he changed his plan when he saw the bad translation. He then decided to change it completely, expand it and bring it out as a completely new book in Latin. This he did at a furious rate with the many interruptions normal to the life of a busy doctor and teacher. After the first book he had received more information from many kind friends about the health of famous people. Among his helpers he mentions Ramazzini, Platner, and Professor Pujati of Padua, all of whom had written papers on the health of writers.

Tissot in the preface emphasizes the propriety of acknowledging in footnotes the source of his information; and throughout this work he puts his principle into practice. He pays a great compliment to Pellegrini, Venetian professor of anatomy, who had done an elegant and exact translation of Advice to Writers... into Italian. Pellegrini had added to his translation some very useful remarks on the danger of a damp room in which one patient had brought on an attack of apoplexy.

The matter in the book is not especially interesting; Tissot was a product of his age, and a devotee of the four humours; everything he writes is based on it. Furthermore, ever since Hippocrates, indolence and intemperance had been regarded as the prime causes of disease, which had to be cured by exercise and fasting. A sedentary occupation therefore becomes the very cause of many diseases. The fact of being a writer in itself implies dozens of diseases of their nature occupational. The full title says "De la santé des gens de lettres et des valetudinaires." This implies that writers are more likely to worry about their health than are ordinary people.

Tissot, a devout Christian, was worried by the progress of atheism in France. In his first long footnote he quotes the Venetian Stephano and other authors who have shown the religious features of the writings of Galen, Plato and Aristotle; Hippocrates in particular had been falsely labelled an atheist. Tissot quotes many other doctors known to be religious, including Boyle, Sydenham, Locke, Boerhaave and Hofman (sic), to say nothing of their contemporary Tralles who had refuted the sophisms of La Mettrie. Haller also had written a noble and forceful Discourse on Irreligion. (1755). He quotes Gilbert, the English doctor, as the first to study electrical phenomena.

A great deal of this book comprises instances of the influence of mind over matter. The distinguished names of the patients are the only things of intrinsic interest. Tissot refers to the part of the brain which is the organ of thought and was called the sensorium commune. It is from there the nerves depart to every portion of the body, and therefore thought is able to influence the health of every part. Tissot quotes Van Swieten, Zimmerman and Ramazzini more than does any other contemporary writer. Zimmerman had been particularly interested in the first book and had sent Tissot records of numerous cases. It was only a few years earlier that Morgagni's Seats and Causes of Disease (1761) had appeared. This more than any other work was to undermine humorism. Tissot is impressed with Morgagni and recites his list of tumours, aneurisms, inflammations, suppurations, scirrhi ulcers and hydroptyses which were the local manifestations of disease. Morgagni had written of a preacher who died of apoplexy during his sermon.

There is a reference to St. Ignatius of Loyola, the founder of the Jesuits, whose body was opened after death by the distinguished anatomist Columbus. Ignatius had suffered from biliary colic, and gallstones were found in great numbers. According to Boerhaave, the writer Trigland had died of abscess of the lung after wasting away to a shadow and suffering severe pains in the chest. There is a long list of famous ones who had had bladder stone. Throughout the book there are
two or three references on each page, and one becomes dizzy with classical information. Nearly all of the great English writers get one or two mentions. Tissot quotes a Scot, Gilchrist, who wrote a work On Sea Voyages, and Cheyne's Natural Method of Curing the Diseases of the Body. The Venetian, Cornaro, On the Sober Life was all the rage (according to Austin, page 59, this was printed six times in America). Newton is "the immortal" whenever he gets a mention.

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"Your fellow members in Planned Parenthood feel they are entitled to an explanation."

(Courtesy Medical Tribune, Sept. 11, 1961, by permission of the publisher)


The dramatic nature of medical progress in the fields of artificial organ development and of whole-organ transplantation has tended to obscure some of the inherent social and moral problems. In the matter of artificial organs these problems are most acute when long-term dialysis is undertaken for chronic renal failure. How much money should society divert into an expensive program that can, at best, serve only a small proportion of the potentially suitable candidates? What criteria are to be used in selecting those patients who are to be given the chance for life-prolonging dialysis? If a patient is treated, is he "being denied his right to die with dignity and with the least possible suffering?"

With whole-organ transplantation, too, critical social and moral problems arise. Do patients, potential donors, and their physicians realize the extreme unlikelihood of success for such transplants under present conditions? Is optimistic publicity raising the expectations of recipients to an unwarranted level? Is the potential hazard to health of the person who donates a kidney justified by the slim chance of benefit to the recipient? What of the possible disruption of the mental and emotional health of the potential donor and of the recipient's family?

The use of cadaver organs obviates the ethical problems of inter vivos transplants, but even here difficulties may arise. "Witness the recent report of a dying donor who was kept 'alive' in a respirator for 24 hours until the recipient patient was ready to receive the donated kidney."

The employment of heterografts from species other than man may circumvent many of the problems mentioned. However, here the possibility of clinical success is even smaller than with homografts and the risk of overly optimistic publicity greater. "At present the clinical use of heterologous transplants appears to have outstripped the experimental preparation for the procedure."

[Cf. also report on the Sixth International Transplantation Conference held in New York City under the sponsorship of the New York Academy of Sciences, in which the moral issue was extensively discussed. Modern Med. 32:32-44 March 2, 1964.]

The thoughts expressed by Elkinton in the foregoing editorial from Ann. Int. Med. concerning the problem of