

Self and medical practice in the eighteenth century:
Louis Odier (1748-1817)
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Louis Odier is an interesting author to work on from the perspective of first person singular writing. He penned his first autobiographical text as a teenager. At school, his friends mocked him after having stolen and read his first attempt to write his life story. It started “I was born the son of a rich Genevan merchant...” he reported in a later autobiography. For my purpose here, Odier’s autobiographical texts are interesting because they signal a reflexive habit which is also to be found in his 1st person singular writing about his activities as a physician, the issue on which I shall focus today.

Odier’s considerations of his professional activities are spread out in letters, notebooks and conferences. Most of these texts were addressed to either a correspondent (family or colleague), or to a group of colleagues. Prominent among those I shall mention today are early letters written to his former professor (William Cullen), later letters to his wife and to his colleague Daniel De la Roche and finally papers presented before his colleagues of the local Medical Society. Writing in different genres, writing to different audiences/correspondents, Odier’s 1st person singular writing spans different periods of his career. His point of view is all the more interesting as he left many other texts which vehicle information on his opinion, his activities and his profession, and lead, hopefully, to a more informed interpretation of his professional writing.

When interpreting Odier’s writing on his profession, one must take into account the fact that the content was adapted to successive addressees. His professional writing was performative. As he wrote about his practice and his conception of his profession, he also told something to his reader or audience about himself: addressing issues related to professional activities

¹ Research for this paper was undertaken within a research project supervised by Micheline Louis-Courvoisier and supported by the Swiss research council (FNS 100011-122584).

played a role in the constitution of his identity and was for him a means of self-fashioning. While Odier lists his values, hopes and difficulties, he is also transmitting stereotypes and suggesting a particular perception of his work and professional identity. Themes such as philanthropy, fees, patients' rights and medical secrets emerge and mirror concerns of the medical profession today. Exactly what his personal attitude in practice was, remains to a large extent, a mystery.

By comparing Odier's writing about his professional activities to data known about his medical career and his published work, I shall strive in this paper to pinpoint values and ideals which he put forward to explain his vocation, his attitude as an active physician and, towards the end of his career, his conceptions of medical practice and its future. The aim of this presentation is thus to discuss an individual physician's outlook in the late 18th century and its evolution through time. Articulating my paper around different moments in Odier's career, I hope to infer that reconstructing the point of view of a particular physician can help to highlight the contextual and cultural influences on medical vocations and identities.

1. Vocation

The first professional question is of course the nature of a physician's **vocation**. On different occasions, Odier maintained that his father had taken the decision for him. His father had told him to study physic. The clearest narrative is in a letter he wrote to his friend, Etienne Pellet in 1768, a year after the scene had occurred. His father had asked him, Odier reports:

« “How do you plan to earn a living?”

“I answered”, wrote Odier in his letter, “that I trusted him to choose for me, that I saw three possible paths, commerce, law and medicine and I prayed he chose for me.”

“You should consider neither commerce nor law answered my father”.

Well then, I shall be a physician, I replied.”»²

Other sources suggest that Odier’s narrative is in fact misleading. Odier was the son of a merchant, but had shown interest in learning, not in commerce. From his father’s point of view, past intellectual achievements and economic investments made commerce an improbable option at this stage. His three brothers were either already active in commerce or geared to become merchants later. Odier’s hesitations were elsewhere. He had previously envisaged three options: theology, law and medicine. His dilemma was voiced in a philosophical dialogue opposing a lawyer, a theologian and a physician who each in turn put forward the social value of their respective professions (*Dialogue entre Spanheim, Boërhaave et Patru*).³

There is something artificial in the text. Spanheim, the jurist does not present a very credible case. This is probably due to the fact that a successful career in law would eventually lead to public office, and Odier’s family was then too recently established in Geneva to have such pretensions. This suggests that law was not a serious option, merely included in order to attain a certain theoretical completeness, and possibly to highlight the virtues of the two other contenders, the physician Boerhaave and the theologian Patru.

At the time of the writing of the *Dialogue*, theology was supposed to win. Odier had wanted to be a minister since childhood and both his family background and his father’s personal inclinations encouraged him in that direction. And yet, the status of theology and of ministers was changing in Geneva during the 1760’s. D’Alembert’s article on Geneva, published in the *Encyclopédie*, had described the towns’ ministers as tolerant philosophers of religion, among which some did not even believe in the divinity of Christ. This allegation had upset the community and caused numerous reactions. Geneva’s ministers had also loudly condemned Rousseau’s *Emile* which Odier seems to have read in early 1766. Only five months after his *Dialogue*, he wrote his own “Profession de foi” along very similar lines to those followed by Rousseau in his now famous “Profession de foi du

² Bibliothèque de Genève (hereafter BGE), Ms 5642/4, 13, Louis Odier à Stephen Pellet, [Edinburgh], 26.11.1768

³ BGE, Ms fr 5644 / Cahier brun, VIII. O., 9.01.1766.

vicaire savoyard”.⁴ Although submitted by an enthusiastic Odier to his local minister, his text did not convince. Odier’s and Rousseau’s ideas did not fit in with the outlook of orthodox Protestants in Geneva at the time.

Why medicine? A careful reading of Odier’s dialogue reveals proximities in values attributed to professionals in **medicine** and in **theology**. Personal disinterest and a vocation for serving the destitute were important in both professions. Physic had on this account some serious assets. Physicians, Odier wrote, did more “good to mankind”⁵ than theologians, they were most “useful”, snatched the dying from death, helped the crippled to walk and enabled the blind to see...

In short, in the 1760’s, Medicine appeared to be the most obvious learned profession for an unconnected youth devoid of a vocation in theology. In the light of what I have just said, the question his father asked him appears to have been a rhetorical question. By presenting his choice to study medicine in such a way in a letter to a friend who was himself at a loss for his own calling, Odier was in fact saying little about his vocation. He was in fact suggesting that his friend follow his own family’s advice.

II. Medical practice, projects

In the 18th century, physicians writing about medical practice often insisted on their benevolence, their desire to be good to others. Such values come across particularly well in a letter Odier wrote to his former professor, William Cullen in the Summer of 1772, some months after having graduated.

“God is my witness that my views are not selfish, but I would like to be paid so as to live independent and able to practice with generosity,

⁴ BGE, Ms fr 5654, Amélie Odier, Souvenirs sur la vie privée de Louis Odier, t.1, pp. 13-16.

⁵ *Journal de Médecine, de Chirurgie et de Pharmacie*, 1773, 40: 237–56.

dignity to the rich and mercy to the poor, spirit of benevolence to all, and satisfaction to myself.”⁶

The proposition as it is here formulated is interesting as it suggests that the physician was to adopt an appropriate attitude to each class of patients. That said, maybe the most obvious notion that comes across is his financial concern, “I would like to be paid”. The preoccupation is recurrent in Odier’s writing: the physician’s income was fragile, susceptible to fashion, crises and to his patients’ goodwill. In fact, one could argue that most of his letter to Cullen was articulated around economic concerns. And yet, he repeatedly voiced his desire to be able to assist the poor and he defended the idea that it was essential for physicians to gain their patients’ confidence.⁷

“ Only the full confidence of my patients can give me some pleasure to visit them, and I am too proud to gain it by other means than my zeal and my care ”⁸

Odier’s loudly voiced altruism was not incompatible with ambition, as he wrote to his fiancée:

“ I promise you that I shall neglect nothing in the future to deserve ever more the confidence of the public, the respect of honest men, the esteem of all, and to receive from posterity the title of great man for your little husband.”⁹

⁶ Odier, Louis, *Mémoire sur les honoraires médicaux et autres mémoires d'éthique médicale*, ed. Philip Rieder and Micheline Louis Courvoisier, Paris, Classiques Garnier, 2011, p. 169.

⁷ He is repeating ideas that were commonly voiced by physicians, namely by John Gregory, one of his teachers in Edinburgh. John Gregory, *Lectures on the duties and qualifications of a physician* [...], 1770, pp. 19, 23, etc.

⁸ BGE, Ms.fr. 4152, Louis Odier à Andrienne Lecointe, D 25, s.d.

⁹ Cité dans BGE, Ms fr 5656, Amélie Odier, Souvenirs sur la vie privée de Louis Odier, t. 3, p. 55.

III. Medical practice, reality

Fifteen years later, in the summer of 1787, Odier wrote regularly to his wife then quartered at Spa for a thermal cure. He wrote about the little events which made up his days much in the fashion of a diary writer. He described his trips to patients' homes and offered some information on the patients he saw:

“ Mrs Martin Gourgas came to consult me. She is not better. In fact, it is quite the opposite, her attacks [fits] are now stronger than ever ”¹⁰

Detailed data on patients' conditions was not given as this was apparently of little interest to his wife. He did, however, insist on the evolution of patients' symptoms, the gravity of their ills and his concern about prognosis. To other correspondents, he included more detailed information on patients' health, a practice that was then common. However, 15 years into medical practice, Odier clearly remained vulnerable to patients' attitudes....

“ I was sad all day and even more so this evening. [...] Pride and lack of patients are largely responsible. I see my colleague Dunant making everyday more progress at my expense. I heard, for instance, that he has gained the practice of Lullin, the councilor, who seemed formerly to have confidence in me. It grieves me and worries me, all the more because money is not coming in.”¹¹

Keeping clients such as Lullin was important for financial reasons. During the first twenty years of Odier's practice, more than half of the physician's income came from a little over one hundred good clients... Thus beyond strategies construed in order to attract clients (publications, a subscription

¹⁰ BGE, Ms fr 4155, H 8, Louis Odier à Andrienne Odier Lecointe, Genève, le 19.6.1787.

¹¹ BGE, Ms fr 4155, H 16, Louis Odier à Andrienne Odier Lecointe, Genève, le 2.7.1787.

scheme, free treatment of the poor, marriage)¹², the physician's main concern was to keep good patients.

This required medical capacities, but also social competences. Odier was worried at the out start of his career about his lack of social skills. Considering Wakefield a possible place to set up practice, he hesitated

“I have heard that Dr Richardson had settled there, [...] he would have two years advance upon me, and has further the advantage of eating roast beef and drinking good claret with a much better grace than I can and choose to do [...]”¹³

He did not encounter the same problems in Geneva where he finally settled, but worked desperately to perfect his social competences. He described himself as shy and ill at ease in company:

“ I believe that the first few moments of an encounter are the most favorable to me, those who know me well consider, value, and respect me, but they admit that I have no talent to inspire enduring love or friendship”¹⁴

In his mature years as a practitioner, his social life and professional life were closely intertwined. In fact, it is difficult when reading through the letters he wrote to his wife to distinguish them with any clarity. Implications were numerous, but particularly clear in the political sphere: Geneva was then divided into two camps, the partisans of the reigning oligarchy and their enemies.

“ The political situation is ever more confused, [...], I am myself determined to always remain neutral, because I do not have the

¹² See Philip Rieder and Micheline Louis-Courvoisier, « Enlightened physicians: setting out on an elite academic career in the second half of the eighteenth century », *Bulletin for the history of medicine*, 84, 2010, pp. 578-606.

¹³ Odier, Louis, *Mémoire sur les honoraires médicaux et autre mémoires d'éthique médicale*, ed. Philip Rieder and Micheline Louis Courvoisier, Paris, Classiques Garnier, p. 169.

¹⁴ « [...] les premiers moments me sont, je crois, les plus favorables, et ceux qui me connaissent bien m'estiment, me considèrent, me respectent, mais avouent que je n'ai point le talent de me faire aimer ». BGE, Ms fr 4152, A 8, Louis Odier à Suzanne Baux, 28.10.1771, p. 2.

leisure to pursue all issues at stake, because I meet, every day, people from both sides who I do not want to upset, [...] and because my occupation [état] as a physician and my personal preference compel me to treat all with circumspection [ménager]”.¹⁵

What does emerge clearly is that Odier’s social attitude was fashioned to make him the most sociable and dedicated physician. To the point that after his death, his daughter was shocked when reading his early correspondence, convinced as she was that her father had always been the affable easygoing social performer she had known...

IV. Reasoning on practice

With time, Odier did manage to become a member of Geneva’s elite. He survived a series of financial crises, although he did suffer from a loss of clientele during the Revolutionary era. After the difficult Revolutionary period, his income improved and he lived an active, but materially stable life. All considered, he did well. He himself recognised that his reputation was among the best of the town and that, although he did not have the most patients, he was among the most respected physicians.¹⁶

In the last decades of his career, he tended to adopt a more distant stance. Relating the state of his practice to a colleague, he explained that he had made some progress in certain families due to the death of colleagues. This was not always a success. Although he became the physician of the Pictet family after the death of his colleague Dunant, this did not last

“ Soon afterwards, Vieusseux who was somehow related to the family, repeated so assiduously his visits, that soon I was totally excluded. I used to be very sensitive to such behavior. Today I only laugh about it.”¹⁷

¹⁵ BGE, Ms fr 4153, F 33, Louis Odier à Andrienne Lecointe, s.l. [Genève], s.d. [1779].

¹⁶ BGE, Ms fr 4155, H 29, Louis Odier à Andrienne Odier Lecointe, Genève, le 25.7.1787.

¹⁷ BGE, Ms fr 4159, P 4, Louis Odier à Daniel De la Roche, le 08.07.1810.

With distance gained by experience and age, he wrote about professional issues, basing his thoughts on his experience as a practitioner. He was certainly influenced by the reform of medical practice in France. One of the topics he developed was medical secrecy. Among the cases on which he based his argumentation was the case of a young female patient he had encountered some 25 years previously. Another of his, “a rich and well considered man” came to ask me about the health of the young lady he planned to marry.

“ I greatly approved of his choice and guaranteed him that beyond a sort of ringworm [teigne] that the young lady had suffered from for a couple of months and which I had managed to heal, she was in very good health and had never been ill.”

At the mention of ringworm, the young man became pale. He became convinced that she suffered from cold humors which would then affect his own children and decided not to marry her. The young lady subsequently remained an old maid and had to earn her own living, a pitiable state in Odier’s eyes and one that weighed on his conscience. From this example, and others, he developed a modern approach to medical secrecy, in sharp contrast to his former opinion and practice¹⁸, and articulated the notion of medical secrecy around the interests of the patient. As in other ethical and professional texts, he clearly integrated the consequences of the “equality” of treatment “citizens” could expect since the Revolution and refrained from adapting his professional attitude to the patient’s social quality.

Conclusion:

From a historical point of view, working on 1st person texts written by physicians does reveal a level of medical practice which is otherwise inaccessible.

¹⁸ He had voiced concerns on similar hereditary conditions in the press earlier in his career. *Journal de Genève*, 29.3.1788, pp. 54-55.

Reading systematically Odier's 1st person singular writing on his professional activity does enable the reconstruction of something of the experience of medical practice, the cultural values which the physician adopted and defended, but it also conveys an idea of the frailty of medical practice and the importance for the physician to play a particular social role.

Thus, first person narrative can reveal something of the professional self, that is the values and strategies inherent to professional identity. Themes which emerge in the process, fees, philanthropy and secrecy for instance, are important themes in professional discussion within medicine today. Confronting medical students to 18th century physicians' narratives is a possible means of introducing historical data into medical studies and of discussing in that context the evolution of the physician's identity, attitude and expectations.