

SECURITY & THE MEDICAL POLICE

“ .. every citizen ought to be interested in the security of the state .. ”
(Napoleon Bonaparte, *Napoleon in His Own Words*, p. 41-2)

“The internal security of the state is the subject of general police science. A very considerable part of this science is to apply certain principles for the health care of people living in society .. Medical police, like all police science, is an art of defense .. ” (Johann Peter Frank, *A System of Complete Medical Police*, p. 12)

“In the eighteenth century, the development of demography, of urban structures, of the problem of industrial labour, had raised in biological and medical terms the question of human ‘populations’, with their conditions of existence, of habitation, of nutrition, with their birth and mortality rate, with their pathological phenomena (epidemics, endemic diseases, infant mortality). The social ‘body’ ceased to be a simple juridico-political metaphor (like the one in the *Leviathan*) and became a biological reality and a field for medical intervention. The doctor must therefore be the technician of this social body, and medicine a public hygiene.” (Michel Foucault, ‘The Dangerous Individual’ in, *Politics, Philosophy, Culture*, pp. 133-4)

“The medical supervision of diseases and contagions is inseparable from a whole series of other controls: the military control over deserters, fiscal control over commodities, administrative control over remedies, rations, disappearances, cures, deaths, simulations.” (Michel Foucault, *Discipline and Punish*, p. 144)

“Well after the Sun King stung Colbert into action with his dictum: ‘Let there be Light and Security!’, well before the Nazi theorist Rosenberg delivered his extravagant aphorism: ‘When you know everything you are afraid of nothing’, the French Revolution had turned the elucidation of details into a means of governing. Omnivoyance, Western Europe’s totalitarian ambition, may here appear as the formation of a whole image by repressing the invisible.” (Paul Virilio, *The Vision Machine*, p. 33)

“Open up a few corpses, and you will dissipate at once the darkness that observation alone could not dissipate.” (Marie-François-Xavier Bichat, quoted in Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, p. 146)

Introduction/statement of problem

- *plagues and peoples*
- *power/knowledge and the history of medical science*
- *the empire of the gaze*
 - the calculating gaze (statistics)*
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 - the psychiatric gaze (sexuality/deviance)*
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- *healthcare and the politics of war and capitalism*
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- *Beyond medicine: towards a biology of man*
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Plagues and Peoples

The first point to make is that we seem somewhat unused to thinking about the *politics of health*. By this I mean not the ‘politics’ of individual resources allocation decisions, but rather the *political economy* of producing healthy human subjects.

Part of the reason is no doubt our own disease-resistance/experience:

“ .. amid relatively high levels of immunity .. critically trained historians were impelled to discount as exaggeration any remark about massive die-off from infectious disease .. there seemed nothing much to say about epidemics .. ” (William H. McNeill, *Plagues and Peoples*, p. 3)

In this sense, historians have underplayed the *discontinuity* apparent at the heart of Western culture with the rise of institutionlised healthcare. In doing so, they have underplayed - even ignored - the ways in which the improvement of health across European societies - was seen both as a threat and an opportunity; a threat to the existing social order, challenged by able bodies; an opportunity in that capitalism and war demands a constant reserve of able/mobile bodies. A whole *political technology* has been virtually ignored - and yet it remains at the heart of the Western experience, and the constitution of modern political order.

Partly to blame is the continued insistence from certain sections of the academy to focus on only on the three ‘great’ issues of modern political thought: capital, law, and territory.

These, however, have to be supplemented. We need to think also about the ways in which power acts on bodies (the ‘accumulation of men’). The result is an entirely different reading of the politics of welfare, health, social security, and indeed *security* more generally.

Power/knowledge and the history of medical science

We must ask first; why did medical science emerge?

- *What changed to mark the ascendance of 'observation' over 'theory'?*

Hippocratic/Galenic 'theory' up until this point was based upon the balance of the four elements (earth, air, fire and water), giving rise to the four basic qualities of matter (hot, cold, dry, and moist). Galen (2ndC BC) taught that these 'bodily humors' were to be in balance if health was to be maintained. From the 18th century Galenic theory gave way to new (and Hippocratic) *practices*. This shift was complex, but two developments are crucial: 1) William Harvey proves that blood circulates. Galenic tradition rejected this, conceiving the heart as a source for heat. 2) Galileo Galilei, puts forward his theory of 'primary' and 'secondary' matter (splitting matter that has shape, weight etc., from subjective characteristics, such as 'hot', 'cold', etc.,). Many seventeenth century physicians turned to mechanical philosophy (and materialism), conceiving the body not as a balance of humors, but as a 'machine'.

“The human body is a machine that winds its own springs. It is the living image of perpetual movement. Without food, the soul pines away, goes mad, and dies exhausted .. But nourish the body, pour into its veins life-giving juices and strong liquors, and then the soul grows strong like them, as if arming itself with a proud courage, and the soldier whom water would have made flee, grows bold and runs joyously to death to the sound of drums .. What power there is in a meal! .. everything depends on the way our machine is running.” (La Mettrie, *Man the Machine*, p. 93-5)

This however would give way with the onset of *clinical medicine*, and in particular an awareness of the environmental considerations (diet, location, water purity) of illness. Also 'materialism' was prone to disregard the soul, which seemed to leave unexplained certain phenomena. It was largely in reaction to such explainables that clinical science turned increasingly from the heart and vascular system (central to Galenic medicine) to the brain and the nervous system. 'Vitalism' (see note 5) arose to replace 'mechanical philosophy'.

- *What is significant about the 'birth of the clinic'?*

What made it possible, and important? In asking this question we can return to the basic theme set out by Michel Foucault in *Madness and Civilization*, and expanded in his later work on the themes of 'biopower' and 'governmentality'.

What then is important to Foucault? One phrase: the entry of 'life into history'.¹ What Foucault means by this is the emergence of 'man' as a *political body*: a body upon which political forces may be exercised. This new form of man - useful, able, maximised, docile, malleable - is the man who in the next century will drive both capitalism and warfare. This man is the 'last man', despised by Nietzsche as the man defeated by power, by the State, immiserated before his legitimate instincts.

Foucault - more so than Nietzsche - attempted to write in his 'genealogies' the *institutional*

¹ 'The Right of Death and the Power over Life', in *History of Sexuality*, Vol. 1., p. 141.

history of this defeat, in the hope of reinventing struggle, play, conflict - indeed 'politics' itself. So, he begins with a wide ranging analysis of the history of reason and unreason, and the rise of psychiatry (the medicalisation of madness).² His next stop was medical science itself - the ways in which medical knowledge emerged - with all of its powers to 'look' into the lives of individuals, and indeed the whole social body.³ From an early stage Foucault held deep suspicions about the 'politics of health' in relation to the politics of order, and the politics of security. These doubts - first spelt out in the early 1960s - were formulated in a more systematically political fashion in the 1970s/80s. Perhaps Foucault - who was never entirely removed from 'geopolitics', in its traditional sense - could sense the 'second Cold war' just around the corner. Certainly during the late 1970s his work seemed to take on more urgency (perhaps 'political edge').

- *medicine and the archaeology of violence*

“If we think about the way in which the modern state began to worry about individuals - about the lives of individuals - there is a paradox in this history. At the same moment the state began to practice its greatest slaughters, it began to worry about the physical and mental health of each individual .. All human behavior is scheduled and programmed through rationality. There is a logic in institutions and in behavior and in political relations. In even the most violent ones there is a rationality. What is most dangerous in violence is its rationality .. Between violence and rationality there is no incompatibility. My problem is not to put reason on trial, but to know what is this rationality so compatible with violence.” (Michel Foucault, 'Truth is in the Future', in: *Foucault Live*, p. 299)

The empire of the gaze ⁴ *the gaze that takes in a species (the calculating gaze)*

FORERUNNERS	Roger Bacon (1220-1292) ⁵	Bacon discusses optics in his <i>Opus majus</i> (1268)
	Leon Battista Alberti (1404-1474)	<i>Della pittura</i> (1435), on the nature of the observable
	Leonardo da Vinci (1452-1519)	art and technology unified
	Francis Bacon (1561-1626)	Science based on observation
	Louis XIV (1638-1715)	Sun King, shedding light upon the body-politic
	John Locke (1632-1704)	<i>Essay on Human Understanding</i> (1690)
	Issac Newton (1642-1727)	<i>Opticks</i> (1704), the spectrum, calculus

² *Madness and Civilization: A History of Insanity in the Age of Reason.*

³ *The Birth of the Clinic: An Archeology of Medical Perception*

⁴ *ibid*, p. 39.

⁵ one of the first experimental scientists. Also the first European to write about gunpowder. See, Lewis Mumford, *Technics and Civilization* (Harcourt, 1934).

INNOVATORS	William Harvey (1578-1657)	The new science of bodies, <i>De motu cordis</i> (1628), study of circulation
	Georg Ernst Stahl (1659-1734)	chemist/physician ⁶
	William Cowper (1660-1709)	<i>Anatomia Corporum Humanorum</i> (1750)
	George Berkeley (1685-1752)	<i>An Essay towards a New theory of Vision</i> (1709)
	Hermann Boerhaave	clinical medicine, direct observation
	Jacques Gautier Dagoty (1717-1785)	artist/anatomist, <i>Essai d'anatomie</i> (1745) ⁷
	Jacques Gondouin (1737-1818)	designer of a 1,200 seat anatomy theatre in the Paris Ecole de Chirurgie (1765)
	Johann Caspar Lavater (1741-1801)	<i>Physiognomische Fragmente</i> (1775) ⁸
	Felix Vicq d'Azry (1748-1794)	<i>Traite d'anatomie et de physiologie</i> (1786) ⁹
	Marie-Francois Xavier Bichat ¹⁰ (1771-1802)	system of analytic classes of diseases

⁶ Stahl was one of the first to suggest that circulation, secretion and excretion were necessities of health. He - among others - pathed the way for looking at states as both mechanical machines, and later, organic bodies. Though not one himself, Stahl played an important role in the rise of 'vitalism' (the study of 'organised matter'). Vitalism fundamentally redefined much of the human sciences in the years following c1740. The body was seen as a complex union of 'relations'. The process of 'generation' (reproduction) assumed major importance in understanding life-processes. Science was seen to be part of a 'natural system'. Nature was given a 'history', and matter a 'will' (self-organisation, motion). This marked a radical departure from previous conceptions of the world. Vitalism called for combining of experimental investigation of empirical phenomena with creative scientific imagination. Vitalists include (among othes): physicians and philosophes, such as Barthez, Bordeu and Wolff, Diderot, Buffon, Bichat, and Schiller.

⁷ dedicated to "all those interested in the health and investigation of the human body .. I am the demonstrator, the painter, & the engraver rolled into one."

⁸ representing "the whole man to an experienced eye" .. "taking apart a man and then putting him back together again." .. "study every part and every member of the human body separately, the connections, relations, and proportions which they have to one another."

⁹ dedicated to precision and certainty. Friend of reformers like Phillipe Pinel (1745-1826), and Johann Christian Reil (1759-1813). Reil in particular is a fascinating figure. Reil was particularly concerned - in the later stages of his life - with building a system of medical education that could supply trained personnel to all regions of Germany. He also devoted himself to the care of psychological disturbances, becoming a pioneer in creating a model of 'mental illness'.

¹⁰ with Bichat, as Foucault would write, the constant presence of 'death in life' emerges: " .. into the light of language." The space of knowledge was dug out. "The living night is dissipated in the brightness of death."

The political gaze (police science; medical police)

From the early to mid-17th century a series of impulses began to emerge inaugurating the development of what we may call the 'political gaze'. First and foremost this gaze was economic; developing in relation to the concern to maximise taxations:

“ .. it is essential to have a large population .. the ruler who has many subjects will also have plenty of money, for the more people he has the greater sums he will receive as tribute and so his treasury will be the richer.” (Giovanni Botero, *The Reason of State*, p. 145)

and later, the productionism of people amassed over 'bullion' (as we move increasingly in the direction of the modern productionist ethic, 'manufacturing'). The critical threshold - as forementioned - is Giovanni Botero's *The Reason of State*:

“Where there are many people, the land must be well cultivated, and the land provides the foodstuffs necessary for life, and the raw materials for industry.” (Giovanni Botero, *The Reason of State*, p. 145)

“A prince's subjects and his strength may be increased in two ways: propagation and acquisition. By agriculture and the arts, by assisting the education of children, and by establishing colonies, he will encourage propagation: and he will gain subjects from other rulers by assimilating his enemies and destroying neighbouring cities, by extending the privileges of citizenship, by treaties and alliances, by ties of kinship .. ” (Giovanni Botero, *The Reason of State*, p. 148)

from here we move into the 'Classical epoch' in which power would be invested increasingly in the population itself. For much of this period the impulse was primarily *economic*. Yet the *political* implications were well understood.¹¹ Only toward the end of the 18th century, however, does the population become a *juridico-political* problem. Correction at one and the same time becomes *punitive* (i.e., based less upon productionism *as such*, as upon *order*), yet progressively *normative* (as opposed to law-dependent). There is clearly a very complex transition in progress, linked very much with a whole series of wider social transformations (particularly in the rise of 'science', and the mapping of the organics of man).

All in all, we see the emergence of a general grid of *political methods* (or technologies) aimed to maximise the 'security' of the State. This general grid was gradually imagined. Through the writings and reforms of a series of key players (statesmen, administrators, jurists, mathematicians) we pass into the Classical age; in many ways the age of the *political gaze*, in which the 'politics of happiness' played a central role. Health - in one sense - was somewhat secondary still, though fast establishing itself:

“ .. from the 18th century on, every discussion of politics as the art of government of men necessarily includes a chapter or series of chapters on urbanism, on collective facilities, on hygiene .. ” (Michel Foucault,

¹¹ as Botero describes, it always had been - by the best of governors at least.

‘Space, Knowledge and Power’ in *Foucault Live*, p. 336)

The corrective gaze (panoptism)

From the Classical preoccupation with ‘happiness’ we see something of a transformation during the 18th century, and at the turn of the 19th century. The political economy of power based on ‘tranquility’ gave way to one based more on ‘necessity’ and ‘security’. This was marked by the diffusion of the apparatus of government (indeed modernity proper marks the beginning of the period - of which we are still part - of the disappearance of the apparatus of government ¹²). We pass from the ‘police state’ (in the sense used by 18th century political theoreticians, not contemporary usage) to the ‘modern state’, as conceived and constructed by Napoleon. Foucault often referred to the coextensive developments of medical knowledge (the mapping of life processes more broadly) and the transformations in the political economy of power. In his later works this led him to focus on what he would call the ‘normalizing gaze’ effected through constant and ubiquitous surveillance. Foucault referred to this political economy of power as ‘panoptism’:

“By the term ‘Panoptism’, I have in mind an ensemble of mechanisms brought into play in all the clusters of procedures used by power. Panoptism was a technological invention in the order of power, comparable with the steam engine in the order of production. This invention had the peculiarity of being utilised first of all on a local level, in schools, barracks and hospitals. This was where the experiment of integral surveillance was carried out. People learned how to establish dossiers, systems of marking and classifying, the integrated accountancy and individual records .. a certain moment in time, these methods began to become generalised. The police apparatus served as one of the principal vectors of this process of extension .. [as] too did the Napoleonic administration.” (Michel Foucault, ‘Questions on Geography’, in *Power/Knowledge*, p. 71-2)

In the modern period proper the ‘politics of health’ is fully established. Societies will now be controlled not simply through the work ethic. Something further is demanded (partly because of the most amazing demography explosion). Societies (and individuals) will be increasingly controlled at source: at the very point of their existence. Science - and through which ‘modern political reason’ - will increasingly gaze into the working biological mechanisms of ‘the people’. New powers (and resources) will be invested in the aim of mastering the life-processes of humanity.¹³

¹² which does not mean, however, that in any sense whatsoever ‘government’ or ‘the State’ declined, as some have been wont to argue recently (Susan Strange, Vincent Cable, Phil Cerny, among others).

¹³ the ‘cameralist’ writers (Osse, Obrecht, Seckendorff, Schröder, Dithmar, Darjes, Justi, Sonnenfels) very much stand at the centre of a broad transition. Themes of the 19th century fascination with health are played out in their writings, yet the concern is with ‘ordering’, rather than ‘securitizing’ as such. Now, this is a fine line, and certainly these writers understood the value and the meaning of ‘security’. It is just that in the 19th century a more systematic discourse emerges based upon the mapping/recognition of the biological/organic characteristics and direction of whole societies (from Malthus to Hegel, Darwin, and the political writings of Spencer).

The psychiatric gaze (sexuality/deviance)

And so - at the very limits of the history of a culture or society - the investment in containing unreason. The 'psychiatrization' of deviancy is very much part of this new emerging concern with *processes* and *impulses*.

The medical gaze (vitality) ¹⁴

And beyond psychiatry would emerge a whole ensemble of *practices* - both daily (sanitation) and cyclical (mortality) - aimed to control both the dangers to life of disease, and better know the workings of man. The eradication of the former would lead to the perfection of the latter, though at times it is difficult to establish which followed which. "Public health" - quite sometime after inroads had been made into the hold of death over human life - would become, throughout the 19th century, a centrally important theme of social life. This was much more than the reorganization of the politics of health. As Foucault describes in *The Birth of the Clinic*, we witness from the beginning of the 19th century a wholesale transformation of the entire perception of life and death, and the very foundations of knowledge.

inoculation
cleanliness
urban sanitation
safe water supplies
lighted streets
reform of hospitals

The concern with disease prevention and control was intimately linked with the 'normalising' and 'securitizing' gaze. In the writings of Gerard van Swieten and Johann Peter Frank - for example - the responsibility of preserving public health rested with the central government. A clear nexus was established between *humanitarianism* and the goal of social ordering, and the extension of state power. *The lifestyle of the whole population was fast becoming the focus of political rationality.*

The Birth of the Clinic demonstrates how the possibility of a 'knowledge of the individual' emerged; how man could become object and subject of his own knowledge ..

The architecture of control ¹⁵

What had emerged was the base for the whole 'knowledge structure' of the 18th and 19th centuries: that man could be both subject and object of his own knowledge.¹⁶ This investment is not only seen in the birth of the human sciences. We also note the investment in buildings, in

¹⁴ as well as the works by Foucault see Barbara Maria Stafford's stunningly comprehensive, *Body Criticism: Imaging the Unseen in Enlightenment Art and Medicine* (MIT Press, 1993).

¹⁵ as well as Foucault's writings and interviews on 'space', see Thomas A Markus, *Buildings and Power: Freedom and Control in the Origin of Modern Building Types* (Routledge, 1993)

¹⁶ corresponding to the birth of the human sciences and scientific method, the rise of civility/tranquility; the wider codification of society ..

institutions, in stone, and in concrete that created certain experiences, and informed the theoretical discourse upon which such buildings relied.

Toward a biology of man: ‘the passing of life into history’

The growth of biological metaphor is one of the defining ideational events of the modern world. From the mechanical visions of the Baroque, at the beginning of the nineteenth century - running parallel to the development of the pathological sciences, and the reorganization of the medical sciences - we witness also development of a ‘biological conception of society’. This transition (which took roughly 300 years), can be traced not only to the rise of scientific knowledge (fallibility, experience, visibility), but also to the continued interaction of man with *microorganisms*, diseases, and dangers.

Initially - in the early modern epoch - mechanical and biological metaphor were separate. By the early 18thC they had converged (in particular in La Mettrie’s thesis *Man A Machine*). By the late 18thC, early 19thC, in the practices of Napoleon, and the philosophy of Hegel (followed of course with Spencer and Darwin), the biological metaphor reaches its zenith, entailing a wholesale reimagining of man:

“By means of the establishment of the biological sciences, man, while establishing a certain kind of knowledge (savoir), was also changing himself as a living individual.” (Michel Foucault, *Remarks on Marx*: p. 68)

This new imagination of the movements of man developed throughout the early modern period. From an early stage the power of the body was something to be harnessed, and channelled .. to be maximised for the aims of the state (raison d’etat):

Unresolved dilemmas ..

“In the last years of the eighteenth century, European culture outlined a structure that has not yet been unraveled; we are only just beginning to disentangle a few threads, which are still so unknown to us that we immediately assume them to be either marvellously new or absolutely archaic, whereas for two hundred years (not less, yet not much more) they have constituted the dark, but firm web of our experience.” (Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, p. 199)

- *What is the relationship between health and order?*
- *Is there a problem with the State taking an interest in health?*
- *Do people have the right to die ‘naturally’?*
- *Is not the whole of the modern world built upon a preconception of the ‘right to life’? What is the genealogy of this preconception? What are its dangers?*

- *What is resistance? Do people have the right to suicide?*¹⁷

“One of the things that has preoccupied me for some time is the realization how difficult it is to kill oneself. Let’s consider the small number of means of suicide we have available, each one more disgusting than the others: gas is dangerous for the neighbors, hanging is disagreeable for the maid who discovers the body the next morning, throwing oneself out the window dirties the sidewalk. Moreover, suicide is considered in the most negative way possible by society. Not only are we told that it’s not good to kill ourselves but also that if someone commits suicide it’s because things were going badly .. I am a partisan of a true cultural combat for re-instructing people that there is no conduct more beautiful, that merits more reflection with as much attention, than suicide. One should work on one’s suicide all one’s life.” (Michel Foucault, ‘Passion According to Werner Schroeter’, *Foucault Live*, p. 317-8)

- *Does healthcare always become a question of the power of the State over the individual? Can individuals escape the scientific discourse of health, insanity and productionism? How has the State controlled the ‘release mechanism’ of able bodies, channelling it into certain practices (production/war/leisure) and away from others (rebellion/sedition/revolution)?*
- *What political technologies become necessary to oversee the ‘healthy society’?*
- *The ‘Legitimacy of the Modern Age’? Man’s battle with microorganisms over world history - is power/knowledge a legitimate tool?*¹⁸
- *Is human self-assertion necessarily evil?*

“This world is the will to power - and nothing besides! And you yourselves are also this will to power - and nothing besides!” (Friedrich Nietzsche, *The Will to Power*, § 1067)

- *How has the politics of health transformed over the past 15-20 years?*
- *What is the significance of the end of the welfare state?*
- *Has the modern period inaugurated an era of medical incarceration?*
- *Do we have the right to be ‘unhealthy’?*

¹⁷ “It is not surprising that suicide - once a crime .. became in the course of the nineteenth century, one of the first conducts to enter into the sphere of sociological analysis .. ” (Michel Foucault, ‘The Right of Death and Power over Life’, *The History of Sexuality*, Vol I, p. 138)

¹⁸ see Hans Blumenberg, *Work on Myth* (MIT Press, 1985), and *The Legitimacy of the Modern Age* (MIT Press, 1983).