

"The Politics of Health in the 18th Century" / Power: 90-105 / DE2: 13-27
Outline by John Protevi / Permission to reproduce granted for academic use
protevi@lsu.edu / <http://www.protevi.com/john/Foucault/Politics18.pdf>

I. Preliminary Remarks

- A. In 18th C we see a reflective "noso-politics" which encompasses both:
 - 1) "liberal" medicine: focused on individuals and medical market
 - 2) collective medicine: politics of health
- B. The State was not the central control point
 - 1) Non-state groups
 - a) Religious groups
 - b) Philanthropic organizations
 - c) Learned societies
 - 2) Multiple roles of the State
 - a) Direct intervention
 - b) Established consultant bodies
 - c) Sometimes it failed in its organizational plans
 - d) Other times it resisted requests that it intervene or control
- C. Summary: "problematization" of politics of health ["noso-politics"] in 18th C:
 - 1) Multiple emergence of health / sickness as problems for collective action
 - 2) Not vertical and centralized, but dispersed and multiple

II. "Most striking trait": displacement of health from assistance to poor

- A. Classical Age: health / sickness a question of help to poor
 - 1) Exception would be the quarantine
 - 2) Medicine was only one factor of aid
 - a) Economics: charity
 - b) Institutions: multiple goals
 - c) Technical: therapy was not a major goal of hospitals
- B. 18th C: dislocation of mixed functions
 - 1) Via re-examination of investment
 - 2) Via new distinctions between "worthy poor" and "lazy poor"
 - 3) Emergence of politics of health of population: private duty & collective goal

III. Step back for longer view (perspective of changes in power relations)

- A. Middle Ages: power directed to war and peace
- B. Later, in Renaissance: order and enrichment
- C. 18th C: management of society re: physical well-being: ("social body")
 - 1) optimal health / longevity
 - 2) the "police": ensure order, riches, and condition for health ("hygiene")

IV. Question of management of "accumulation of men":

- A. population as object of surveillance, analysis, intervention, modification
- B. variables of the "body": individual body and population body or social body
 - 1) not just numerical measures
 - 2) but as constituting an object of use, of profitable investment

V. Privilege of childhood [*enfance*] and medicalization of family

- A. Not just number of children [*enfants*] but guiding through childhood [*enfance*]
- B. Change in notion of family

- 1) No longer just a knot of social relations, but a milieu of corporeal training
 - 2) No longer just a link of different households, but a site joining parent / child
 - a) Family [socially] produces an heir for two households
 - b) But also [biologically] produces an adult human being, hence focus on
 - (1) the health of the child
 - (2) clean domestic space
 - (3) optimal placement of people, beds, tables, utensils
 - (4) organization of "care"
 - C. Campaign for inoculation and vaccination and treatment of orphans
 - D. 18th C politics of health explicable only through medicalization of family
 - 1) Rights and duties of individuals re: health of self and others
 - 2) Market for medical services
 - 3) Authoritarian interventions re: hygiene and illness
 - 4) Institutionalization and defense of private relation to physician
- VI. Privilege of hygiene and function of medicine as instance of social control
- A. Objects to be medicalized
 - 1) Urban space
 - a) General variables: climate, topography, etc
 - b) Privileged sites of illness: prisons, ships, ports, hospitals, beggars, etc.
 - 2) Personal life: diet, living space, etc.
 - B. The physician becomes inserted in power networks: becoming-expert
 - C. Changes in the function of the hospital
 - 1) Due to emergence of new factors
 - a) Emergence of population
 - b) Medicalized family
 - c) Administration of public hygiene
 - 2) Poor fit of old hospital with these new demands
 - 3) 18th C idea to replace hospital by three new mechanisms
 - a) Home care
 - b) Spread of medical care throughout society
 - c) Formation of outpatient clinics
 - 4) These ideas provoked many experiments
 - 5) But the hospital would never disappear; it would rather be re-organized
 - a) A new fit with urban spaces
 - b) A reform of the interior of the hospital to become a "healing machine"
 - (1) Medical knowledge
 - (2) Therapeutic efficacy
 - c) Become site of medical teaching and training