Chapter Four

Power and Knowledge: The Substratum
A Study of the First Three Texts by Foucault
I. Introduction: Power-Knowledge Nexus and the Early Foucault

Two things are clear from the discussion that has been presented in the preceding section of this dissertation. First, Foucault studies histories of different discursive formations, and secondly, his approach to 'history' revolves in an almost obsessive way around the question of power. In a 1976 interview, Foucault carries these two observations further by stating clearly that while traditional historiography has overlooked the question of power and its relation to knowledge, his task is to specifically deal with this. He says,

Mechanisms of power in general have never been much studied by history. History has studied those who held power—anecdotal histories of kings and generals; contrasted with this there has been the history of economic processes and infrastructures. Again, distinct from this, we have had histories of institutions, of what has been viewed as a superstructural level in relation to the economy. But power in its strategies, at once general and detailed, and its mechanisms, has never been studied. What has been studied even less is the relation between power and knowledge, the articulation of each on the other... Now I have been trying to make visible the constant articulation I think there is of power on knowledge and knowledge on power... Knowledge and power are integrated with one another, and there is no point in dreaming of a time when knowledge will cease to depend on power... It is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power.¹

This categorical statement regarding his enterprise makes two things very clear to anyone who intends to study Foucault. First, that power and knowledge are inextricably linked, and second, that this irreversible bond between pouvoir and savoir, as Foucault would call them, is what he has been constantly 'trying to make visible' in his works. The power-knowledge nexus thus becomes, by Foucault's own admission, the substratum of all his works, and it is this relationship that has to be primarily taken into cognizance to understand what Foucault says about the role of hierarchies in the dialectics of discourse.

While the first probe one can thus make, once 'in Foucault', is into this 'substratum', what really needs to be looked into, before one can make any significant conclusions about the same, is the triad of early Foucauldian texts, where his theorization about this relationship is still at a formative stage. This chapter is therefore dedicated to a study of the first three works of Foucault, to examine how, from an essentialist and objectivist 'scientific' approach to institutions of knowledge, Foucault finally develops his thesis about the role of systems of power in determining them. Foucault's first work Maladie mentale et personnalité (1954) begins with the total belief of the young trained psycho-pathologist in the objectivity of 'science', and in spite of its materialist leanings, it is basically a postulation quite the reverse of the Foucault one normally knows. Its revised edition, Maladie mentale et psychologie

(1962), however, sets 'right' most of the book's 'neutrality' and it is this text that the English edition, *Mental Illness and Psychology* (1976), is based on. Foucault's second work *Folie et déraison, Histoire de la folie à l'âge classique* (1961), an abridged version of which was translated into English as *Madness and Civilization* (1965), is a study of the institution of madness from the end of the Middle Ages to the end of the nineteenth century. His exposition, that down these centuries, European thought has not provided any coherent definition of madness, but has branded as insane and sought to normalize all those who were incongruous to, or threatening to, the dominant ideologies of the periods, brings one straight to the Foucauldian notions of discourse and history and the workings of the substratum of connivance between systems of power and knowledge. Foucault's third book, *Naissance de la Clinique* (1963), translated as *The Birth of the Clinic* (1973), takes a similar look at another institution of knowledge, the medical sciences, during the last years of the eighteenth century. This work lays down the Foucauldian 'substratum' as a working principle in most unambiguous terms, and brings the physical domain of the 'body' into the working of the nexus, thereby providing for a tripartition in the hierarchization of discourse. The current chapter proposes to study these three works of the early Foucault, to lead to an understanding of Foucault's ontology and method, a discussion of which follow in the next two chapters.

II. *Mental Illness and Psychology: the Nexus Proposed*


After finishing his Diplôme de Psycho-Pathologie in 1952, Foucault started giving classes in the subject at the Ecole Normale, and in 1954, published his first short book *Maladie mentale et personnalité*. The book is divided into two parts—the first is an account of psychiatric theory with definitions of usual terms and mention of the usual theorists; the second is an attempt to situate the theme of mental illness in a social and historical perspective. Though Foucault had broken with the Communist Party in 1951, the second part of this book is straightforwardly Marxist, with a concluding longish exposition on Pavlov and Soviet psychological theory. However, one need not draw any conclusions from either of the two facts, because, as will be seen soon, Foucault changes the very thesis of this first book of his later in his career, in his subsequent works.

What Foucault says in this book is that though mental illness can be traced back to an individual's real conditions of development and to the 'contradictions' existing in his or her environment, it is not to be confused with these pre-conditions. Mental illness is rather the immediate result of a disturbance to the balance in brain function of excitatory and inhibiting elements, with social factors having little or no role to play. Foucault says that.
Materialism in psycho-pathology, must therefore avoid two errors: that which consists in identifying the psychological, morbid conflict with the historical contradictions of the environment, and thus to confuse social alienation and mental alienation; and that, on the other hand, which consists in trying to reduce all mental illness to a disturbance of nervous functioning, whose mechanisms, though still unknown, might, in theory, be analysed from a purely psychological point of view.²

It is clear from this that the stance Foucault takes here towards the relationship between systems of power and a derivative of knowledge is very different from what Foucault would say later. In this earliest phase of his, Foucault is seen to believe very much in the 'neutrality' of scientific positivities, and not liking to talk much about the role of society in one's mental development, credit it rather to a bundle of objective physiological phenomena.

Just after this, Foucault gave up his academic career in France and went off to Sweden with a post in the French department of Uppsala University, where he stayed for four years. This period saw a change in Foucault's thoughts, and made him turn from psychiatry to philosophy and literature. For Alan Sheridan, one of the most prolific Foucauldian scholars,

During that time he found his way forward: it was, in a sense, to retrace his steps. Science and philosophy had a common source in reason, in a reason that had set itself up as undisputed ruler of the mind and banished all forms of unreason. Reason too had its history, its genealogy. The task Foucault set himself was to go back to a time beyond Descartes and the mid-seventeenth century when men were happy to entertain within themselves dialogues between Reason and Folly. What was lacking in both university and hospital was to be found in the pages of Erasmus or on Shakespeare's stage.³

These new thoughts were slowly giving birth to a new Foucault, one who knows for sure how intrinsically knowledge is linked to power structures, one who would be in a position to write on the relationship between 'madness' and 'civilization'. In 1958, Foucault moved to Warsaw as the director of the French Institute there and later took up a similar position in Hamburg, working all this while on his second book *Histoire de la folie*. He was awarded the doctorat d'état for this work, and he returned to France in 1960 as head of the philosophy department at the University of Clermont-Ferrand, in a renewed avatar, no longer a person who can talk only about psychiatric theory, but a 'philosopher' who can decode the same.

b. *Maladie mentale et psychologie* (1962)

Meanwhile *Maladie mentale et personnalité* had gone out of print, and when Foucault was asked to prepare the second edition, he changed the title of the book to *Maladie mentale et psychologie* (1962), and replaced the entire second part with new material. This subverted the erstwhile thesis of the book completely. Foucault revised his earlier position to say that mental illness is not at all analogous to a physical illness, but a changing historically conditioned notion. The first part of the book remains a sort of an introduction to the

discipline, and is thus not very relevant for my dissertation, but the second part bears in phases what might be seen as a forerunner to Foucault’s next work, and also the beginning of an investigation into the relationship between ‘pouvoir’ and ‘savoir’— power and knowledge. Though this revised work was basically written after Histoire de la folie, it is still considered as Foucault’s first work, and is thus of great importance. Here, Foucault shows how bodies of ‘knowledge’, like psychology, are constructs of the dominant rational ideological position, which marginalizes all potentially subversive knowledge as ‘madness’. Siding clearly with the vanquished ‘other’ in this blatant game of power play, Foucault shows how quite to the contrary, it is ‘madness’ that is the ultimate repository of truth. He says,

This experience of Unreason in which, up to the eighteenth century, Western man encountered the night of his truth and his absolute challenge was to become, and still remains for us, the mode of access to the natural truth of man... The epistemological structure of modern psychology is rooted in this event, which is contemporary with the French revolution and which concerns man's relation with himself. 'Psychology' is merely a thin skin on the surface of the ethical world in which modern man seeks his truth—and loses it. Nietzsche, who has been accused of saying the contrary, saw this very clearly... Psychology can never tell the truth about madness because it is madness that holds the truth of psychology... If carried back to its roots the psychology of madness would appear to be not the mastery of mental illness and hence the possibility of its disappearance, but the destruction of psychology itself and the discovery of that essential, non-psychological because non-moralizable relation that is the relation between Reason and Unreason. It is this relation that, despite all the penury of psychology, is present and visible in the works of Hölderlin, Nerval, Roussel and Artaud, and that holds out the promise to man that one day, perhaps, he will be able to be free of all psychology and be ready for the great tragic confrontation with madness.4

Foucault always denounced this earliest work of his as a juvenilium, and refused to re-publish it after the second edition went out of print. However, even this book has certain passages where we can read the future Foucault, showing us the relationship between pouvoir and savoir. Not only does he show how mental illness and the means to treat the same are ideological constructs, he also shows how this body of knowledge, called psychology, exists only because the ‘cruel’ forms of power make it exist to serve their own purpose of exhibition of strength. Connecting knowledge and power most definitively, Foucault says, ‘None of this psychology would exist without the moralizing sadism in which nineteenth-century “philanthropy” enclosed it, under the hypocritical appearances of “liberation”. It might be said that all knowledge is linked to the essential forms of cruelty.5 This relationship between pouvoir and savoir, comprising what I have termed the ‘substratum’ of Foucault’s works, having been proposed in his first work itself, I can now discuss his next two works to see how this relationship is elaborated upon, in a more convincingly theoretical way, there.

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5 Ibid., 73.
II.  *Madness and Civilization: the Nexus Posed*

a. *Madness, Reason and Archaeology*

As has already been stated, Foucault started writing his second work, *Histoire de la folie*, in Warsaw in 1958, and it earned him a doctoral degree. The dissertation was published in 1961 under the title *Folie et déraison: Histoire de la folie à l'âge classique*. The English edition, *Madness and Civilization: A History of Insanity in the Age of Reason* appeared in the US in 1965 and in Britain in 1967 as a translation of an abridged French version, published in 1963. In an interview recorded in 1977, Foucault says that the writing of this book was due to the political situation of the 1950s, where, not only because of the Lysenko affair, but as a result of a general discrediting of 'socialist sciences', leftist intellectuals were trying to probe afresh the relations between science and politics, i.e. knowledge and power. Foucault chose to talk about psychiatry, among all the possible 'sciences', in this connection because psychiatry is one of those 'dubious' sciences, bordering at the frontiers of exact sciences and the human sciences, where the establishment of this nexus is relatively easy. He says,

> When I was studying in the early 1950s, one of the great problems that arose was that of the political status of science and the ideological functions which it could serve. It wasn't exactly the Lysenko business which dominated everything, but I believe that around that sordid affair—which had long remained buried and carefully hidden—a whole number of interesting questions were provoked. These can all be summed up in two words: power and knowledge. I believe I wrote *Madness and Civilisation* to some extent within the horizon of these questions... Couldn't the interweaving of the effects of power and knowledge be grasped with greater certainty in the case of a science as 'dubious' as psychiatry?*

In another interview in 1976, Foucault gives two more reasons for writing this book: that his formal training in psychiatry qualified him to do so, and that this was the way in which he could make a 'political' contribution to the study of human sciences:

> I tried first to do a genealogy of psychiatry because I had had a certain amount of practical experience in psychiatric hospitals and was aware of the combats, the lines of force, tensions and points of collision which existed there. My historical work was undertaken only as a function of those conflicts. The problem and the stake there was the possibility of a discourse which would be both true and strategically effective, the possibility of a historical truth which could have a political effect.

Thus, what Foucault admittedly does in this book is to use his knowledge to make a statement in power, while the subject of the book is also to make a thesis about the relationship between power and knowledge. The objective of the book is thus collinear with its content, giving *Madness and Civilization* a metathetical stature.

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This politicization of the nexus between power and knowledge gives it a fresh turn. While Foucault thereby poses the problem entailed in the nexus he had already proposed in his earlier work, this assertion makes it very clear that it is not an end in itself; he would go on to probe this pouvoir-savoir nexus further in his subsequent works, as the substratum of his œuvre. In his 'Preface' to the first edition of the book, which he finally changed in 1972, Foucault says that this book was the first stage in a 'long inquiry', carried out 'under the sun of Nietzsche's great search'. Foucault also mentions here a few areas of possible subsequent research, like those of sexual prohibition and the questions of 'repression' and 'tolerance', which are, precisely some of the areas he picks up for exploration later in his career.

One can notice that the title of this book is full of irony. While the word 'history' presupposes an institution, a discipline and reason itself, Foucault undermines these very categories. Similarly, while talking of 'madness' also, Foucault refuses to define it from the standard perspective of reason as something unchanging, but shows how it gets defined and redefined time to time, according to contemporary power structures. In a 1977 interview, Foucault makes it very clear that a 'history' of madness is only possible when madness escapes from its construction under dominant reason, and becomes a 'prodigious Other':

From the day when madness ceased to appear as the mask of reason but was inscribed as a prodigious Other which is nevertheless present in every reasonable man, sole possessor of a part, if not of the essence of the secrets of reason: from that moment, something like a history of madness begins, or at least a new episode in the history of madness.9

Accordingly, Foucault begins his book with two quotations that subvert the very notion of madness and the 'sane' people's approach to it: 'Pascal: "Men are so necessarily mad, that not to be mad would amount to another form of madness." And Dostoievsky, in his DIARY OF A WRITER: "It is not by confining one's neighbors that one is convinced of one's own sanity."'10 While the first quote goes on to problematize the relationship between the 'sane' and the 'mad', the second questions the most standard 'treatment' of the insane, confinement. Having problematized the notion of madness right at the beginning of his book, Foucault goes on to lay before the reader his objective in writing 'a history of madness':

We have to yet write the history of that other form of madness, by which men, in an act of sovereign reason, confine their neighbors, and communicate and recognize each other through the merciless language of non-madness... We must try to return, in history, to that zero point in the course of madness at which madness is an undifferentiated experience, a not yet divided experience of division itself. We must describe, from the start of its trajectory, that “other form” which relegates reason and madness to one side or the other of its action as things henceforth external, deaf to all exchange, and as though deaf to one another.\(^{11}\)

What is clear from this assertion of Foucault, is that ‘reason’ becomes an obvious marker to determine what ‘madness’ is. Therefore, one cannot understand madness using any of the readily available psychological concepts, which being creations of reason themselves, cannot lead one to an understanding of what they exclude. For Foucault,

None of the concepts of psychopathology, even and especially in the implicit process of retrospections, can play an organizing role. What is constitutive is the action that divides madness, and not the science elaborated once this division is made and calm restored. What is originitive is the caesura that establishes the distance between reason and non-reason; reason’s subjugation of non-reason, wresting from it its truth as madness, crime, or disease, derives explicitly from this point... We shall have to speak of this act of scission, of this distance set, of this void instituted between reason and what is not reason, without ever relying upon the fulfillment of what it claims to be\(^{12}\)

Trying to understand this ‘void’ between reason and unreason, Foucault notes that the current notion of madness is as old as modern science, with Newtonian physics and Cartesian rationalism establishing the sovereignty of reason by expelling anything that constituted a threat to it. Approaches to the insane have, thus, been a complete failure to listen to the voices of madness, the void between dominant reason and non-reason thus primarily comprising a discursive silence. Foucault makes it very clear that his ‘history of madness’ is not concerned with the voices of reason, but with the alienated silence that constitutes madness:

In the serene world of mental illness, modern man no longer communicates with the madman... As for a common language, there is no such thing; or rather, there is no such thing any longer; the constitution of madness as mental illness, at the end of the eighteenth century, affords the evidence of a broken dialogue, posits the separation as already effected, and thrusts into oblivion all those stammered, imperfect words without fixed syntax in which the exchange between madness and reason was made. The language of psychiatry, which is a monologue of reason about madness, has been established only on the basis of such a silence.

I have not tried to write the history of that language, but rather the archaeology of that silence.\(^{13}\)

This is the first appearance of the term ‘archaeology’, which recurs in his subsequent works, not only as the major theoretical tool, but also as part of the titles: *Naissance de la clinique* (1963) is subtitled ‘*une archéologie du regard medical*’, *Les mots et les choses* (1966) is subtitled ‘*une archéologie des sciences humaines*’ and of course there is *L’archéologie du savoir* (1969). Foucault uses this term, which gets discussed in detail as a


\(^{12}\) *Ibid.*, ix-x.

\(^{13}\) *Ibid.*, x-xi.
component of the Foucauldian 'method' in Chapter 6 of my dissertation, to differentiate his 
enterprise from that of other historians, who tend to see the 'history of ideas' as imbued with 
notions of continuity, causality and teleology, their enterprise, thus, stemming from modern 
rationalism and from the Cartesian notion of the constitutive subject. What can be noted is 
that this archaeological method sides, very explicitly, with the dominated 'other' in the 
power-knowledge dialectic, Foucault devoting it to study the absences in the discourse of 
reason, rather than the voiced text itself, pre-empting a later political Foucault.

Relating his method, the objective of his book, and the broader paradigm of 
knowledge, i.e. culture, where power structures of reason are at work, Foucault says how his 
attempt to rewrite the history of madness is, at one and the same time, a questioning of the 
horizontality entailed in traditional historiography, an unmasking of the power-knowledge 
nexus perpetrated by reason, and an attempt to trace the 'limits' of European culture:

What then is this confrontation beneath the language of reason? Where can an 
interrogation lead us that does not follow reason in its horizontal course, but seeks to 
retrace in time that constant verticality which confronts European culture with what it 
is not, establishes its range by its own derangement? What realm do we enter 
which is neither the history of knowledge, nor history itself; which is controlled 
neither by the teleology of truth nor the rational sequence of causes, since causes 
have value and meaning only beyond the division? A realm, no doubt, where what is 
in question is the limits rather than the identity of a culture.14

Foucault says that his task is to uncover the 'perpetual exchange, the obscure 
common root, the original confrontation that gives sense to both the unity and opposition of 
sense and senselessness'15. He identifies this 'common root' between reason and madness in 
the Age of Reason, which he refers to as the 'Classical Age'. He, therefore, chooses this age 
as his point of departure and sets its limits with events directly to do with madness and the 
power-knowledge nexus—the setting up of the Hôpital Général, the house of confinement for 
the insane, in 1657, and the 'liberation' of the confined inmates of Bicêtre by Pinel in 1794:

The classical period—from Willis to Pinel, from the frenzies of Racine's Oreste to 
Sade's Juliette and the Quinta del Sordo of Goya—covers precisely that epoch in 
which the exchange between madness and reason modifies its language, and in a 
radical manner. In the history of madness, two events indicate this change with 
singular clarity: 1657, the creation of the Hôpital Général and the "great 
confinement" of the poor; 1794, the liberation of the chained inmates of Bicêtre. 
Between these two unique and symmetrical events, something happens whose 
ambiguity has left the historians of medicine at a loss: blind repression in an 
absolutist regime, according to some; but according to others, the gradual discovery 
by science and philanthropy of madness in its positive truth.16

14 Ibid., xii.
15 Michel Foucault, 'Preface', Folie et déraison: Histoire de la folie à l'âge classique. Plon, Paris: 
1961, p. vii, trans. and quoted in Alan Sheridan, Michel Foucault: The Will to Truth (1980), 
16 Michel Foucault, Madness and Civilization: a History of Insanity in the Age of Reason (Folie et 
b. *Renaissance Madness: Embarkation and Representation*

Though Foucault identifies the Age of Reason as his specific object of study, he starts right from the closing years of the Middle Ages, to show how the origin of a new malaise, madness, in the seventeenth century, was already entailed in the medieval experience, in its own ‘other’, leprosy, that the then power structures sought to exclude. He says,

> At the end of the Middle Ages, leprosy disappeared from the Western world. In the margins of the community, at the gates of the cities, there stretched wastelands that sickness had ceased to haunt but had left sterile and long uninhabitable. For centuries, these reaches would belong to the non-human. From the fourteenth to the seventeenth century, they would wait, soliciting with strange incantations a new incarnation of disease, another grimace of terror, renewed rites of purification and exclusion.\(^{17}\)

While leprosy was eradicated from Europe, Foucault argues that the ‘values’ associated with it, the power relations it entailed, did not vanish with it. The basic principle of exclusion and confinement, which formed an integral part of the structure called leprosy, waited for a new disease for their re-enactment, and this was finally provided for by madness:

> What...remained longer than leprosy...were the values and images attached to the figure of the leper as well as the meaning of his exclusion, the social importance of that insistent and fearful figure which was not driven off without first being inscribed within a sacred circle... Leprosy disappeared, the leper vanished...these structures remained. Often in these same places, the formulas of exclusion would be repeated... Poor vagabonds, criminals, and “deranged minds” would take the part played by the leper...\(^{18}\)

Before its total exclusion, madness participated in all the major experiences of the Renaissance, the most important one being the ‘stultifera navis’ or the Ship of Fools, ‘a strange “drunken boat” that glides along the calm rivers of Rhineland and the Flemish canals’\(^{19}\), which gave rise to many literary and artistic works. In early Renaissance, lunatics were not interned but handed over to merchants and pilgrims to be deposited at far-away places. For Foucault, they set off for pilgrimage with ‘highly symbolic cargoes of madmen in search of their reason’\(^{20}\), but also often on a ‘counterpilgrimage’ to simply get rid of them. This ‘embarkation’ symbolically sets off the basic liminality in the position of the lunatic:

> It is for the other world that the madman sets sail in his fools’ boat; it is from the other world that he comes when he disembarks. The madman’s voyage is at once a rigorous division and an absolute Passage. In one sense, it simply develops, across a half-real, half-imaginary geography, the madman’s *liminal* position on the horizon of medieval concern... Confined on the ship, from where there is no escape, the madman is delivered to the river with its thousand arms, the sea with its thousand roads, to that great uncertainty external to everything. He is the prisoner in the midst of what is the freest, the openest of routes: bound fast at the infinite crossroads... One thing at least is certain: water and madness have long been linked in the dreams of the European man.\(^{21}\)

As one can see, Foucault presents an allied thesis, that of the relation between water and madness in Western imagination, in the same breath, which he develops later in the book.

\(^{17}\) Ibid., 3.  
\(^{18}\) Ibid., 6-7.  
\(^{19}\) Ibid., 7.  
\(^{20}\) Ibid., 9.  
\(^{21}\) Ibid., 11-12.
During the Renaissance, madness participated in the renovated European experience in other forms too. Madness became a major preoccupation in literature and art from the mid-fifteenth to the mid-seventeenth century, especially in comic tales and moral fables, where the lunatic comes to occupy an allegorical figure, but also in more serious academic literature, where the debate between reason and unreason was just taking birth. For Foucault,

In farces and soties, the character of the Madman, the Fool, or the Simpleton assumes more and more importance. He is no longer simply a ridiculous and familiar silhouette in the wings: he stands center stage as the guardian of truth... If folly leads each man into a blindness where he is lost, the madman, on the contrary, reminds each man of his truth; in a comedy where each man deceives the other and dupes himself, he is comedy to the second degree: the deception of deception... Folly also had its academic pastimes; it is the object of argument, it contends against itself; it is denounced, and defends itself by claiming that it is closer to happiness and truth than reason, that it is closer to reason than reason itself;22

The academic argument concerning 'folly' was already leading in two directions, and thus, during the Renaissance, on the one hand, one finds Humanist texts sympathetic to insanity, like Flayder's *Moria rediviva* and Erasmus's *In Praise of Folly*, and on the other, texts like Hieronymus Bosch's *The Cure of Folly* and *The Ship of Fools*, which are its bitter critiques.

Foucault relates this Renaissance obsession for madness with an erstwhile European obsession, that for death. He shows how this medieval obsession gets very easily replaced with that for madness in the late fifteenth century, with Renaissance Humanism finding in lunatics the living dead, a more immediate, anthropomorphic version of death itself. Madness, thus, gets turned, during the Renaissance, into an object of wonder and awe, of identification and terror. These two apparently contradictory sides to the Renaissance representation of madness in art and literature leads to the most interesting dissociation in late Renaissance representation, that between visual art and literary texts, vis-à-vis their approach to madness. From the later years of the Renaissance, especially in relation to madness, word and image take different turns, and the gap between poetry and art becomes wider:

Between word and image, between what is depicted by language and what is uttered by plastic form, the unity begins to dissolve; a single and identical meaning is not immediately common to them... Figure and speech still illustrate the same fable of folly in the same moral world, but already they take two different directions, indicating, in a still barely perceptible scission, what will be the great line of cleavage in the Western experience of madness.23

In painting, especially in the works of Bosch, Dürer, Thierry Bouts, Grünewald and Brueghel, what gets expressed is the Renaissance fear of madness and its fascination with the secret knowledge that madness was believed to conceal. Talking of the fascinating element, and the promise of secret knowledge, hidden somewhere in madness, that Renaissance visual art seemed to believe in and look forward to, Foucault says,

22 Ibid., 14.
23 Ibid., 18.
What then is this fascination which now operates through the images of madness? First, man finds in these fantastic figures one of the secrets and one of the vocations of his nature... At the opposite pole to this nature of shadows, madness fascinates because it is knowledge. It is knowledge, first, because all these absurd figures are in reality elements of a difficult, hermetic, esoteric learning... This knowledge, so inaccessible, so formidable, the Fool, in his innocent idiocy, already possesses. While the man of reason and wisdom perceives only fragmentary and all the more unnerving images of it, the Fool bears it intact as an unbroken sphere...24

In literary expression, on the other hand, what gets manifest is irony, a device to confront madness and protect people from it. In the works of Brant, Erasmus and the whole Humanist tradition, madness gets derided, not because it houses no knowledge, but false knowledge:

During the same period, the literary, philosophical, and moral themes of madness are in an altogether different vein... True, madness attracts, but it does not fascinate. It rules all that is easy, joyous, frivolous in the world... No doubt, madness has something to do with the strange paths of knowledge... But if knowledge is so important in madness, it is not because the latter can control the secrets of knowledge; on the contrary, madness is the punishment of a disorderly and useless science...learning becomes madness through the very excess of false learning.25

By the early seventeenth century, however, madness becomes more exclusively an experience in the field of language, because in this Age of Reason, linguistic discourses get privileged over visual art. Considering the difference between these two media, in terms of their attitude towards madness, the treatment that insane receive in this latter age is hardly surprising.

This shift leads on, quite unobtrusively, to the seventeenth century, the Age of Reason, where madness would be sought to be banished forever to the margins of experience. For Foucault, this shift is visible in literature itself, where the ‘tragic reality’, that madness was supposed to contain, gives way to its perception as nothing but ‘illusions’, a ‘crime’:

But very soon, madness leaves these ultimate regions where Cervantes and Shakespeare had situated it; and in the literature of the early seventeenth century it occupies, by preference, a median place; it thus constitutes the knot more than the denouement, the peripity rather than the final release. Displaced in the economy of narrative and dramatic structures, it authorizes the manifestation of truth and the return of reason. Thus madness is no longer considered in its tragic reality, in the absolute laceration that gives it access to the other world; but only in the irony of its illusions. It is not a real punishment, but only the image of punishment, thus a pretense; it can be linked only to the appearance of a crime or to the illusion of a death.26

The literature of the late Renaissance subscribes itself to the demands of reason, and abolishes madness from the domain of discourse for the next couple of centuries as an unwanted other, as its own alter ego and hence a threat to its very existence. It is thus easy to see how, immediately after this period, the ‘Classical Age’ is born, and in the totalizing ethic of rationality, an institution of knowledge named madness gets marginalized, confined and subdued brutally under the overarching power of reason.

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24 Ibid., 21-2.
26 Ibid., 32.
c. Confinement and Policing: Madness in the Classical Age

By the middle of the seventeenth century, the ‘Classical Age’ is born, with a total exclusion of madness from human experience, the ‘Ship of Fools’ giving way to the hospital:

The classical experience of madness is born... Oblivion falls upon the world navigated by the free slaves of the Ship of Fools. Madness will no longer proceed from a point within the world to a point beyond, on its strange voyage... Behold it moored now, made fast among things and men. Retained and maintained. No longer a ship but a hospital.

Scarcely a century after the career of the mad ships we note the appearance of the theme of the "Hospital of Madmen", the "Madhouse"... All this world of disorder, in perfect order, pronounces, the Praise of Reason. Already, in this "Hospital", confinement has succeeded embarkation.27

All this begins with the establishment of the Hôpital Général in 1656. The policies that followed, clearly show that the Hôpital in particular, and the Classical notion of madness in general, had little to do with insanity, the ones impounded being the Paris poor, who were considered unproductive. This non-medical, semi-juridical, semi-autonomous institution, possessing powers of judgment, discipline and punishment, was soon imitated throughout the rationalist Europe—in the Workshops of England and the Zuchthäusern of Germany:

A date can serve as a landmark: 1656, the decree that founded, in Paris, the Hôpital Général. At first glance, this is just a reform—little more than an administrative reorganization... From the very start, one thing is clear: the Hôpital Général is not a medical establishment. It is rather a sort of semijudicial structure, an administrative entity which along with the already constituted powers, and outside of the courts, decides, judges, and executes... It was an instance of order, of the monopolical and bourgeois order being organized in France during this period.28

Though it was primarily a construct of the dominant monarchic and the emergent bourgeois orders, the residual clergy also had a role to play in this politics of confinement, with it, in its bid to regain lost power, setting up, during the period, institutions of a similar nature:

Even if it had been deliberately excluded from the organization of the hôpitaux généraux—by complicity, doubtless, between royal power and bourgeois—the Church nonetheless did not remain a stranger to the movement. It reformed its own hospital institutions, redistributed the wealth of its foundations, even created congregations whose purposes were rather analogous to those of the Hôpital Général.29

This is how the discourses of madness and power got immediately intertwined around confinement. However, the systems of power that were fast evolving around confinement were not merely ideological in nature, and the three classes were not vying for mere ideational control over the mad. The phenomenon had strong economic reasons too. The confinement of the poor in the Classical Age resulted out of the economic crisis that spread in the age from Spain to the whole of Europe. It was the ‘policing’ of the otherwise untapped labour force that the detainees comprised, and not just an ideational exclusion of the other, that led to the structures of confinement. Foucault says.

27 Ibid., 35-6.
28 Ibid., 39-40.
29 Ibid., 42.
Confinement, that massive phenomenon, the signs of which are found all over eighteenth-century Europe, is a "police" matter... the question Voltaire would soon formulate, Colbert's contemporaries had already asked: "Since you have established yourselves as a people, have you not yet discovered the secret of forcing all the rich to make all the poor work? Are you still ignorant of the first principles of the police?"... confinement was required by something quite different from any concern with curing the sick. What made it necessary was an imperative of labor.30

In fact, viewed from this perspective, confinement serves a double-edged purpose, and Foucault notices it readily, showing how it provided 'cheap manpower in the periods of full employment and high salaries; and in periods of unemployment, reabsorption of the idle and social protection against agitation and uprisings.'31

This design did not really solve the problems of unemployment because a phenomenal growth in industrialization followed, which the Classical Age had not preempted. The policy of confinement, however, continued to exist more out of ideological desires, rather than economic compulsions. For Foucault,

Measured by their functional value alone, the creation of the houses of confinement can be regarded as a failure... And yet in this very failure, the classical period conducted an irreducible experiment. What appears to us today as a clumsy dialectic of production and prices then possessed its real meaning as a certain ethical consciousness of labor, in which the difficulties of economic mechanisms lost their urgency in favor of an affirmation of value... Labor in the houses of confinement thus assumed its ethical meaning: since sloth had become the absolute form of rebellion, the idle would be forced to work, in the endless leisure of a labor without utility or profit.32

This marks the next major movement in the Classical approach to madness, where an ethical purpose is enough to justify confinement. The old system of excommunication, accorded to lepers in the Middle Ages, returns, with the segregation of the insane becoming a moral judgment against their refusal to, or incapability for, labour, that great bourgeois value:

The asylum was substituted for the lazaret house, in the geography of haunted places as in the landscape of the moral universe. The old rites of excommunication were revived, but in the world of production and commerce... It is not immaterial that madmen were included in the proscription of idleness. From its origin, they would have their place beside the poor, deserving or not, and the idle, voluntary or not. Like them, they would be subject to the rules of forced labor... It was in this other world, encircled by the sacred powers of labor, that madness would assume the status we now attribute to it.33

This regime brought in, as a part of the general moral education for the confined ones in terms of the values of labour, other bourgeois values too.

Accordingly, what was carried on in confinement, was a policing, not only of labour, but also of values, with the bourgeois order trying to instil 'virtue' in the 'profane' ones. Confinement thus became a quasi-religious space for imparting moral values. For Foucault,
There is in these institutions, an attempt of a kind to demonstrate that order may be adequate to virtue. In this sense, “confinement” conceals both a metaphysics of government and a politics of religion... The house of confinement in the classical age constitutes the densest symbol of that “police” which conceived of itself as the civil equivalent of religion for the edification of a perfect city.34

In the Classical Age, three experiences were especially taken up to comprise the yardstick for madness. These were sexuality, in its relations with the bourgeois family, profanation, in its relations with the new view of the sacred, and ‘libertinage’, in terms of the new relations being formed between free thinking and the passions. Prostitution and debauchery were also coupled with these and all of them, together with other forms of ‘madness’, were treated with confinement. As a remedy to all these ‘evils’, for the Age of Reason, family became a category, whose values were necessary to be imparted on the insane. Foucault says,

The family and its demands became one of the essential criteria of reason; it was above all the family that requested and obtained confinement. What one is witnessing at this time is the great confiscation of sexual ethics by family morality... It is no longer love that is sacred but marriage... In the nineteenth century the conflict between the individual and his family was to become a private matter and was to assume the character of a psychological problem. During the whole period of confinement the family was, on the contrary, a matter of public order. Whoever attacked it entered the world of unreason.35

All these measures took away from madness the basic freedom it enjoyed during the Renaissance, making this construct of knowledge bound forever to the overpowering tactics of reason, the dominant version of knowledge in that age:

Madness was thus torn from that imaginary freedom which still allowed it to flourish on the Renaissance horizon. Not so long ago it had floundered about in broad daylight: in King Lear, in Don Quixote. But in less than a half-century, it had been sequestered and, in the fortress of confinement, bound to Reason, to the rules of morality and to their monotonous nights.36

In the final analysis, the politics of confinement was to relegate madness to the domain of the perpetual other under an overbearing reason. What confinement sought was to suppress this serious challenge to its own raison d’être by making it invisible from the human eye, by rendering it to nothingness, or by ‘otherifying’ it totally into a horrific spectacle:

Ultimately, confinement did seek to suppress madness, to eliminate from the social order a figure which did not find its place within it; the essence of confinement was the exorcism of danger. Confinement merely manifested what madness, in its essence was: a manifestation of non-being; and by providing this manifestation, confinement thereby suppressed it, since it restored it to its truth as nothingness...That is, on one hand madness is immediately perceived as difference...and on the other hand, confinement cannot have any other goal than a correction (that is, the suppression of the difference, or the fulfillment of this nothingness in death)37

34 Ibid., 63.
37 Ibid., 115-6.
d. *The insane and the other detainees*

From the creation of the Hôpital Général, confinement was accorded not only to the ‘insane’, but also to ‘the debauched, spendthrift fathers, prodigal sons, blasphemers, men who “seek to undo themselves”, libertines’, but a distinction was made between the ‘insane’ and the other types of ‘unreasonable’ detainees in terms of the treatment meted out to them. First, a distinction was made between the two types of detainees as regards their exhibitability. Till the Classical Age, the guilty were always penalized in the open, but confinement itself saw to a consigning of ‘sins’ to secrecy out of a sense of ‘shame’. As Foucault says, ‘Confinement...betrays a form of conscience to which the inhuman can suggest only shame.’ However with regards to madness, this hiding away of the ‘shame’ does not really occur. Lunatics were displayed to the public, on an exhibition fee, as late as the nineteenth century. This exhibition of the insane against a fee makes it very clear that unlike the other detainees, they were considered to be less of human beings and more of animals, to be shown to onlookers, as wild animals are in a zoo. In trying to understand why the ‘scandal’ of madness was made such a spectacle of, while those of the other causes for confinement were concealed, Foucault points to the Classical interpenetration of animality and religion:

> We see why the scandal of madness could be exalted, while that of the other forms of unreason was concealed with so much care. The scandal of unreason produced only the contagious example of transgression and immorality; the scandal of madness showed men how close to animality their Fall could bring them; and at the same time how far divine mercy could extend when it consented to save man.40

This theme of projecting the insane as mere animals, thus, falls in place with the already discussed theme of religious morality, dictating the condition of the confined.

This leads one to the second difference in treatment between the insane and the other detainees: the former were seen as figures of animality and treated accordingly, with routine chaining up and flogging, which the others did not have the misfortune to bear. For Foucault, this animalization of the insane proved, all the more strongly, how the approach to madness in the Classical Age had little to do with philanthropy, or medicine, or reform and was nothing but a ‘brutal’ show of the disciplining power of reason over unreason. He says,

> ...there was a certain image of animality that haunted the hospitals of that period. Madness borrowed its face from the mask of the beast. Those chained to the cell walls were no longer men whose minds had wandered, but beasts preyed upon by a natural frenzy: as if madness, at its extreme point, freed from that moral unreason in which its most attenuated forms are enclosed, managed to rejoin, by a paroxysm of strength, the immediate violence of animality... This is why, at this extreme point, madness was less than ever linked to medicine; nor could it be linked to the domain of correction. Unchained animality could be mastered only by discipline and brutalizing.41

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Foucault shows how the paradoxical co-existence of exhibitability and animalization, one exalting madness and the other deriding it to the extreme, gives madness a unique status:

All these phenomena, these strange practices woven around madness, these usages which glorify and at the same time discipline it, reduce it to animality while making it teach the lesson of Redemption, put madness in a strange position with regard to unreason as a whole. In the houses of confinement, madness cohabits with all the forms of unreason which envelop it and define its most general truth; and yet madness is isolated, treated in a special manner, manifested in its singularity as if, though belonging to unreason, it nonetheless traversed that domain by a movement peculiar to itself, ceaselessly referring from itself to its most paradoxical extreme.42

However, it should be noted that these two paradoxical approaches to madness, in the final instance, objectify madness and make it nothing but an ‘other’ in the power game of knowledge, with the uniqueness accorded being just a device towards ‘otherification’.

As a third difference, Foucault shows how in Classical thought, madness was always connected to the different categories of irrationality, like unbridled passion, imagination, delirium and dreams, which was never the case for the other detainees. He shows how the age-old definition of passion, as a conduit between the corporeal and the spiritual, changes in the Classical Age, with lunatics exhibiting in their daily functions an embodied state of simultaneity of the body and the soul. For Foucault, in the Classical Age,

Indeed, we must no longer try to situate passion in a causal succession, or halfway between the corporeal and the spiritual; passion indicates, at a new, deeper level, that the soul and the body are in a perpetual metaphorical relation in which qualities have no need to be communicated because they are already common to both...quite simply soul and body are always each other’s immediate expression...43

According to Classical understanding, this reliance of madness on passion, makes it surpass the domain of mere ‘unreason’, to which the ‘wrongs’ of other detainees belong, and make it ‘irrational’, the very opposite of dominant rationality, and, hence, ‘unreal’. For Foucault,

...beginning with passion, madness is still only an intense movement in the rational unity of soul and body; this is the level of unreason; but this intense movement quickly escapes the reason of the mechanism and becomes, in its violences, its stupors, its senseless propagations, an irrational movement; and it is then that, escaping truth and its constraints, the Unreal appears.44

Talking about the second category that pervades madness, imagination, Foucault shows how madness is not identical to imagination but uses it to satisfy itself, by giving truth-value to the conceived image. For Foucault, ‘Imagination is not madness...madness will begin only in the act which gives the value of truth to image’.45 The third category of delirium is a little more complicated, it involving language, and therefore, subjecting itself, more obviously, to the rules of discourse. Concluding about the features of delirium, Foucault says,

42 Ibid., 82-3.
43 Ibid., 88.
44 Ibid., 93.
45 Ibid., 94.
1. In madness, for the classical age, there exist two forms of delirium. A special, symptomatic form, proper to some of the diseases of the mind and especially to melancholia... But there exists another delirium which is not always manifest...

2. This implicit delirium exists in all the alterations of the mind, even where we would expect it least. In cases of no more than silent gestures, wordless violence, oddities of conduct, classical thought has no doubt...relating each of these particular signs to the general essence of madness...

3. Thus understood, discourse covers the entire range of madness. Madness, in the classical sense, does not designate so much a specific change in the mind or in the body, as the existence, under the oddity of conduct and conversation, of a delirious discourse...

4. Language is the first and the last structure of madness, its constituent form; on language are based all the cycles in which madness articulates its nature... The movement of passion...the sudden appearance of the image, and the agitations of the body which were its visible concomitants—all this, even as we were trying to reconstruct it, was already secretly animated by this language.

This discursivization of madness, and its analogy with language poses a paradox: language being a logical category, if madness rests itself on it, madness itself becomes situated in logic, thereby falsifying the claims of Reason towards its fundamental irrationality. Foucault also associates the fourth category of dreams with the Classical perception of madness. He shows how the traditional interpretation of dreams as the dormant lunatic in every human being, gets subverted under reason, with madness becoming a reliving of the oneiric:

The ancients' notion of the dream as a transitory form of madness is inverted; it is no longer the dream which borrows its disturbing powers from alienation—showing thereby how fragile or limited reason is; it is madness which takes its original nature from the dream and reveals in this kinship that it is a liberation of the image in the dark night of reality.

The absurdity of someone living in a dream world makes it easy for Reason to brand madness as more unreasonable than any other category of transgression that invited confinement. On the other hand, this oneiric image of the lunatic, with unbridled liberty of thought in the darkness of the night, is sufficient to keep alive the terror of the insane in the Classical mind.

Bringing in all these points of difference, between the insane and other types of detainees in the houses of confinement, together, Foucault shows how, at bottom, madness always occupied a special seat in the Classical imaginaire, because of the potential anxiety it generated and the threat it constituted to the very foundations of reason:

Joining vision and blindness, image and judgment, hallucination and language, sleep and waking, day and night, madness is ultimately nothing, for it unites in them all that is negative. But the paradox of this nothing is to manifest itself, to explode in signs, in words, in gestures... Meaningless disorder as madness is, it reveals, when we examine it, only ordered classifications, rigorous mechanisms in soul and body, language articulated according to a visible logic. All that madness can say of itself is merely reason, though it is itself the negation of reason. In short, a rational hold over madness is always possible and necessary, to the very degree that madness is non-reason.

46 Ibid., 98-100.
47 Ibid., 104.
48 Ibid., 107.
The paradoxes entailed in madness, which stem from its exclusivity from the other discourses of unreason, call for its further suppression in the hands of reason, the centre of knowledge-power, to an extent where its exclusivity becomes reclusivity, a nothingness.

Apart from exhibitability, animality, and irrational use of mental faculty, there was a fourth, more obvious difference, between the insane and other detainees in the Classical Age. This was the fact that the former received medication, in addition to the regular confinement regimen. This introduction of medicine in the treatment of the insane, marks a major break in the 'history of madness', insanity having finally crossed over from the purely psychological to the pathological, giving birth to modern psychiatry. This point, thus, deserves a separate and detailed discussion, and is being accorded so in the immediately next section.

e. Madness and Medication: the Birth of Psychiatry

Foucault classifies the Classical notion of madness into four categories—mania, melancholia, hysteria and hypochondria. While the first two are more mentalistic in nature, the basic physiologicality of the latter two leads to the more pathological nineteenth-century treatment of madness, and this is how nineteenth-century psychiatry takes its birth. Commenting on this birth of psychiatry, Foucault says,

We stand here on the threshold of the nineteenth century, where the irritability of the fibers will enjoy physiological and pathological fortunes... This is, on the one hand, the complete identification of hysteria and hypochondria as mental diseases... But on the other hand, such identification gives madness a new content of guilt, of moral sanction, of just punishment which was not at all a part of the classical experience...

In short, that whole vertical hierarchy which constituted the structure of classical madness, from the cycle of material causes to the transcendences of delirium, would now collapse and spread over the surface of a domain which psychology and morality would soon occupy together and contest with each other.

The scientific psychiatry of the nineteenth century became possible. 49

Thus, it can be seen that the inclusion of medication in the domain of madness did not necessarily get translated into a reprieve for the insane from the tyranny of reason. The therapeutics took up moral colours and contributed further towards the 'otherification' of the lunatic, with the corrective role of the hospital supplemented by a 'moral therapeutics':

The therapeutics of madness did not function in the hospital, whose chief concern was to sever or to "correct". And yet in the non-hospital domain, treatment continued to develop throughout the classical period: long cures for madness were elaborated whose aim was not so much to care for the soul as to cure the entire individual, his nervous fiber as well as the course of his imagination. The madman's body was regarded as the visible and solid presence of his disease: whence those physical cures whose meaning was borrowed from a moral perception and a moral therapeutics of the body. 50

The moral tyranny of reason, by virtue of its 'superior' knowledge, and the resultant power, thus, continued unabated, even after the entry of medication into the discourse of madness.

49 Ibid., 157-8.
50 Ibid., 159.
A point that may be noted in the statement of Foucault quoted last, is that medication for madness was carried out not in the hospitals, but in the ‘non-hospital domain’, obviously entailing a quasi-medicality, and a lack of ‘scientific’ rigour about it. This can be observed in Foucault’s four-way classification of the aims of the therapeutic measures for madness, viz.

1) **consolidation**, or the strengthening of the lunatic’s weak nerves and membranes through administration of chemical drugs, associated with fortification, like iron;

2) **purification**, or the cleansing of the insane’s constitution through drugs used to treat wounds, soap, or even through blood transfusion;

3) **immersion**, especially in cold water to cool off the internal ‘heat’ that causes mental diseases, as well as for ablation, or the washing off of the insane’s mental ‘impurities’;

4) **regulation of movement**, to check the irregular movement of nervous fibres and humours in the patient, through regimented exercise, and regulated travel.

Two points stand out very clearly from this classification. First, though these measures concern the body of the lunatic, all of them stem from and bear metaphysical and moral connotations. Their singular aim can be read as belonging to the order of restoring the insane to that elemental world of reason, from which, it was their primal sin to have differed:

> The technique of cure...highly charged with iconographic intensity—consolidation and return to movement on the one hand, purification and immersion on the other—is secretly organized around these two fundamental themes: the subject must be restored to his initial purity, and must be wrested from his pure subjectivity in order to be initiated into the world; the non-being that alienates him from himself must be annihilated, and he must be restored to the plenitude of the exterior world, to the solid truth of being.\(^{51}\)

The second point is that, though one is still very much within the Classical paradigm of treating madness as a sin and a challenge to the dominant precepts of reason, the method is already away from the Classical confinement to a prescription for movement and travel.

Apart from these ‘physiological’ measures, Foucault also mentions some ‘psychological’ remedies to madness, like music, passion, and fear, which, induced into the insane, were believed to cure him or her. However, he observes that this classification of eighteenth-century therapeutic approaches to madness, into the two watertight compartments of the ‘physiological’ and the ‘psychological’, might betray the spirit of the age, and binary classification, if any, can only belong to a later period. He says,

> It...is not possible to use as a valid or at least meaningful distinction for the classical period the difference—immediately apparent to us—between physical medications and psychological or moral medications. The difference only begins to exist...the day when fear is no longer used as a method for arresting movement, but as a punishment; when joy does not signify organic expansion, but reward; when anger is nothing more than a response to concerted humiliation; in short, when the nineteenth century, by inventing its famous “moral methods”, has brought madness and its cure into the domain of guilt.\(^{52}\)

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\(^{51}\) Ibid., 176.

\(^{52}\) Ibid., 181-2
Instead of this category of demarcation, Foucault suggests that the classification should be on grounds of the aims of different types of therapeutics, and he finds two distinct types of treatment: one aimed at relegating madness to a nothingness, outside the scope of human registration, and the other at curing this non-entity by ‘relieving’ it of its unreason. He says,

In short, there always existed, throughout the classical period, a juxtaposition of two technical universes in the therapeutics of madness. One, which is based on an implicit mechanics of qualities, and which addresses madness as essentially passion... the other, which is based on the discursive movement of reason reasoning with itself, and which addresses madness as error, as double inanity of language and image, as delirium... What is immediately visible, in capital letters, is the duality, almost the opposition, in the medicine of madness, of the methods of suppressing the disease, and of the forms of treating unreason. 53

This distinction soon gets transformed, as ‘morality’ takes over, with the former type of treatment, focusing on the illness that madness, soon assuming a ‘physiological’ role, and the latter, treating madness as a form of unreason, taking a ‘psychological’ turn:

When, in the years that followed, this great experience of unreason, whose unity is characteristic of the classical period, was dissociated, when madness, entirely confined within a moral intuition, was nothing more than disease, then the distinction we have just established assumed another meaning; what had belonged to disease pertained to the organic, and what had belonged to unreason, to the transcendence of its discourse, was relegated to the psychological. And it is precisely here that psychology was born... 54

The more pathologically oriented forms of medication having been discussed already, Foucault concentrates more on the ‘psychological’ means to treat unreason, which he classifies into three categories:

1) *Awakening*, or waking the lunatic from his or her world of dreams, either through violent physical thoughts or through education;

2) *Theatrical Representation*, or a staging before the lunatic of his or her delirious role, with the belief that a first-hand encounter with the illusory would cure the illusion; and

3) *The Return to the Immediate*, or restoring the insane to their most natural milieu with the belief that a return to normalcy would normalize them.

The third method sounds quite progressive, in its apparent claim to restore the insane to ‘normalcy’, and so, Foucault qualifies this last category saying,

The return to the immediate is effective against unreason only insofar as the immediate is controlled—and divided against itself; an immediate in which violence is isolated from truth, savagery separated from liberty, in which nature can no longer recognize itself in the fantastic figures of anti-nature. In short, an immediate in which nature is mediatized by morality. 55

Thus, all these therapeutic measures are nothing but attempts, on the part of reason, to control and eventually silence that ‘other’ voice of madness, which dares to raise itself in spite of the over-reaching vertical hierarchy of the former.

53 Ibid., 183-4.
54 Ibid., 198.
55 Ibid., 196.
A further advancement in the introduction of medication to the treatment of madness occurs in the form of the entry of the doctor in the discursive field of insanity. This occurs towards the middle of the eighteenth century, as the result of a most interesting rise in anxiety of and fear for the insane. As Foucault writes,

Suddenly, in a few years in the middle of the eighteenth century, a fear arose—a fear formulated in medical terms but animated basically by a moral myth. People were in dread of a mysterious disease that spread, it was said, from the houses of confinement and would soon threaten the cities... And the great image of medieval horror reappeared, giving birth, in the metaphors of dread, to a second panic. The house of confinement was no longer only the lazaret house at the city’s edge; it was leprosy itself confronting the town... The evil which men had attempted to exclude by confinement reappeared, to the horror of the public, in a fantastic guise.56

This construction of madness as a contagious disease in itself, leads to, in the rest of society’s desire to be safe from it, the inclusion of insanity, more surely than ever, within the domain of medical sciences. In fact, it was this fear that, for the first time in the history of Western madness, brought the doctor within the insulated precincts of the houses of confinement. However, this need not be read as any remarkable progress as far as the treatment of the insane is concerned, as what were primarily at its roots were a causeless regressive fear of the other, and a desire to marginalize it. For Foucault,

It is easy to suppose that a free and generous sympathy awakened interest in the fate of the confined, and that a more diligent and informed medical attention could recognize disease where previously the authorities had indiscriminately punished transgressions. As it happened, the atmosphere was not one of such benevolent neutrality. If a doctor was summoned, if he was asked to observe, it was because people were afraid—afraid of the strange chemistry that seethed behind the walls of confinement, afraid of the powers forming there and threatening to propagate... What is traditionally called “progress” toward madness’s attaining a medical status was in fact made possible only by a strange regression.57

The basic reason for setting up a more medically oriented regime for the insane was, thus, aimed less at their liberty and welfare, and more at that of the already free and well-off people. This foundation of a ‘reformed’ Hôpital, the asylum of the future, was intended, therefore, to make the insane vegetate all the more. For Foucault,

The ideal was an asylum which, while preserving its essential functions, would be so organized that the evil could vegetate there without ever spreading; an asylum where unreason would be entirely contained and offered as a spectacle, without threatening the spectators; where it would have all the powers of example and none of the risks of contagion.58

This was what gave birth to that structure of the mental asylum, which continues even today, and it is not at all difficult to see through the politics it involves, but I withhold its elaboration for the moment, and propose to present it later, when the period under discussion warrants it. Instead, I will now discuss how the categories defining madness get reorganized in the second half of the eighteenth century, leading to a temporary doing away with confinement.

56 Ibid., 202-3.
57 Ibid., 205-6.
58 Ibid., 207.
f. The Eighteenth Century: Reorganization of Categories

The therapeutic turn in the discourse of madness, by the middle of the eighteenth century, saw to a dissociation in the notions of madness and the all-encompassing category of unreason. This led to, in the second half of the eighteenth century, a redefined stance to madness, a reorganization of definitional categories. For Foucault,

In the classical period, the awareness of madness and the awareness of unreason had not separated from one another. But in the anxiety of the second half of the eighteenth century, the fear of madness grew at the same time as the dread of unreason: and thereby the two forms of obsession, leaning upon each other, continued to reinforce each other. And at that very moment we note the liberation of the iconographic powers that accompany unreason, we hear on all sides complaints about the ravages of madness.\[^{59}\]

This anxiety was coupled with the fact that after this time, authors, whom the Age of Reason could not brush aside, started voicing hitherto muffled tones of unreason, to present before the Classical consciousness its dialectic other, a counter-document of Time itself:

In the disparity between the awareness of unreason and the awareness of madness, we have, at the end of the eighteenth century, the point of departure for a decisive movement: that by which the experience of unreason will continue, with Hölderlin, Nerval, and Nietzsche, to proceed ever deeper toward the roots of time—unreason thus becoming, par excellence, the world’s contraetempo—and the knowledge of madness seeking...to situate it ever more precisely within the development of nature and history.\[^{60}\]

This led to a fresh look at the causes for madness and a redefinition of categories, beyond the already hackneyed excuse of unreason taking the whole blame.

The primary thrust of this reorganization of categories of defining madness was, in a major break from the Classical notions for the same, an assertion that madness was promoted by a turning away from what was considered ‘natural’, and ‘immediate’ for human beings:

...the eighteenth century constituted, around its awareness of madness...a whole new order of concepts. In the landscape of unreason where the sixteenth century had located it, madness concealed a meaning and an origin that were obscurely moral... In the second half of the eighteenth century, madness was no longer recognized in what brings man closer to an immemorial fall or an indefinitely present animality; it was on the contrary, situated in those distances man takes in regard to himself, to his world, to all that is offered by the immediacy of nature...madness was possible because of everything which, in man’s life and development, is a break with the immediate.\[^{61}\]

What this entailed was a status-quoism, where one who would question the power structures of the current system, and hence the obvious ‘naturality’ of a regime, could be branded as insane. This revised notion of madness in mid-eighteenth century can be easily linked with the anxieties of a fast decaying residual monarchic order, waiting for and terrorized by the inevitable Revolution, which was to come by the end of the century. Accordingly, what this order tries to brand as ‘unnatural’, and possible breeding grounds of madness, are concepts like ‘liberty’ and ‘civilization’, the most basic concepts of the Revolution.

\[^{59}\) Ibid., 210-1.  
\[^{60}\) Ibid., 212.  
\[^{61}\) Ibid., 219-20.
Madness was associated with liberty in the late eighteenth century, with the French believing that there were more cases of insanity in England than in France, not only because of the maritime climate and the 'obvious' association of water with madness, but also because there was greater liberty in England. Foucault quotes writers like Spurzheim to assert this:

Madness, "more frequent in England than anywhere else," is merely the penalty of the liberty that reigns there, and of the wealth universally enjoyed. Freedom of conscience entails more dangers than authority and despotism... Nor does so much liberty permit a man to master time; every man is left to his own uncertainty, and the State abandons all to their fluctuations... In short, liberty, far from putting man in possession of himself, ceaselessly alienates him from his essence and his world; it fascinates him...in the irreversible interiority of passion and unfulfilled desire.62

Similarly, in the late eighteenth century, Civilization, and its corollary—the global spread of education—were also considered to comprise a 'milieu' where madness could breed. The late eighteenth century structures of power charge knowledge to be the cause for madness:

Civilization, in a general way, constitutes a milieu favorable to the development of madness. If the progress of knowledge dissipates error, it also has the effect of propagating a taste and even a mania for study; the life of the library, abstract speculations, the perpetual agitation of the mind without exercise of the body, can have most disastrous effects... The more abstract or complex knowledge becomes, the greater the risk of madness... But it is not only knowledge that detaches man from feeling; it is sensibility itself: a sensibility that is no longer controlled by the movements of nature, but by all the habits, all the demands of social life.63

There were, by the end of the eighteenth century, several changes in the reception of the insane and many of these seem to be results of a rising philanthropic wave. But Foucault shows clearly how, the reasons behind these changes were political, rather than humanitarian:

It did not evolve in the context of a humanitarian movement that gradually related it more closely to the madman's human reality...nor did it evolve under the pressure of a scientific need that made it more attentive, more faithful to what madness might have to say for itself. If it slowly changed, it was within that simultaneously real and artificial space of confinement. Certain imperceptible shifts in its structures, or at times certain violent crises, gradually formed the awareness of madness contemporaneous with the Revolution... A political more than a philanthropic awareness.64

His political perspective to this shift in treatment of the insane, makes Foucault conclude that the design was not at all to liberate lunatics from confinement, but rather to confine them more effectively, justifying their detention all the more potently, in its projection of the insane as being at the issuing as well as the receiving end of confinement. Foucault says,

We see how the political critique of confinement functioned in the eighteenth century. Not in the direction of a liberation of the mad... On the contrary, it linked madness more firmly than ever to confinement, and this by a double tie: one which made madness the very symbol of the confining power and its absurd and obsessive representative within the world of confinement; the other which designated madness as the object par excellence of all the measures of confinement... by a paradoxical circle, madness finally appears as the only reason for a confinement whose profound unreason it symbolizes.65

62 Ibid., 213-4.  
63 Ibid., 217-8.  
64 Ibid., 223-4.  
65 Ibid., 227.
While all this is true, what still cannot be denied is that many detainees were actually set free during this period. But, in his endless search for the nexus between power and institutions of knowledge, Foucault traces a political reason behind this too; and this reason is an economic one. The phenomenal boom in population in the eighteenth century and the resulting food crisis saw to the pointlessness of keeping the poor and the jobless under confinement. Poverty was no more seen as a result of unreason, or a moral judgment on those who had strayed, because release of a large labour force was perceived as essential for industrial growth. All this happened during this period, because of the progressive transition of European economy from mercantilism to capitalism, with the ones branded as ‘worthless’ under the former order, assuming the image of a potential labour-force under the latter:

Poverty was gradually freed from the old moral confusions... Poverty had become an economic phenomenon... Because they labor and consume little, those who are in need permit a nation to enrich itself, to set a high value on its fields, its colonies, and its mines, to manufacture products which will be sold the world over; in short, a people would be poor which had no paupers... Here is an entire moral rehabilitation of the Pauper, which designates, at a deeper level, a social and economic reintegration of his role and character. In the mercantilist economy, the Pauper, being Neither producer nor consumer, had no place: idle, vagabond, unemployed, he belonged only to confinement, a measure by which he was exiled and as it were abstracted from society. With the nascent industry which needs manpower, he once again plays a part in the body of the nation.66

It was, thus, this essentially political reason that changed the approach to confinement towards the end of the eighteenth century. In Foucault’s words, ‘Confinement was a gross error, and an economic mistake... Confinement is open to criticism because of the repercussions it can have on the labor market; but still more, because it constitutes, and with it the entire enterprise of traditional charity, a dangerous financing.’67

Three reasons: that the insane were believed to be bearers of deadly contagious diseases; that they were an embodiment of unbridled liberty and unnecessarily excessive education, both threatening to the rule of Reason; and that they could not contribute to the growing need for labour, which the other categories of detainees could — led to an exclusive confinement of those who are ‘mad’, by the end of the eighteenth century. This is for the first time that a house of confinement had to be built to detain only the insane. For Foucault, ‘If the mad defile those with whom they have been imprudently confined, a special internment must be reserved for them; a confinement that is not medical, but that ought to be the most efficacious and the easiest form of aid’68. This ‘special internment’ gives birth, finally, to the asylum, where the insane are to receive ‘aid’ from their ‘liberators’, while being tucked away more and more to the exclusive reclusion of an ensured object-position.

66 Ibid., 229-30.
67 Ibid., 232-3.
68 Ibid., 236.
g. The Nineteenth Century: from Asylum to Psychoanalysis

As Foucault states, towards the beginning of the book, the Classical age comes to an end in 1794, with the ‘liberation’ of the inmates of Bicêtre by Pinel. In an almost similar way, Tuke created, in England, an asylum called The Retreat. These two events are normally considered to be the most significant steps in the history of madness, with a humanitarian treatment of the insane issuing from these. For Foucault, however,

The legends of Pinel and Tuke transmit mythical values, which nineteenth-century psychiatry would accept as obvious in nature. But beneath the myths themselves, there was an operation...which silently organized the world of the asylum, the methods of cure, and at the same time the concrete experience of madness.\(^69\)

According to Foucault, what Tuke and Pinel did was nothing spectacular, and not even remotely close to a proper understanding of the insane. Assured that the structure of the asylum, that the two of them gave birth to, was actually a perpetration of the two-century long process of alienation of madness, Foucault analyses their works, one after the other.

First, Foucault picks up the case of Tuke, and shows how his asylum was dictated by the hierarchic demands of religion, The Retreat being restricted to Quakers alone. Tuke’s asylum, thus, tried to encapsulate the insane within the net of an organized religious sect, with its set of morals thrust on them. Philanthropy thus took the form of domination:

Because it is contemporary with Pinel’s, because he is known to have been borne along with a whole current of “philanthropy”, this [Tuke’s] gesture is regarded as an act of “liberation”. The truth was quite different... The Retreat would serve as an instrument of...a moral and religious segregation which sought to reconstruct around madness a milieu as much as possible like that of the Community of Quakers... The asylum no longer punished the madman’s guilt...but it did more, it organized that guilt; it organized it for the madman as a consciousness of himself, and as a non-reciprocal relation to the keeper; it organized it for the man of reason as an awareness of the Other...\(^70\)

Tuke’s asylum also made harmless obedient children out of adult lunatics. In The Retreat, and other asylums to follow the model, the insane were given a minority status, totally subservient to the keepers, who assumed the role of the Father. Not only does this bring in another hierarchic apparatus—patriarchy, into the domain of madness, it also creates a family atmosphere within the asylum, to all of whose bourgeois values, the inmates pay obeisance:

For this new reason which reigns in the asylum, madness does not represent the absolute form of contradiction, but instead a minority status, an aspect of itself that does not have the right to autonomy, and can live only grafted on to the world of reason. Madness is childhood. Everything at the Retreat is organized so that the insane are transformed into minors... Great emphasis was placed on the concept of the “family” which organized the community of the insane and their keepers at the Retreat. Apparently this “family” placed the patient in a milieu both normal and natural; in reality it alienated him still more...delivered him entirely, as a psychological subject, to the authority and prestige of the man of reason, who assumed for him the concrete figure of an adult, in other words both domination and destination.\(^71\)

\(^{69}\) Ibid., 243.  
\(^{70}\) Ibid., 247.  
\(^{71}\) Ibid., 252-3.
This imposed ‘familiality’ is the beginning of, what Foucault calls a ‘parental complex’ in the Western discourse of madness, which would be relived by psychoanalysis, in the form of its construct of the Oedipal complex. Foucault says,

The entire existence of madness... was enveloped in what we may call, in anticipation, a “parental complex”. The prestige of patriarchy is revived around madness in the bourgeois family. It is this historical sedimentation which psychoanalysis would later bring to light, according it through a new myth the meaning of a destiny that supposedly marked all of Western culture and perhaps all civilization.72

Thus, the whole of Tuke’s enterprise betrays not only attempts to objectify and further subjugate the insane, but also the invocation of essentialist concepts into madness.

Pinel’s approach was somewhat different from Tuke’s. He did not wish to restrict his asylum to people belonging only to a particular religious sect, but he also did not remove from it the basic moral content of religion. This, for Foucault, led to the establishment of an even more overbearing and far-reaching regime of ‘pure morality’, which is much more efficient in its objectification and ‘social denunciation’ of the insane than Tuke’s Retreat:

Pinel advocates no religious segregation... But Pinel’s problem was to reduce the iconographic forms, not the moral content of religion... [for Pinel] The asylum is a religious domain without religion, a domain of pure morality, of ethical uniformity... Formerly the house of confinement had inherited, in the social sphere, the almost absolute limits of the lazar house; it was a foreign country. Now the asylum must represent the great continuity of social morality... The asylum sets itself the task of the homogeneous rule of morality, its rigorous extension to all those who tend to escape from it... In one and the same movement, the asylum becomes, in Pinel’s hands, an instrument of moral uniformity and of social denunciation.73

This makes Foucault conclude that in Pinel’s asylum, bourgeois values were imposed upon the inmates in a more complex and more totalizing fashion than at Tuke’s. He says,

The operation as practiced at the Retreat was still simple: religious segregation for purposes of moral purification. The operation as practiced by Pinel was relatively complex: to effect moral syntheses, assuring an ethical continuity between the world of madness and the world of reason, but by practicing a social segregation that would guarantee bourgeois morality a universality of fact and permit it to be imposed as law upon all forms of insanity.74

Foucault goes on to classify, next, the different means by which this phenomenon of ‘moral syntheses’ was carried out at Pinel’s asylum. For him, there were three principal means:

1) Silence, or the total ignoring of the lunatic’s delirium, the non-providing of a dialogue between madness and reason;

2) Recognition by Mirror, or making the lunatics observe their own madness, recognize themselves as mad, and get relieved of the absurdity; and

3) Perpetual Judgment, or making the insane continuously judge their own actions in absolutist moral terms, just as the authorities were empowered to judge and punish them.

72 Ibid., 253.
73 Ibid., 255-9.
74 Ibid., 259.
These basic findings about the two legendary 'reformative' asylums, founded at the beginning of the nineteenth century, makes Foucault draw some important conclusions about the phenomenon of asylum itself. For him the asylum was not really a centre representing a scientific approach to the insane, aimed at looking after them and 'curing' them, but where lunatics were imprisoned most securely for evermore. He concludes that,

The asylum of the age of positivism, which it is Pinel’s glory to have founded, is not a free realm of observation, diagnosis, and therapeutics; it is a juridical space where one is accused, judged, and condemned, and from which one is never released except for the version of this trial in psychological depth—that is by remorse. Madness will be punished in the asylum, even if it is innocent outside of it. For a long time to come, and until our own day at least, it is imprisoned in a moral world.73

He moves on to the next important development in the history of madness, whereby the doctor finally finds a permanent place within the walls of the houses of confinement, leading to the onset of a process, which culminates, towards the end of the nineteenth century, in the establishment of the discipline of psychoanalysis.

Foucault shows how, towards the beginning of the nineteenth century, a fourth category—that of the 'medical personage', gets added to the already existing three means of 'moral syntheses'. This inclusion of the doctor as a regular member in the domain of madness, changes the erstwhile significances attributed to madness in confinement. For him, 'With the new status of the medical personage, the deepest meaning of confinement is abolished: mental disease, with the meanings we now give it is made possible... The physician, as we have seen, played no part in the life of confinement. Now he becomes the essential figure of the asylum.'76 But, Foucault goes on to say that this new element in the field of madness did not get translated into a corresponding entry of medical science. The figure of the doctor remained more of a personage, a figurehead, who would take up the roles of patriarchy and jurisdiction were already demanding from the asylum of Tuke and Pinel:

It is thought that Tuke and Pinel opened the asylum to medical knowledge. They did not introduce science, but a personality, whose powers borrowed from science only their disguise, or at most their justification. These powers, by their nature, were of a moral and social order... The physician could exercise his absolute authority in the world of the asylum only insofar as, from the beginning, he was Father and Judge, Family and Law—his medical practice being for a long time no more than a complement to the old rites of Order, Authority, and Punishment.77

Thus, though the figure of the therapist got introduced to the asylum, it could not serve any fruitful role as far as an understanding of insane thought is concerned. In fact, Foucault says that the whole of nineteenth-century psychiatry was so caught up in objectivist positivism, that all that it could do was to strengthen the already firmly rooted values of asylum life:

73 Ibid., 269.
76 Ibid., 270.
77 Ibid., 271-2.
If we wanted to analyze the profound structures of objectivity in the knowledge and practice of nineteenth-century psychiatry from Pinel to Freud, we would have to show in fact that such objectivity was from the start a reification of a magical nature, which could only be accomplished with the complicity of the patient himself, and beginning from a transparent and clear moral practice, gradually forgotten as positivism imposed its myths of scientific objectivity; a practice forgotten in its origins and its meaning, but always used and always present. What we call psychiatric practice is a certain moral tactic contemporary with the end of the eighteenth century, preserved in the rites of asylum life, and overlaid by the myths of positivism.78

It was only with Freud that this changed to some extent and psychoanalysis was born.

The basic problem with nineteenth-century psychiatry was that, caught up as it was in the positivist schema of empirical observation and classification, under the objectifying gaze of a hierarchic ‘medical personage’, it failed to set up a dialogue with the voices of madness, and one had to wait for psychoanalysis to finally acquire the ‘language’ and do the same.

The science of mental disease, as it would develop in the asylum, would always be only of the order of observation and classification. It would not be a dialogue. It could not be that until psychoanalysis had exorcised this phenomenon of observation, essential to the nineteenth-century asylum, and substituted for its silent magic the powers of language.79

This is why, though Freud might not have made any pioneering discovery as far as the therapeutics of madness is concerned, nor have taken any really radical steps towards liberating the insane, he remains one of the most important figures in its history, for having given this long-silenced discourse a language, the ‘possibility of a dialogue’. Foucault says,

Freud went back to madness at the level of its language, reconstituted one of the essential elements of an experience reduced to silence by positivism; he did not make a major addition to the list of psychological treatments for madness; he restored, in medical thought, the possibility of a dialogue with unreason.80

For the psychoanalyst, the doctor and patient are not two separate entities; it is their togetherness that matters. This ‘doctor-patient couple’, and the possibility of a dialogue within it, are what make Freudian psychoanalysis far ahead of the rest of nineteenth-century psychiatry, in terms of understanding the insane. For Foucault,

...there remains, beyond the empty forms of positivist thought, only a single concrete reality: the doctor-patient couple in which all alienations are summarized. And it is to this degree that all nineteenth-century psychiatry really converges on Freud, the first man to accept in all its seriousness that reality of the physician-patient couple, the first to consent not to look away nor to investigate elsewhere, the first to attempt to hide it in a psychiatric theory that more or less harmonized with the rest of medical knowledge; the first to follow its consequences with absolute rigour.81

Thus, Freud represents, for Foucault, a break in psychiatric practice and attitude towards madness, with discourses of madness being finally taken away from its overdetermination by reason to the status of a discursive positivity by itself.

78 Ibid., 276.
79 Ibid., 250-1.
80 Ibid., 198.
81 Ibid., 277.
It would be, however, rather unlikely of Foucault, and quite the contrary of his central thesis in the book, as regards the essential political link between power structures and systems of knowledge, if he, suddenly, towards the end of the book, sides with one particular approach to madness, and shows it to be unmotivated, and ‘perfect’ — without any intention to objectify the insane, at its expense, in the omnipresent power-play. And Foucault does not betray his readers’ expectations. He follows his praise of Freudian psychoanalysis, with a note that even Freud created a ‘quasi-divine’ structure out of his position as practitioner, leading eventually to the same alienation of the patient. He says,

But on the other hand he exploited the structure that enveloped the medical personage; he amplified its thaumaturgical virtues, preparing for its omnipotence a quasi-divine status. He focussed upon this single presence—concealed behind the patient and above him, in an absence that is also a total presence—all the powers that had been distributed in the collective existence of the asylum; he transformed this into an absolute Observation, a pure and circumspect Silence, a Judge who punishes and rewards in a judgment that does not even condescend to language.82

In continuation to the argument, Foucault ends the basic thesis of his book, stating how, because of this doctor fetish, psychoanalysis has never been able to understand the insane, let alone liberate them, with its discoveries being extremely limited. For Foucault,

The doctor, as an alienating figure, remains the key to psychoanalysis. It is perhaps because it did not suppress this ultimate structure, and because it referred all the others to it, that psychoanalysis has not been able, will not be able, to hear the voices of unreason, nor to decipher in themselves the signs of the madman. Psychoanalysis can unravel some of the forms of madness; it remains a stranger to the sovereign enterprise of unreason. It can neither liberate nor transcribe, nor most certainly explain, what is essential in this enterprise.83

This is how Foucault ends the central study of this book. Having studied the construction of the category of madness as well methods to deal with it from the Middle Ages to our own century, he shows how all such attempts are related to power and deserve to be negated.

While Foucault’s thesis, that structures of power and systems of knowledge are inextricably linked in an overbearing nexus, is well taken, as is satisfied my initial quest to see how Foucault poses this nexus as a possible substratum to his subsequent works, one cannot but be dismayed at this stage to find that in his attempt to unmask all normative hierarchies, Foucault leaves the reader with no positive presence to rely on, after shelving the book. This is what must have occurred to Foucault also, so that after the book-proper comes to a close, he adds a ‘Conclusion’, where in an unbridled passionate fashion, he presents a case for all those literary and artistic voices, which, in their exclusion as articulations of unreason and madness, hold for us the ultimate truth about reason, civilization, and life itself, thus comprising that positivity, which we might cling on to in this brutalizing world.

82 Ibid., 277-8.
83 Ibid., 278.
h. Conclusion: Madness and Representation

Foucault makes it clear, right from the beginning of the book, that his 'history of madness' is to deal extensively with representation, the 'Preface' itself bearing two quotes from renowned authors. Throughout the book, he buttresses every argument with examples from the world of representation. The last lines of the last chapter refer back to those authors, who withstood, valiantly, the onslaughts of reason, to make their voices of unreason heard over all the din of the synthetic symphony of rationality. And, eventually, he devotes the whole of his 'Conclusion' towards explaining where representation stands vis-à-vis madness.

The basic premise for establishing a relationship between representation and madness has to be the presence of some amount of relativity in its definitional parameters, because only if a concept is not structurally rigid, can it be compared to something as architectonic, and therefore as fluid, as literature and art. Foucault shows how the concept of madness is relative all through the book, but it comes out best, when he uses the Biblical, and hence textual, figure of Jesus to highlight the same. For Foucault, Jesus was crucified in his age as a lunatic, but the massive spread of Christianity in subsequent centuries has vindicated his madness. Finally, in this, that Christians of the eighteenth century, made a rational monument of reason out of this revelatory unreason of Jesus, what gets highlighted is the transient nature of the definitive categories of madness, where the vindication or derision of something as 'insane' rests only on its status in the highly relative representational discourse:

Christian unreason was relegated by Christians themselves into the margins of a reason that had become identical with the wisdom of God incarnate. After Port-Royal, men would have to wait two centuries—until Dostoievsky and Nietzsche—for Christ to regain the glory of his madness, for scandal to recover its power as revelation, for unreason to cease to be merely the public shame of reason.84

I now recapitulate very briefly what Foucault says about the role of representational forms in the construction of 'madness' down the different ages of European 'civilization'. The theme with which Foucault starts his discussion, the 'stultifera navis', is itself a term taken from Bosch's The Ship of Fools. Once into the Renaissance, Foucault focuses on literature and art so that his typology of Renaissance madness is based on literary categories. He classifies Renaissance madness into four types—'madness by romantic identification' as in Don Quixote, 'madness of vain presumption' as in Chateaufort in Cyrano de Bergerac's Le Pédant joué, 'madness of just punishment' as in Lady Macbeth, and 'madness of desperate passion' as in Ophelia or King Lear. To show how Renaissance sensibility makes way for the Classical experience, Foucault again uses his representational idiom, to put the onus for it on the dissociation between literary and visual art during late Renaissance.

84 Ibid., 79.
From the Classical Age, however, the relationship between madness and representation becomes a little more complicated, with a dual value being added by Classical culture to insanity, in its anxiety for and tremendous fear of madness on the one hand, and its total subjugation of the same on the other. For Foucault,

A culture like that of the Classical age, so many of whose values were invested in reason had both the most and the least to lose in madness. The most because madness constituted the most immediate contradiction of all that justified it; the least because it disarmed entirely, leaving it quite powerless. This maximum and minimum risk accepted by Classical culture in madness is perfectly expressed in the word 'unreason': the simple, immediate reverse side of reason....

This led to an almost total exclusion of madness but it managed to survive in the works of Goya and Sade. Foucault shows how the banishment itself is also justified within the representational space of authors like Descartes, who, equating dreams and madness, would say, 'Dreams and illusions are overcome in the structure of truth itself, while madness is excluded by the doubting subject. To the doubting philosopher, sanity is as unquestionable as the fact that he thinks and exists.' Following this prescription of the written word, madness remains outside the concerns of European culture, throughout the Classical Age, until it makes its reappearance, in the representational form, in Hegel’s Phenomenology of Mind.

From sometime before this reappearance itself, in the eighteenth century, madness makes its presence felt in the European horizon of reason, through literature and art, and for people, herein lay the sure resistance to the tyranny of reason. Foucault says,

After Sade and Goya, and since them, unreason has belonged to whatever is decisive, for the modern world in any work of art: that is, whatever any work of art contains that is both murderous and constraining.... But further, the work of art and madness, in classical experience, were more profoundly united at another level... For there existed a region where madness challenged the work of art, reduced it ironically, made of its iconographic landscape a pathological world of hallucinations... the very truth of a work of art raised a problem: was it madness, or a work of art?... The madness of the writer was, for other men, the chance to see being born, over and over again, in the discouragement of repetition and disease, the truth of the work of art.

In the wake of its total marginalization, during the eighteenth century, madness could express itself only in representational forms, showing in its 'unreason' the seeds of a culture. However, from the nineteenth century, from the times of Nietzsche, Van Gogh or Artaud, Foucault notices the disappearance of this reciprocal relationship of accommodation and confirmation between art and madness. He shows how from this period.

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Between madness and the work of art, there has been no accommodation, no more constant exchange, no communication of languages; their opposition is much more dangerous than formerly... Madness is the absolute break with the work of art; it forms the constitutive moment of abolition, which dissolves in time the truth of the work of art... Madness is no longer the space of indecision through which it was possible to glimpse the original truth of the work of art, but the decision beyond which the truth ceases irrevocably, and hangs forever over history.8

This can probably be explained by the taking over of the buffer representational space between madness and reason by psychoanalysis, a therapeutic measure based on a narrative structure comprising grand mythical schemata, the design being much like Descartes's appropriation and subversion of the representational space at the onset of the Age of Reason. Whatever be the case, Foucault observes, with some lament, that, 'Since the end of the eighteenth century, the life of unreason no longer manifests itself except in the lightning-flash of works such as those of Hölderlin, of Nerval, of Nietzsche, or of Artaud89

This change in status for representation makes a challenging role emerge for art. The current dissociation of art from madness entails its association, for the first time, with the dominant modes of culture. What this demands, and what is actually happening, is a use of this sanctioned representational space to hand over reason to the forces of unreason and madness, which, in spite of their usual exclusion from the processes of civilization, are actually more justified to possess it. Foucault ends the book with a cry of subversive victory:

Henceforth, and through the mediation of madness, it is the world that becomes culpable (for the first time in the Western world) in relation to the work of art; it is now arraigned by the work of art, obliged to order itself by its language, compelled by it to a task of recognition, of preparation, to the task of restoring reason from that unreason and to that unreason... Ruse and new triumph of madness: the world that thought to measure and justify madness through psychology must justify itself before madness, since in its struggles and agonies it measures itself by the excess of works like those of Nietzsche, of Van Gogh, of Artaud. And nothing in itself, especially not what it can know of madness, assures the world that it is justified by such works of madness.90

This is, at endgame, the metatextual Foucault, using the representational idiom, not only to highlight yet another construct of knowledge's nexus with, and desire for power, but also to carve for his authoriality, a positivity, in the wake of the all-pervading power-game among bodies of knowledge. The anxiety I expressed at the end of the last section of this chapter, lies fully answered in Foucault’s apodictic assurance of subversion, in the certainty he accords to his enterprise, his medium. When all is upturned under the force of subversive negation, what remains as a positivity is the passion beneath the quest, subverted by its own power to a presence. The quest for the substratal power-knowledge nexus becomes a body of knowledge itself, a body seeking power — just enough power to topple those normative hierarchies, which have enjoyed illegitimate power a bit too long.

88 Ibid., 286-7.
89 Ibid., 278.
90 Ibid., 288-91.
IV. The Birth of the Clinic: the NexusExposed

a. The Body, Power and Discourse

The first two works of Foucault pose the nexus between power and knowledge, but there is still something wanting for this 'substratum' to lead into what I have called 'tri-hierarchization'. This is the notion of the body, a lack of which inhibits the bipolar pouvoir-savoir from turning trichotomous. While 'power', corresponds to socio-politico-economic 'materiality', and knowledge to a culturally constructed 'mentality', it is only when the body, the domain of 'physicality', comes into play, that one is ready for a tripartition of the forces of hierarchized discursivization. This is what Foucault does in his next book, Naissance de la clinique: une archéologie du regard médical (1963), where he, in his examination of the 'birth' of modern clinical medicine, shows how an overbearing 'gaze' on the body dictates this discourse, and whence the already 'posed' nexus gets 'exposed', in its holding up the embodied space of physicality to the inquiring gaze of the one in search of tri-hierarchization.

The book was part of a project commissioned by Georges Canguilhem, Foucault's doctoral supervisor, for Galien, a series on the history and philosophy of biology and medicine to be published by the Presses Universitaires de France. Alan Sheridan's English translation The Birth of the Clinic: an Archaeology of Medical Perception (1973) follows its second edition (1972), where Foucault made several changes, especially in vocabulary, replacing 'Structuralist' terms with 'neutral' ones. These changes denote Foucault's attempt to dissociate himself from Structuralists, with whom he used to be identified, and belong to the other pole of current French thought, that of Althusserian Marxists, Phenomenologists and Sartreans. The Birth of the Clinic thus occupies a pivotal position, marking a threshold, where Foucault crosses over from the position of a 'detached' Structuralist analyser, to that of a political commentator on the role of hierarchies in the dialectics of discourse.

The subject matter of this book is in sharp contrast to Foucault's immediately preceding work. While Madness and Civilization spans a vast time scale and its subject matter, 'madness', is also quite amorphous, The Birth of the Clinic covers barely half a century, and is about a single, limited subject. However, Foucault rationalizes his choice of in a 1975 interview, by pointing out the importance of medicine as a denominator of power:

Naturally it's medicine which has played the basic role as the common denominator... It was in the name of medicine both that people came to inspect the layout of houses and, equally, that they classified individuals as insane, criminal or sick.91

Choosing this ‘common denominator’ as its subject, the book looks into the last decades of the eighteenth century, when the old classificatory method of medicine gave way to the anatomo-clinical method, and finally led to the ‘birth’ of modern medical science. Foucault shows how this change was geared by a premium placed on ‘visibility’, the privileging of a knowing ‘gaze’ on the human body. He also shows how medicine, in its new-found interest in visibility, death, and the individual body, plays a central role in laying the foundation for all social and human ‘sciences’ of the age, so that both the new medicine and the contemporary Romantic Movement play on the interlinked notions of individuality and death.

b. Gaze and Language: Seeing and Saying

As has already been stated, Foucault lays maximum emphasis in this book on the notion of ‘gaze’ and how it constitutes developments in medical sciences towards the end of the eighteenth century. Foucault begins by saying, ‘This book is about space, about language, and about death, it is about the act of seeing, the gaze.’92 Foucault does not suggest, however, that visibility was a phenomenon exclusive to this period. Doctors, at all points of time had ‘seen’ their patients. What this age saw was the foregrounding of ‘gaze’ as a category of the language of medical discourse itself, so that the doctor’s gaze came to signify, for the first time in this age, categories beyond its immediate empirical goal. It is thus a ‘displacement’ in the import of gaze as an epistemology, rather than the discovery of an altogether new method. Therefore, what shapes modern medical sciences is a shift in discourse formation, where seeing, or the act of gaze, can render itself to saying, the linguistic act itself. Consequently, an attempt to study its ‘birth’ would require a going back in time, to the point when things, or the object of gaze, and words, or the object of language, came to be one and the same:

In order to determine the moment at which the mutation in discourse took place, we must look beyond its thematic content or its logical modalities to the region where ‘things’ and ‘words’ have not yet been separated, and where—at the most fundamental level of language—seeing and saying are still one...thus the articulation of medical language and its object would appear as a single figure.93

The birth of modern medicine can, therefore, be associated with that moment in history, when the overbearing epistemological reliance on seeing saw to, beyond its immediate empirical scope, new discursive elements, thus giving birth to a new language of medical science.

At the beginning of the nineteenth century, doctors described what for centuries had remained below the threshold of the visible and the expressible...it meant that the relation between the visible and the invisible...changed its structure, revealing through gaze and language what had previously been below and beyond their domain. A new alliance was forged between words and things, enabling one to see and to say.94

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93 Ibid., xi.
94 Ibid., xii.
This new status for visibility has its historical counterparts. As Foucault says in an interview in 1977, the very spirit of the late eighteenth-century revolutionary thought promoted by Rousseau, was at bottom a desire for transparency and clear visibility:

What in fact was the Rousseauist dream that motivated many of the revolutionaries? It was the dream of a transparent society, visible and legible in each of its parts... It was the dream that individual, whatever position he occupied, might be able to see the whole of society... 

This shift in the status of gaze takes away from it its reductive potential and makes it ‘ideological’ in the Althusserian sense of the term. This is how notions of individuality and subjectivity come into the discourse, medical tracts compose eighteenth-century individuality, the seed of many a movement in the field of human sciences in the Romantic age:

The gaze is no longer reductive, it is, rather, that which establishes the individual in his irreducible quality... The object of discourse may equally well be a subject, without the figures of objectivity being in any way altered.

This accordance of ‘subjectivity’ to the object of medical attention should not, however, be read as a shift in the hierarchic power-distribution between the gazer and the gazed. In fact, very much in the Althusserian way itself, this interpellation makes the individuals ‘ideological subjects’, all the more prone to the machinations of power. For Foucault,

Clinical experience—that opening up of the concrete individual, for the first time in Western history, to the language of rationality, that major event in the relationship of man to himself and of language to things—was soon taken as a simple, unconceptualized confrontation of a gaze and a face, or a glance and a silent body; a sort of contact prior to all discourse, free of the burdens of language, by which two living individuals are ‘trapped’ in a common, but non-reciprocal situation...

This non-reciprocity of situation makes the body a space for hierarchic structuration. In a 1976 article, Foucault shows how late eighteenth-century medical discourse was essentially political in nature. He says, ‘The sudden importance assumed by medicine in the eighteenth century originates at the point of intersection of a new, “analytical” economy of assistance with the emergence of a general “police” of health.’ Accordingly, he dedicates the book to an analysis of how economy and policing have a role to play in modern medical sciences.

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97 Ibid., xiv-xv.
After delineating his two working principles—the role of gaze in creating a special language for medicine, and the role of the same gaze in creating an ideological subject out of the body that in its individuality can be the seat for a myriad hierarchic formations—and still within his preface, Foucault attempts next to highlight the key features of his enterprise. Knowing quite well that his works, while attempting to unmask hierarchies perpetrated by discourses, comprise discourses in themselves, Foucault tries to defend this in showing the inevitable metadiscursivity of all attempts to write a history of discourses. He says,

It may well be that we belong to an age of criticism whose lack of a primary philosophy reminds us at every moment of its reign and its fatality: an age of intelligence that keeps us irremediably at a distance from an original language... We are doomed historically to history, 'to the patient construction of discourses about discourses, and to the task of hearing what has already been said."

Pre-empting a possible critique, Foucault shows how, within the given framework of discourse formation, one has to work with 'commentaries', which bring forth an ever-regressive series of hierarchizing further an already hierarchized discourse:

Commentary questions discourse as to what it says and intended to say; it tries to uncover that deeper meaning of speech... in other words, in stating what has been said, one has to restate what has never been said... to comment is to admit by definition an excess of the signified over the signifier... and that, by a super-abundance proper to the signifier, one may, in questioning it, give voice to a content that was not explicitly signified. By opening up the possibility of commentary, this double plethora dooms us to an endless task that nothing can limit: there is always a certain amount of signified remaining that we must be allowed to speak, while the signifier is always offered to us in the abundance that questions us, in spite of ourselves, as to what it 'means' (veut dire). Signifier and signified thus assume a substantial autonomy... one may even exist without the other, and begin to speak of itself: commentary resides in that supposed space... Commentary rests on the postulate that speech (parole) is an act of 'translation', that it has the dangerous privilege images have of showing while concealing... it rests on a psychologicist interpretation of language that shows the stigmatas of its historical origin.

However, Foucault does not stop at this surrender to the inevitable forces of hierarchy perpetration, and proposes the possible, if yet unrealized, intent of his enterprise.

With this possibility in mind, Foucault suggests alternate methods for working with a history of ideas. As opposed to the readily available tradition of commentary, Foucault asks,

Is it not possible to make a structural analysis of discourses that would evade the fate of commentary by supposing no remainder, nothing in excess of what has been said, but only the fact of its historical appearance? The facts of discourse would then have to be treated not as autonomous nuclei of multiple significations, but as events and functional segments gradually coming together to form a system. The meaning of a statement would be defined not by the treasure of intentions that it might contain, revealing and concealing it at the same time, but the difference that articulates it upon the other real or possible statements, which are contemporary to it or to which it is opposed in the linear series of time. A systematic history of discourses would then be possible.

100 Ibid., xvi-xvii.
101 Ibid., xvii.
While Foucault, definitely, does not lay down at this stage itself the basic tenets of this 'systematic history of discourses', he shows very clearly what this wished for method is different from. Charting the two usually adopted methods in writing a history of ideas, as aesthetic and a psychological method, Foucault shows how both are seeped in metaphysical considerations and thus very culpable to the laws of ideational hierarchy perpetration through discourse. Showing the limitations of both these methods, Foucault says,

> Until recently, the history of ideas was only aware of two methods: the first, aesthetic method involved analogy, with diffusion charted in time (geneses, filiations, kinships, influences) or on the surface of a given historical space (the spirit of a period, its Weltanschauung, its fundamental categories, the organization of its sociocultural world). The second, which was a psychological method, involved a denial of contents (this or that century was not as rationalistic, or irrationalistic as was said or believed).…

While Foucault does not elaborate on what his method is going to be constituted of, quite a few features of his celebrated archaeological method, which he finally crystallizes in a subsequent book, and which I discuss in Chapter 6 of this dissertation, are clear from this exclusionistic negational definition of his, and they go on to justify his use of the term in the subtitle of the book currently under discussion. First, one gets to know that his method has got nothing to do with metaphysical, causal and deterministic relations; secondly, one is certain about Foucault's rejection of central points of coherence, the loci of a discourse; and thirdly, one can presume the reason behind Foucault's attempted adoption of an alternate method—his political stance of deflating hierarchies and hierarchy perpetrating discourses. These features combine to form the Foucauldian method, which he defines later in his career, by formulating the categories of archaeology and genealogy.

Thus, in the preface to the book itself, Foucault lays down the basic points that it is going to deal with—how a special form of 'seeing' makes a special form of 'saying' possible within the discursive space of late eighteenth century medical science, and how these go on to construct the individuated embodied space of the body to unfurl a special kind of ideology. Foucault also makes in this book attempts to define his own political stance vis-à-vis the method he is going to adopt in chronicling and analysing this discourse. Though it might be assumed to be a little premature, one can see in Foucault's offering of an alternate language to the perceiving gaze of the reader, the foundations of what I call a 'dehierarchist poetics' and discuss in the final chapter of my thesis as the much-dreamt of and yet ever-eluding culmination of the whole of Foucauldian enterprise. For the time being, however, I can enter the universe of this book and see how Foucault discusses changes in medical sciences towards the end of the eighteenth century and the beginning of the nineteenth.

102 Ibid., xvii.
c. Classificatory Medicine: Categorization to Embodiment

Foucault begins his discussion with late eighteenth-century classificatory medicine, where diseases were organized into families, genera and species autonomously, without any direct reference to the bodies they occupied. The patient, with his or her peculiarities of age, sex and personal history was considered more of an interference, as was the doctor, whose role was an intervention, an act of violence committed on nature from outside. This opposition of classificatory medicine to embodiment might seem rather incongruous to Foucault’s thesis. However, Foucault shows that the reticence of classificatory medicine to include the space of physicality within its discursive domain itself leads, subversively, to its total reliance, in the subsequent stage of anatomo-clinical medicine, on the body.

Foucault shows that the principle of embodiment of diseases, or their localization in the patient’s body, was a much later phenomenon, quite contrary to the spirit of classificatory medicine. However, he also says that this stage in the development of medical thought could make the later body-oriented anatomo-clinical medicine ‘structurally possible’. He says,

The space of configuration of the disease and the space of localization of the illness in the body have been superimposed, in medical experience, for only a relatively short period of time—the period that coincides with nineteenth-century medicine and the privileges accorded to pathological anatomy... Paradoxically, never was the space of configuration of disease more free, more independent of its space of localization than in classificatory medicine, that is to say in that form of medical thought that, historically, just preceded the anatomo-clinical method, and made it structurally possible.103

To explain how this came to be possible, Foucault shows that localization was only a ‘subsidiary’ problem for classificatory medicine. The eighteenth-century classificatory method’s organization of diseases into typologies operated on a complex three-dimensional plane, where the horizontal transference of typological similarities was governed by the vertical need of hierarchizing categorical ‘implications’. This complexity entailed within the classificatory space, and the hierarchies that it constitutes, lead to an inevitability of the primacy of gaze, and correspondingly of the object of gaze, or the body. For Foucault,

This organization treats localization in the organism as a subsidiary problem, but defines a fundamental system of relations involving envelopments, subordinations, divisions, resemblances. This space involves: a ‘vertical’, in which the implications are drawn up...and a ‘horizontal’, in which the homologies are transferred...a deep space, anterior to all perceptions, and governing them from afar; it is on the basis of this space, the lines that it intersects, the masses that it distributes or hierarchizes, that disease, emerging beneath our gaze, becomes embodied in a living organism.104

Making this theoretical observation about the inclusion of classificatory medicine as an introductory phase towards his understanding of the ‘birth’ of modern medical sciences, Foucault moves on, in the subsequent section of the book, to explain its basic postulations.

103 Ibid., 3-4.
104 Ibid., 5.
Foucault tabulates the different characteristics of classificatory medicine. He notes that classificatory medicine, first and foremost, recognizes diseases as coincidental in a flat synchronic space, a space where resemblances, rather than genealogical causality, regulate classificatory typologies. Secondly, this emphasis on similarity brings into the classificatory discourse of medicine, tropologically, an insistence on the similarity between the world of diseases and the 'real' world, so much so that, the patient and the doctor get labelled as 'disturbances' in these otherwise autonomous and 'natural' world of diseases. Foucault says,

The first disturbance is introduced with and by the disease itself... Paradoxically, in relation to that which he is suffering from, the patient is only an external fact; the medical reading must take him into account only to place him in parentheses... And not only the patient; the doctor too. His' intervention is an act of violence if it is not subjected strictly to the ideal ordering of nosology... In the rational space of disease, doctors and patients do not occupy a space as of right; they are tolerated as disturbances that can hardly be avoided: the paradoxical role of medicine consists, above all, in neutralizing them, in maintaining the maximum difference between them, so that in the void that appears between them, the ideal configuration of the disease becomes a concrete, free form, totalized at last in a motionless, simultaneous picture, lacking both density and secrecy, where recognition opens of itself onto the order of essences. This last point confirms the observation that in this age, 'body' took a back seat, with the physical distance between the patient and the doctor being resolved only in the subsequent age of anatomo-clinical medicine, where an all-encompassing gaze finally came to embody diseases in the tactile world of physicality.

However, as Foucault shows, the essential physical existence of the patient and the doctor was too strong and too real a presence to be wished away in an overwhelming structural classificatory dialectic. This internal contradiction, within the 'essential space' constructed by classificatory medicine, led to its effacement into a more strictly embodied reciprocal world of the bodies of the patient and the physician, chained irrevocably under the governing principle of gaze. He says,

Classificatory thought gives itself an essential space, which it proceeds to efface at each moment. Disease exists only in that space, since that space constitutes it as nature; and yet it always appears rather out of phase in relation to that space, because it is manifested in a real patient, beneath the observing eye of a forearmed doctor... One of the tasks of medicine is, therefore, to rejoin its own condition, but by a path in which it must efface it of its steps, because it attains its aim in a gradual neutralization of itself... Hence the strange character of the medical gaze; it is caught up in an endless reciprocity. Accordingly, Foucault ventures next to see what these internal contradictions were, and how a complication of spatialization finally embodies the flat essential space of the disease:

We are dealing here with those complex, derived figures by means of which the essence of the disease, with its structure of a picture, is articulated upon the thick, dense volume of the organism and becomes embodied within it.
The first step towards embodiment from categorization is surely localization, or the classification of diseases in terms their loci of occurrence in the body. Foucault notes how, in classificatory medicine, beyond the primary spatialization of diseases in a typology of resemblant genera, there is a 'secondary spatialization', where the classification of diseases into families leads to their localization in the body of the patient through an operation of 'sympathies', or the deontological medical imperative of treating the patient and curing him or her after a disease has been identified and classified. In the first instance, therefore, the function of medical discourse to treat the patient's body brings in its embodiment:

How can the flat, homogeneous, homological space of classes become visible in a geographical system of masses differentiated by their volume and distance? How can a disease, defined by its place in a family, be characterized by its seat in an organism? This is the problem that might be called the secondary spatialization of the pathological...

This is why medicine of spaces has been linked to the doctrine of sympathies...sympathy operates the interplay between the space of localization and the space of configuration; it defines their reciprocal freedom and the boundaries of that freedom. However, this is not the only way in which localization came to have a place in classificatory medical discourse. Foucault shows how running almost anti-parallelly, and yet in a related way, the notion of 'inter-nosological causality' builds up that depth in the space of classificatory categorization, which could make hierarchies of the physical domain work:

...beyond the sympathetic transference of the structural homology that it authorizes, a relation may be set up between one disease and another that is a relation of causality... There is therefore an inter-nosological causality, whose role is the contrary of sympathy: sympathy preserves the fundamental form by ranging over time and space; causality dissociates the simultaneities and intersections in order to maintain the essential purities.

It can be observed, however, that though both 'sympathies' and 'causality' lead to the secondary spatialization or localization of diseases, they have in them the ability to take diseases far beyond a merely spatialized classification. Both the notions have in them a cerebral, ideational import, which has the potential of pointing to 'qualities', rather than a classification alone. For Foucault, this 'non-spatial element' makes embodiment really possible, with medicine acquiring the status of a 'hermeneutics', of an interpretative communication between the doctor and the patient, where their bodies can finally interact:

What communicates the essential 'body' of the disease to the real body of the patient are not, therefore, the points of localization, nor the effects of duration, but, rather, the quality... The disease and the body communicate only through the non-spatial element of quality... A subtle perception of qualities, a perception of the differences between one case and another, a delicate perception of variants—a whole hermeneutics of the pathological fact, based on modulated, coloured experience, is required; one should measure variations, balances, excesses, and defects... What classificatory medicine calls 'particular histories' are the effects of multiplication caused by the qualitative variations (owing to the temperaments) of the essential qualities that characterize illnesses.

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108 Ibid., 10-11.
109 Ibid., 11-12.
110 Ibid., 12-14.
In summing up the effect of these two spatializations, Foucault shows how, while in primary spatialization the individual (and his or her body) could have no positive space within medical discourse, secondary spatialization binds the doctor and the patient ‘in an ever-greater proximity’, where the body of the patient can become the sole object of the physician’s gaze:

Through the space of primary spatialization, the medicine of species situated the disease in an area of homologies in which the individual could receive no positive status; in secondary spatialization, on the other hand, it required an acute perception of the individual, freed from collective medical structures, free of any group gaze and of hospital experience itself. Doctor and patient are caught up in an ever-greater proximity, bound together, the doctor by an ever-more attentive, more insistent, more penetrating gaze, the patient by all the silent, irreplaceable qualities that, in him, betray—that is, reveal and conceal—the clearly ordered forms of the disease.\(^\text{111}\)

Thus, because of its internal contradictions, classificatory medicine, in spite of being intended to the contrary, comes to allow the qualitative categories of sympathy and causality to make localization take over the place of simple classification, and make embodiment possible.

While this probably explains how, from within the embers of classificatory medical thought, the ‘body’ rises, phænix-like, to carve a niche for itself in knowledge, what still remains to be seen is how this embodiment gets connected to systems of power. However, Foucault goes on to show how a ‘tertiary spatialization’ also works itself out within classificatory medicine. This spatialization is social in nature, where politico-economic structures categorize diseases, and accord differential reception and treatment to them. It is in this space that anxieties of the most incurable others—of poverty and death—express themselves, and medical discourse gears up to encounter them through its own power over the body. It is from here, paradoxically, that the most ‘radical’ questions about the body get asked and answered in ever-changing definitions of clinical practice. For Foucault, this spatialization finally overhauled erstwhile structures, and gave ‘birth’ to modern medicine:

Let us call tertiary spatialization all the gestures by which, in a given society, a disease is circumscribed, medically invested, isolated, divided up into closed, privileged regions, or distributed throughout cure centres...it brings into play a system of options that reveals the way in which a group, in order to protect itself, practises exclusions, establishes the forms of assistance, and reacts to poverty and to the fear of death...it is the locus of various dialectics: heterogeneous figures, time lags, political struggles, demands and utopias, economic constraints, social confrontations. In it, a whole corpus of medical practices and institutions confronts the primary and secondary spatializations...it is the point of origin of the most radical questionings. It so happened that it was on the basis of this tertiary spatialization that the whole of medical experience was overturned and defined for its most concrete perceptions, new dimensions, and a new foundation.\(^\text{112}\)

Thus, one is back to the Foucault, who single-mindedly connects institutions of power to those discursive in nature, unmasking their politics, ridiculing the normative hierarchies they entail. And, it is this Foucault that I am going to talk about in the section that follows.

\(^{111}\) Ibid., 15-16.
\(^{112}\) Ibid., 16.
d. Diseases and the State: Politics and Medicine

Tertiary spatialization brings in a hitherto absent distinction between the hospital and the family as possible domains of treatment. First, the new medical consciousness, obsessed with 'naturality', saw the hospital as an artificial domain while family and the home provided a more natural milieu. Secondly, in this age of consolidation of capitalism, the hospital system was seen as non-productive and economically non-viable. As Foucault shows in a 1976 article, eighteenth-century medical science saw the only justification of medicine in keeping the poor fit to take part in production, and it ensured that they bear the cost themselves:

Thus analysis has as its practical objective at best to make poverty useful by fixing it to the apparatus of production, at worst to lighten as much as possible the burden it imposes on the rest of society. The problem is to set the ‘able-bodied’ poor to work and transform them into a useful labour force, but it is also to assure the self-financing by the poor themselves of the cost of their sickness and temporary or permanent incapacitation...

Thirdly, even if some governmental aid was given to a patient, keeping him or her in a hospital was viewed as socially non-productive, as the aid went only to the patient and not to his or her family. These three reasons led to the first intervention of the state in medical discourse, that of locating the disease within the familial domain, or the most immediately physical social structure. This paradigmatic shift in medical science resulted in strengthened state-control; first, because something as amorphous as the family could be governed only by a rigid ‘collectively controlled structure’, and secondly, because this ‘liberalization’ of medical practice had to be provided for with adequate checks and balances, with the state legalizing certain forms of medicine and generally disallowing quacks and charlatans to play freely with public health. Foucault shows how this leads to the new form of medicine:

Is a medical experience, diluted in the free space of a society reduced to the single, nodal, necessary figure of the family, not bound up with the very structure of society?... It would be necessary to conceive of a medicine sufficiently bound up with the state for it to be able, with the co-operation of the state, to carry out a constant, general, but differentiated policy of assistance; medicine becomes a task for the nation... At this point, a quite new form, virtually unknown in the eighteenth century, of institutional spatialization of disease, makes its appearance. The medicine of spaces disappears.

This familialization of medicine is the first feature of Foucault’s tertiary spatialization, which through the relegation of diseases to the ‘physical’ domain of the family, and through an increase in state-control over medical practice, brought the classificatory age in medical sciences to a virtual end, and led to the new era of political and embodied clinical practice.

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The second feature of tertiary spatialization lies in the late-eighteenth-century obsession with epidemics and their social control, with the collective nature of epidemics requiring a collective intervention. Control of epidemics required a strict policing of their causes, as well as a rigorous quarantine of their victims. As Foucault says,

Being a collective phenomenon, it requires a multiple gaze... The event must be described in detail, but it must also be described in accordance with the coherence implied by multi-perception... At the end of the eighteenth century, this form of experience was being institutionalized... But this experience could achieve full significance only if it was supplemented by constant, constricting intervention. A medicine of epidemics could exist only if supplemented by a police...\(^{115}\)

Thus, though classificatory medicine and medicine of epidemics have altogether different ontologies, they come to have a unity in the political facts that both of them are. For Foucault, the political act of tertiary spatialization makes classificatory medicine political:

A medicine of epidemics is opposed at every point to a medicine of classes, just as the collective perception of a phenomenon...may be opposed to the individual perception of the identity of an essence... And yet, in the final analysis, when it is a question of these tertiary figures that must distribute the disease, medical experience and the doctor's supervision of social structures, the pathology of epidemics and that of the species are confronted by the same requirements: the definition of a political status for medicine and the constitution, at state level, of a medical consciousness whose constant task would be to provide information, supervision, and constraint, all of which "relate as much to the police as to the field of medicine proper".\(^{116}\)

These two features together lead to a collectivization of the medical experience.

Summing up these two features of tertiary spatialization in classificatory medicine, Foucault shows in the 1976 article mentioned above how there are two main characteristics in eighteenth century noso-politics. They are the foregrounding family as the domain of medicalization, and an obsessive insistence on hygiene to the counter the fear of contagion:

This enables us to understand the main characteristics of eighteenth-century noso-politics as follows:

1. **The privilege of the child and the medicalisation of the family**... New and highly detailed rules serve to codify relations between adults and children... The medical politics outlined in the eighteenth century in all European countries has as its first effect the organisation of the family, or rather the family-children complex, as the first and the most important instance for the medicalisation of individuals...

2. **The privilege of hygiene and the function of medicine as an instance of social control**... This programme of hygiene as a régime of health for populations entails a certain number of authoritarian medical interventions and controls... And it is the doctor's function as hygienist rather than his prestige as a therapist that assures him this politically privileged position in the eighteenth century, prior to his accumulation of economic and social privileges in the nineteenth century.\(^{117}\)

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\(^{115}\) Ibid., 25.

\(^{116}\) Ibid., 26; [quote from Le Brun, *Traité historique sur les maladies épidémiques* (Paris: 1776), 126].

This introduction of the political into the domain of the medical brought forth a total change to the structure of medical thought as a body of knowledge, as also in the power-relations it entailed. Far beyond the categorized body of information about resemblances that classificatory medicine was, and even beyond the mere localization of diseases in the physical space of organs, medical knowledge came to belong to the hierarchized space of trichotomization, where diseases were seen to have the dimensions of not only an embodied ‘geography’, but also a culturally constructed ‘history’ and a socio-politico-economic ‘state’:

What now constituted the unity of the medical gaze was not the circle of knowledge in which it was achieved but that open, infinite, moving totality, ceaselessly displaced and enriched by time, whose course it began but would never be able to stop...its support was not the patient in his singularity, but a collective consciousness, with all the information that intersects in it, growing in a complex, ever-proliferating way until it finally achieves the dimensions of a history, a geography, a state.118

The association of medicine to the hierarchized space of discursive function made medical sciences all the more connected to actual politics. This was most perceivable in the French Revolution, which was contemporary to the period Foucault discusses, and which, and the regimes that follow it, changed in ways more than one the nature of medical discourse.

Foucault shows how the Revolution gave birth to ‘two great myths’ about medicine. The first was that a regimented and nationalized medical apparatus could take up the position and role of the clergy; the second was that under the changed system, with the ‘society restored to its original state of health’, diseases themselves would disappear. He observes that though these two constructs are mutually contradictory (because if diseases disappear, so would the quasi-clergy of doctors), they refer to the same desire of the state apparatuses to own and control the means of medical dispensation. This makes the task of the doctor a political one. First, if doctors are to take up the role of a quasi-clergy, it automatically allots them a hierarchic role of dominance. Secondly, and may be paradoxically, doctors are to serve a radical political role too, because they are the ones who would fight illnesses and therefore, by definition, the ills of the current political structure. For Foucault,

The first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government. Man will be totally and definitively cured only if he is first liberated... if medicine could be politically more effective, it would no longer be indispensable medically. And in a society that was free at last, in which inequalities were reduced... the doctor would have no more than a temporary role: that of giving legislator and citizen advice as to the regulation of his heart and body.119

Thus, after the Revolution, the physician took up the role of the enlightened bourgeoisie in Marxist praxis, and power and knowledge got intertwined in a most marvellous way.


119 Ibid., 33-34.
From this argument of Foucault, it is clear that ‘medical technology’ gets rooted in ‘political ideology’, and this nexus operates on and around the body. This is why Foucault goes on to explain how this ‘convergence’ between pouvoir and savoir operates around the methodological tool of the ‘gaze’, the direct contact between the doctor and the patient:

There is, therefore, a spontaneous and deeply rooted convergence between the requirements of political ideology and those of medical technology. In a concerted effort, doctors and statesmen demand, in a different vocabulary but for essentially identical reasons, the suppression of every obstacle to the constitution of this new space... It must, therefore, have a world in which the gaze, free of all obstacles, is no longer subjected to the immediate law of truth: the gaze is not faithful to truth, nor subject to it, without asserting, at the same time, a supreme mastery: the gaze that sees is a gaze that dominates; and although it also knows how to subject itself, it dominates its masters...¹²⁰

Foucault shows how this function of medicine was carried out after the French Revolution.

Foucault shows that in the post-Revolution regime, though there was an initial consensus about family being a natural locus for treatment, there was also a provision made for ‘communal houses’ for the sick who did not have a family or were too poor to afford one. The familial structure was duplicated in these houses, where, under the all-powerful gaze of the authorities, cases considered threatening to the regime’s ideological or physical existence (poverty, in its ineradicability, being threatening to the basic principles of the Revolution, and epidemics being threatening to public health), were kept in control. This soon gave way to the growing demand for a total dehospitalization, which had a theoretical basis in the fact that the hospital institutionalized illness, while the aim of the Revolution was an eradication of the same. There were more practical reasons too, the ‘communal house’ scheme having failed miserably because of corruption, and growing anxiety of general people about communicable diseases. In the 1976 article, Foucault observes that these problems made the hospital appear an ‘obsolete structure’, a ‘closed’ space which signified death rather than cure:

The point is that in relation to these new problems the hospital appears in many respects as an obsolete structure. A fragment of space closed in on itself, a place of internment of men and diseases, its ceremonial but inept architecture multiplying the ills in its interior without preventing their outward diffusion, the hospital is more the seat of death for the cities where it is sited than a therapeutic agent for the population as a whole.¹²¹

Foucault shows, however, that the project of dehospitalization was more of an intermediate ‘utopian’ desire, whose real culmination lay in the formulation of policies of ‘reform’ of hospitals, leading finally to the ‘clinic’. The space of ‘communal houses’ was filled up soon by a new kind of medical space—the ‘birth’ of the clinic becoming finally possible.

¹²⁰ Ibid., 38-39.
In addition to the politicization of medicine and gradual dehospitalization, Foucault shows that there was also an attempt in post-Revolution France, to check charlatans and quacks from practising, with the setting up of medicine as a rigorous discipline in universities. All the three factors governing medical thought after the French Revolution point towards one need—the need to make doctors not just medical practitioners but political activists too. The need for a new structure beyond the hospital, and the need for a legitimate academic space for medical sciences, have one solution. Foucault asks,

There was thus a certain amount of tension between the requirements of a reorganization of knowledge, those of the abolition of the privileges and those of an effective supervision of the nation's health. How can the free gaze that medicine, and, through it, the government, must turn upon the citizens be equipped and competent without being embroiled in the esotericism of knowledge and the rigidity of social privilege?122

The answer is the 'clinic', a new medical institution, with a primarily academic purpose, the objective of tutoring doctors to suit the role desired by the State.

The inception of this new institution had its theoretical side too. In classificatory medicine, there appeared an apparently unbridgeable void between the structural rigour of the fixed knowledge of the 'closed space' of categorization, and the potentially free domain of endless experimentation that the state-prescribed domestic space of medical practice could offer. This dichotomy was also solved in the structure of the 'clinic' where, very much like our current medical colleges, the doctor's gaze could work with available knowledge, while the teacher and the students could indulge in experimentation. For Foucault,

The field of practical medicine was divided between a free, endlessly open domain—that of home practice—and a closed space, confined to the truths of the species that it revealed; the field of apprenticeship was divided between an enclosed domain of essential truths and a free domain in which truth speaks of itself. And the hospital played this dual role: for the doctor's gaze it was the locus of systematic truths; for the knowledge formulated by the teacher it was the locus of free experiment.123

At a second level, the clinic sufficed the theoretical needs of the age, where the gap between what was offered to the gaze and what could be expressed in medical language was increasing by the day. For Foucault, 'Throughout this whole period, an indispensable structure was lacking... What one did not know was how to express in words what one knew to be given only to the gaze. The Visible was neither Dicible nor Discible.'124 To discern what was being made visible by the medical gaze, and to be able to provide an adequate diction to it, called for the 'birth' of a structure where practical medicine could be fused with pedagogical and theoretical considerations—a structure which was called the 'clinic'.

e. *The 'Proto-Clinic': an Abortive Start*

The first clinical institutions to be set up, which Foucault refers to as comprising the 'proto-clinic', were related to notions of liberty that the Revolution provided. The clinic was seen as a 'transparent' domain, where, free from the bondage of structured theoretical classificatory medicine, practical medical intervention could work itself out, through a 'free gaze'. Foucault observes how this regime's obsession with 'liberty' overlooks the discursive structure from which it originated and for him, quite contrary to this adopted 'liberal' stance, the 'birth of the clinic' was held up for a long time by liberalism, which ideally wished off diseases to the non-structured domain of the family, beyond any clinical intervention:

> It is often thought that the clinic originated in that free garden where, by common consent, doctor and patient met, where observation took place, innocent of theories, by the unaided brightness of the gaze, where, from master to disciple, experience was transmitted beneath the level of words. And to the advantage of a historical view that relates the fecundity of the clinic to a scientific, political, and economic liberalism, one forgets that for years it was the ideological theme that prevented the organization of clinical medicine.\(^{125}\)

Foucault notes how the dominant medical discourse of the age tried to create a positivity out of clinical medicine, in giving it and its accompanying gaze a constant presence, as opposed to its ever-fluctuating theoretical roots. He shows how this attempt is very typical of any discourse formation, where the discontinuities and contradictions of its history are attempted to be camouflaged in an imposed sense of historical continuities Foucault says,

> Medicine had tended, since the eighteenth century, to recount its own history as if the patient’s bedside had always been the place of constant, stable, experience, in contrast to theories and systems, which had been in perpetual change... The theoretical, it was thought, was the element of perpetual change... The clinic, on the other hand, was thought to be the element of its positive accumulation: it was this constant gaze upon the patient, this age-old yet ever renewed attention that enabled medicine not to disappear with each new speculation, but to preserve itself, to assume little by little the figure of a truth that is definitive... in short, to develop, below the level of the noisy episodes of its history, in a continuous historicity. In the non-variable of the clinic, medicine, it was thought, had bound truth and time together.\(^{126}\)

This example of how, in order to hierarchically posit itself as a specific discourse, a discursive formation chooses to get projected as 'non-variable', as immutable 'truth', while in reality, its history is nothing but a non-causal series of discontinuities, is a reiteration of one of the basic Foucauldian precepts in the dialectics of discourse.

After this, Foucault tabulates the characteristics of this 'proto-clinic', like its leading to a 'structured nosological field', its dealing with examples and demonstrations of diseases rather than discoveries, and its use of a special 'gaming language' for the same, all of which point to a basic pedagogic structure, aimed at evolving a language for the emergent 'new' medical discourse, rather than treatment, as its *raison d’être*. However, the fact that the

\(^{125}\) *Ibid.*, 52.

language of the proto-clinic was a mere gaming language, betrayed its very purpose as an institution of medical training and it had to undergo a secondary reconstruction to finally provide for the structure that could articulate the ‘clinical’ needs of the age.

Two factors primarily contributed to the major paradigmatic shift in classificatory medicine that led to the abortive proto-clinic: ideological and political pressures in the post-Revolution scenario, and the absolute necessity of foregrounding the body in medical discourse. It can be very easily observed from my discussion of the institution, suivant Foucault, that these two concerns take a back seat in the structure of the proto-clinic. Foucault shows how the two factors resurfaced and redefined the features of the proto-clinic to finally give ‘birth’ to the clinic of pathological anatomy. He shows how a renewed socio-politico-economic intervention in medicine, buttressed with its lately acquired theoretical concern about genealogy, gave a new definition to medical thought, accorded it a fresh alignment with power structures, preparing it, finally, for the great epistemic leap into the clinic.

But in a few years, the last years of the century, the clinic was to undergo a sudden, radical restructuring: detached from the theoretical context in which it was born, it was to be given a field of application that was no longer confined to that in which knowledge was said, but which was co-extensive with that in which it was born, put to the test and fulfilled itself: it was to be identified with the whole of medical experience. For this, it had to be armed with new powers, detached from the language on the basis of which it had been offered as a lesson, and freed for the moment of discovery.127

And as far as the body is concerned, Foucault says that the proto-clinic, in its over-emphasis on the pedagogic, ignored the primacy of the eye and gaze. He shows how a refreshed reliance on the physical, especially through the contemporary Romantic trope of the child—so naïve, so much in tune with the sheer physical, and susceptible in its ‘nudity’ to the all-powerful adult gaze, brought back to medicine the primacy of gaze, and the body. He says,

In the article entitled ‘Abus’ in the Dictionnaire de Médecine, Vicq d’Azyr sees the organization of a system of teaching within the hospital as the universal solution for the problems of medical training... Yet, in a very short time, this reform of the teaching system was to assume a much wider significance... At the end of the eighteenth century, as at the beginning of the Renaissance, education was given a positive value as enlightenment: to train was a way of bringing to light, and therefore of discovering. The childhood and youth of things and men were endowed with an ambiguous power: to tell the birth of truth; but also to put to the test the tardy truth of men, to rectify it, to bring it closer to its nudity. The child became the immediate master of the adult insofar as true education was identified with the very genesis of truth... The ear has its preferences, the hand its lines and its folds; the eye, which is akin to light, supports only the present. What allows man to resume contact with childhood and to rediscover the permanent birth of truth is this bright, distant, open naïvety of the gaze.128

Accordingly, the next section of the chapter will discuss the changes in terms of redefined political equations and renewed emphasis on the gaze, to see how they contribute towards converting the proto-clinic into the clinic and finally give birth to anatomo-clinical medicine.

127 Ibid., 62.
128 Ibid., 64-65.
f. From State to Money, Gaze to Glance: the Body Reigns

Among the two factors discussed above, Foucault takes up the socio-economic one first. He shows how nationalization of the hospital, paradoxically, led to dehospitalization, because of paucity of public capital. In post-Revolution France, the new dialectics between the state and medicine saw to a majority of the population going without proper medication:

The nationalization of hospital funds sometimes went so far as the confiscation of liquid capital, and many bursars had no other course but to turn out boarders whom they could no longer keep... This dehospitalization of illness, brought about by a spontaneous convergence of hard facts and revolutionary dreams, far from restoring pathological essences to a truth of nature...merely added to the ravages that they were already causing and left the population without either protection or help.  

This practical reason, added to the already stated theoretical one of the proto-clinic not being able to offer a language adequate to the needs of the new medical discourse, saw to the inevitable creation of a new sort of clinic. The virtual abolition of hospitals and the real abolition of University chairs were compensated for by this new structure, where the actual experiential space of real diseases and patients and the theoretical experimental space of teaching were brought together. Within this new institution the merely pedagogic ‘university speech’ could give way to a ‘concrete’ language with ‘a new syntax’, which was based not on theory, but on a palpable embodied gaze. Through this intervention of social needs and pedagogic problems, finally, as Foucault shows, the clinic was born:

By a spontaneous convergence of pressures and demands proceeding from social classes, institutional structures, technological or scientific problems of very different kinds, an experience was beginning to be formed by a kind of orthogenesis... The silencing of university speech (la parole universitaire) and the abolition of the professorial chair made possible, beneath the old language, in the obscurity of a partly blind practice, driven this way and that by circumstances, for a language without words, possessing an entirely new syntax, to be formed... In this hasty recourse to the clinic, another clinic, with an entirely new configuration, was born.  

There is, however, no reason to believe that this new language, and the discourse arising out of it, were emancipatory in nature, because their foundation is gaze, which requires an active gazer and a passive object to be gazed at, and thus is in itself hierarchic in nature. The clinic required an endless supply of human subjects as objects of the clinical gaze, and this could only be fulfilled by the poor, who took recourse to the hospital for treatment under the utilitarian health scheme of the post-Revolution regime. Foucault spots a ‘hidden contract’ between the hospital and the clinic, whereby the one who had sought to be the subject of the medical situation, by virtue of his or her illness became the fully subjugable object of gaze, being used for the forwarding of medical knowledge for other people’s benefit. This is the first politics of the institution called clinic that Foucault observes:

129 Ibid., 66.
130 Ibid., 68-69.
A...hidden contract...was silently being formed about the same time between the hospital, where the poor were treated, and the clinic, in which doctors were trained. The most important moral problem raised by the idea of the clinic was the following: by what right can one transform into an object of clinical observation a patient whose poverty has compelled him to seek assistance at the hospital? He had asked for help of which he was the absolute subject, insofar that it had been conceived specifically for him; he was now required to be the object of a gaze, indeed, a relative object, since what was being deciphered in him was seen as contributing to a better knowledge of others.131

This conversion into ‘spectacle’ of the ones who had approached the medical apparatus to be ‘comforted’, is for Foucault ‘a tacit form of violence’, and entails a second broader politics of money and exploitation. Foucault shows how the rich supported the clinic financially only because they knew that experiments carried out on the bodies of the poor were aimed at finding remedies to diseases which they themselves risked suffering from. He says,

But to look in order to know, to show in order to teach, is not this a tacit form of violence, all the more abusive for its silence, upon a sick body that deserves to be comforted, not displayed? Can pain be a spectacle? Not only can it be, but it must be ... And in accordance with a structure of reciprocity, there emerges for the rich man the utility of offering help to the hospitalized poor: by paying for them to be treated, he is, by the same token, making possible a greater knowledge of the illnesses with which he himself may be affected.132

Thus, the only reciprocity in the otherwise strictly hierarchic world of the clinic was the economic contract between the rich and the poor, where money was used to subjugate the economic other, the poor, under the overpowering gaze of an experimenting doctor.

Nevertheless, the objectifying gaze of the clinic can be credited to have given birth to the medical language that gave rise, eventually, to the anatomo-clinical method of medicine. This takes place through two processes. The first is that of the connection between gaze and language, between seeing and saying. Foucault says that beyond the ‘double silence’ of the non-perceptibility of theories not based on an empirical method on the one hand, and that which precedes any language before it is realized in a concrete form on the other, it is only by ‘virtue’ of gaze that ‘things seen can be heard at last’. It is only in a language arising out of gaze that the spoken is concretized and realized simultaneously. For Foucault,

The clinical gaze has the paradoxical ability to hear a language as soon as it perceives a spectacle... The opposition between clinic and experiment overlays exactly the difference between the language we hear, and consequently recognize, and the question we pose or, rather, impose... The observing gaze manifests its virtues only in a double silence: the relative silence of theories, imaginings, and whatever serves as an obstacle to the sensible immediate; and the absolute silence of all language that is anterior to that of the visible. Above the density of this double silence things seen can be heard at last, and heard solely by virtue of the fact that they are seen.133

The second process is that of ‘gaze’ being converted to ‘glance’ under the aegis of the clinic.
The earlier point itself suggests that the main thrust of gaze was to make things more readily

131 Ibid., 83.
132 Ibid., 84-85.
133 Ibid., 108.
available to perception, to a 'concrete sensibility'. This over-emphasis on the role of the senses, this conversion of all knowledge into 'sensory knowledge' in the clinic, soon leads to a replacement of gaze as its primary epistemology, by what Foucault calls the 'glance'. While the gaze, as was the case with visibility in the pre-clinical days, scans a whole range of signifiers in 'an open field', the glance is more focussed and 'strikes at one point'. The glance is the more sensory version of the gaze, which is neither content with seeing alone, nor with saying everything in an ideal language. It belongs to 'the non-verbal order of contact'; it is 'like a finger pointing'; it is like touch. This foregrounding of touch, from within the clinic, turns the focus of medicine in the most definitive way to the body, and this is how pathological anatomy is finally born. The subsequent phase in medical thought, that of pathological anatomy, is one of an unbridled foregrounding of the body, alive or dead. And, in the coming section of the chapter, I will show how Foucault deals with this phase in his attempt to trace the genealogy of modern medical sciences.

**g. Pathological Anatomy: the Corpus and the Corpse**

The most singular feature of pathological anatomy was a shift in focus on the body, to be more specific, on the dead body. This phase saw, for the first time, an unrestricted and sanctioned 'opening up of corpses', leading to vital knowledge about the anatomy of human beings. Foucault shows how this was possible in the wake of Enlightenment rationalism, only after overcoming bitter opposition from the church. He says,

> For a hundred and fifty years, the same explanation had been repeated: medicine could find access to that which founded it scientifically only by circumventing, slowly and prudently, one major obstacle, the opposition of religion, morality and stubborn prejudice to the opening up of corpses. Pathological anatomy had had no more than a shadowy existence, on the edge of prohibition, sustained only by that courage in the face of malediction peculiar to seekers after secret knowledge... With the coming of the Enlightenment, death, too, was entitled to the clear light of reason, and became for the philosophical mind an object and source of knowledge: 'When philosophy brought its torch into the midst of civilized peoples, it was at last permitted to cast one's searching gaze upon the inanimate remains of the human body, and these fragments, once the vile prey of worms, became the fruitful source of the most useful truths'.

As Foucault says later in the book, this emphasis on death, rather than living bodies, or the turning the absolutely inert, and thus the most observable, body, into the object of gaze, was a most significant event in the history of medical thought. He says, 'The living night is dissipated in the brightness of death', or the darkness of non-knowledge based on living individuals was finally done away with, in the new science based on a study of corpses.

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It is not, however, true that dissection of corpses started only in the Enlightenment, as throughout the Renaissance there were people doing dissections, albeit in secret. For Foucault the early nineteenth-century chroniclers of medical history deliberately ‘transfigured’ history to give their own discourse a primacy. Moreover, it was not really ‘religion and morality’ that debarred doctors from dissecting corpses; rather it was proto-clinical medicine, itself ‘interested in history, not geography’ of diseases, that repressed anatomy. The claim of Bichat, normally considered to be the father of pathological anatomy, and his contemporaries of ‘rediscovering’ the discipline stems from their desire to dissociate themselves from their predecessors, and to carve a niche for themselves in the history of medical thought:

The corpse was part of the medical field, and this was unchallenged by religion and morality. Yet forty years later, Bichat and his contemporaries felt that they were rediscovering pathological anatomy from beyond a shadowy zone. A period of latency...forty years that witnessed the formation of the clinical method. It is there that the point of repression lies, not in the survival of old memories: the clinic, a neutral gaze directed upon manifestations, frequencies, and chronologies, concerned with linking up symptoms and grasping their language, was, by its structure, foreign to the investigation of mute, intemporal bodies; causes and locales did not interest it: it was interested in history, not geography. Anatomy and the clinic were not of the same mind: strange as it may seem to us now that anatomy and the clinic are inseparably linked, and seem to us always to have been...

Having analysed the desire of anatomical pathologists to make a positivity out of their discourse, Foucault examines their contribution towards advancing medical sciences next. For him, Bichat's primary contribution is that he 'gives an absolute epistemological privilege to the surface gaze', so that, after him, medicine becomes 'embodied in the real surface of membranes', in the 'tissual expanses' of the body. The second contribution of pathological anatomists is of taking medical studies beyond the mere surface of symptoms to a 'third dimension', within the depths of the body, thereby defining an 'anatomical range'. Diseases, after Bichat, were not considered as external insertions on an incidental body, but as belonging to the 'body itself', body finally becoming the centre of medical discourse:

The medical gaze must therefore travel along a path that had not so far been opened to it: vertically from the symptomatic surface to the tissual surface; in depth, plunging from the manifest to the hidden... Disease is no longer a bundle of characters disseminated here and there over the surface of the body and linked together by statistically observable concomitances and successions; it is a set of forms and deformations, figures, and accidents and of displaced, destroyed, or modified elements bound together in sequence according to a geography that can be followed step by step. It is no longer a pathological species inserting itself into the body wherever possible; it is the body itself that has become ill.

These two factors, contributing to a centralization of the body of the patient in medical discourse, lead to what may be called modern medicine—'the birth of the clinic'.

136 Ibid., 126.
137 Ibid., 129.
138 Ibid., 135-36.
This centralization of the body of the patient and the ‘greater proximity’ that the
doctor and the patient started enjoying under the new medical practice leads one to believe,
illusorily, that a ‘reciprocal adjustment’ was reached between the two, doing away with a lot
of hierarchic trappings in their relationship. However, Foucault argues that this projection of
the anatomo-pathological relationship as non-hierarchic is a ‘project’ of dominant history,
which is itself hierarchy-perpetrating. For him, a ‘more precise historical analysis’, like his
own archaeological method, would easily unearth the politics that this apparent ‘reciprocity’
conceals. The proximity between the patient and the doctor operates at an ‘epistemic’ level to
relegate the two, forever, into fixed deontic roles of the knower and the known, without any
corresponding changes in the ontological structure of received knowledge itself. He says,

...this is surely a project on history, an old theory of knowledge whose effects and
misdeeds have long been known. A more precise historical analysis reveals a quite
different principle of adjustment beyond these adjustments... The access of medical
gaze into the sick body... was the result of a recasting at the level of epistemic
knowledge (savoir) itself, and not at the level of accumulated, refined, deepened,
adjusted knowledge (connaissances).\textsuperscript{139}

Thus, in spite of the centrality accorded to body in medical discourse, it does not cease to be a
site for hierarchic constructions. In fact, it is through this point that Foucault stresses upon the
status of ‘body’ as one of the three domains of hierarchy formation and perpetration, thereby
sowing the seeds for that phenomenon, which I refer to as ‘tri-hierarchization’.

An allied point that emerges out of pathological anatomy is the premium it places on
death. As opposed to classificatory medicine, for which death was the limit to knowledge,
pathological anatomy makes an ontological category out of death and places it at the summit
of a new triangular structure of which life and disease were the other two terms. Foucault
shows how in this ‘technical and conceptual trinity’, everything gets viewed hereafter from
the vantage-point of the summit of death. For Foucault, the post-pathological-anatomy gaze is
a more qualified one, as it is ‘the gaze of an eye that has seen death’. He says,

Life, disease, and death now form a technical and conceptual trinity. The continuity
of the age-old beliefs that placed the threat of disease in life and the approaching
presence of death in disease is broken; in its place is articulated a triangular figure
the summit of which is defined by death. It is from the height of death that one can
analyse organic dependences and pathological sequences... Death is the great analyst
that shows the connexions by unfolding them, and bursts open the wonders of
genesis in the rigour of decomposition... it is on this great example that the medical
gaze will now rest. It is no longer that of a living eye, but the gaze of an eye that has
seen death—a great white eye that unties the knot of life.\textsuperscript{140}

Foucault shows how soon, this view of death changed further, to become all the more a
constitutive category, which is no more the distant vantage-point of gaze from the summit,
but the very base from which life and disease originate. He says.

\textsuperscript{139} Ibid., 137.
\textsuperscript{140} Ibid., 146.
In anatomical perception, death was the point of view from the height of which disease opened up into truth; the life/disease/death trinity was articulated in a triangle whose summit culminated in death; perception could grasp life and disease in a single unity only insofar as it invested death in its own gaze. And now the same configuration can be seen in perceived structures, but in an inverted mirror image: life with its real duration and disease as a possibility of deviation find their origin in the deeply buried point of death; it commands their existence from below. Death, which, in the anatomical gaze, spoke retroactively the truth of disease, makes possible its real form by anticipation.\textsuperscript{141}

Nineteenth century pathological anatomy is thus a body of medical theories where the conventional categories of life and death get reversed. Life, easily conceivable as the more real and more tangible of the two, is seen as one that withholds ‘truth’, and it is in death that ‘life’ truly unfolds itself. For Foucault,

That which hides and envelopes, the curtain of night over truth, is paradoxically, life; and death, on the contrary, opens up to the light of day the black coffer of the body… Nineteenth-century medicine was haunted by that absolute eye that cadaverizes life and rediscovers in the corpse the frail, broken nervure of life.\textsuperscript{142}

Foucault ends his discussion of the ‘birth’ of modern medicine with this assertion of death.

While the reader might have understood, at the end of this lengthy discussion, how modern medicine took ‘birth’ through a constantly revamped insistence on gaze as an operative means, and a resultant foregrounding of the body, and might have even enjoyed Foucault’s analysis of how political institutions work out their hierarchies in all this, one may still be at a loss as to how to extend this examination of what I have called a ‘limited’ discourse to a study of discourse in general. If this does not seem possible from the book, its purpose gets defeated, and this work of Foucault runs the risk of becoming one hopelessly directed towards the bibliography of some medical historian working a piecemeal history of his or her discipline, but never into the annals of great theories on discourse itself. Fortunately, Foucault does not let the reader be that dismissive of him, and ends the book by stating, quite conclusively, how his reading of the history of medical sciences is symptomatic of all human sciences, and how the categories of gaze and body constitute a whole semiology of the age. Taking off from the immediacy of death in pathological anatomy, Foucault can, therefore, easily show how a discourse of diseases can go far beyond its insulated positivity into all of human interaction. It is this Foucault who can compare so easily tuberculosis and love, equable in their passion, as causing the same pain in the chest and often leading to the same death—‘That is why chest diseases are of exactly the same nature as diseases of love: they are the Passion, a life to which death gives a face that cannot be exchanged.’\textsuperscript{143} It is this Foucault that I am going to discuss in the remaining portion of the chapter.

\textsuperscript{141} Ibid., 158.
\textsuperscript{142} Ibid., 166.
\textsuperscript{143} Ibid., 172.
h. Death and Individuation: A Holistic Semiology

To explain how the specialized discourse of medicine can provide a model for other discourses, Foucault talks about the semiotics of medicine, or how an interpretative code arises out of pathological anatomy. He shows how this 'semiology' traverses a three-dimensional path from surfaces to depth, and leads to a 'sensorial triangulation', or a 'plurisensorial' space, where the auditory and tactile senses get added to the primarily visual gaze:

...semiology will no longer be a reading, but the set of techniques that make it possible to constitute a projective pathological anatomy. The clinician's gaze was directed upon a succession...of pathological events; it had to be both synchronic and diachronic, but in any case it was placed under temporal obedience; it analysed a series. The anatomo-clinician's gaze has to map a volume; it deals with the complexity of spatial data which for the first time in medicine are three-dimensional. Whereas clinical medicine implied the constitution of a mixed web of the invisible and the readable, the new semiology requires a sort of sensorial triangulation in which various atlases, hitherto excluded from medical techniques, must collaborate: the ear and touch are added to sight.\(^{144}\)

It can be observed that the features of anatomo-pathological method which Foucault mentions in this context—that it involves the surface and depths method, that it defies serially processed chronological co-ordinates of history, and that it involves a holistic epistemic configuration rather than any isolated epistemological mode—point to three of the key features of Foucault's archaeological method, which I have already discussed briefly in Chapter One, and am going to take up in greater detail in Chapter Six. Foucault, thus, shows here how the anatomo-clinical method can be akin to a general method.

If the gaze, which was aimed at creating a particular type of discourse, comes to create a lot of different discourses, it must get multiplied in terms of its scope. Foucault shows how the gaze is 'duplicated' under pathological anatomy, so that there is one 'local, circumscribed gaze' belonging to the 'sensorial fields', and an 'absolutely integrating gaze' that controls all perceptual experience. Foucault calls this latter gaze an 'invisible visibility' and argues that in any discourse, knowledge 'develops' only through an interaction with what it 'envelops', and what gets hidden in it is determined by the system of power it entails:

Thus, from the discovery of pathological anatomy, the medical gaze is duplicated: there is a local, circumscribed gaze...which covers only one of the sensorial fields, and which operates on little more than the visible surfaces. But there is also an absolute, absolutely integrating gaze that dominates and founds all perceptual experiences. It is this gaze that structures into a sovereign unity that which belongs to a lower level of the eye, the ear, and the sense of touch... The structure, at once perceptual and epistemological, that commands clinical anatomy...is that of invisible visibility. Truth, which, by right of nature, is made for the eye, is taken from her, but at once surreptitiously revealed by that which tries to evade it. Knowledge develops in accordance with a whole interplay of envelopes... The individual senses lie in wait through these envelopes, try to circumvent them or lift them up... But the absolute eye of knowledge [establishes]...a suzerainty of the visible, and one all the more imperious in that it associates with it power and death.\(^{145}\)

\(^{144}\) Ibid., 162-63.
\(^{145}\) Ibid., 165-66.
This statement is again applicable to all discourses, because it basically talks about the power-knowledge nexus that is Foucault's substratum for all discourse. In the final extension of pathological anatomy to the study of all discourses originating from the same episteme, Foucault shows how it paves the way for that type of discourse analysis where, much like archaeology, there is no attempt to 'read an essential coherence beneath a state of disorder', but to go beyond the immediate point of departure to a penumbral world of language, with which, probably, any discourse can be created within the same context. He says,

To discover, therefore, will no longer be to read an essential coherence beneath a state of disorder, but to push a little farther back the foamy line of language, to make it encroach upon that sandy region that is still open to the clarity of perception but is already no longer so to everyday speech—to introduce language into that penumbra where the gaze is bereft of words.¹⁴⁶

The basic nature of the anatomo-pathological discourse is thus linguistic in nature, and language being, by definition, the means to create infinite discourses, pathological anatomy becomes theoretically capable to produce all sorts of discourses. Foucault says,

...the new medical spirit to which Bichat is no doubt the first to bear witness in an absolutely coherent way cannot be ascribed to an act of psychological and epistemological purification; it is nothing more than a syntactical reorganization of disease in which the limits of the visible and invisible follow a new pattern; the abyss beneath illness, which was the illness itself, has emerged into the light of language...¹⁴⁷

While the arguments stated above show how on the theoretical and epistemological front, the 'birth' of modern medical sciences can be extended to other discourses, actual examples of the same are still missing, and now I will discuss how Foucault justifies these too.

The most striking ontological feature of pathological anatomy is its choice of death as a category of structuration. Picking up examples from art and literature, Foucault shows how death has been a major trope in European discourses stemming from the Baroque tradition:

According to the order of historical correspondences, this introduction of death into knowledge goes very far: the late eighteenth century discovered a theme that had lain in obscurity since the Renaissance. To see death in life...is the structure of a Baroque experience... Throughout the latter years of the eighteenth century, this kinship opened up death to...to the infinitely repeated attempts of language. The nineteenth century will speak obstinately of death: the savage castrated death of Goya, the visible, muscular, sculptural death offered by Géricault, the voluptuous death by fire in Delacroix, the Lamartinean death of aquatic effusions, Baudelaire's death. To know life is given only to that derisory, reductive, and already infernal knowledge that only wishes it dead.¹⁴⁸

Foucault shows how the Renaissance foregrounding of death is different from that in the nineteenth century. While for the former, death was 'universal' in nature, all corporeal differences being levelled away in death, for the latter, death is means to individuation, according a person 'singularity' and 'individuality' beyond a 'monotonous, average life':

¹⁴⁶ Ibid., 169.
¹⁴⁷ Ibid., 195.
¹⁴⁸ Ibid., 170-71.
But the perception of death in life does not have the same function in the nineteenth century as at the Renaissance. Then it carried with it reductive significations: differences of fate, fortune, conditions were effaced by its universal gesture; it drew each irrevocably to all... Now, on the contrary, it is constitutive of singularity; it is in that perception of death that the individual finds himself, escaping from a monotonous, average life; in the slow, half-subterranean, but already visible approach of death, the dull, common life becomes an individuality at last...¹⁴⁹

This relationship between death, as invoked by pathological anatomy, and individuation gives rise to a whole body of late eighteenth and early nineteenth-century thought. The whole concept of human subjectivity and individualism, which is so central to most of the ideas of this period, stems, thus, from this concern of the medical sciences. For Foucault,

It will no doubt remain a decisive fact about our culture that its first scientific discourse concerning the individual had to pass through this stage of death. Western man could constitute himself in his own eyes as an object of science, he grasped himself within his language and gave himself, in himself and by himself, a discursive existence, only in the opening created by his own elimination: from the experience of Unreason was born psychology; from the integration of death into medical thought is born a medicine that is given as a science of the individual.¹⁵⁰

Thus, this book is not about the development of medical knowledge in a short period of European history. Rather, it is about how the ‘birth’ and growth of a discourse requires ‘a collective homogeneous space’, involving hierarchies of power, knowledge and the body:

But we are concerned here not simply with medicine and the way in which, in a few years, the particular knowledge of the individual patient was structured. For clinical experience to become possible as a form of knowledge, a reorganization of the hospital field, a new definition of the status of the patient in society, and the establishment of a certain relationship between public assistance and medical experience, between help and knowledge, became necessary; the patient has to be enveloped in a collective homogeneous space.¹⁵¹

This ‘collective homogeneous space’, which can also be called the ‘episteme’ or the ‘enunciative field’, where similar conditions of discourse production see to a homogeneous enunciation of discourses, thereby giving them a similarity in spite of their surface dissimilarity, is what Foucault actually talks about in this book.

The final thesis in the book is, thus, about the interrelation between discourses of a similar genealogy. This actually refers to another feature of archaeology, whereby a study of discourses involves looking for similarities in otherwise dissimilar discursive formations. This correlation between discourses is two-way, and accordingly, Foucault shows how not only did the basic findings of pathological anatomy have a bearing on philosophy and the arts, philosophical treatises also, in their turn, influenced studies in anatomy. He shows how Bichat’s method of ‘a diagonal reading of the body’ is actually taken from the Condillacian method of describing the ‘laws of composition’ through ‘forms of disintegration’:

¹⁴⁹ Ibid., 171.
¹⁵⁰ Ibid., 197.
¹⁵¹ Ibid., 196.
In his *Traité des membranes*, Bichat imposes a diagonal reading of the body carried according to expanses of anatomical resemblances that traverse the organs, envelop them, divide them, compose and decompose them, analyse them, and, at the same time, bind them together. It is the same form of perception as that borrowed...from Condillac’s philosophy: the uncovering of an elementary that is also a universal, and a methodical reading that, scanning the forms of disintegration, describes the laws of composition.152

Similarly, medicine plays an important role in shaping nineteenth-century human sciences. Methodologically, the insistence on gaze and a holistic perception is the mainstay of the contemporary Romantic *episteme* of constructing the childhood and gazing at things natural and beautiful. Ontologically, while on the one hand, individuality, as constructed by death, is a major Romantic obsession in forms of human aloneness and natural inexorability, on the other, the same political considerations work in shaping both medicine and the arts of the age:

It is understandable, then, that medicine should have had such importance in the constitution of the sciences of man—an importance that is not only methodological, but ontological, in that it concerns man’s being an object of positive knowledge... Hence the fundamental place of medicine in the over-all architecture of the human sciences: it is closer than any of them to the anthropological structure that sustains them all.153

Thus, Foucault can, finally, make the bold proclamation, that in spite of so many apparent differences, modern medical sciences and the lyricism, so characteristic of early nineteenth-century literature, are basically products of the same principles of discourse formation:

This medical experience is therefore akin even to a lyrical experience that his language sought, from Hölderlin to Rilke... In what at first sight might seem a very strange way, the movement that sustained lyricism in the nineteenth century was one and the same as that by which man obtained positive knowledge of himself; but is it surprising that the figure of knowledge and those of language should obey the same profound law and that the irruption of finitude should dominate, in the same way, this relation of man to death, which, in the first case, authorizes a scientific discourse in a rational form and, in the second, opens up the source of a language that unfolds endlessly in the void left by the absence of the gods?154

This discovery at the end of the book brings one back to, just as at the end of his preceding book, the metadiscursive Foucault, whose analysis of any one discourse points inevitably to a myriad other discourses arising out of the same context, all with their very own hierarchies and correlations with power structures. In this book, Foucault goes a step further, providing a basis for tripartition of hierarchization, and showing the holistic and all-pervasive matrix of hierarchy formation and perpetration, while also stating the subversive task of his own discourse in unmasking hierarchies. So, this is how the book ends, not with the clinical objectivity of a specialized discourse, but with new insights to the already established power-knowledge nexus—in the presentation of the body as a domain of hierarchization, and in the suggestion of the ‘episteme’, wherein diverse discourses can take up the same form: a form dictated by those forces which incessantly but inevitably await a dehierarchic sword.

152 Ibid., 129.
153 Ibid., 197-98.
154 Ibid., 198.
V. Conclusion: the Power-Knowledge Nexus Transposed

Following this analysis of the first three works of Foucault, one can arrive at several important conclusions about his œuvre in general. In *Mental Illness and Psychology* (1954), Foucault hints at the relationship between systems of power and structures of knowledge, and proposes a nexus between the two. In *Madness and Civilization* (1961), he analyses the institution of madness down some six centuries of European history and poses the nexus in terms of all its problematics. This second book of Foucault also gives some insight into Foucauldian epistemology and ethics. At the epistemological level, Foucault uses the word ‘archaeology’ for the first time in this book, and goes on to highlight quite a few characteristics of this method. At the ethical level, the metatextual, metadiscursive conclusion to the book brings to light the subversive Foucault, who insists on aiming his discourse at the unmasking of normative hierarchies in all discourse. In *The Birth of the Clinic* (1963), Foucault exposes the bipolar nexus to a third domain of discursive formation, the ‘body’. At the epistemological level, Foucault finally crystallizes, in this book, his archaeological method, hinting at all of its major features and showing its universal applicability, while also introducing some new key concepts, like that of the ‘episteme’. But, it is at the ontological level, that this third book makes its greatest contribution. The introduction of ‘body’ into the Foucauldian schema of analysing how hierarchies get to work themselves out, adds to the already existing domains of materiality and mentality a third category of physicality, leading finally to a tripartition of factors contributing to discourse formation and hierarchy perpetration. And, finally, though at the end of this book, Foucault does not add a separate section that would discuss his subversive ethics and talk of dehierarchizing all discursive formations, the very way in which he exposes the game of power in framing what would otherwise be considered a scientifically neutral and hence benign medical practice, hints silently at the subversive dehierarchist ethics itself. Thus, at the end of this triumvirate of works by the early Foucault, one can see the nexus to have been transposed from a convenient binary pouvoir-savoir scheme to a more complex and more ‘real’ trichotomous model, and one can get ready for a discussion of this tripartition of forces of power-knowledge dissemination in the subsequent works of Foucault, leading finally to the concept of ‘tri-hierarchization’. In the final analysis, all that the early Foucault says is that discourses get constituted by, and themselves come to constitute, hierarchies in the domains of materiality, mentality and physicality, and it is absolutely necessary to unmask them. The early Foucault already pre-empts the thesis of this dissertation—that there is a tri-hierarchization in society and discourse, and that we need to adopt a dehierarchist poetics to dethrone it, demolish it and bring an end to it once and for all.