

"The Birth of Social Medicine" / *Power*: 134-56 / *DE2*: 207-28

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protevi@lsu.edu / <http://www.protevi.com/john/Foucault/BirthSocialMedicine.pdf>

I. Review of previous lecture

- A. Bio-history: effect on biological level of medical intervention
- B. Medicalization of human life
- C. Economy of health: integration of health and economics

II. F's thesis: modern medicine is a social medicine based on technology of social body

- A. Capitalism establishes social medicine focused on social body as work force
- B. Social control not just through ideology, but through bodies and bio-politics

III. State Medicine (Germany)

- A. "State science" [*Staatswissenschaft*]
 - 1) Object is the state
 - 2) Methods by which the state produces and accumulates knowledge
- B. Development in Germany due to
 - 1) political factors (multiple small states)
 - 2) blockage of economic outlets for bourgeoisie (become state bureaucrats)
- C. European states were mercantilist and so concerned with population health
 - 1) France and England were content with numerical measures
 - 2) But Germany attempted to intervene and ameliorate
- D. The German "medical police"
 - 1) Knowledge of morbidity: statistical measures AND detailed information
 - 2) Normalization of medicine and of physicians
 - a) France normalized its cannons and its professors
 - b) Germany normalized its physicians
 - 3) Administrative organization of physicians
 - 4) Medical bureaucrats
- E. Two things to note re: German state medicine
 - 1) It was not focused on labor force, but on individuals forming State
 - 2) New science of 19th C clinical medicine was preceded by State medicine

IV. Urban Medicine (France)

- A. 18th C saw the unification of urban agglomerations in France
 - 1) Economics: national and international markets [coffee, sugar]
 - 2) Politics: production of division of rich and poor [proletarianization]
 - a) Fear of urban revolts
 - b) Fear of urban epidemics coming from poor
- B. The quarantine as model for urban control [cf: DP]
 - 1) Military model of quarantine for the plague
 - 2) Replacing religious model of exclusion and purification of the leper
- C. Principal objectives of urban medicine
 - 1) Study the sites of "refuse" [*déchets*] which might provoke illness
 - a) Cemeteries
 - (1) Individual treatment of corpses, coffins and tombs was not religious but politico-medical: to protect the living from the dead

- (2) Organization of burial plots
 - b) Slaughterhouses
- 2) Control of circulation of air and water
- 3) Organization of distribution and sequences for flows of water
 - a) Fountains, sewers, etc.
 - b) Problem of the ownership of the below-ground
- D. Importance of urban medicine
 - 1) Articulation of medical profession with physical sciences, esp. chemistry
 - 2) Formation of a medicine not of men, but of things
 - a) Development of concept of ambient milieu ["environment"]
 - b) Medicine arrives at analysis of organism via that of milieu and its effects
 - 3) Development of notion of "salubrity" ["healthy environment"]
- E.