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Name of the Book – The Birth of the Clinic: An Archaeology of Medical Perception

Author - Michel Foucault

Translated by – A.M. Sheridan

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The very first sentence of the 'Introduction' to the book *The Birth of the Clinic* by Michel Foucault is, in fact, conceptually more central than prefatory to his primary argument. Foucault says, "The book is about space, about language, and about death; it is about the act of seeing, the gaze." (Foucault 3) The successive sections of the 'Introduction' and the chapters of the book connect these three basic concepts—'space', 'language' and 'gaze' with the historicity of clinic, and theorize how a modern nation state participates in the conceptual formation of diseases and their treatments, Foucault's approach is genealogical. In all his major works including *The History of Sexuality, Madness and Civilization, Discipline and Punish* Foucault interrupts the established object relations, poses questions to their a-priori existence and uncovers the process of their historical developments. To quote the author, "A detour is necessary" (Foucault 9) for understanding each discourse which

operates in an apparently seamless flow. In *The Birth of the Clinic* too, through discourse analysis Foucault traces the genealogy of clinic as a historical space of pedagogy and politics, and explains how human body becomes a site of knowledge and spectacle.

The book is divided into ten chapters. Each chapter while emphasizing a particular issue, organically contributes to the development of Foucault's central concern. A very significant part of the discussion is the way the author locates his arguments within the larger spectrum of the French national history. For obvious reasons the French society felt the tremor of pervasive change during the latter half of the 18th century which continued through the 19th century as well. Foucault's discussion on the transformation of medical perception from the nosological to the pathological does not happen only at the schematic level. Rather, the author connects various legal acts and provisions emerging in France after the revolution with the changes happening in medical perception. The concept of modern clinic itself becomes a historical phenomenon.

The first three chapters detail on the earlier understanding of diseases and their treatments. By referring to Francois Sauvages and Philippe Pinel, the two noted physicians in 18th century France, Foucault comments that the common medical perception during that time was nosological. Diseases would be understood as certain symptoms, depending on their species and genera, separate from human body. It was rather abstract theorization of diseases on the basis of certain imagined two-dimensional figures in tabular forms. A disease was more like a portrait away from its specific activities, configurations and mutations in an individual organ. Two years before the publication of *The Birth of the Clinic* Foucault published his first major work *The History of Madness*, and there for the first time the author spoke about illness, about mental illness to be more specific. Foucault's analysis of

mental illness in that book makes frequent references to Philippe Pinel who again appears in *The Birth of the Clinic* in relation to his discussion about nosology. The theory-based abstract medical perception of the 17th and early 18th century France which Foucault critiques in many of his works has its literary reference in Shakespeare's plays. Thus, when the physician in Act 5, Scene 1 of *Macbeth* tells the attendants "Foul whisperings are abroad. Unnatural deeds/ Do breed unnatural troubles. Infected minds/ To their deaf pillows will discharge their secrets/ More needs she the divine than the physician" (Shakespeare 221) to describe Lady Macbeth's delirium, he probably is guided by this nosological view of diseases and their treatments.

Chapter 4 onwards Foucault records a very significant shift in medical perception. The shift is from primary spatialization to secondary spatialization, from tabular intervention to tissular intervention. "The Free Field" (title of chapter 3) of the production of medical knowledge which identifies, observes, measures and locates disease in the body of an organism starts shaping hospitals and clinics in the modern sense of the terms. In chapter 5 Foucault writes about several political and intellectual catalysts like Thermidor and their convention, Article 356 of the Directoire Constitution, the proposition of the psychologist Cabanis, etc. to locate this shift within the general political history of France. In this new perception, diseases are no more understood in their abstract tabular forms, but are seen as some concrete bodily conditions visible, measurable and describable through anatomical findings. The very bedside of the patient became a space medically more important than ever before. Diseases became spatialized in the patient's body, and the patient's body became a subject of minute scrutinization for the physician. With this development, specific parts of human anatomy like, bone, tissue, blood vessels, etc. got additional importance for more precise understanding of the disease. Autopsy and dissection became vital medical methods. The insides of the patients' bodies are brought to form important medical knowledge. Foucault uses the phrase 'medical gaze' for this entire process which pathologizes the human body and hierarchizes medical relations. Thus, the clinic as a space for medical training and treatment is born which legitimizes objectification of human body through the medical gaze.

Foucault's medical gaze, which he elaborates in chapters 6 and 7 brings a paradigmatic change in medical perception. The ideas like bio-ethics, bio-politics, and bio-power emerge in the field of medicines. Objectification of the patient's body invokes the questions of the rights of the patient which should not be put to infringement. At the same time, objectification is also necessary for detecting the disease. The patient's body has to be an object of investigation for the doctor. The debate still continues. The 2003 Bollywood movie Munna Bhai MBBS invests a substantial section of the movie to address this intriguing question. When the Dean of Imperial Institute of Medical Studies, Dr. Asthana in his very introductory speech asserts "Doctor ke live patient sirf ek bimar sharer hai, aur kuch nehin." (A patient is just an ailing body for a doctor, nothing else), he subscribes to this view of objectifying a patient's body. On the other hand, Munna Bhai, the hero of the movie speaks for the need of empathy, love, and compassion etc. alongside medical intervention effective recovery of the patient. In the article Phenomenology of Objectification in and Through Medical Practice and Technology Development" published in 2023 in the Journal of Medicine and Philosophy Fredrik Svenaeus writes "Objectification is no doubt a real problem in medicine and it can lead to bad medical practice or, in the worst case, dehumanization of the patient. Nevertheless, objectification also plays a major and necessary role in medicine, the patient's body should be

viewed as a (malfunctioning) biological organism in order to find diseases and be able to cure them" (Svenaeus 141). Medical gaze thus constitutes a vital medical dilemma. Michel Foucault marks the genesis of this dichotomy in *The Birth of the Clinic*. He also points out the role of language in the construction of disease. Vocabulary of pathology is an inalienable part of the system. Using Saussure's concept of 'signifier' and 'signified' Foucault says that the vocabulary of pathology acts like linguistic signifiers to visibilize the disease concealed inside the patient's body. The new relations of power and knowledge in the field of medicine get strengthened with semantic intervention.

Chapters 8, 9 and 10 collectively highlight Foucault's critique of the new medical system. Whereas the new perception is more scientific and systematic, to a large extent it undermines the subjectivity of the person and leads him to subjection. The patient becomes both the subject and the object of study which sometimes may cause dehumanizing experiences for the person. Nonetheless, with the emergence of the clinic, Foucault notices "Disease breaks away from the metaphysic of evil, to which it had been related for centuries..." (Foucault 209). With the birth of the clinic diseases get scientific identity. But the new method of treatment also gave birth to the idea of normative health. The rise of clinical studies not only identified illness in human bodies, but also generated knowledge about normality. The concept of a healthy, non-sick person became the model to be followed by others. Two distinct categories were born – the normal and the pathological. In the 18th century medicines were targeted to remove the disturbances in the bodily functioning, but in the 19th century medical gaze imported the concept of normative culture. As a natural binary to the pathological, the normal got aligned with the healthy, strong, physically fit persons, and illness started to be defined in terms of lacking. Any person not falling with the parameter of the normal

got identified as ill. So, the discourse of the normal, born out of clinical judgment became oppressive to several categories of people. The deaf, the blind, the mute – all got medicalized. The discipline known as the Disability Studies (DS) of recent times is also critical of the culture of normativity. When Lennard J. Davis in his book Enforcing Normalcy: Disability, Deafness and the Body (1995) says that "To understand the disabled body, one must return to the concept of the norm", he probably refers to that binary of the normal and the pathological. Another very significant contribution of Foucault's The Birth of the Clinic is its take on the geography of human body. By frequently using the terms like space, geography, spatialization, regionalism, Foucault actually speaks a lot about medical geography or health geography. The way the author analyses tissular spaces, spatialization of diseases in the three-dimensional figure of human body, The Birth of the Clinic becomes one of the primary readings for the researchers of health geography. Chris Philo in the article "The Birth of the Clinic: an Unknown Work of Medical Geography" aptly says that "If The Birth of the Clinic is not transparently a work of medical geography - a thoroughly pioneering and inspirational one -then I do not know what is."(Philo 17) So, Foucault's The Birth of the Clinic is not merely a work of medical history, it is an empirical study which encompasses multiple other disciplines.

The Birth of the Clinic, since its publication, has continued emanating critical discourses about illness, human body, medical ethics and power. Particularly, Foucault's concept of bio-power is an immensely intriguing one. His theory explains the complex mechanism through which the technology of state power controls and regulates birth, morbidity, sexuality and similar biological functions of its citizens. Nivedita Sen's take on the connection between the advent of clock and the emergence of human ability index in terms of mechanical time during the colonial period

in the book Family, School and Nation (2015) resonates with Foucault's idea of bio-power. Sen speaks about how in the 19th century clock would work as an instrument of bio-power to differentiate between useful and useless bodies by measuring the ability index of the persons concerned. Gayatri C. Spivak's idea of "epistemic violence" in the field of postcolonial discourses is directly connected with Foucault's bio-power and the politics of knowledge. In Spivak's view, "epistemic violence" is that form of violence which is carried out by colonial force to disapprove of non-Western values. It produces certain discourses of truth and knowledge which validates only those which are politically useful to the colonial power. Nivedita Sen's human ability index, Spivak's epistemic violence and Foucault's bio-power, thus highlight the same state mechanism which governs the bodies of its citizens by effectively employing bio-power and political surveillance.

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