Наслеђе 43 • 2019 • 233–248

Jasmina A. Teodorović[1]
University of Kragujevac
Faculty of Philology and Arts
Department of English Language and Literature

ARCHEOLOGICAL ANATOMY OF SCIENCE FICTION MEDICAL LITERATURE: DISCURSIVE CYBORG BODY[2]

The paper deals with Foucault's study of *The Birth of the Clinic* in terms of genealogical and archeological discursive ethos of medical knowledge. Foucault's *gaze* refers to a discourse brought about by diverse and disparate techniques and practices involved in the production of the new field of knowledge at the onset of the 18th century. However, the schism between the language of *fantasy* and that of *direct constant visibility* questions one's ability to establish a certain semantic and linguistic shift in the point of view as to lay claim to a rational, that is to say scientific discourse. Hence, Foucault's study *The Birth of the Clinic* relates to the gaze of a much larger scope and range. It is considered and re-considered within the historical and cultural frames of constructing concepts, discourses and experimental acts replacing and displacing space(s) of human, historical and institutional formations of knowledge. The body of medical knowledge is, thus, treated as SF per se, cyborg-like "creature" in its own right.

Keywords: gaze, body, space, time, discourse, biopolitics, medicine, cyborg, science fiction

"This book is about space, about language, and about death;
It is about the act of seeing, the gaze (…)
For us the human body defines, by natural right, the space of origin and the distribution of disease:
a space whose lines, volumes, surfaces and routes are laid down, in accordance with a now familiar geometry, by the anatomical atlas.
But this order of the solid, visible body is only one way (…) in which we spatialize disease. There have been, and will be, other distributions of illness."

Michel Foucault

Foucault's *gaze* refers to an archeological ethos, a genealogical approach, to a language and perception brought about by diverse techniques and practices involved in the production of the new field of knowledge at the onset of

1 jasminateodorovic@filum.kg.ac.rs

2 The paper is a part of the project *Social Crises and Contemporary Serbian Literature and Culture: National, Regional, European and Global Framework*, supported and funded by the Ministry of Education, Science and Technological Development, Republic of Serbia, project number 178018.

the 18th century. However, the schism between the language of *fantasy* and that of *direct constant visibility*[3] questions one's ability to establish a certain semantic and linguistic shift in the point of view as to lay claim to a rational, that is to say scientific discourse. Hence, Foucault's study *The Birth of the Clinic* relates to the gaze of a much larger scope and range, be that in the field of humanities, or medical studies, cultural, biopolitical, anthropological, arts and literary (theory) endeavours, etc. It is considered and re-considered within the historical and cultural frames of constructing concepts, discourses and experimental acts replacing and displacing space(s) of human, historical and institutional formations of knowledge.

Through the historical movements taking place in the field of medicine, Foucault seeks to determine the moments at which the mutations in discourse were taking place. Modern medicine, and scientific, institutionalized discourse in general, were born towards the end of the 18th century. However, "we must place ourselves (…) at the level of the fundamental *spatialization* and *verbalization* of the pathological, where the loquacious gaze with which the doctor observes the poisonous heart of things is born and communes itself." (Foucault 2003: XI-XII) The process of making "things" scientifically visible was slow in matters of mind. Light and anterior was easy to be perceived and empirically determined and classified. With the dark matter of mind, the interior, things were dark and dense. The gaze[4] was slowly passing over it, penetrating into it gradually until the power of the scientific, empirical gaze brought to light and anteriorated the pathological darkness of mind. The gaze lends itself to the slow and patient passivity to the point of accomplishing the task of "absorbing experience in its entirety, and of mastering it." (XIV) The birth of the institution opens up the doors for the individual space in Western history that becomes the subject of the language of rationality, thus establishing "special" relationship of an individual with himself and the language (of things), as well as that of a gaze and a face, a glance and a silent body. Thus,

3 The distinction Foucault makes between psychiatric practices employed by Pierre Pomme, French medical professor considered to be a forerunner in psychiatry in the middle of the 18th century, and Antoine Laurent Bayle, a French physician, who provided a comprehensive description of paralytic dementia in the middle of the 19th century. Both, Pomme and Bayle treated hysteria symptoms. During the span of one hundred years in treating the condition, a radical shift in perception took place, as to the patient being reduced to singularity, within "the region of 'subjective symptoms' that – for the doctors – defines not the mode of knowledge, but the world of objects to be known", thus "the fantasy link between knowledge and pain is reinforced by a more complex means than the mere permeability of the imagination; the presence of the disease in the body (…) the whole dark underside of the body lined with endless unseen dreams, are challenged as to their objectivity by the reductive discourse of the doctor, as well as established as multiple objects meeting his positive gaze." (Foucault 2003: xx-xxi)

4 Foucault refers to the individual, singular gaze of one doctor. Donna Haraways, whose seminal Cyborg Manifesto is largely based (beside the feminist background) on Foucault's biopolitical tenets, claims that "Single vision produces worse illusions than double vision or many-headed monsters." (Haraway 2016: 15). However, as Foucault's study of the individual and collective gaze progresses, the individual is replaced with the collective "many-headed monsters", the consequence of which shall be discussed further on.

the pathological individual corporeal space becomes perceptible and statable, as well as in constant discursive distribution. The process that gave birth to scientific discourse of medicine, gave rise to the institution of Clinic that gradually carved its way towards the density of discourse. Corporeal space and its dark and silent pathology form an artistic scientific sculpture accessible to new discourses that will shape and transform them in their own right.

Fig. 1 The Psychiatric Gaze[5]

The clinical organization of the early 19th century produced a disease mapping construct. After the pathology has been localized, it no longer represents a solitary or a subsidiary element of the anatomical mapping structure. It is an integral part of envelopments, subordinations, divisions, resemblances and intersected historical and empirical knowledge relations. The mapping eventually establishes an ontological order, the inside organizer that precedes the outward manifestation – *the world of disease*. The classificatory thought represents the essential space, the only space in which the disease can exist. The concrete space of clinical gaze perception is the pathology of the body mapped out in a picture: the reliable visible form. It delineates the distribution of the disease in the body, manifesting its presence there: leading to solid movements, triggering visible symptoms, inducing reactions and/or eventually reaching the fatal outcome. However, "in this corporeal space in which it circulates freely, disease undergoes metastasis and metamorphoses. Nothing confines it to a particular course," (10)[6] which imposes the question of the rational, mathematical/geometrical mapping of the disease: the mathematical form of knowledge and "measur-

5 Jordanova 2000: L. Jordanova, *History in Practice,* Oxford University Press: New York

6 "Hence the complications; hence the mixed forms; hence certain regular, or at least frequent, successions, as that between mania and paralysis. Haslam knew of delirious patients whose 'speech is disturbed, whose mouths are twisted, whose arms and legs are deprived of any voluntary movement, whose memory is weakened, and who, generally speaking, have no awareness of their own position.' "(Foucault 2003: 11)

able mechanics of the body" and its pathology. Thus the shift towards the empirical gaze of a qualitative kind: no coughing is the same, no fever, no pulsation, no tiredness. The clinical gaze enables the necessary equilibrium employing a subtle form of perception: a modulation of the corporeal pathology mapping. Unlike the middle of the 18th century, the 19th century invention of the medical gaze perceiving through the empirical scientific lenses the qualitative phenomena provides the "enigmatic" space of the disease. The psychiatric gaze implies acute perception of the individual, erasing the collective context and medical structures. It is reduced to a single gaze, of a single individual (medical doctor) faced with the gaze of another individual (medical patient), within the isolated space disregarding the experience of the hospital institution. The doctor and the patient are entangled in an inextricable intimate bond with the gaze getting to be more penetrating and the patient more silent. The gaze creates new forms of corporeal spatialization.[7] The medicine of spaces[8] disappears. The medicine of space is born with the primacy of individual vision – the gaze in medical diagnosis and treatment of disease!

In opposition to the individual gaze, the 18th century classificatory thought, however, was essential in pathology of epidemics and that of spaces. The medicine of epidemics employed a multiple gaze, delineating the pathology of a complex historical and geographical space. The medicine of epidemics could not be successfully exercised without police intervention, alongside the meticulous intervention of political tools: locating the spaces and cemeteries, burning bodies, controlling the sales of food, prohibiting unhealthy housing accompanied with the detailed study of the country. Health inspectors would set up a grid[9] of multiple domains of knowledge: physics, chemistry, topography, astronomy, etc.[10] The medicine of epidemics represented a political consciousness, unlike the individual clinical gaze holding exclusivity within the domain of sovereign individual expertise. "As a control body for epidemics,[11] its role was constantly being enlarged,[12] it gradually became a point of centralization of knowledge, "an authority for the registration and judgment of all medical activity (…) There was a new style of totalization" (28) The collective gaze was now that of open, moving and infinite totality. Taking into account that judicial system constituted an integral part of the multiple/collective epidemic gaze, it prescribed which books were to be read, which works to be written as to enlighten medical practice, what treatments to be administered and

7 "Like civilization, the hospital is an artificial locus in which the transplanted disease runs the risk of losing its essential identity (…) More generally, contacts with other diseases, in these unkempt garden where the species cross-breed, alters the proper nature of the disease and makes it more difficult to decipher." (Foucault 2003: 17)

8 Foucault criticizes this inverted structure of isolated: doctor, gaze, space, body and individual, claiming that medicine is to become the practice of family, community, multifarious medical spaces and finally nation. Otherwise, there is no supervision exercised over the doctor and the patient becomes the victim of medicine.

9 "A cyborg world is all about final imposition of grid of control on the planet." (Haraway 2016: 15)

10 Foucault illustrated the aforementioned theses with the example of French Revolution.

11 One of the epidemic movements control bodies during the French Revolution.

12 And well-funded by the government.

which foreign scientific papers to undergo expert surveillance. Thus, the medical space permeated and penetrated the social one, controlling each individual existence, as well as that of the collective life of the nation. Prior to and after the Revolution, two polarized myths, thus emerged: that of "nationalized medical profession[13], organized like a clergy, and invested (…) with powers similar to those exercised by the clergy over men's souls" and "the myth of a total disappearance of disease in an untroubled, dispassionate society." (31-32)[14] This political role of a doctor was a link between the individual and state, exalting calm emotions, positive role of health each individual had to take upon himself as to create the myth of *new, modern, healthy man* – a model man!

The alternation of the surveillance and individual "organic structures" made a pathway to the configuration of a hybrid model man of 20th and 21st century – a cyborg in its own right, the amalgam of medical, institutional and individual bipolarity of the normal and the pathological branching into schizophrenic discourse forensics. Long before SF came to be classified as a literary genre, the realm of science fiction embodied the realm of life, both individual and collective. Human body, spirit and soul hovered in the limbo of Foucault's *third space* – heterotopia par excellence![15]

> "Consciousness lives because it can be altered, maimed, diverted from its course, paralyzed; societies live because there are sick, declining societies and healthy, expanding ones; the race is living being that one can see degenerating; and civilizations, whose deaths have so often been remarked on, are also, therefore living beings. If the science of man appeared as an extension of the science of life, it is because it was *medically*, as well as *biologically*, based; by transference, importation, and, often, metaphor, the science of man no doubt used concepts formed by biologists; but the very subjects that it devoted itself to (man, his behavior, his individual and social realization) therefore opened up a field that was divided up to the according principles of the normal and the pathological." (35-36)

This deeply rooted convergence between the cyborg-like anatomy of political ideology and medical technology yielded the new space, that of clinics and hospitals with laws governing the disease. The centralized clinical SF produced the clinical gaze of the individual and that of a society, family and government.[16] The 19th century gaze was the product of the theoretical knowledge subject to perpetual change in the historical variations of medical knowledge. "The clinic (…) was thought to be the element of its positive accumulation."

13 Foucault also refers to them as "the establishment of a therapeutic clergy." (Foucault 2003: 32)

14 "In the Middle Ages (…) the sick were subject to fear and exhaustion (apoplexy, hectic fever); but in the sixteenth and seventeenth centuries (…) egoism returned, and lust and gluttony became widespread (venereal disease, congestion of the viscera and of the blood); in the eighteenth century the search for pleasure was carried over into the imagination; one went to theatre, read novels and grew excited at vain conversations; one stayed up at night and slept during the day (hysteria, hypochondria, nervous diseases)." (Foucault 2003: 33)

15 See: Foucault 1984: M. Foucault, "Of Other Spaces: Utopias and Heterotopias": *Architecture /Mouvement/ Continuité*, transl. by Jay Miskowiec [http://web.mit.edu/allanmc/www/foucault1.pdf]

16 Foucault provides a detailed account on tracking the funding distributed via clinical and government institutions (Chapter "The Free Field")

(54) By employing, as much the same, perpetual speculations, it preserved the status of continuous historicity, the one that gave rise to the infinite bondage between time and "truth".[17] The clinic remains immobile with its speculative theories, in constant touch with the anterior experience the contradictions of which are accumulated into The Truth! The individual "facts" do not correlate with the clinical knowledge that represents volumes of collections of cases, classified and analyzed with meticulous precision and medical accuracy. The most instructive cases would be gathered together so as to *decipher the truth* and establish the clinical space as that of a *nosological field*.[18]

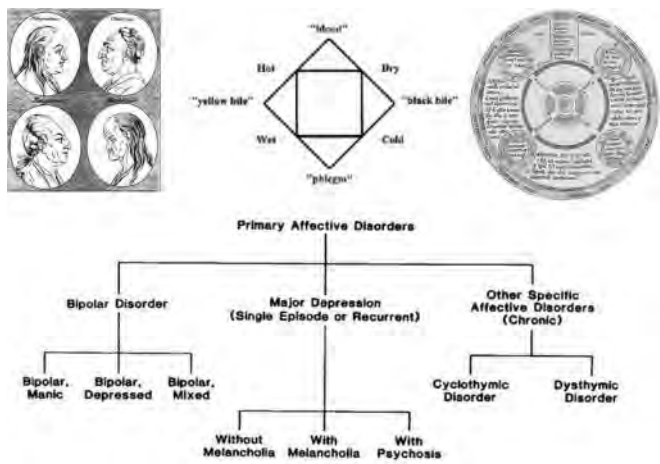

Fig. 2[19]

Let us be reminded of Foucault's perception of contemporary notion of space elaborated in the aforementioned essay "Of Other Spaces: Utopias and Heterotopias". Twentieth century epoch is that of both, gridlike and interspersed space. It is a space of juxtapositions, (inter)coded relations, intersections, overlappings, deviations and concentrations of information, images, codes.[20] Human

17 "Fifth-century Greek medicine would seem to be no more than the codification of this universal, yet immediate clinical medicine (…) It organizes it into a systematic corpus (…) that of a corpus of knowledge that can be said to be, quite literally, blind, since it has no gaze. This unseeing knowledge is at the source of illusion; a medicine haunted by metaphysics becomes possible: 'When Hippocrates had reduced medicine to a system, observation was abandoned and philosophy was introduced into medicine'" (Foucault 2003: 56)

18 From Ancient Greek νόσος *(nosos)*, meaning 'disease', and -λογία *(-logia)*, nosology represents a branch of medical science that deals with classification of the diseases and coding systems. (Online Etymology Dictionary)

19 [https://brianaltonenmph.com/6-history-of-medicine-and-pharmacy/hudson-valley-medical-history/the-post-war-years/nosology-the-taxonomy-of-disease/]

20 "Communication sciences and modern biologies are constructed by a common move – *the translation of the world into a problem of coding*." (Haraway 2016: 34). However, biologies, chemistries, unofficial "medicines", alchemic endevours, etc, have a much longer *history of coding*, just that the coding mediums have been going through all sorts of modulations and transfigurations as to "act" accordingly in terms of individual and collective (scientific, political, ideological, cultural, sociological, medical (pathological), military, etc.) "needs". Unlike Haraway, Foucault's biopolitics does not classify only biology as a *cryptography*. It

nature and human relations are classified within its gridlike structure. What has changed since the 18th century? According to Foucault, there is no essential change but the one in the volume of the classified and stacked: codes, truths, diseases, gazes, analyses, perceptions, discourses that manufactured a contemporary cyborg-trainspotter![21] The contemporary spaces of ideologies, systems, constructs, human mind and body mappings, discursive and image classifications of the human element, be that of a body, mind or spirit, constitutes a contemporary mutation and multiplications of the nosological fields transformed into 21st century knowledge formation referred to as *psychiatric semiology*.

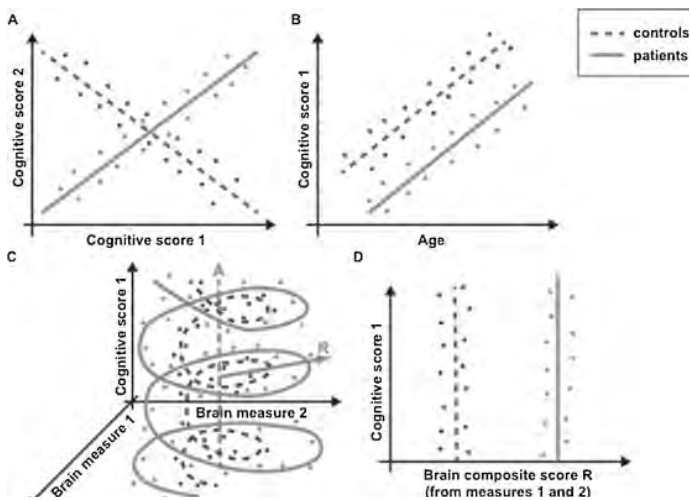

Fig. 3[22]

embodies the complex system of organic and political interrelations. Historically speaking, cryptography has been used from the earliest onsets of civilization. Early examples of cryptographic writings can be traced back to ancient Egypt and Mesopotamia. Medieval times saw the advent of the so called "polyalphabetic ciphers" based on a specific type of algorithm. A common principle that holds for historical cyphers is that they usually aim for the so called *security by obscurity*. Ironically enough, by the end of 19th century it became generally accepted as a mode of preserving the algorithm secret as a form of security.(For further reading on: Greek, Viking, Biblical and examples of literary cryptography: Bauer 2013, *Secret History: the Story of Cryptology*)

21 The concept of a trainspotter is here taken from the Irvine Welsh's novel *Trainspotting*. It is a colloquial 80's British term that means "being obsessed with any one trivial topic". Whether it be drugs, football or Sean Connery movies. The second meaning of the title comes from a scene in the book where Begbie and Renton run into a homeless guy at a train yard and he asks him if they are "trainspotting" which was the term used for shooting up in Edinburgh when Welsh was a kid. People used to shoot up in a train yard near his home, and the term "trainspotting" caught on to mean all drug use to people in the area. The term can be used the title to encompass multiple parts of the story; people becoming obsessed with something and people doing heroin. The term is used to indicate a session leaving a dark linear mark (known as a «track») at the site of the affected vein. Hardcore users will tend to have multiple sites of injection and will locate, or «spot» an optimum vein - one with minimal «tracks» and discomfort or infection. A hit can be analogous to the impact of a locomotive or train. [https://www.urbandictionary.com/define.php?term=trainspotting]

22 See: Micoulaud-Franchi 2006: Micoulaud-Franchi JA, et al "Making Psychiatric Semiology Great Again: A Semiologic, not Nosologic Challenge" [https://www.ncbi.nlm.nih.gov/pubmed/29885784]

It proposes: observation of the patient's narrative, induction of the preliminary hypothesis (diagnosis), deduction of data to be collected, rejection or confirmation of the hypothesis that may require multiple repetitions, and finally *attribution* of symptoms to disease category.[23] The integral part of psychiatric semiology is establishing "the truth value" of propositions "this is/this is not sincere". The gaze directed towards the narrative assesses the symptoms of *normality, sincerity* and *pathology*. (Ibid) The contemporary semiotic spatialization of disease the gaze of which drills deep into invisible visible can be traced back to the 18th century when the disease was also observed and (re) interpreted in terms of *symptoms* and *signs*. The creed proposed that science be made *science ocular*. The ocular transfers the body onto the grid, be that the one in Fig. 1, or in the form of Fig. 2 or the dot-like structure within the coordinate system in Fig.3. "The symptoms allow the invariable form of the disease – set back somewhere, visible and invisible – to *show through*." (90) And *the sign* (prognostic, anamnestic, diagnostic) announces the trace of the disease. As Foucault observes, the pulse can betray the invisible blood circulation, the sign may disclose a time, blue nails announce death or the "fourth day crisis" of intestinal fever can signify a recovery at sight. There, between *the signifier* and *the signified* resides "double reality" of the emergence of the doctor's gaze into the field of signs and symptoms, a corpus of knowledge thus gained and its application on the body, mind and spirit. The outcome of the diagnosis is the *visible mapping out*. As the deviation from the forms of health, the symptoms become the ultimate signifiers of the disease. The disease is a collection, a *conceptual configuration* of symptoms the gaze meticulously and knowledgeable observes and maps out to contribute to the pathology collection that could be relatable to other conditions or the condition of others. The disease does not exist as phenomenon per se. It is a signifier in relation to itself – tautology per se! However, what happens when one conceptual configuration of the gaze is replaced by another gaze? Another chain conceptual configuration is formed. Furthermore, if every symptom is a sign, but not every sign is a symptom, the *reality* of the body and the sign remains inexhaustible to endless interpretations.

Again, long before contemporary trend of genres, long before technological and virtual reality that gave rise to numerous variations of cyborg-like creatures, the experimental virtual realities of scientific (clinical) discourse penetrated deep into the humanity, producing all forms and mutations of human mind and body. Besides, what once was a human imagination is now replaced with the gaze, that is to say contemporary technoculture.[24] What

23 Kuperman, Zislin 2005: V. Kuperman, J. Zislin, "Semiotic Perspective of Psychiatric Diagnosis", Research Gate [https://rspective_of_psychiatric_diagnosiswww.researchgate.net/publication/228679567_Semiotic_pe]

24 The religion and mythology of the pre-Christian people contributed greatly to the creation and study of cyborg creatures in Western mythology. "Fascinatingly, it is not technological capacity that *creates* the image of a cyborg. Before Western culture could build mixed machines, its mythology was distinguished by the inclusion of the beings that were part human, part machine. These machines existed as acts of the creative imagination." The

is *real*: "clear-cut", *normal* human body and mind (whatever that might signify), the pathological realm (whoever might signify it), pagan and primitive mythological creatures, human imagination and beliefs, discourse, scientific conceptual configuration, contemporary SF mythology? What is a cyborg? According to Donna Haraway, "a cyborg is a cybernetic organism, a hybrid of machine and organism", but also "a creature of social reality as well as a creature of fiction." (Haraway 2016: 5) Besides contemporary science fiction that is flooded with also sorts of cybernetic creatures, successfully translated into Hollywood motion picture blockbusters, feeding the eyes of the Society of Spectacle,[25] Haraway also emphasizes the relevance of the existence of the modern medicine cyborgs, each of which represents a *coded device*. Along the lines of Foucault's biopolitics[26] and research into pathological, she also refers

author goes on to provide the examples of the bronze giant Talos, created by the mythological Greek inventor Daedalus, as well as the Celtic king Nuada and the Norse goddess Frejya who is both flesh and metal, all of whom are cyborgs in the modern sense. "Monotheism in the West has of late needed to come to terms with the emergent technoculture. Technoculture has challenged the Judeo-Christian teaching that humans are unique, separated from anything else by special gifts and qualities. Made in God's image, 'a little lower than angels' possessors of the soul, spiritual as well as corporeal (…) standing apart from and above the rest of the earth."
(See: Cusak 2004: C. Cusak, "The End of the Human? The Cyborg Past and Present", Research Gate,[https://www.researchgate.net/publication/265184335_The_End_of_the_Human_The_Cyborg_Past_and_Present]
One could also take into consideration androgynous qualities in Plato's *Symposium*, with three sexes: the all-male, the all-female, and the "androgynous," who was half male, half female. Then again, could be just another Plato-myth, concept, product of imagination, the ongoing story that keeps the humanity rolling through the history fighting against the oblivion, etc.
Furthermore, the term *Homunculus***,** first used in alchemic writings attributed to Paracelsus, referred to "little man" created out of the sperm which is purified in a sealed cucurbit in the horse's womb. After a certain period of time, forty days precisely, it will look *somewhat* like a man. Carl Jung acknowledged the alchemists' teachings as an integral part of the process of psychological individuation. Alchemy sought to unite Spirit (male), and Matter (female) through a Royal Union (coniunctio) to create their synthesis in the homunculus, hermaphrodite, or lapis. This is an alchemical metaphor or version of the generic process of spiritual rebirth**.** In contemporary medicine, the term is used in neurology to describe the map of the brain of sensory neurons in each part of the body (the somatosensory homunculus). In the history of embryology, the homunculus was part of the Enlightenment-era theory of generation called preformationism. The homunculus was the fully formed individual that existed within the germ cell of one of its parents prior to fertilization and would grow in size during gestation until ready to be born. (*The Embryo Project Encyclopedia*) [https://embryo.asu.edu/pages/homunculus]

25 Contemporary form of imagination stimulus, which springs from Fredric Jameson's concept of the "structure of feeling", implying a deep penetrating influence of the so called internal (infrastructure) and external (superstructure) on modeling and pre-figuring, not just the individual's or the collective mindset, but the inner, spiritual, emotional realm until it is molded into the desired *structure* yielding the desired response to the stimulus. (For further reading: Jameson 1991)

26 "Foucault analyzed preindustrial societies of sovereignty and described their transformation into disciplinary societies, where the individual passed from one organized space to another (the school, the factory, the hospital, the prison). Where the *individual* once moved from one distinct *mould* to another, in societies of control, the *individual* is now subject to

to cyborgs as "a fiction mapping of our social and bodily reality and as imaginative resource." (7)

When speaking of medical cyborg codes, what is *a sign* and what is *a symptom*, and at which point do they intersect for the *accurate diagnosis* to be established within the infinite bondage between time and "truth", be that of the individual or the collective one? "[27]

> "At last, there emerges on the horizon of clinical experience the possibility of an exhaustive, clear and complete reading: for a *doctor* whose skills would be carried out 'to the highest degree of perfection, all symptoms would become signs, all pathological manifestations would speak a clear, ordered language. One would at last be on a level with that serene, accomplished form of scientific knowledge, that Well-made language.'" (94-95)

Can the pathological be subject to *unobstructed transparency* of the (medical) gaze and the mastery of the descriptive language derived from the (medical) history of knowledge? The latter raises the issue as to *human species* being *classified* as humans or some of the representations of cyborg-model? Which of the two (or multiple) can be attributed the tag of a (human/humanoid) *being*? Any form of man's existence can thus be subject to the grid of perceptual act and any language sign. How does medical observation (gaze) differ from the philosophical, theological, artistic or scientific one, given Foucault's observation that the clinical gaze and the philosopher's reflection have similar

perpetual *modulation* amidst communication technologies, and speculative capital, liberated from the factory and the panopticon, only to suffer (and bizarrely lovingly embrace) the carefully managed freedom of the corporation. Now assemblages emerge: cybernetic and information technologies, pharmaceutical innovations, genetic manipulation and molecular engeneering." (Deleuze, Baudrillard 2016: 4) They also point out that it was William S. Burroughs who announced the emergence of control in *Naked Lunch* (1959). According to Deleuze and Baudrillard the highlight of preindustrial biopolitics is the cybepunk, that is to say leveled-up biopunk. However, one cannot but challenge the aforementioned thesis: isn't that just another *mould* created in accordance with the fitting techno-ideology, still panoptical in its nature and design, the continuation of the multilayered *coded palimpsest* the onsets of which date back to ancient societies? As for the precursors of the emerging control and biopolitics in literature, can we not but also mention Aldous Huxley's *Brave New World* (1932) and George Orwell's *1984* (1949). As for the genres and words, they take on all sorts of categorizations, transmutations and prefixations, along the lines of the "instruments" at disposal at the given time. Nevertheless, the speed of both, space and time, gave the entire process different approaches and instruments of *panoptical codifications*, for which the human mind cannot find the time to absorb. Then again, when given the time (let's say, much slower in the perception of its flow) in the preindustrial ages (let's not go further back in the past) – was the mind able to absorb what it was served? Of course, one could always raise the bar (raising the bars throughout the entire process is the precise subject of the paper), and say the all-time truism: "The times are different, now." Not to go into the matter of the quantum physics relativity of the categories of time and space, mankind has always had the same line – in a "different" time.

27 "Fifth-century Greek medicine would seem to be no more than the codification of this universal, yet immediate clinical medicine (…) It organizes it into a systematic corpus (…) that of a corpus of knowledge that can be said to be, quite literally, blind, since it has no gaze. This unseeing knowledge is at the source of illusion; a medicine haunted by metaphysics becomes possible: 'When Hippocrates had reduced medicine to a system, observation was abandoned and philosophy was introduced into medicine'" (Foucault 2003: 56)

powers. "They both presuppose a structure of identical objectivity, in which the totality of being is exhausted in manifestations that are its signifier-signified, in which the visible and the manifestation come together in at least *virtual identity*." (96) Yet, the gaze at patient's bedside resides in the silence of imagination, "in the calm of the mind" (107). All clinical knowledge is thus put aside. The gaze "hears" the language of the invisible. It speaks out when the invisible turn into a visible, perceived and diagnosed *spectacle*. The gaze (perception) is ascribed the "analytical" nature of logic at the level of perceptual contents. "The gaze of observation and the things it perceives communicate through the same Logos." (109) The space of hospitals and the space of medical literature cannot be classified as a myth![28] The nature of its gaze is that of artificial "disease", still logical conditions, not representing the pure transparency to and of truth, but it most certainly enables the expert the analysis of (the) truth – in silence, in the calmness of the mind till the manifestation of spectacle of human mind, body and spirit provide sufficient materials to be put on the shelves of Great Medical Library of Knowledge! The medical experience is of a *collective* nature, the catalogue of individual gaze observations, thus the *collective* character of the hospital space.

However, the problem arises when the conceptually coherent representation of verbal analysis is to fit the demands of the clinical thinking – the picture, image, diagram… How to incorporate into a picture that what is visible and logically coherent, spatial as well as verbal, that what is perceived by the *clinical eye*? Let's incorporate all: the notations about the climate, seasons, analogous diseases, organ functions (pulse, temperature, muscles, eyes, mouth, tongue, jaw, breathing, sweating, intestines, urine) producing the *myth of an analytical geometry*! This *geometric architecture* establishes fixed vocabulary, generalizations and authorized comparisons within a totality. The totality ensures that any *abstract* terms are not used. Thus, one can see the (in)visible because he knows the *language*. This total description makes the hospital space and its storage of bodies immovable - a fixed *conceptual structure*. However, the medicine of symptoms will gradually subsides before the medical investigations of organs and sites, thus giving rise to the pathological anatomy and the new creed – "Let us open a few corpses!" The new type of discourse and knowledge is set about to take precedence – the *tissue narrative*. The problem we set about to discuss at the beginning of the passage is "resolved" by the emergence of the new *medical spirit*! Religion, imbedded moral codes and prejudices stood in the way of *corpse spirit*! Thank you Lord – the Age of Enlightenment came about to shed a *clear light upon reason*! "A fine transmutation of the corpse had taken place (...) So, a dismal conjuration of dissection, an anatomical church militant and suffering, whose hidden spirit[29] made the clinic possible before itself surfacing into the regular, authorized, diurnal practice of autopsy, was imagined out of nothing" (125, 126) The hospital space, nevertheless, remains

28 Exclamation sign used to underline the irony of the creed.

29 Referring to the 18th century when there was no shortage of corpses and no need to dig up graves.

immovable, just taking on a new transmutation form of medical knowledge. Yet, not before two separate fields of medical knowledge attained a contractual agreement – one had to find legitimate correlations between the geometrical lines and dots derived from the stationary living, and the new way of *reading* the dead: stationary status par excellence!

Now, the gaze penetrates into the real surfaces of membranes and tissues. Geographical anatomical images were now replaced by the objective, real, factual tissual analysis. Nevertheless, corporeal segments of perception are also to be translatable into discourse, that of real analysis according to perceptible surfaces. The gaze that penetrated into the invisible world of the mind and spirit had to collaborate with the *analytical classes* of pathological, tissual anatomy. How can one adjust anatomical perception to the reading of the symptoms? "A clinic of symptoms seeks the living body of the disease, anatomy provides it only with the corpse." (134) How to relate the knowledge of the "living gaze" with the (living) gaze glancing over the dead? How to apply the dialectical principle of medical knowledge to the "living gaze"? What about the dialectics and interdependences of the living mind and spirit with the disease signs and symptoms that is absent in the corpse? How to reconcile the two formations of knowledge? The clinical gaze now has to travel up the vertical trajectory: from the symptomatic surface to the tissual one. The gaze is set within two-dimensional field: symptoms and tissues. It needs the third dimension. Now, we have the precursor of a three-dimensional (motion) picture! The gaze is now traversing (movable "structure") from the external *deciphering* the living *subject/object* with the illness penetrating into the bulk of the body. The *anatomo-clinical* gaze relies on stratified analysis. The chronological series of symptoms is combined with the anatomo-clinical stratification producing the three-dimensional image of mapping out the *figures of localization* (disease space). However, with corpses "it was the end of life (…) it was also the end of the disease; with death, the limit had been reached and truth fulfilled!" (140) Everything becomes silent. The body finally revels in the calmness of the mind(s)! What a great *conceptual mastery of death*! Still, "life, disease and death now form a technical and conceptual *Trinity*!" (144) Is death the opposition to life and vice versa? Is the disease opposition to health and vice versa? "Death appears as the source of disease in its very beginning, that possibility internal to life, but stronger than it, which exhausts it, diverts it, and finally makes it disappear. Death is disease made possible in life." (156) Taking into account, shall we say, this hypothesis, does it imply that death abolishes doctor's knowledge, the same way a disease volumes it? Which truth has been and is to be fulfilled? If degeneration lies in the very principle of life, the (scientific) truth lies in the endless transmutations of interpretative models. It may seem that the two century journey of the co called modern medicine reached its goal with the third *term* of *death* (the first being life, the second disease). Death made it possible to gaze out the body lines, dissect it, geometrically organize it, spatialize and individualize it. However, in terms of Medical Library of Knowledge, doesn't it still represent the collective phenomena

in the collective, still (im)movable space? The clinical *Organon* knows of no death, which challenges Foucault's hypothesis in terms of immovable space being restricted only to the hospital *field*. Outside the Organon (utopian mission, one might say) the question remains: what makes a body space mobile – life or death?[30]

What we are talking about here is the language of "precise" and "objective" science, that of *medical investigation*. Yet, Foucault argues that any sign can be fabricated by medical investigation. "To establish these signs, artificial or natural, is to *project* upon the living body a whole network of anatomo-pathological mappings: to draw the dotted outline of future autopsy (...) Semiology will no longer be a *reading* but the act of techniques that make it possible to constitute a *projective pathological anatomy*. " (162) The gaze now slides both, vertically and horizontally, synchronically and diachronically. Now, as the scientific knowledge progresses, along with the Age of Enlightenment, we are dealing with the *volume mapping*. "Whereas clinical experience implied the constitution of a *mixed web of the visible and the readable*, the new semiology requires a sort of *sensorial triangulation*[31] in which various atlases (…) must collaborate." (163) The dominant sign now is *the visible* – the triumph of the Gaze! The clinical structure of knowledge is now perceptual and epistemological, with the gaze both, localized and all-encompassing, absolute one. All medicine is derived from the *invisible visibility*. The absolute anatomical post-mortem gaze encompasses the body in its entirety. Life hides, veils and misleads. The death is the apocalypse of the body: the veil is removed - absolute light of (absolute) visibility is shed upon the dead body! This introduction of death into knowledge brings about the shifts as to the time and space since the times of individual clinical gaze deciphering the codes, signs and symptoms. Death now provides absolute immovability, absolute gaze, absolute space, absolute time, absolute map of medical knowledge, as well as an *absolute body* that transcends the aforementioned categories of the individual and collective. "Death left its old tragic heaven and became the lyrical core of man: his invisible truth, his visible secret." (172)

However, despite Foucault's stance and tone throughout the study that the individual is diminished and erased by the corpus of medical knowledge, he nevertheless concludes that it was only when disease escaped the embrace of the metaphysical Evil and when medical gaze found out the *visibility of death*, that the "sovereign dissection of language and the gaze were (…) *embodied* in the *living bodies* of individuals," (196) which seems to add to the conceptual contradiction of the history of medical knowledge[32] and the absolute body! Western man remains to be an object of medical knowledge and of science in broader sense, though Foucault states another paradox in his

30 A detailed account on body decomposition within the natural cycle is laid out in chapter "The Visible Invisible". Also, numerous philosophical, theological and anthropological studies should be consulted for further, more in-depth future elaboration on the subject matter.

31 The sight, touch and hearing *trinity* define another perceptual and conceptual configuration.

32 Implying the period of 18th and 19th centuries that he considered to be constitutive for the establishment of official, modern medicine, the category it since has occupied as we know it today.

theory – the integration of death, unlike the "Physiological Unreason", into medical thought and practice gave rise to the science of the individual. One may wonder what happened to the network of anatomo-pathological mappings, volume mapping and corporeal segments of perception also translatable into discourse? Can it be that we are dealing with the science of man, not in methodological terms, but ontological ones? How does ontological plane correlate to man's *being* representing "an object of positive science"? (197) He goes on to claim that there is a possibility for the individual to be both, subject and object of his own knowledge. It appears we are to take into consideration both, the anthropological structure of the 18th century knowledge (relevant to detect the origins of the disease) and the empirical one that diverged from the philosophical conceptualizations. Again, what about the narrativization of the empirical perception? If medicine holds a fundamental place in the *overall architecture of the human sciences* (197), which of the categories prevails, given the aforementioned divergent paths of these two formations of knowledge? Throughout the study, it remains unclear (unsurprisingly) as to the consensus the two divergent paths had to achieve in order to…(co)exist, only to reaffirm its ambivalent status: "The destiny of individuality will be to appear always in the objectivity that manifests it and conceals it." (198) This alchemy interplay between: ontological and empirical, invisible and visible, conceptual and dissective, sign (symptom) and tissue, Unreason and Reason, secret and truth – *Life* and *Death*, represents the Ultimate Cyborg "creature" of (medical) knowledge! Meanwhile and along the way we shall continue to use prosthetics, prozac, heroine, technological devices, amputation, mind control, military experiments, clones, virtual reality, technological enhancement procedures, contemporary SF imaginations, metaphysical Good and Evil… So, wherever and however a *being* finds his/her (its?) abode and form, it will not be the final one, even though the Western thought breeds on the conceptually installed fear of Death! Yet, till still classified as alive, "solid" and "clean shaven", before being "clear-cut" – let's move our bodies! Whatever the trajectory! There is no time within the elusive spatialization, anyway!

References

Bauer 2013: C. P. Bauer, *Secret History: the Story of Cryptology*, Broken Sound Parkway NW: Taylor&Francis Group.

Cusak 20014: C. Cusak, The End of the Human? The Cyborg Past and Present, Research Gate, [https://www.researchgate.net/publication/265184335_The_End_of_the_Human_The_Cyborg_Past_and_Present] February 19, 2019.

Deleuze, Baudrillard 2016: G. Deleuze, J. Baudrillard, *From Cyberpunk to Biopunk*, Edinburgh: Edinburgh University Press Ltd.

Foucault 2003: M. Foucault: *The Birth of the Clinic*, transl. by A.M. Sheridan, Taylor&Francis e-Library.

Foucault 1984: M. Foucault, Of Other Spaces: Utopias and Heterotopias: *Architecture /Mouvement/ Continuité*, transl. by Jay Miskowiec [http://web.mit.edu/allanmc/www/foucault1.pdf]

Haraway 2016: D. Haraway, *A Cyborg Manifesto: Science, Technology and Socialist-Feminism in the Late Twentieth Century*, USA, Minnesota University Press [http://ebookcentral.proquest.com/lib/warw/detail.action?docID=4392065] February 19, 2019.

Heterotopia: Postmodern Utopia and the Body Politic 1994: ed. Tobin Siebers, USA: The University of Michigan Press

Jameson 1991: F. Jameson, *Postmodernism or, the Cultural Logic of Late Capitalism*, Durham: Duke University Press.

Jordanova 2000: L. Jordanova, *History in Practice,* Oxford University Press: New York.

Kuperman, Zislin 2005: V. Kuperman, J. Zislin, Semiotic Perspective of Psychiatric Diagnosis, Research Gate [https://rspective_of_psychiatric_diagnosiswww.researchgate.net/publication/228679567_Semiotic_pe] February 23, 2019.

Micoulaud-Franchi 2006: JA: Micoulaud-Franchi, et al, Making Psychiatric Semiology Great Again: A Semiologic, not Nosologic Challenge [https://www.ncbi.nlm.nih.gov/pubmed/29885784] February 20, 2019.

Parshall AM 1993, Nosology, taxonomy and the classification conundrum of the functional psychoses, PubMed**,** Feb;162:227-36 [https://brianaltonenmph.com/6-history-of-medicine-and-pharmacy/hudson-valley-medical-history/the-post-war-years/nosology-the-taxonomy-of-disease/] February 15, 2019.

Micoulaud-Franchi 2006: Micoulaud-Franchi JA, et al, Making Psychiatric Semiology Great Again: A Semiologic, not Nosologic Challenge. [https://www.ncbi.nlm.nih.gov/pubmed/29885784] February 15, 2019.

Szulakowska 2000: U. Szulakowska, *The Alchemy of Light: Geometry and Optics in Late Renaissance Alchemical Illustration,* Leiden, Boston, Koln: The Netherlands.

Internet sources

Online Etymology Dictionary, [http://www.etymonline.com/index.]

The Tech Terms Computer Dictionary, [http://www.techterms.com]

The Embryo Project Encyclopedia [https://embryo.asu.edu/pages/homunculus]

Online Urban Dictionary [https://www.urbandictionary.com/define.php?term=trainspotting]

Jasmina A. Teodorović

ARHEOLOŠKA ANATOMIJA NAUČNE FANTASTIKE MEDICINSKE LITERATURE: DISKURZIVNO KIBORG-TELO

Rezime

Rad se bavi Fukoovom studijom *Rađanje klinike* (u zvaničnom prevodu na sprski) u kontekstu genealoškog i arheološkog diskurzivnog etosa medicinskog znanja. Fukoov termin (u zvaničnom prevodu sa francuskog na engleski „gaze") „pogled" (opservacija) odnosi se na kako raznovrsne, tako i disparatne tehnike i prakse koje su početkom osamnaestog veka proizvele tzv. novo polje znanja, ne samo u oblasti medicine već i u širem društveno-kulturološkom i ideološkom kontekstu. Jaz koji se javlja između jezika *fantazije* i jezika *direktne konstantne vidljivosti* dovodi u pitanje uspostavljanje racionalnog, odnosno naučnog diskursa. Fukoova studija bavi se problematikom medicinskog „pogleda" (opservacije) u istorijskom i kulturološko-ideološkom kontekstu konstruisanja koncepata, diskursivnih formacija i eksperimentalnih praksi koje permanentno alterniraju i prožimaju koncepte mesta i vremena u koje se telo smešta, kao i ljudskih (humanih), istorijskih i institucionalnih formacija znanja. Telo medicinske literature, u tom smislu, može se posmatrati kao SF (naučna fantastika) *per se,* te i kiborg „produkt" *per se*.

Ključne reči: pogled, telo, prostor, vreme, diskurs, biopolitika, medicina, kiborg, naučna fantastika

Примљен: 15. маја 2019. године
Прихваћен: 7. јуна 2019. године