

# University of St. Thomas

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# 1 · Spaces and Classes

For us, the human body defines, by natural right, the space of origin and of 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 all likelihood neither the first, nor the most fundamental—in which one spatializes disease. There have been, and will be, other distributions of illness.

When will we be able to define the structures that determine, in the secret volume of the body, the course of allergic reactions? Has anyone ever drawn up the specific geometry of a virus diffusion in the thin layer of a segment of tissue? Is the law governing the spatialization of these phenomena to be found in a Euclidean anatomy? After all, one only has to remember that the old theory of sympathies spoke a vocabulary of correspondences, vicinities, and homologies, terms for which the perceived space of anatomy hardly offers a coherent lexicon. Every great thought in the field of pathology lays down a configuration for disease whose spatial requisites are not necessarily those of classical geometry.

The exact superposition of the ‘body’ of the disease and the body of the sick man is no more than a historical, temporary datum. Their encounter is self-evident only for us, or, rather, we are only just beginning to detach ourselves from it. 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. This is the period that marks the suzerainty of the gaze, since in the same perceptual field, following the same continuities or the same breaks, experience reads at a glance the visible lesions of the organism and the coherence of pathological forms; the illness is articulated exactly on the body, and its logical distribution is carried out at once in terms of anatomical masses. The ‘glance’ has simply to exercise its right of origin over truth.

But how did this supposedly natural, immemorial right come about? How was this locus, in which disease indicated its presence, able to determine in so sovereign a way the figure that groups its elements together? 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.

‘Never treat a disease without first being sure of its species,’ said Gilibert [1]. From the *Nosologie* of Sauvages (1761) to the *Nosographie* of Pinel (1798), the classificatory rule dominates medical theory and practice: it appears as the immanent logic of morbid forms, the principle of their decipherment, and the semantic rule of their definition: ‘Pay no heed to those envious men who would cast the shadow of contempt over the writings of the celebrated Sauvages.... Remember that of all the doctors who have ever lived he is perhaps the only one to have subjected all our dogmas to the infallible rules of healthy logic. Observe with what care he defines his words, with what scrupulousness he circumscribes the definitions of each malady.’ Before it is removed from the density of the body, disease is given an organization, hierarchized into families, genera, and species. Apparently, this is no more than a ‘picture’ that helps us to learn and to remember the proliferating domain of the diseases. But at a deeper level than this spatial ‘metaphor’, and in order to make it possible, classificatory medicine presupposes a certain ‘configuration’ of disease: it has never been formulated for itself, but one can define its essential requisites after the event. Just as the genealogical tree, at a lower level than the comparison that it involves and all its imaginary themes, presupposes a space in which kinship is formalizable, the nosological picture involves a figure of the diseases that is neither the chain of causes