

Postscript: On the Anatomy of Power

Bound by liberal-Marxist conventions and all they imply in respect of the ahistorical human subject and an economist notion of power, conventional analyses of the socio-medical sciences proceed as if they were a species of judicial inquisition into the phenomena examined. They are therefore bound in their conclusions to offer a judgement of the case and recommendations concerning a course of retribution or rehabilitation that will guide the future actions of concerned individuals in the direction of a better practice characterized by greater equity, justice and so on.

Marks and Andersson, for example, concluded their study of typhus by noting that 'the true violence of South Africa' lies not in 'the infectious diseases which are defined by the Department of Health as "epidemics" – but TB, measles, and malnutrition and malnutrition-related diseases' (Marks and Andersson 1988: 278). Similarly, Packard ended his history of the political economy of tuberculosis in South Africa by noting:

A new resurgence of TB is surfacing in the urban areas of the country as thousands of workers and their families attempt to escape the poverty of the Bantustans. Once again, industrial capital and the state have combined to lay the groundwork for a major upsurge in urban-based TB. The question that remains is whether the state and/or local authorities will also once again apply their time-honored policies of exclusion to solve this growing problem, perhaps in conjunction with new promises about the virtues of chemoprophylaxis. Or will they at last recognize the futility of this policy and begin to deal with the underlying causes of TB? (Packard 1989: 318–19)

As a final example, Zwi and Ugalde (1989) concluded their paper on an epidemiology of political violence with a reminder that 'researchers should strive to ensure that their work, can, in some small way, be used in the promotion of peace, the promotion of broader levels of democracy and participation, and the achievement of liberation for the oppressed' (Zwi and Ugalde 1989: 641). These conventional histories thus conform to the Marxist dictate that the human sciences should

aim not simply to study the world but rather to change it. They therefore epitomize the confidence characteristic of the modern subject as an autonomous individual who through careful analysis gains access to the political control panel and there takes control over the design, direction and delivery of power.

From the Foucauldean perspective, this imperative to engage in therapeutic action is clearly ironic. For the dual structure of all power relations as 'strategic yet without a strategist' (Dreyfus and Rabinow 1983: 187) means that in recruiting socio-medical scientists to serve in a task of liberation these observers themselves participate in a regime of power, their claims to discern a repressive force which is lifted concealing a positive power which creates. In contrast, it is the aim of this postscript not to speculate on how the anatomy of power and the African body that is its object and effect might be changed, but to do no more than study it.

Rewriting the African subject

The African body¹ fabricated here in just some of the fantastic, geometric, pitiable, docile, dangerous, risky, anatomically dissected and subjectified configurations that have comprised its shifting truth within socio-medical discourse, this study offers a radical challenge to conventional histories of the socio-medical sciences. For it effaces the conventional notion that power and the body can be separated, 'that under power with its acts of violence and its artifice, we should be able to rediscover the things themselves in their primitive vivacity' (Foucault, in Kritzman 1988: 119). Instead, it does precisely the reverse, turning these 'things themselves' on their head by demonstrating how the body of the African as a pre-existing entity is in fact no more than an artefact of conventional accounts, an effect sustained only by elaborate efforts to rewrite history in a manner that produces the African as an unequivocal and subjective body.

Accordingly, there can be little doubt that the study will not be easily read for what it says by those with an investment in liberal-humanism and Marxism, and may even be interpreted as a reactionary text, a scandalous denial of what every historian knows to be the 'truth' of how the 'authentic' African was savagely mutilated by the unmitigated sovereignty of colonialism. However, to question the activities of socio-medical scientists, whether from the right or the left of the political spectrum, is not the same as being reactionary. For, open to an analysis of its own productive force, this study installs within socio-medical discourse a dispassionate gaze to the problem of the African

body and socio-medical power. This is a gaze that does not seek solace behind the crash barriers of ideology and their implications that in the absence of ideology's distorting and perverting consequences colonialism and apartheid might never have occurred. By the same token, it is a gaze that is not compelled to repeat indefinitely, and with no effect other than a shifting of players' positions on a stage whose limits are already fixed, the refrain of the anti-repressive anthem: 'power is bad, ugly, poor, sterile, monotonous and dead; and what power is exercised upon is right, good and rich' (Foucault, in Kritzman 1988: 120).

Neither denying nor affirming either of these perspectives, this study fabricates a new, trans-humanist mode of strategic interrogation, by which the tactical integration of the socio-medical sciences within present-day programmes of disciplinary power may be studied and invested with a new relevance. This is a relevance that issues not from what they do, but from 'the power over life' (Atterton 1994) produced by the performance of these practices, through which the individual and the social are continuously invented, sustained and transformed as calculable and manageable entities in the very act of analysing them. For, since power relations are always 'both intentional and non-subjective' (Foucault 1979: 94), what is done by the doing of the socio-medical sciences is equally always of a dual character; this reassessment of power and knowledge itself both revealing the limitations of conventional approaches and actively inventing the genealogical perspective it sustains.

Why then has this not been recognized before within colonial and specifically African contexts of western socio-medical enterprise? What lines of force have until recently ensured that not even a single study has inverted the analytic codes of sovereign power and so moved beyond the space of progressive humanism to a point where the African body could be discerned as fabricated not found, and colonial socio-medical power as productive rather than merely destructive? An answer to these questions is suggested by exploring how the socio-medical sciences in South Africa have fabricated the Foucauldian notion of power, and how, in their failure to recognize its rejection of a transcendental subject, they are themselves the most obvious evidence for what it is that these disciplines do within the strategic space of contemporary society.

Foucault and the South African socio-medical sciences The Foucault schema is now over thirty years old, dating back to the 1961 publication of *Histoire de la Folie*, and of *Naissance de la Clinique* in 1963. English translations of the main texts drawn upon to inform the analytic and methodological basis of this study – *The Order of Things* (1973), *The*

Birth of the Clinic (1976), *Discipline and Punish* (1977) and C. Gordon's *Power/knowledge* (1980) – have been available since the mid-1970s, and by the early 1980s there were already a number of British and American studies that deployed Foucault to delineate the political anatomy of the European and American body.

In the decade since the mid-1980s it was therefore conceivable that equivalent explorations of socio-medical power in South Africa (which surely counts as one of the more startling examples of how power produces the body), could have been conducted. Yet by 1995 the only study to draw on this perspective was that by the English historian Megan Vaughan (1991) which, rather than deploying the Foucault schema as a new approach to power and challenging the anatomy of the African body in its own right, pressed Foucault into the service of what Gerhardt (1989: xxvi) characterized as the Marxist or 'conflict paradigm' in medical sociology. This reticence to embrace in its full implications the Foucaultian theory of power and knowledge is even more apparent when the work of South African scholars is surveyed with a view to establishing how this has invented Foucault.

In 1985 Muller published a book review of *Changing the Subject* (Henriques et al. 1984). This was titled 'The End of Psychology', and correctly identified the disciplinary essence of Foucault's notion that power is 'the vital current that animates the micro-circuits of human commerce and sociality. It enables as much as it constrains. It is explicitly against a Marxist notion of power as "the power to exploit"' (Muller 1985: 34). In another setting Muller's recognition of the Foucaultian insight into power might have marked the beginning of a novel and reflexive strand in analyses of the socio-medical sciences as the disciplinary side of sovereign power in South Africa. Yet, over the decade since Muller's review, an accurate reading of Foucault has been conspicuous only by its absence from South African socio-medical discourse. Instead, and on the few occasions where local scholars have deployed Foucault, the central thesis concerning the contingent status of the body has been systematically reversed to invent Foucault as yet another weapon in the armoury of Marxist class struggle or laissez-faire liberalism.

For example, in what appears to be the only instance where Foucault was deployed by a South African scholar in relation to contemporary medical practice, Pitfield characterized Foucault as an agent of the 'anti-medical' critique of bio-medicine: 'Foucault's basic argument is that the State upholds and promotes certain systems which appear to be aimed at caring for people, but which actually restrict peoples' rights in line with a dominant ideology' (Pitfield 1995: 248). By presenting 'the State' as the monolithic source of force and reversing the Foucaultian thesis

concerning the productive power of the medical gaze, Pitfield cemented a vision of power as that which is held and wielded, her description of disciplinary power at work itself serving as a disciplinary conduit by confirming the individual as a pre-given entity:

The ingrained desire of human beings to strive for optimum health and long life provides for a potential area of power domination within the medical model. Our subconscious accepts this desire as a norm ... Foucault suggests that power in these terms does not operate through coercion, but rather through an infiltration of the subconscious mind. (Pitfield 1995: 249)

In relation to the social sciences, a similar reading of Foucault characterized Webster's critique of them as 'the servants of apartheid'. Here, Webster cited Foucault's *The Order of Things* – 'the historical emergence of the human sciences was occasioned by a problem, a requirement, an obstacle of a theoretical or practical nature' (Foucault, in Webster 1986: 8) – not to demonstrate how the micro-powers of observation and recording enable the great shifts in political and economic manipulation by providing the human objects which these require to take hold, but instead to show the reverse. Thus: '[T]he structural transformation of the South African economy, particularly the challenge of Black labour, is the occasion for the emergence and growth of social research into industry' (Webster 1986: 16); and: 'faced by the crisis of the 1970s, the apartheid state is finding it increasingly necessary to mobilise social scientists to serve apartheid' (Webster 1986: 26). Webster's view suggests that for Foucault power is something to be grasped and wielded, that its locus resides in political life, when in fact for Foucault 'power is neither there, nor is that how it functions. The relations of power are perhaps among the best hidden things in the social body' (Foucault, in Kritzman 1988: 118).

Confirming this trend by which South African social scientists have deployed Foucault not to study power's productivity but rather to highlight the repressive hypothesis Foucault was preoccupied with dispelling, Dawes (1986) at once concealed the creativity of the psychological sciences by demonstrating their 'unresponsiveness' to the 'African context and to the needs of the majority of its citizens', and interpolated Foucault into a machinery that could free the African from entrapment and distortion:

It is based on a range of largely Marxian studies developed in Europe as exemplified by Foucault (1970), Seve (1978), Althusser (1971) and others. While not a coherent group, psychologists of this persuasion are concerned to question the very basic assumptions of the discipline and how its knowledge

and practices have developed ... In so doing they expose this (unitary) subject as a product of deeply embedded ideological notions regarding the nature of 'man' inherent in natural science and capitalist social formations. (Dawes 1986: 33-4)

By conflating Foucault with Marxist ideologists, Dawes implies that the power Foucault discerned is the sovereign power of concealment and distortion, an ideological screen which ensures that what is seen is something less than the real and objectively given object of perception. Accordingly, Dawes responded only to the sovereign side of South African psychology, his critique of its 'unresponsiveness' to the needs of Africans obscuring the fact that as a component of disciplinary power it is precisely through the socio-medical sciences that the 'African context and the needs of the majority of its citizens' exist at all. In the Foucault schema, all human and social objects of knowledge are never any more or any less than the end result of a productive power. This includes the concept of ideology itself, which every time it is invoked serves further to crystallize the liberal-Marxist belief in an external reality that exists independently of power (Foucault, in C. Gordon 1980: 102).

As another example of how the discourse of conventional South African socio-medical science has fabricated Foucault, Nell (1991) drew upon a quotation concerning the correlative nature of power and knowledge – 'We are subjected to the production of truth through power and we cannot exercise power except through the production of truth' (C. Gordon 1980: 93-4, in Nell 1991: 69) – as a reminder that:

[I]n a society on the brink of transformation, in which a search ... is under way for a democratisation of knowledge, for a redistribution of resources, for a sharing of knowledge and power in our society for the greatest good and justice, we need to remember that governments ... function by the truths rendered to them by an intellectual elite. (Nell 1991: 69)

Where the Foucauldian schema as expressed in Foucault identifies power as a network of disciplinary force relations distributed everywhere and coursing through the bodies, behaviours, beliefs and words of everyone, Nell's invocation did precisely the opposite, localizing the power of knowledge to those formal centres of knowledge production that in the diagram of discipline are simply the points of concentration in a generalized force field.

From this review of how Foucault has been fabricated in the South African social sciences and medicine, it is clear that his famous claim 'we have yet to cut off the head of the king' applies with especial vigour to this society, its anatomy of power bending even the written lines of Foucauldian analysis themselves into evidence for the belief

that power emanates from the top (the courts, the state, the academy), when in fact power comes from below.

There is therefore a geo-political gap in how Foucault is understood and applied, a conceptual membrane marked by the contrast between South African interpretations of Foucault as a champion of the liberal-Marxist position on power which he contested, and the work of scholars from outside South Africa who apply the notion of discipline as a way of deconstructing the subject and the body by showing them to be inventions of power rather than discoveries of knowledge. How is this to be understood and, more importantly, what power function may be served by this selective permeability of South African socio-medical discourse to Foucault?

On the failure of Foucault in South African socio-medical science At the most prosaic level of explanation, the failure of Foucault to take hold in the South African socio-medical sciences may reflect nothing more than an inability fully to appreciate the more elusive ramifications of his writings, a failure that can itself be located within a broader tradition of what Nettleton (1992) described as the 'perceived obscurity and inaccessibility' of Foucauldian ideas to scholars immersed in the philosophies of the English as opposed to the French-speaking world:

Wittgenstein once said that if a lion could speak we wouldn't understand it. Be that as it may, it is certainly true that if Continental philosophers all spoke English, most British and American philosophers wouldn't have much idea what they were saying. The two traditions divided about a century ago, and have been moving steadily apart ever since. (Papineau 1991, in Nettleton 1992: 105)

The obvious difficulty is that this explanation produces the idea that knowledge is unrelated to power, that it exists out there waiting to be grasped, understood and applied to one or other problem. It leaves untouched therefore the strategic question as to what the socio-medical sciences in South Africa or anywhere else do by not doing Foucault.

The answer has already been repeated throughout this study, and is merely confirmed here by the recognition that counterpointing its imperviousness to the Foucault schema is the readiness of South African socio-medical discourse to embrace all theories, models and methods that may be deemed 'social constructivist', in that their aim is to expose how various types of interests (e.g. class, social, political, technical) distort or contribute to the creation of certain types of knowledge. Without listing the many Whig, Marxist, and liberal-humanist analyses that can be found on any library shelf, examples of the more 'radical'

approaches to have found favour in the South African setting of attention include: the medical anthropological models of Kleinman (1980) and Scheper-Hughes (1990), which inform the work of local writers such as Rogers (1992), Lerer and Scheper-Hughes (in press), and Swartz (1985, 1988, 1991); the social constructionist approach of Berger and Luckmann (1967), Gergen (1982), and Shotter (1984) as it informs the works of Levett (1987), or Butchart and Seedat (1991); the method of discourse analysis developed by Potter and Wetherell (1987) and applied locally by Lerer et al. (1995), or Scrooby (1994); and Bulhan's (1985) neo-Fanonian methodology for understanding the dynamics of colonial domination and revolution (e.g. Nell and Butchart 1989; Seedat 1993).

While all of these social constructivist approaches are consonant with the Foucauldean concern to see socio-medical knowledge as produced, sustained and selected as an outcome of various social processes, they at the same time share another premise that renders them dissonant with the genealogical approach of Foucault. Following Nettleton, this is that

whilst knowledge is socially created there exists an underlying truth, a real external world which remains more or less disguised or more or less understood. For all these constructivists' knowledge of the world is constructed through the play of either interests, perceptions or language; the material world, however, exists as an external reality. (Nettleton 1992: 136)

Hence, as a tactical complex within the force field of disciplinary power, the affinity of the South African socio-medical sciences with methods devoted to stripping away veneers of interests, motives and ideologies mutates into a machinery of production that sustains the material matrix of the corporeal and the social as parts of an objectively given external reality. Perhaps ironically, it is therefore in this failure to understand accurately and to embrace the Foucault schema that the present methodological configuration of the socio-medical sciences confirms the South African anatomy of power as a Foucauldean economy of disciplinary forces, tactics, strategies and knowledges. Because, within the genealogical gaze, the pejorative terms that are the bedrock of this methodological configuration (objectification, reification, stereotyping, prejudice, positivism, alienation and so on) are not the techniques through which bodies are imprisoned, 'but the analyses through which they are created. Discourses against positivism or against alienation are, therefore, objectifying strategies themselves, a part of the whole which they presume to criticise, devices for establishing the subject as "object" of perception' (Armstrong 1985: 114-15).

The relevance of Foucault to socio-medical practice in the present

From these observations it is possible to see that the Foucauldean perspective offers new insights and new ways of thinking about the contemporary practice of the socio-medical sciences. For, while this study has deployed materials from the past as a means by which to make its point concerning the correlative relationship between power and socio-medical knowledges of the human body and the subject, its relevance can be only for the present in which it is written and of which it is a product.

The Foucauldean perspective suggests, for instance, that biology, the body and disease cannot be simplistically regarded as materially given processes and external realities, but rather as at one and the same time inherently social strategies of surveillance and visibility. Consequently, they fall squarely within the remit of social psychological and sociological study, with the effect that instead of continuing to operate as adjuncts to bio-medicine by assisting in the understanding of illness experiences or the identification of social factors in the aetiology of disease, these disciplines can now study disease in its own right, by asking how certain diseases are invented, what makes them possible, and what, in turn, they make possible.

Flowing from this recognition is the pertinence of the Foucauldean approach to the ongoing and fractious debate between medicine and the psychological sciences (e.g. Manganyi 1991; Miller and Swartz 1990; Swartz 1988; Swartz and Levett 1989). As Nell (1992) has articulated it from the side of psychology, the willingness of psychologists to subordinate themselves to the medical profession perpetuates a medical hegemony that suppresses the psycho-social origins and the subjectivity of illness: '[T]he medical gaze is barren, and psychology's pathetic fate is that its seduction by the clinic is followed by its own impotence. Psychologists deluded by the medical gaze are made impotent by the company they must keep in the *klinikos* – a silent doctor, and a longing patient' (Nell 1992: 230). As a result, continues Nell, psychology is rendered powerless to make the 'significant contribution to human welfare and ... a just society' (p. 228) that it should be doing by rescuing the 'lay public' from 'the ways in which medical technology and medical information-giving ... disempower clients, rendering them passive and ... helpless recipients of medical care' (p. 237). Such an argument is a restatement of the medicalization thesis, through which writers such as Illich (1976), McKeown (1979) and M. Singer (1990) have drawn on various types of evidence to demonstrate how medicine has invaded

and taken control over increasingly extensive areas of life. From the Foucauldean perspective, however, the currency of the medicalization thesis is severely devalued by the disciplinary recognition that instead of repressing the body and disease, medicine in fact invents these, and therefore that those who oppose the power of medicine with their calls for a humanist and psychologized alternative can at best triumph in a palace revolution only. For, since they are no more than diverse sides of a unitary apparatus for the invention of the body, the person and the social as their objects and effects, any such inversion of the hierarchical relationship between medicine and psychology would be no more than the exchange of one spurious monarchy for another, which through its promised emancipation would further conceal the already well hidden locus of power to produce the knowing and free subject as its target and its relay.

This type of discourse is, indeed, a formidable tool of control and power. As always, it uses what people say, feel, and hope for. It exploits their temptation to believe that to be happy, it is enough to cross the threshold of discourse and to remove a few prohibitions. But in fact it ends up repressing and dispersing movements of revolt and liberation. (Foucault, in Kritzman 1988: 114)

As a final example of the relevance of Foucauldean theory to the practice of the socio-medical sciences in the present, it suggests a whole new angle of approach to the question of the 'relevance' of western psychological knowledges and techniques for Africans in an African context (e.g. Anonymous 1986; Asante 1990; Berger and Lazarus 1987; Bulhan 1990; Seedat 1993). Conventionally, it is argued that because these emerged in Europe and America they can at best be of only limited value in the 'alien' context of an African society upon which they have been imposed, and at worst constitute the source of a pernicious brand of neo-colonialism. As Seedat argued in relation to the psychological sciences:

Liberatory psychology is centred ... around the organising principle that rejects the primacy of Euro-American values and philosophical assumptions about humankind. Liberatory psychology is oriented towards placing the experiences of those other-than-European in the centre of its discourse ... The commitment to centre the African or 'Third World' psychosocial experience heralds the articulation of a dynamic, formative agenda that is connected to progressive and democratic voices throughout the world. (Seedat 1993: 253)

Against this point of view, and because within the genealogical per-

spective knowledge is never independent of the objects that are its effects, there can be no possibility of one way of knowing being more or less 'relevant' than any other. This implies that in their haste to dismiss 'Euro-American' science as irrelevant to Africa and Africans, critical socio-medical scientists arguing from an Africanist framework may be throwing out not only the bath water of a colonial past and a neo-colonial present, but with it precisely the African body that in the absence of these 'irrelevant' approaches would, quite simply, cease to exist as a manageable object of socio-medical knowledge.

In all likelihood, it is of course true that the place of the western, bio-medical body would immediately be taken by a novel African body as the effect of an indigenous African knowledge. But would this provide the apparatus of the state and the machinery of industry with the individual, social and demographic objects that have for so long been, and continue to be, the prerequisites for their functioning? While a study of indigenous African knowledge from the Foucauldian perspective has yet to be performed to answer this question, it probably would not. Hence the debate over relevance studiously avoids problematizing all those micro-powers that produce these essential objects (such as the clinical examination, the epidemiological survey or the participatory research interview) in favour of such epiphenomenal questions as those around notions like cosmology, epistemology, ideology and cultural imperialism.

The relevance of Foucault to the present lies therefore not in the possibility of Foucault bringing some kind of therapeutic leverage to bear on what the socio-medical sciences do, but simply in providing a method of analysis that permits of a perpetual monitoring not only of what these disciplines do, but of what it is that is done by their performance.

Afterword

Arguing from a feminist perspective, Nancy Harstock (1990: 166) wrote: 'reading Foucault persuades me that Foucault's world is not my world'. Along with other critics such as Bury (1986), Walzer (1986) and Dews (1987), she considers the genealogical aspiration to a non-interventive analytical neutrality as Foucault's greatest failing, the 'catastrophic weakness of his political theory' (Walzer 1986: 67). For, they argue, Foucault's formulation of power as omnipresent and obedient to only its own rules of ordering offers no hope for the future. If power is 'always-already present, constituting the very thing which one attempts to counter it with' (Paternek 1987: 111), there can be no escape and no

progress, all phenomena continuously suspended in the ever-presence of the present. However, whether or not one agrees with Taylor's (1984) view that this is a spurious objection since the very neutrality it critiques is itself derived from an evaluative reason for this non-evaluative stance, it by no means removes the Foucauldean analysis from a participant position in the ongoing fabrication and re-creation of reality. On the contrary, precisely because knowledge produces power and power produces knowledge, the knowledge of genealogy and the genealogy of knowledge are always actively creating the world and so are far more than mechanisms by which it is simply studied.

What these critics therefore reveal in their preoccupation with the Foucauldean failure to provide any guidance for action is the 'assumption that there must be action and progress, a non-relativist way forward that has been defined by a western tradition in the sciences of man' (Armstrong 1987: 74). They thus fail to recognize that the Foucauldean analysis formulates its questions and performs its studies from a plane of analysis independent of this liberal-Marxist perspective, a plane that because it is independent of any humanist assumptions is neither for nor against humanism. Accordingly, Foucault is able to remind us that there is likely to be a completely different way of knowing and seeing our world, a way so different as to be incommensurable with and unrecognizable from our late-twentieth-century perspective. As Rorty (1986) has noted, Foucault thus succeeds in doing what philosophers are supposed to do, 'reaching for speculative possibilities that exceed our present grasp, but may nevertheless be our future' (Rorty 1986: 48).

Because this study is itself a component of the Foucauldean discourse that makes such an exercise possible, it cannot be viewed as independent of the domain it has analysed. Indeed, precisely because there can be no objects of knowledge in the absence of methods for their production, this study is itself a productive component in the discursive context of Foucauldean scholarship. As such, it can make no claims about being more correct than alternative explorations for thinking about thinking in the socio-medical sciences, and its strategy of assuming a 'true' reading of Foucault from which South African scholars have deviated must be read as a tactic of provocation rather than a claim to absolute certainty in respect of its readings of misreadings of Foucault. What is hoped, however, is that its analysis of Foucault's reception in African socio-medical science has gone some way to destabilizing what otherwise is experienced as certainty, and to bringing about some appreciation of how, while we can never be outside the loop of power, we can at the very least observe its operation and in this way appreciate that while sovereign power cannot easily be grasped by everyone, disciplinary

power is within the grip of us all. Seeing and caring for the objects of our day-to-day experience is one thing, but only if we can also appreciate their origins as in part the outcome of what we do can we understand our place in the order of things.

Note

1. This study is no more than an invitation to contemplate the problem of the African body and an overview of the anatomy of power. It is an invitation because as well as being limited in its geographical focus on the unwinding of power and the corporeal in South Africa, it does not even attempt to explore the power implications of the indigenous practices and knowledges that counterpoint the western systems it investigates. It is an overview because each substantive chapter could itself be the subject of a full-length genealogy, and because in between the objects of knowledge they pick out lie great fields of socio-medical micro-power that this book ignores or only barely touches upon. For instance, the body of the African woman and the techniques of gynaecology; blood; the invention of infant mortality and the emergence of forensic pathology with its changing fabrications of death; the science of demography and the strategy of population; dentistry and the African mouth with teeth, or the discipline of nutritional science and its problematization of mastication, digestion, excretion and growth of the body.

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'IT IS DIFFICULT TO FIND a single colonial or post-colonial society in which the hospital doctor, psychiatrist, nurse, public health official, and many other representatives of the socio-medical sciences are not present. It is equally impossible to identify any setting where the population has no knowledge of how to act and react in the ritual of the medical examination by the doctor, inspection by the aid worker, interrogation by the anthropologist, or enumeration by the census officer.'

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