MASQUERADE

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BOOKS

Masquerade

For more than five hundred years, the Romans had no doctors. At that time, they were occupied only with killing, and paid no attention to the art of preserving life. How, then, were they to use it in Rome when they had the
putrid fever, a fistula in the anus, a buboneocele, a fluxion of the chest? We were dying.

Voltaire, Philosophical dictionary

The rules of the bourgeois state are not fundamental rights, they are the expression of a balance of power. It has never been otherwise. And the current state of emergency should really convince the
The latter are naive enough to believe that they can be suspended at any time, that the contractual relationship between the upper and lower classes is no more than a form of truce that can be broken at any time by an uprising or, as is the case now, by a state of emergency.

Giorgio Agamben, Riflessioni sulla peste, 2020

"Cholera is an invention of the bourgeoisie and the government to starve the people... Aux arms!"

Proclamation posted in the Faubourg Saint-Antoine during the 1832 cholera epidemic in Paris (*)

After a century of medical utopia and contrary to popular belief, we can say that the services medical care has not played a major role in the changes that have occurred in life expectancy. Much of contemporary clinical care is incidental to curing disease, while the damage caused by medicine to the health of individuals and populations is very substantial. These facts are obvious, well documented and well hidden.

Ivan Illich, Medical Nemesis. The Expropriation of Health, 1975

Julian West, born in the 1850s, is a wealthy man engaged to a beautiful woman, but he can't stand the fact that he can't do anything about the inequality he sees around him. Julian suffers from insomnia and the only way he can find sleep is to lock himself in a room in his basement. One day, with his consent, his GP, a hypnotist, puts him into a kind of artificial coma. Julian is
wakes up in the year 2000, in the laboratory that a doctor called Leete has had built on the site of his house. The doctor soon brings him up to date on the changes that have taken place since 1888.

The State is the sole employer; it sets production according to demand. All citizens
work the same number of hours, except for those who do arduous work. Everyone - whether fit for work or not - receives the same wage. Money no longer exists. Every citizen has a credit card (1) to pay for purchases. The retirement age is set at 33, and all retirees receive half the salary they earned while working. The law has been simplified and the crime rate has fallen drastically because there are no longer any rich or poor. Lying is strongly discouraged, so if someone is involved in a crime, they usually confess quickly. So crime still exists, but there are no more prisons: all offenders are treated in hospitals. The number of sick and disabled people has been reduced and the cost of medical aid has therefore fallen. Doctors are recruited by the state. Women are equal to men, are independent and people marry because they love each other, not because they are rich. One of the most popular forms of entertainment is music, broadcast by telephone. The president of a country is appointed by an assembly made up of members of the "liberal professions" (doctors, professors, artists, etc.) and, if the council is satisfied with him, it can reappoint him. Dr Leete predicts that all humanity will eventually be united as one nation. One night, Julian dreams that he is
back in the 19th century, trying to describe the society of the future to his contemporaries. Suddenly he sees
Dr Leete stands before him: he is still in the 20th century. The nightmare is over. But not for us.

In the first circle of hell, Dante is guided by the shadow of Virgil. In twentieth-century society, a young middle-class man (Julian West) is guided by an enlightened, all-round doctor (Dr Leete): both a man of science and a philosopher; long gone are the days when we laughed heartily at the ridiculous Vilain Mire (2), forerunner of Le Médecin malgré lui; long gone even are the days when we shuddered at the thought that our family doctor might be the evil demiurge depicted successively by Mary Shelley (1818), Nathaniel Hawthorne (1837) and R. L. Stevenson (1887). Long rivals, the doctor and the priest could once again claim to be one and the same (3).

Julian West and Dr Leete are the main characters in the novel "Looking Backward" (1888) by the American lawyer, journalist and writer Edward Bellamy (1850-1898) ("Cent Ans Après", E. Dentu, 1891), which was a bestseller for five decades and, in the fifteen years following its publication, inspired no fewer than twenty transfictional stories.

Despite his kind of double vision, Bellamy had not foreseen that, by the end of the 20th century, everything, from birth to death, public and domestic life, social and professional life, physical and psychological facts, everything and not just delinquency, would be medicalised. Today, everything is considered a medical problem. Medicalisation is a form of what Michel Foucault calls biopolitics, which he defines as a political technology for managing populations as biological groups, entities considered in terms of and subject to biological functions. Biopolitics emanates from what he calls biopower, "the administration of bodies and (...) the calculating management of life" through "diverse and numerous techniques (...) for the subjugation of bodies and (the) control of populations" (4).

"For a long time, one of the characteristic privileges of sovereign power had been the right to life and death.
"(5), which derived from patria potestas. "The sovereign only (...) exercised his right over life by making or by withholding it; he marked his power over life only by the death he caused.
(was) able to demand. The right to life and death was in fact the right to kill or let live. After all, it was symbolised by the sword (...). Power was above all the right to take: over things, time, bodies and ultimately life; it culminated in the privilege of seizing it in order to take it away" (6). This power, sovereign and based on law, underwent a profound transformation in the seventeenth century. "The 'levy' no longer tended to be the main form of power, but only one of a number of elements that had the function of encouraging, reinforcing, controlling, enforcing, and so on.
It is a power designed to produce forces, to make them grow and to order them, rather than to block them, to bend them or to destroy them. The right to death will therefore tend to be displaced or at least supported by the demands of a power that manages life and orders itself according to what they demand. This death, which was based on the sovereign's right to defend himself or to ask that he be defended, will appear as the simple opposite of the right of the social body to ensure its life, to maintain it or to develop it. Yet wars have never been bloodier than in the nineteenth century, and even when all things are considered, wars have never been bloodier than in the twentieth century.
regimes had never before practised such holocausts on their own populations. But this formidable power of death - and this is perhaps what gives it some of its strength and the cynicism with which it has pushed back its own limits so far - is now seen as complementary to a power that is positively exercised over life, which undertakes to manage it, to increase it, to multiply it, to exercise precise controls and overall regulations over it. Wars are no longer waged in the name of the sovereign who must be defended; they are waged in the name of the existence of all; entire populations are trained to kill each other in the name of the need to live. Massacres have become vital. It is as managers of life and survival, of bodies (...) that so many regimes have been able to wage so many wars, by having so many men killed. And in a twist that brings the circle full circle, the more the technology of war has turned it to exhaustive destruction, the more the decision that opens it and the one that closes it are ordered by the naked question of survival (...): the power to expose a population to general death is the flip side of the power to guarantee another its continued existence. The principle of being able to kill in order to live, which underpinned the tactics of the

But the existence in question is no longer the legal existence of sovereignty, it is the biological existence of a population. If genocide is indeed the dream of modern powers, it is not because the old right to kill has returned; it is because power is situated and exercised at the level of life, of the species (...) and of massive population phenomena" (7). The task of government is no longer, or no longer only, the conduct of public affairs.
the State, but the conduct of individuals and populations, not exactly and solely by laws, but by an infinite variety of processes, procedures, techniques, rules and standards, all 'disciplinary' in the sense that this term has in medical thought. Medical thought seeks (...) to provide itself with means of correction that are not exactly means of punishment, but means of transforming the individual, a whole technology of human behaviour that is linked to this" (emphasis added) (8). It thus fits perfectly into the spirit of pastoral power, which is, as Tocqueville called it, a "more extensive and gentler despotism", which "(degrades) men without tormenting them (...) does not break the wills of men (...).) does not break wills, but (...) softens, bends and directs them; (which) rarely forces action, but (...) constantly opposes action; (which) does not destroy, (but) prevents birth; (which) does not tyrannise, (but) hinders, (...) compresses, (...) irritates, (...) extinguishes, (...) dazes, and (...) finally reduces each nation to being no more than a herd of timid and industrious animals, whose government is the shepherd" (9). The infantile consent and bewildered participation of this "herd" in the current health masquerade shows, if proof were needed, that biopolitics, as Giorgio Agamben (10) asserts, is perfectly adapted to it, and that it has everything it needs.

It's a good idea to shed some light on the current masquerade by taking a look at the genealogy of biopolitics, the various stages that have led to the pastoral, pastorian medicalisation of so-called 'Western' society, while not shying away from questioning, along the way, a path that will include Venice, the medical beliefs scientifically mobilised and agitated by the scoundrels upstairs to carry out Operation Covid-19 using special effects which, incidentally, are no more than technological transpositions of the sleight-of-hand tricks once performed by the fairground entertainer and the priest.

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The concept of disease as a biological process is relatively new. "Primitive man found himself in a magical world, surrounded by a hostile nature whose every manifestation was invested with mysterious forces. To remain safe and sound, he had to be constantly vigilant and observe a complex system of rules and rituals that protected him from the evil forces emanating from nature and his fellow creatures. Magic was the means that gave him power over his
environment, and everyone had to acquire a certain level of magical expertise if they wanted to live in harmony with the world, making it an integral part of your physical and social environment.

social" (11). In primitive societies, the sick man is therefore an individual who is not in harmony with the forces of nature and society. "Illness is often seen as a social sanction, and the sick person is either the victim, innocent or guilty, of black magic or the wrath of the spirits, or is punished by a benevolent deity for having offended it" (12).

In the Semitic civilisations of the ancient East, it was believed that illness, like suffering, was the punishment for a sin, the sin of an individual, his parents or his clan. The punishment was twofold, because the suffering caused by his illness was compounded by opprobrium. Sin had to be atoned for through suffering, and the angry god(s) had to be appeased. A man, an intermediary between man and god(s), was empowered to do this: the medicine man (wherever women were admitted on an equal footing with men or, a fortiori, wherever they played a very important role, they played the role of priestesses and therefore also healers) (13). "The medicine man occupies an extremely important place in primitive society and is infinitely more than the ancestor of the modern doctor. He is in fact the ancestor of all our professions; he is at once priest, sorcerer, physician and very often the chief, judge and bard of the tribe" (14). He has more knowledge than any other member of the tribe, because he knows the traditions and has mastered magic, and he uses his knowledge to protect the tribe and make it prosperous.

Where did they get them from? What did they consist of?

Primitive medicine was a mixture of mysticism and empiricism. Natural means of treatment were combined with theurgical rituals, as evidenced by the healing formulae engraved on the tablets: the vows to be delivered from the disease or the injunction given to the evil to leave were preceded by the definition of the disease and its symptoms. Anatomical and physiological knowledge was relatively well developed: a large number of diseases could be identified from their symptoms and clinical signs. In "Egypt (which) was the medical centre of the ancient world (...) there were specialists (...) for every part of the body. They were perfectly familiar with hygiene measures such as baths, body massages and inoculations. They were no strangers to dietetics, studied the role played by vermin in disease and used fumigation to combat epidemics" (15). Their pharmacopoeia included all sorts of ingredients of mineral, vegetable and animal origin. The first known reference to surgery is found in a treatise written in Egypt around 5000 BC (16). The
aesthetic surgery was no stranger to the ancient East either: the first forays into this field were made by These treatments were carried out in India and Egypt around 2500 BC (17). "But these treatments apparently rational were applied as part of a magical ritual: a medicine did not act as such, but because the ritual by which it was administered and the incantation on which it was pronounced gave it the power to cure illness and alleviate suffering" (18). The

medical mysticism seems to be of priestly origin, while empirical treatments appear to be come from the people.

In a way, folk medicine was "born with mankind; they have always carried it everywhere and cultivated it with equal care. Necessity dictated it to them, just as it taught them to prepare various foods and drinks; they had to think about relieving or curing themselves, as well as housing, covering themselves and protecting themselves from all kinds of accidents. This is empirical medicine based on experience. every day. Fathers teach it to their children, and generations pass it on" (19). Judging by the situation in ancient Egypt, it seems that it was from popular medicine that the priests extracted their medical knowledge. Indeed, according to Strabo and Herodotus, "the obligation (was)
The temple of Memphis (...) became the main repository of these salutary records, which were kept there with the same care as the archives of the nation. The temple of Memphis (...) became the main repository of these salutary registers, where they were kept with the same care as the nation's archives. In the early days, everyone was free to consult them and to choose the remedy he thought appropriate for his illness. The reading and combination that the priests made of these memoirs, and the discussions they had, either with the bearers of the recipes, or with the patients themselves, who often had to call them, made them the first masters of the art. Such fine appearances did not last long. When they thought they had sufficiently accustomed the people to depending on their supposed knowledge in this area, they drew up a medicinal code, of which there was not a single word.
permitted to break the laws. It was according to this code, which they made people regard as sacred, and which they
attributed to Hermes, Isis or some similar divinity, that Medicine was subsequently practised.
If the Doctors, by following what he prescribed, did not succeed in curing the sick, they would
The pretext for such a severe law was that a practice confirmed by long experience, and supported by the authority of the greatest masters of the art, was preferable to anything that could be produced. The pretext for such a severe law was that a practice confirmed by long experience and supported by the authority of the greatest masters of the art was preferable to anything that could be produced by the experience of a small number of individuals (...). Experience, which teaches the most learned men lessons every day, became absolutely useless" (20).

The priests jealously guarded their medical knowledge. "They were careful not to reveal sacred matters to the profane; they only initiated those who were to become royalty or those who had already done so, most of whom were taken from the class of men of war, the only ones who were allowed to aspire to this honour, along with the priests" (21). To avoid the risk of inadvertently revealing sacred matters to the profane, they ensured that medicine was only taught in schools that depended on the temples (22), and that their knowledge was wrapped in
It was this very mystery that made it possible for "the medical profession" to become even more impenetrable. This very mystery meant that "
(we) feared their power and above all their resentment; (we) had blind faith in their science".
(23): it was supposed to come directly from the gods. To reinforce this belief, they "made the sick take remedies (in a mysterious way) (...) (in order to) then (attribute) (to the gods) cures that were only due to these remedies" (24). Their talent for prestidigitation,

combined with the ascendancy it gave them over the people, explains why despotism was able to call on them to exploit virulent diseases for the purposes of social control (25).

Doctors, soothsayers, prophets, exorcists and miracle workers, priests were above all people of faith. civil servants; of the priestly order in Mesopotamia, where, nevertheless, the State fixed their fees (26) of the State in Egypt. In the latter country, the priest-physicians "held the highest rank in the State: seated on the steps of the throne, they composed the Prince's council, dispensed justice and presided over the levying of taxes" (27). They enjoyed many privileges. "It is conceivable that, being the guardians of the law, they were the first to evade its rigour. From the time of the Patriarch Joseph, the The lands they held through the generosity of the Prince were not subject to any royalties, and these possessions had certainly not diminished in their hands since Isis, who had given them full ownership of a third of Egypt, both to provide for their upkeep and for the sacrifices and all that related to the worship of the gods" (28). The profession of doctor was hereditary. Once trained, future practitioners supplemented their scientific knowledge by completing a training course in a peri-ankh; these "houses of life" enjoyed the protection of the pharaoh, who did not disdain to come and study there (29). The profession was strictly hierarchical (30), subject to administrative control and divided into numerous specialities (31). Some doctors were assigned to the care of a group of individuals, including - in addition to the royal family - farmers, miners, quarry workers and construction site workers (32). The Mesopotamian priest-physicians can be considered as the precursors of occupational medicine for having advocated the
the need to give sick workers time off work and isolate them (33). In Egypt, employees and workers enjoyed benefits such as medical insurance, pensions and sick leave (34).

The relatively widespread development of medical science, its codification, its transmission of generation after generation, the organisation of the medical profession, its integration into the workings of the
the State, the prestige and status of doctors, indicate "public health" concerns in
Ancient Egypt, especially as all Egyptians, with the exception of the priests, were required to pay an annual wheat tax to cover the cost of any medical services they might need. But it was the Hebrews, for whom the priests acted as a "veritable medical police force
"(35), who were the first to take "public hygiene" measures (Leviticus, 13:45-46) as part of the fight against so-called infectious diseases; along with the Mesopotamians (36), they were also the initiators of medical jurisprudence.

"The Greek world was a world of health and robustness. Health seemed to be the greatest good. The ideal man, for the Greeks, was the harmonious being whose balance of soul and body was noble, beautiful and perfect. Illness was considered (not as a sin, but) as a great blessing.

It was a curse because it removed man from the condition of perfection and made him inferior. The physician, whose duty it was to maintain and restore health, was therefore "not, as in the East, feared at
like the divinity he mediated, but "as esteemed as a craftsman" (37). In the Greek world, where it had been transplanted from Asia (38), medicine left the temple at the same time as the theatre.
masked religious ceremonies in honour of Dionysus, but unlike the
The theatre's most conspicuous religious elements were removed.

In the 6th century BC, "(r)ational systems of medicine (developed) which did not consist merely of a collection of crude empirical facts - lists of symptoms and recipes - but which attempted to interpret the nature of health and disease. They were based on observation and experience, excluded mythology and the transcendental, and interpreted the problems of medicine philosophically and then scientifically" (39). While Greek physicians and philosophers were questioning the nature of illness, many people continued to give a religious interpretation to disease and sought healing in the temples. Evil was sent by the gods, as was disease. Apollo's arrows brought plague, the snake-haired Furies punished crime and caused madness. Medusa's gaze was paralysing, and her image was worn as an amulet to protect against the evil eye. Most of the gods had the power to heal. Zeus was worshipped as Zeus Soter and, in Rhodes, as Zeus Paian. Pallas Athena was invoked in Athens as Athena Hygeia, and in Kyzikos as Athena Iasonia. Apollo was considered to be the inventor of medicine. Gradually, however, religious medicine crystallised into the cult of Asclepius, unknown to Homer.

Some traditions make Asclepius a real person, a cabire, a magus or a Mazdean or even Egyptian priest. (40). In any case, he was a Chthonic deity venerated in Thessaly. According to the legend that was most widespread in Greece, Asclepius was torn from his mother's womb by Apollo, who was furious that she had deceived him. Raised in the cave of the centaur Chiron, who taught him the medicinal virtues of herbs and numerous incantations, Asclepius became a doctor and cured many patients,
before being struck down by Zeus for having abused his art to the point of raising the dead: "... the sky always belittles that which is beyond measure" (Herodotus, VII, 10). This did not prevent Plato from praising Asclepios on the grounds that he had put his art at the service of the city (41).

After his death, divine honours were bestowed on him and he was designated god of medicine; temples were erected to him in various parts of Greece. His descendants took the name
of Asclepiades. Faithful to their ancestor and to his ancestors (whose exploits were not very glowing) (42), they communicated only to their children the knowledge they had inherited. "They (ensured) that the ideas of the people were never enlightened about the cause and cure of illnesses, and that a mysterious veil prevented the curious from penetrating the secret of their art. They did use natural medicines in the cures they performed, but the people believed that this effect, which was often of a very different nature, was the cause of the illness.

This was due to the magic formulas, hymns and purifications" (43). To preserve their monopoly on medicine, they made the neophytes swear the following sacramental words: "We swear by the gods not to reveal the principles of our art to any profane person, and to regard as sacrilege anyone among us who has the temerity to reveal them" (44). Some
ancient authors date the disclosure of the secrets of the Asclepiades to the time of Hippocrates (c. 460 BC).
370 BC); others attribute it to Hippocrates himself. Pliny reports that "
(l) it was customary at that time for all those who had been delivered from some illness to write in the temple of the God the remedy that had been successful for them, so that they could benefit from it when they found themselves in the same case" and "that Hippocrates was careful to copy all these recipes, & Varro believes that this is how, after the burning of this Temple, he established the Medicine called the Clinic" (45). Other ancient sources also assert that, after profiting from the recipes and prescriptions of the medical priests, he made
actually burn down the temple (46). The obvious objection to this account is that, as Hippocrates was himself an Asclepiad, he had no need to copy the recipes already passed down to him by his family. There is a more plausible explanation: Solon (640 BC - 558 BC) and Heraclitus (end of the sixth century BC) make mention of them; the Asclepiades, feeling overwhelmed by these "lay" competitors (47), would eventually have resolved to pass on their medical knowledge to hand-picked outsiders, to set up schools, to make their teaching public and to put their books into circulation (48). Even so, they would only have revealed ordinary knowledge to lay people, reserving knowledge of the great mysteries for the initiated or epoptes (49). The teachings contained in the Hippocratic writings are therefore to be considered "exoteric".

Hippocratism constitutes a fourfold doctrine (50): 1. the doctrine of the four humours (blood, phlegm or pituitum, yellow bile and black bile) (51); 2. the crase, or balance of the humours, which gives health and which, as soon as it is disturbed, produces disease, the most powerful cause of which is the variation of the seasons and the action of the climate: whatever it may be, the cause of disease is to be sought exclusively in the material domain; 3. coction, or transformation of the harmful qualities of the humours before their elimination and return to health; their elimination is called a "crisis"; it takes place by various means (sweating, alvine excretions, vomiting, expectorations, urine, etc.) and goes through several phases, corresponding to critical days; 4. prognosis, which is the assessment not only of the degree of severity and subsequent course of an illness, but also of its cause and outcome (52); in other words, it is a medical judgement whose aim is to assess the patient's past, present and future condition. Isn't it remarkable that prognosis is "the first construct
scientific knowledge of medicine" and, again according to Émile Littré, that it was inspired by
to Hippocrates through the medical divination practised by priests in temples (53)?

Hippocrates found three major advantages in prognosis: "the first is that the doctor gains the patient's trust, who obeys his orders punctually, in the belief that his illness is well known; the second is that, by guessing what is going to happen, he can prevent certain illnesses from developing".

The third is that he will not be blamed for the death of patients if they succumb" (emphasis added) (54). "He will persuade them that he knows better than anyone else everything that concerns them, so that they will not be afraid to abandon themselves to him. He will direct the treatment all the better because he will be able to foresee future events on the basis of present phenomena" (emphasis added) (55).

In Greek cities, it was possible to practise medicine without a licence, diploma, title or examination. Anyone was free to open a practice. To set up as a doctor in the city, all you needed was premises and a sign. Unlike the Egyptian surgeon, who, if he killed a nobleman or blinded him during surgery, could have his hands cut off; who, if he killed a slave, could be condemned to give another slave to his master (56), in Greece, the only risk for a doctor in the event of professional misconduct was to lose his reputation and possibly his clientele. Doctors were prepared to do anything to protect their reputation. make one and keep it, if need be by exaggerating to the point of excess the acting skills required to practise this profession. According to several Hippocratic writings, there were few practitioners who went door-to-door - doctors were then mostly itinerant practitioners - lavishly perfumed, dressed in extravagant clothes and equipped with flashy instruments. By Hippocrates' own admission, medicine had a very bad reputation in Greece at the time, to the point of not even being recognised as an art (57). Hippocrates himself railed against those who had turned medicine into an art as imprecise and speculative as divination, and railed against the lying and impious art of the magi, who, by presenting certain illnesses as a punishment from heaven,

fill the credulous with terror, to make them all the more docile to the demands of their greed (which did not prevent "the father of medicine" from believing that there were premonitory dreams, that dreams had diagnostic value, that it was possible to perceive in dreams the causes of illnesses and to guard against the malignity of some of them, using certain recipes that he indicated) (58). Socrates' indictment of the physicians of his time (Republic, III, 405c-408d) goes further. These days," he says, "the number of law offices and doctors' surgeries is on the increase, and for the sake of a yes or a no, rich idlers are bringing lawsuits and subjecting judges to the defence of their interests.

they demand all sorts of refinements from the Asclepiades, and they are always on the lookout for them. The best example of these errors is the unfortunate Herodicus of Selymbria, who practised what we would call relentless therapeutics on himself all his life, this gymnastics master who took himself for a doctor and painfully supported his lamentable life to the end. Ah, it wasn't like that at the time of the Trojan War! (...) Artificially prolonging one's life by

medicine is cowardice, you have to accept death, you shouldn't treat incurable diseases; you should

there are only four acceptable types of medicine: vomiting, purgations, cauterisations and incisions. The physician treats not only with his body, but also with his soul; he needs a high level of moral training" (as if morality could be acquired...) (59). Similar criticisms of doctors continued to be made from century to century, until, at the end of the nineteenth century, Masonic-Republican propaganda, now armed with two real weapons, began to be used against them,
the press, succeeded in demonising the opponents of medicine, by dressing it up in the garb of science and idealising the doctor, without however being able to completely stifle the few voices which were - and still are - vigorously raised against iatrogenesis (60), which, in the "medical profession", is at best observed, recognised and, of course, the subject of statistics.

Hippocrates' first treatment - or second, if we are to believe the accounts according to which he was first and foremost a thief and an arsonist - was to make medicine more respectable, by advocating a pastoral approach. In the Treatise on Epidemics, it is said that there are two things in diseases: "to relieve or not to harm" and that the "art" is made up of three terms: "the disease, the patient and the doctor; (...) the patient must work with the doctor to combat his illness". In the treatise On Prognosis, the doctor is advised to gain the patient's trust and obtain his
consideration and respect by the attention he pays to examining and questioning him. In the sixth book of the Epidemics, it is said that the physician must be gracious and indulgent to the patient and that he must look after his own person in order to please his clients (61), while remaining within the limits of good taste, which the physicians of his time, as we have seen above, clearly overstepped. To make medicine respectable, he set out to moralise it. "The Oath
prefigured the Western paradigm of a profession (one that professes an oath) capable of moral self-regulation as a discipline practised by those who shared its knowledge and undertook to serve others" (62). The so-called Hippocratic Oath was to "inspire all Western legislation" in the field of medicine (63), from the "Geneva Oath" - to limit ourselves here to its modern-day avatars - adopted by the World Medical Association in September 1948 to the International Code of Medical Ethics promulgated in London in October 1949 to define, in accordance with the Universal Declaration of Human Rights, the rules governing the duties of doctors towards each other and towards patients, as well as the rights of patients.

The Hippocratic endeavour to moralise medicine came up against the immorality of doctors and, in
From the 4th century BC onwards, practitioners, who at the time almost all claimed to be followers of the Hippocrates' teachings were once again the target of virulent attacks, in both non-medical and medical texts, for reasons that had nothing to do with Hippocrates' weakness for the supernatural. Physicians were frequently accused of causing the death of the patients they were supposed to treat, of refusing to deal with serious cases and of taking credit for the recovery of patients who would have regained their health without their care (64). Medical treatises, for their part, blamed doctors' weaknesses and shortcomings on their poor knowledge of the medical profession.

This in turn was due to "the widespread use of writing in the authentic medical profession" (65). Mutual accusations of charlatanism were commonplace (and remain so today, albeit "medically correct"): competition between doctors was fierce and merciless; they had to "distinguish themselves from other doctors by giving a negative image of their practice, in the hope of enhancing their own" (66); some did not hesitate to ask the authorities to put an end to their rivals' bankrupt practices (67).

Cities had not waited for Hippocrates and his oath before attempting to combat the "theatrical extras" (68) who were either dishonest or incompetent doctors. Probably as early as the sixth century BC, they had created the post of public physician (dèmosios iatros), anxious, of course, to protect their citizens from charlatans, but above all to ensure the permanent presence of sedentary physicians within their walls (69). Even small towns ensured that their inhabitants had access to a medical service (70). Towns that did not have enough permanent doctors issued decrees publicly inviting foreign doctors "to come and treat the men who had been wounded during the war" (71). Their appointment depended on a speech, delivered before the assembly of the people in democratic cities (72); a priori, it was therefore determined by rhetorical skills rather than professional competence. Once a doctor had been hired, a practice was made available to him free of charge or almost free of charge. He was
He was paid a lump sum by the assembly; moreover, there was nothing to prevent him from receiving fees from his clients (73). To pay doctors, the Egyptian state levied a tax; Greek cities did not do otherwise (74). As in Egypt, public physicians were privileged from a fiscal point of view: whether they were peregrines or sedentary, they were exempt from taxes and could be granted the right of citizenship, along with the rights reserved for citizens, such as land ownership (75). Twice a year, they made sacrifices in honour of the deities of medicine (76) and celebrated festivals such as the Asclepieia and Epidauria. As early as the third century BC, physicians formed a guild.

"The Roman people did without physicians for more than five hundred years", asserts the Roman in Voltaire (77). While this statement may not be entirely accurate from a historical point of view, it nevertheless says a great deal about the esteem in which the early Romans held physicians. Until the fourth century BC, when Greek physicians began to emigrate to Rome, medicine had been practised there "in the patriarchal form. The eldest or most learned relative treated the sick in his family as he saw fit, and it does not seem that priests were more particularly involved in this function than others" (78). Cato the Elder was very interested in this type of medicine
I will tell you," he wrote to his son Marcus, "when the time comes, what I think of these Greeks, and what I think most of what is in Athens. It is good to study, as if in passing, their letters and their sciences; but you must not learn them in depth. I will get the better of this wicked and proud race, but rest assured,

as if a soothsayer had told you, that as soon as this nation communicates its letters to us, it will spoil and corrupt everything; and this will happen all the more easily if it also sends us its physicians. They have sworn amongst themselves to kill all barbarians by means of medicine; and they still demand a wage for this from those they treat, so that they will trust them better and lose them more easily. They are insolent enough to call us barbarians as well as the others; they treat us even more insolently, calling us opics. In a word, remember that I have forbidden you doctors" (De re rustica). On one point, Cato was wrong: most physicians in
Greece were of Eastern origin (79). Most of those who emigrated to Rome were also adventurers and intriguers who, as Gallien himself testifies, had no other aim than to make their fortune and were capable of all kinds of low behaviour to achieve it. At first, they encountered strong opposition from the Romans. However, the frequent wars, which required a large number of army surgeons, meant that the Roman rulers changed their minds.
They sought to attract them to Rome as much as possible. They flocked there - men and women alike, because in Greece women were allowed to study and practise medicine openly on other women and on children (80).

The ability of bad and false doctors to cause harm was far greater in Rome than anywhere else, for reasons that Gallien explains in the following passage: "In a vast and populous city like the capital of the Roman Empire," he says, "it is easy for a foreigner and even a citizen to hide his name, his birth, his wealth and his conduct. A man is judged only by the luxury he shows.
his arrogance. If by chance he is discovered, all he has to do is move to another part of town and everyone won't know who he is or where he comes from. On the other hand, in a small town everyone knows everyone else; you know who your parents are, how you were brought up and what your life is like: fraud is almost impossible (81). An even stronger incentive to fraud resulted from the granting by Julius Caesar in 46 BC of the right of Roman citizenship to all Greek physicians born free on Roman soil. Augustus knighted his physician, Musa. The privileges granted to physicians continued to grow. They were exempt from taxes, duties and military service.
the obligation to take on tenants and accept charges.

However, the abuses to which the total freedom to practise medicine gave rise had become intolerable, so the legislative power was obliged to intervene. At the time of Antoninus the Pious, a numerus clausus of five, seven or ten doctors was introduced, depending on the size of the town. To become a valid docti, also known as archiatrists, they had to prove that they had medical knowledge. A kind of licence was thus instituted, which protected the rights of competent doctors. They formed a kind of college responsible for all matters relating to health. No one could practise medicine without their permission. They were paid by the State and enjoyed various privileges, in exchange for which they were obliged to treat the poor free of charge. At the same time, a new class of men appeared whose function was to prepare the medicines ordered by the doctors, who had previously prepared them themselves or had them prepared by their disciples or servants.

Many families had their own doctor, to whom they paid an annual salary to treat the whole family for the year. There were medical societies in the Roman Empire. Their main purpose was the common worship of their patrons, Aesculapius and Hygeia. Some of these societies
were striving to improve doctors' knowledge and stimulate their zeal.

As for the full-blooded Romans, despite their achievements in the field of hygiene, such as the great aqueducts, sewers, drains and public baths, their contribution to medical science was practically nil. These achievements "often produced hygienic results that their creators had not sought, things that, while having hygienic value, were not of medical origin" (82). Medicine did not inspire any legislation.

The position of the patient and the doctor changed radically with the advent of Christianity.
religion of healing. The new teaching was aimed at the sick, the weak and the infirm, unlike the old religions (non-Semitic, editor's note), which were essentially aimed at the healthy and pure. It promised both spiritual and physical healing. Didn't Christ himself perform healings? Whereas in the Semitic world, illness was seen as a punishment, and among the Greeks it was a sign of inferiority, in the Christian world it signified purification. Illness thus became a grace. The sick person was someone to whom God
had granted his grace. The Christian's duty was to welcome him and his good deed benefited his soul". (83). It is true, according to Chrysostom, that "sins are undoubtedly the primary causes of bodily illness", but healing is possible, and healing, once achieved, is, for the Fathers of the Church, if not synonymous with, at least indicative of salvation (84).

Most of the Church Fathers considered medicine to be a good insofar as it was part of God's plan. Concrete evidence of the positive relationship between Christianity and medicine is the following metrical inscription on a titulus sepulchralis in memory of the Roman Anargyrian priest and physician Dionysios: ars veneranda fidem fidei decus extulit artem ('the art [of medicine] must venerate faith and the honour of faith glorifies the medical art') (85). Origen criticised the Jewish king Asa (2 Chronicles 16:12) because, when he was ill, "he did not seek the Lord, but consulted physicians", i.e. practitioners who based their art entirely on magic, which all the Fathers of the Church stigmatised as diabolical.

In theory, the Christian god, referred to in the texts of the first centuries of this religion as the "divine physician of souls and bodies", was, along with Jesus (Christus medicus), the one and only doctor (bishops and priests were also described as physicians capable of curing the ills of the soul by administering the right medicines) (86). The effectiveness of the curative action of physicians depended on

the divinity, whereas the divinity could heal independently of doctors. By
As a result, the doctor was seen as a kind of imitator Christi or minister Dei.

The early Church, as Justin the Martyr in the 1st and Origen in the 2nd century AD testify, had many doctors in its ranks; they were even the most represented professional category among the first Christians. Perhaps, then, "doctors were attracted to Christianity more than any other professionals. Or perhaps Christians were attracted to the practice of medicine more than to any other profession" (87).

In theory, Christian therapeutics were "sacramental", meaning that the remedies were Baptism, the Eucharist and Extreme Unction (88); in reality, the practice of the Hippocratic Christian doctor did not differ from that of his non-Christian colleagues, except that he refused to carry out abortions and urged the patient to pray in order to be cured. Still, only a minority of Christians were convinced that healing depended exclusively on prayer. To deduce from
Gospels that religious healing, exorcism, which features prominently in the Gospels, was normative among the
Most of them accepted a naturalistic view of the cause of illness, rejecting the belief that ordinary illnesses were caused by demons and that healing was possible by exorcism (89).

The Christian duty to care for the sick and the poor was given concrete expression in the building of hospitals (90) and establishments where people could receive medical assistance: these institutions represented "the necessary union of rational (i.e. Hippocratic) medicine with the distinctly Christian value of charity" (91). Gregory of Nyssa in particular stressed the fact that caring for the sick was an essential duty for every Christian, and therefore for the whole Church (92). Ignatius of Antioch went so far as to compare those who did not care for the sick and poor to heretics (93).

Poverty and illness repaid the Church's kindness a hundredfold.

As far as the first point is concerned, the network of social services that the Church had woven almost Invisibly (94), the practice spread from person to person as it grew richer, to such an extent that it is not idle to ask whether there is a link between cause and effect (95): charitable works are synonymous with (rich) donors, part of whose donations are actually used to help the poor, while the other part is appropriated by the donees. The Church had discovered a practice with a promising future, which it developed on an almost industrial scale over the centuries, during which it gave rise to a number of

many vocations among the laity: what we now call "charity business". The wealthy themselves were not spared by the Church's benevolence: no other place lent itself better than the hospital to inheritance-grabbing (96). Charity begins at home.

The second point relates to Christianity's special relationship with epidemics. According to Thucydides, the plague ravaged Athens and the other populous cities of Greece from 430 to 426 BC; it may have come from Ethiopia and, in any case, claimed its first Greek victims in Piraeus, whose inhabitants were convinced that it was due to the poisoning of their wells. From the
description that the Greek historian gives - he is even the only ancient writer to talk about it - from the medical and political points of view and even, according to some of his modern readers, from an angle that prefigures that of historical sociology (97), it comes as no surprise that this scourge had a profound impact on the lives of many people.
impact on the Athenians, an impact that was demographic (a third to a quarter of them died), psychological and moral (demoralisation, loss of a sense of hierarchy, lax observance of customs, unleashing of base instincts), social (disorder, civil unrest) and spiritual.
(religious scepticism resulting from the feeling of having been abandoned by the gods).

Most of these epidemics were documented by several corroborating sources, and were the cause (or consequence?) of food shortages (98) in Rome and the other teeming cities of Italy. They occurred on average every twenty-two years under the res publica, and every seventeen years under the Empire (99), under which they were particularly numerous (100).
(101). Although they did not provoke violent reactions from the population (102), it is not unreasonable to assert, even if none of the contemporary authors who wrote about them bothered to describe anything other than their demographic consequences, that the influence they had on the morale of the Italian population was no more festive than that which they had had in Athens or even that which they had had in Rome.
that of any other climate. However, there was one major difference between the Greek world of the fifth century BC and Italy at the beginning of our era: Christianity, which had not yet been born under Pericles, had, like most epidemics, come from the East (103) and established itself in Rome. Without the epidemics that raged chronically in the overpopulated cities of Italy, would Christianity have succeeded in exercising a religious monopoly in Europe? Many of the Church Fathers would not have answered in the affirmative to this question, which very few historians have asked themselves. According to Dionysius of Alexandria (3rd century AD), Christian values of love and charity had been translated into standards of social service and community solidarity. As a result, Christians were better prepared morally and materially to overcome disasters, as evidenced by the fact that they had a higher rate of survival in epidemics, which meant that, after each one, they represented an ever higher percentage of the population, regardless of the number of converts. What's more, their higher rate of survival of pestilential diseases could appear miraculous to non-Christians, and thus encourage them to convert to Christianity. Similar arguments were developed by Cyprian of Carthage (c. 200-258 AD) and others.

ère) - who went so far as to suggest (104) that only non-Christians should be afraid of the plague - and Eusebius of Caesarea (v. 265-339), who was convinced that it affected "pagans" more than non-Christians (105).

In the "Middle Ages", the Church "declared that it was the patient's duty to consult a doctor. The patient who refused to be treated was harming himself. Harming oneself is a sin, just as suicide is a sin. Medical practice is designed to preserve life, just like eating and drinking, and it is the duty of a Christian to do everything possible to preserve the dwelling place of the soul (...). On the other hand, it is the duty of the physician to treat all patients, even the hopeless" (106), in contrast to the medical conceptions that prevailed in ancient Greece. "It was also declared that the physician had a duty to give free medical treatment to poor patients and even, in certain cases, to provide them with free medicines. The doctor was made responsible for his actions and it was his duty to follow tradition" (107).

Protected by the popes, medicine first developed in Italy, the cradle of medical studies in Europe. The schools at Mont Cassin and Salerno are the oldest known medical schools; monks from all over Europe went to the school at Mont Cassin, founded by the Benedictines, to study and the sick to be cured. Most of the doctors who taught at Salerno
were of Jewish or Arab origin (the school itself is said to have been founded by a Jew, an Arab, a Greek and an Arab).
Latin) (108); it was through contact with them that the monks replaced their traditional remedies with medication based on the scientific knowledge of the time, extracted from medical books
Arabs (109): they exchanged their local medicinal plants for herbs imported from the East (110). The situation in this respect therefore seems to have returned to what it was at the beginning of the Empire, according to what Pliny tells us in a remarkable passage, more relevant than ever, from his History
(XXIX, 1, 4): "The only remedies that nature intended for us are those that are readily available, ready-made and without any expense; the very substances that keep us alive. Later, human fraud and lucrative inventions produced these dispensaries, where everyone is promised life for money. Immediately, inexplicable compositions and mixtures are touted. India and Arabia are taken among us; for a minor ulcer we ask for a remedy from the Red Sea, while every day the poorest among us dine on real remedies. If we took our remedies from our gardens, if we used the herbs or shrubs that grow there, the medical profession would be without credit. It has come to this: the Roman people, in extending their conquests, have lost their ancient customs; conquerors, we have been conquered. We obey foreigners and, with the help of a single profession, they command their conquerors. The trade in medicines was controlled by the Jews, through whom European doctors, in the case of those who were not Jewish, learned about many hitherto unknown remedies (111). Arab physicians also brought new medicines (purgatives) and new pharmaceutical preparations (syrups, juleps, robs, loochs) to Europe (112).

Until the thirteenth century, monks and nuns shared with the Jews (113) and, to a lesser extent, the Arabs (114) the almost exclusive monopoly of medicine in the upper classes of society (115). In theory, a Christian patient could not call on either an Arab doctor or an
Jewish doctor, on pain of excommunication. However, it seems that their superiority was so obvious that no one bothered to enforce this rule. There were no laws or regulations to ensure that doctors were competent. As a medical historian jokingly put it, "Anyone could undertake to cure the sick at their own risk and peril" (116).
were often accompanied by a midwife. When a practitioner, at least one of these médicastres - for it is highly unlikely that the following punishments applied to priests and Jews, the doctors of the powerful (117) - was called in to treat a patient, he had to provide a surety. If he injured a nobleman, he had to pay a fine of one hundred sous and, if the nobleman died as a result of the treatment, he was handed over to the relatives of the deceased; if he injured or caused the death of a serf, he was obliged to provide the lord with another. Until the creation of universities, where medical studies were regulated, very little confidence was placed in doctors.

In the 12th century, secular authorities and the Church began to be concerned about the frequent abuses in
This time, all physicians, from low-level healers to priests, were affected by their decisions. Popes and councils forbade men in holy orders or bound by monastic vows to practise medicine. What were the reasons for this? "The practice of medicine (...) was bound to introduce a great laxity in the morals and discipline of the clergy" (118), explains Pierre-Victor Renouard in a sentence that raises more questions than it answers. The Council of Vienne (1311-1312) did not, as many have argued, forbid hospitals to be administered by the clergy, but rather forbade them to be given as benefices to secular clerics (119).

Numerous sovereigns issued ordinances to regulate the practice of medicine (120), starting with Roger II of Sicily who, in 1140, promulgated an edict forbidding anyone to practise this profession without proper examination, on pain of imprisonment and the sale of their property to the
auction. This important law was followed by a more far-reaching ordinance, published by his grandson, the Minister of Finance.
In 1224, the Emperor Frederick II issued a law stating that "no individual could practise medicine in the Kingdom of Naples unless he had first been examined and accepted as a master by the College of Salerno. To this end, he had to study logic for three years, after which he passed to the
course in medicine, the duration of which, including surgery, which is part of medicine, was five years (or) only two years (...).); to be admitted to the examinations at the end of this term, the student had to provide a certificate attesting that he had been born of a legitimate marriage and that he had reached his twenty-fifth year, or his twenty-first, according to another version; after which he was publicly examined on the therapeutics of Gallien, the first book of Avicenna and the aphorisms of Hippocrates. These tests
to be faithful to good morals, obedient to the rules of society, and to respect the rules of his country.

to give free treatment to the poor, and not to share in any of the apothecaries' profits.
Once he had received his diploma, he had to have it confirmed or legalised by the king's officer; and he was obliged to practise for a year under the supervision of an experienced physician" (121). Thus was formed "a new type of medieval scholastic doctor, a clerical doctor crammed with bookish and dialectical knowledge, well versed in Latin" (122) and armed - the term is first attested in the French language in 1314 - with "medicines". Many laymen then entered the profession, but even with their qualifications, their situation at the end of the "Middle Ages" remained much the same. Many of them were still stipendiaries of the Church, others were municipal physicians, and still others were attached to the court of a nobleman, whether lay or ecclesiastical. Those who had a private practice had to follow strict standards.
There were no rigid rules established by the faculties of medicine, which acted as a doctors' guild. There was no
little or no competition.

The standards to which they were subject were not established solely by the faculties of medicine. Innocent III, pope from 1198 to 1216, was the first to forbid doctors, on pain of excommunication, to begin treating any illness before having called a
ecclesiastic (123). One of his successors, as priests were consulted less often by the sick since the profession of doctor had been taken up by many lay people, ordered that, in Italy at least, a doctor could not visit the same patient twice without being accompanied by a priest (124).

Astrology was considered an essential branch of medicine and was still used to predict the outcome of illnesses; cures were sought from the saints (Roch, Louis, André, Ægidius Columnius) (125) rather than from doctors; Clement VI, Pope from 1342 to 1352, instituted a mass "for the plague" (1216); even in the fifteenth century, Marsilio Ficino's treatises on human life were full of formulas indicating how to preserve health and prolong life with the help of astrological knowledge (127). Even in the time of Ambroise Paré (c. 1510-1590), "the (European) peoples believed they saw sinister figures in the sky and hands armed with swords, over the cities at whose gates (the plague) struck (...). The plague (was) beyond the resources of medicine, art and science (were) useless, it was necessary to rely on the divine will, such is the doctrine more or less
generally accepted in the past..." (128). "More or less". Indeed, it was beginning to be undermined by the spread of the opinion that diseases are transmitted from one person to another. From then on, epidemics were no longer considered, at least by all doctors, to be disasters
These were events that could be studied scientifically and that could be avoided. "These were events that could be studied scientifically and avoided. However, the task was so important that it could not be accomplished by a single individual but only by society as a whole" (129).

For a long time, when a man fell ill and could afford it, he bought the services of a doctor and what happened between them was nobody else's business. Health and illness were private matters, and the state had no intention of interfering. As soon as, in the 14th century, the "Black Death" invaded the "Western" world from Asia, wreaking terrible havoc on populations who faced it in a state of serious deficiency caused on the one hand by mal- and undernutrition (130), famine, misery, poor health and, according to the people themselves, deliberate poisoning (131) and, on the other hand, by the communicative feeling of fear of disease (132), laws were enacted in an attempt to ward off the scourge, which was increasingly believed to be contagious. People infected or suspected of being infected had to be reported to the authorities, and the number of notifiable diseases increased steadily from century to century. As a result, disease was no longer regarded as a private matter. With the "body politic" (133) - not yet known as the "social body" - threatened by disease, illness became, under the pressure of private interest (134), a matter of "public interest". The treatment of patients was explained as a collective protection measure, which was in turn
presented as being taken in the interests of society, for the "public good". Health ended up being bizarrely described as "public" - everything had become "public". "The administration of public health became an increasingly important part of the general administration of the State. Laws and ordinances relating to health were enacted and enforced by the police and the courts. The doctor was called upon to play a dual role, that of expert adviser to the legislator and that of administrative agent. Protecting the health of the population and eradicating disease were tasks of such magnitude that they could not be accomplished without the power of the State. Public health
extended its field of action from century to century, and with the abolition of the barriers between preventive and curative medicine, it was gradually transformed into State medicine" (135). Power became biopower, the political technology of managing populations as biological groups, entities subject to biological functions.

The first sanitary measures against the plague were taken during the epidemic of 1348, described by Giovanni Boccaccio in The Decameron, in Venice, the city of masks (136), from which, according to the French writer, journalist and Freemason politician Eugène Pelletan (1813-1884), Louis XIV had borrowed "this expeditious form of inquisition" that is the police, whose "mechanism he had singularly enriched" (137).

The Republic of Venice established a quarantine system, giving a council of three sapientes "pro conservatione sanitatis" the responsibility and power to detain individuals and entire ships in the Venetian lagoon for forty days. In 1377, the rector of Ragusa (now Dubrovnik), a maritime power rival to Venice, issued a decree officially establishing a trentina, a thirty-day period of isolation for ships coming from infected places, or even "infected" places.
only suspected of carrying infected people on board. The isolation period was
forty days for land travellers. Travellers coming from regions where the plague was

epidemics or endemics were not allowed to enter Ragusa until they had been isolated for (approximately) a month, and anyone who failed to comply with this decree was fined. No citizen of Ragusa was allowed to visit the isolation zone, with the exception of certain civil servants assigned by the Grand Council to care for those in quarantine. In addition, the chief physician of Ragusa, Jacob of Padua, advised that a hospital be built far from the city to house the sick and those suspected of being carriers of so-called infectious diseases (138). In 1423, Venice founded the first lazaretto, designed to quarantine plague victims (139).

In the Italian cities, these legislative measures to combat the plague in particular and the epidemics of in general were accompanied on the one hand by the publication of a whole body of medical literature aimed at prevention and on the other by the establishment of health offices.

This literature consisted of consilia pro peste, treatises written by physicians at the request of notables seeking therapeutic and prophylactic advice. However, their authors explicitly expressed the wish that they should serve to protect the health not just of those who commissioned them, but of all their fellow citizens (140). In fact, they were at the origin of many of the provisions of the "plague regulations" (141). The "plague regulations", which "bear(d) witness to the official and regular organisation of an entire system of defence against the reigning scourge" (142), were the "... ancestors of all the health regulations that were subsequently enacted to combat epidemics, food risks and, finally, the dangers of pollution" (143).

In Italian cities, the magistracy of health commissioners or deputies, initially a temporary institution, was made permanent from 1450 onwards (144). "The administrative evolution of the office of deputati alla sanità marks the concrete translation of the idea that public health was a good to be protected, not just when it was in danger, but on a daily basis and on an ongoing basis. The stability of the offices (also shows that the authorities) were no longer content to react with ad hoc measures, but based on the declared notion of the need for prevention, conservatio sanitatis. The titles of the health officers and the definition of their remit underline (...) the dual purpose of their action, conservation and prevention, bearing in mind the constant threat of disease.
epidemic" (emphasis added) (145). The prince thus presented himself as the guarantor of "public health", in the name of the "public good". Who had the character to resist such benevolence and refuse this poisoned gift? The very fact that the legislation in times of epidemics was soon applied to the poor as well as to prostitutes (146) indicated that it was only a means to an end that went far beyond the preservation of public health.

The sixteenth century saw these trends spread to the other countries of Western Europe and sealed the alliance between the so-called public authorities, doctors and magistrates (147), while at the same time inaugurating a rapprochement, which would become a close collaboration, albeit more or less forced, in the nineteenth century, due to the construction of numerous prisons and hospitals, between doctors and architects (148). It saw "the spread of measures initiated in the previous century by a few Italian cities to combat the plague. The successive plagues in Europe during this period led governments to enact health regulations and put in place the means to apply them, by instituting a sanitary police force, creating special sanitary structures and founding health statistics" (149). Plague regulations" were adopted throughout Europe and, in the countries where they were already in force, they were codified by parliaments, supplemented and adjusted for each epidemic, while their scope was gradually extended from municipal to regional and then national level. The services responsible for fighting epidemics in practice were institutionalised. In Paris, the office of Provost of Health was created in 1531; assisted by archers, he was responsible for investigating infected houses, separating the sick from the healthy and "carrying out whatever was ordered by the magistrates, consuls or their lieutenants" (150). A post of "plague controller" was created shortly afterwards. These health officers walked the streets dressed in a black helmet with a white cross (151) and carrying a red or white wand (152); the houses of the plague victims were marked with a white cross.
(153). In Italy, and in Venice in particular, health legislation required health officers to visit private homes during plague epidemics in order to identify infected individuals and isolate them in plague houses located far from urban centres.
The health officer's first duty was "to close the house where a case has just occurred; he is also responsible for providing for the needs of the patient and the healthy people confined with him. No one was allowed to leave this prison, on pain of banishment and demolition of the dwelling where he was confined; for this was indeed a case of real confinement" (154). As for vagrants, the destitute and the entire floating population whose only shelter was the porches of churches or the awnings of shops, they had to vacate the premises on the hour, on pain of castigation or deportation. The
The plague victims were not admitted to hospitals: houses were built for them outside the town. The dead were buried during the night; the sick who recovered were sent to the countryside for several weeks. Their clothes were burnt. Villagers were allowed to kill or have killed dogs, cats and poultry from contaminated houses. It was forbidden to throw the furniture and linen of plague victims into the river, on pain of a fine of one hundred ecus.
fines and imprisonment (155).

In short, the "plague regulations" of the 16th century were aimed at isolation, sequestration, enumeration, cleaning, disinfection, maintaining order and even denunciation.
mandatory. The general organisational measures are of four types: the creation of services and recruitment of specialised staff; welfare and assistance; taxation; information gathering (156).

Their multiplication and hardening during the 17th century were linked to the spread of the belief in contagion and the consequent retreat of the "miasmatic" or aerist theory, inspired by Hippocratic medicine. Miasmatism, or aerism, which remained predominant until the eighteenth century, postulated that the agent of infectious and epidemic diseases was emanations from decomposing organic matter (157), while contagion (lat. tangeo: to touch), simply put (158), was "the mode of transmission of a disease from one individual to another, by means of medial or immediate contact" (159) and to the exclusion of the air. Contagionists and anti-contagionists, as they came to be known from the nineteenth century onwards, fought it out until the advent of microbial theory, which signalled the media triumph of the former.

Although the first known reference to the transmission of a disease from one person to another dates back to Mesopotamia (160), it was Girolamo Fracastoro (c. 1480-1553), personal physician to Paul III and friend of Copernicus and Cardinal Bembo, to whom he dedicated Syphilis Sive Morbus Gallicus (1546) (161), which quickly became famous, is credited with the first scientific account of the nature of contagion, infection, the germs of diseases and the ways in which diseases are transmitted. In De contagione et contagiosis
morbis (1546) (On contagion and contagious diseases), he distinguishes, not without difficulty (162) if his commentators are to be believed, three types of contagion: by contact; by intermediaries such as clothing or goods; and finally - a concession to the miasmatic theory - by means of the air.
According to Fracastoro, "contagion occurs through particles that do not fall under our senses" (emphasis added) (163). Since the microscope had apparently not yet been invented, the physician Veronese was never able to see with his own eyes the ancestors he had imagined of the now famous bacteria.

Fracastoro's doctrine was not entirely successful. The Genoese physician Silvain Facio, author of Paradoxes sur la peste (1579), when asked about the silence of Hippocrates and Gallien on contagion, replied that they "did not deserve to be blamed for not having believed that after a
million years such a strange opinion should have entered the minds of men" (164). But, above all, "with regard to a pestilential disease that he had observed, (he) was astonished to see that this plague was not communicated to all the people who came near the sick (...) (and) noticed that the clothes of the pestiferous were not infected with contagion, since they were then worn by a crowd of individuals without communicating the plague to them; that in the same house some individuals remained healthy in the midst of those who were sick, etc.". Several other renowned physicians, including Jean-Baptiste Montanus (1498-1551), Thomas Erastus (1524-1583) and Mathias Naldi, first physician to Pope Alexander VII, disagreed with the doctrine of contagion. However, "their number was too small and the system of contagion was favourable to too many interests" (emphasis added) (165), some of which were immediate.

The Papacy immediately took advantage of the new doctrine: "Fracastor declared
of the pestilential and contagious fevers that were rife in some parts of Italy, particularly in the north of Italy.
on the Trent side, where the famous council of that name was then assembled. The Pope would have wanted de
In Trent, where he could hardly influence it, the Council was transferred to Bologna, and Fracastor's frightening pamphlet earned him this satisfaction. When it became known through this pamphlet that the disease of Trent could be won even by a simple glance, it was among the prelates gathered who would go to Bologna with the greatest speed. Fracastor cites a simple leather cap through which the disease had been communicated to seven people in succession. He also mentions an inflammation of the lungs which, in the space of a few years, had spread and attacked the entire universe, from one person to the next and by contagion. In this way, the Council of Trent, which was convened to end or calm a religious schism between Luther and Calvin, was in fact the occasion of a medical heresy perpetrated by Fracastor (166)." (emphasis added) "Even today," remarked a nineteenth-century physician, "it is the ideas of this physician-poet that serve as a guide for many doctors and some governments" (167). Even today, it is such fads, wrapped up in the chinoiseries of a medical jargon that has the gift of making us think.
to impress the vulgar, which serve as a guide to many doctors and to most of the public.
governments.

Unlike this 'poet doctor' who 'wrote from his imagination rather than from
accurate observations" (168), Facio was a field doctor. The care with which he observed the plague victims contrasted with the attitude of most of his colleagues towards them.

"Their conduct during the epidemics was far from exemplary. It was a race to see who could escape the duty of treating plague victims. It is true that any doctor or surgeon who had dealings with a plague victim had to give up his ordinary clientele. They preferred to get together to discuss the cause of the plague (...) Those who, with a heavy heart, agreed to visit the sick, took a wealth of ridiculous precautions against contagion". (169), which they would not have taken, however, if, as the author believes, they "only saw in the plague the result of the malignant conjunction of the stars and certain eclipses of the sun or moon" (170). By way of example, here are the individual precautions recommended in times of epidemic by François Ranchin, Chancellor of the University of Montpellier, First Consul and Viguier of the city during the plague of 1629:

They should not touch anything in their homes, but should have it done if necessary, such as drawing a curtain, arranging it, etc.".

"To give communion, it is a good idea to have a rod one and a half inches long (about thirteen to fourteen inches), and at the end of it a small silver crescent to carry the communion.
the Blessed Sacrament into the mouth of the patient, and before giving it to him, the priest will squeeze his hand very tightly.
sleeve of his habit and surplice, so that he touches nothing of the patient, holding the torch between them.

"Always stand upright without sitting or kneeling, and make sure that your clothes are not too tight.
does not touch the shore. The most worn and peeled clothes are the best for visiting the sick.

"The clothes will be put on the fire when they return from the infected houses, and the shoes as well, because they will be burnt.
can walk on the spittle; you can even put your face to the flame as you pass" (171).

Doctors who visited or assisted the sick wore special clothes. The costume worn by the doctors in Marseilles during the plague epidemic that swept through the city in 1720 - not all of them were dressed in this way, especially those sent from Montpellier, who remained safe and sound among the patients they attended to (172) - was therefore made up of a
"dress (...) all in Levant morocco, which is the fabric that, because of its odour and its hair, is the most popular.
most able to resist the pestilential venom. The beak-shaped nose, filled with perfumes and anointed The air breathed in this way is only impregnated with the perfume of the drugs contained in the beak. The openings necessary for sight are made without danger, by means of small windows closed with crystal. Under the dress, one usually wears boots more or less in the Polish style, made in the same way of Levant morocco, breeches of plain skin which are attached to the said boots, and a blouse also of plain skin; finally, the hat and gloves are also of morocco" (173). The invention of the outfit in question is attributed to Charles de Lorme (1584-1678), a "very picturesque" man, who was not survived by Henri IV, who said of him that he was a "gentleman of medicine", so disinterested was his practice, nor by Louis XIII or Louis XIV, the three kings whose personal physician he was.

De Lorme is said to have imagined this bizarre attire in 1719 - our lascar was then "very much in vogue in the wider world" (174). In reality, Italian doctors used a costume that was more or less
similar for a long time (175); de Lorme would have been content, if one may say so, to add a hornbill mask to the costume already worn by French doctors in times of plague epidemics (176). Others simply wore a sort of waxed cloth shirt over their clothes, which they presumably removed when leaving their patients (177). Still others wore a goggle mask (178).

The seventeenth century saw an escalation in measures to combat epidemics; applied more or less everywhere, they reflected a widespread belief in "contagion", which, for contemporaries, could be summed up in three types, described as follows by Marion Roland in a treatise on the plague entitled Le Cadet d'Apollon (1626): ". Those who have written about contagion, says the author, have made three types of it: the first is that which is caused by the mutual and real touching of the infected body and that which is to be infected, thus we see that the rotten and rotten fruit corrupts the whole...".
if they intertwine. The second kind of contagion is when the disease is caused, not by
the touch of the sick person, but by handling and touching something which will have the breath or vapour or excrement of the sick person, which thing is called by the Latins semcn morbi, in which the disease is kept and incubated for some time; On the contrary, those that are tight, hard, and solid like iron, gold, and silver, do not receive the seminares of this evil, unless they are stained or covered with some filth or thing that can make them
receive. The third kind of contagion is when the disease spreads from one place to another by means of the air, which carries the cause of the disease from one subject to another, causing the Latins to call it addistans (179).

Hence the obligation to make it impossible for the plague victim to communicate with healthy people; the disinfection of objects that had been in contact with the patient and of the places he had inhabited; the precautions that "healthy" people had to take to avoid "contagion"; quarantine, to be imposed on cured patients or those who had been near them, before allowing them to resume their place in society; and (increasingly drastic) general police measures (180).

Firstly, a strict spatial grid: the town and its 'terroir' were closed off, of course, and it was forbidden to leave on pain of death, and all stray animals were put to death. Each street was placed under the council of a syndic, who kept an eye on it; if he left it, he would be punished by death. On the appointed day, each person was ordered to confine himself to his house: it was forbidden to leave.
to leave on pain of death. The syndic himself came to lock the door of each house from the outside; he took the key with him, which he gave to the neighbourhood steward, who kept it until the end of the quarantine.
Each family will have stocked up on provisions; but for wine and bread, there will be a space between the street and the house.
Inside the houses, small wooden canals are used to pour out each person's ration without there being any communication between the suppliers and the inhabitants; pulleys and baskets are used for meat, fish and herbs. If it is absolutely necessary to leave the houses, this is done in turn, avoiding all encounters. Only the intendants, syndics, soldiers of the guard and also
Between the infected houses, from one corpse to the next, the 'crows' that it is indifferent to abandon to death; they are 'people of little means who carry the sick, bury the dead, clean up and do many vile and abject offices'. Space cut out, immobile, frozen. Everyone is fixed in their place. And if they move, their lives are at stake, contagion or punishment.

"The inspection system was in constant operation. Everywhere, eyes were on the alert: 'a considerable militia corps, commanded by good officers and good people', guards at the gates, at the town hall, and in all the districts to make the obedience of the people more prompt, and the authority of the magistrates more absolute, 'as well as to keep an eye on all disorder, theft and plunder'. Surveillance posts were set up at the gates and sentries at the end of each street. Every day, the intendant visited the district for which he was responsible, enquiring whether the syndics were carrying out their duties, whether the inhabitants had any complaints, and so on.
They 'watch their actions'. Every day, the syndic also passed through the street for which he was responsible; he stopped in front of each house; he had the inhabitants placed at the windows (those who lived in the courtyard were assigned a window overlooking the street where no-one else could be seen); he called each person by name; he enquired about the state of everyone, one by one - 'in which the inhabitants will be obliged to tell the truth on pain of their lives'; if someone did not appear at the window, the syndic had to ask for reasons: 'By this he will easily discover whether there are any dead or sick concealed.' Everyone locked in his cage, everyone at his window, answering by name and showing up when asked, this is the great review of the living and the dead" (181), a review always ritualised by the external signs imposed on the "participants": the "syndics", or "provosts of health", were obligatorily dressed in black gowns marked with white crosses; any person suffering from the disease, any member of the family, any inhabitant of the house occupied by the sick person, could not move around the town without carrying a white stick in his hand (182) ; those who assist the sick, those who carry them to the first-aid house, those who bury them and those in charge of burning the furniture, linen and clothes of the plague victims must be dressed in a red leather jacket and hold in their hands a stick of the same colour, which they use to ward off people who would like to approach them; Bells or cymbals are attached to their legs, the sound of which is intended to frighten away people who might have inadvertently missed them (183).

"This surveillance was based on a permanent registration system: reports from the syndics to the intendants, and from the intendants to the échevins or mayor. At the start of the 'serrade', a list of all the inhabitants present in the town was drawn up one by one, listing 'name, age, sex, without exception of condition': one copy for the intendant of the district, a second for the town hall office, and another so that the syndic could make the daily roll call. Everything observed during the visits - deaths, illnesses, complaints, irregularities - was noted down and passed on to the intendants and magistrates. No other practitioner could treat a patient, no apothecary could prepare medicines, no confessor could visit a sick person, without having received a written note from him 'to prevent the hiding and treatment, without the knowledge of the patients'.
magistrates, patients suffering from contagion'. The recording of the pathological must be constant and centralised. Everyone's relationship with their illness and death is determined by the authorities, the records they keep and the decisions they take.

"Five or six days after the quarantine begins, the houses are purified one by one. All the inhabitants are brought out; in each room, 'furniture and goods' are lifted or hung up; perfume is poured out and burnt after carefully sealing the windows, doors and even the keyholes, which are filled with wax. Finally, the entire house is closed while the perfume is being burned; as at the entrance, the perfumers are searched 'in the presence of the inhabitants of the house, to see if they have anything when they leave that they did not have when they entered'. Four hours later, the inhabitants could return home" (184), provided, of course, that they were not suspected of being affected.

If plague victims had to be separated from healthy people, the way in which this was done varied according to whether the patient was rich or poor; for the poor, the hospital was the ideal place, provided it was isolated and as far as possible outside the city (185). The poor had to be confined, as we would say today, to a district of the town, in a hospital or another house. Orders were given by the Parliament of Paris "to all vagrants, people without masters and without confession, and to any poor valid person who is not from Paris to leave within 24 hours and to withdraw to the place of their birth, on pain of being hanged and strangled without any form or figure of trial" (186). If the patient could be treated at home, this is how things were done, or how they should have been done: "The Captain of Health, having been informed, must proceed either by himself, his substitute or by his tenainiers: first, to close the infected house, not with new locks, as is done in some places, because it is a great embarrassment and unnecessary expense, but with the ordinary key of the house, a key that the deacon supervising the tenants must keep, to prevent anyone from entering or leaving without great order; and he must take care that all things necessary for health and life are administered to the infected through the window; and he must not fail to mark the door of the infected house with a large red cross, to warn passers-by that the avenging hand of God will strike hard in this life and in the next at sinners who do not convert to him" (187). The transport of plague victims to the infirmary - or to the cemetery - was entrusted to a category of people known to the population as "crows", as briefly mentioned above. Because of the nature of their duties, they too were obliged to carry a
small bell so that they could be easily recognised, without prejudice to the bell they had to ring in front of the house.
them "when they went to fetch the sick or to do some other business in the town or in the fields, to warn those they met along the way to keep away from them so that they do not communicate any illness to them" (188). Sequestered at home or taken to hospital, the patient had to disinfect the linen, clothing and various objects with which he had been in contact during the illness, as well as the premises he had lived in. Those who had treated him or were part of his entourage had to undergo a sort of purification and be placed under observation. The 1902 law on "public health" would call for exactly the same measures (189).

In "(the) enclosed space, carved out and monitored at every point (...) individuals are placed in a fixed position, where the slightest movements are controlled, where all events are recorded, where an uninterrupted process of writing links the centre and the periphery, where power is exercised without division, according to a "rule of law".

a continuous hierarchical pattern, in which each individual is constantly identified, examined and distributed between the living, the sick and the dead - all this constitutes a compact model of the disciplinary system. Order responds to the plague; its function is to clear up confusion: that of the disease that is transmitted when bodies mix; that of the evil that multiplies when fear and death erase prohibitions. It prescribes to each his place, to each his body, to each his illness and death, to each his good, by the effect of an omnipresent and omniscient power that subdivides itself in a regular and uninterrupted way until the final determination of the individual, of what characterises him, of what belongs to him, of what happens to him. Against the plague of mixture, discipline asserts its power of analysis. Around the plague, there was a whole literary fiction of celebration: laws suspended, bans lifted, the frenzy of time passing, bodies mingling without respect, individuals unmasking themselves, abandoning their statuesque identity and the figure by which they were recognised, revealing an entirely different truth. But there was also a political dream of the plague, which was exactly the opposite: not the collective party, but strict divisions; not the breaking of laws, but the penetration of rules down to the finest details of existence and through
the intermediary of a complete hierarchy that ensures the capillary functioning of power; not
the masks we put on and take off, but the assignment to each of us of our 'real' name, our 'real' name, our 'real' identity.
The plague as a real and imaginary form of disorder has the medical and political correlative of discipline. The plague as both a real and imaginary form of disorder has discipline as its medical and political correlative. Behind the disciplinary devices, we read the dread of 'contagions', of the plague, of revolts, of crimes, of vagrancy, of desertions, of people appearing and disappearing, living and dying in disorder" (190); not only "people appearing and disappearing", but also, as Foucault himself notes, sedentary city-dwellers: everyone. All the modern mechanisms and institutions for controlling individuals, whether "normal" or "abnormal", derive respectively from the disciplinary techniques and health offices of plague epidemics.

The last great plague in Western Europe was the Marseilles plague (1720), which killed around a hundred thousand people. Once the plague - which, from the mid-seventeenth century onwards, was no longer "the demographic catastrophe it had been in the late Middle Ages" (191) - had disappeared, to be replaced by bacillary dysentery, the most deadly epidemic of the eighteenth century, the spread of which was encouraged by poor nutrition (192), the health offices, which had been set up to combat this epidemic in particular, did not disappear (nor did the number of royal decrees relating to health and epidemics in particular decrease). As in Italian cities in the fifteenth century, they went from being temporary to permanent, first in Mediterranean port cities and then in Lyon (193). The health office (...) was set up at the same time as the specific terms o f its field of action appeared. Although 'public health' did not yet appear in dictionaries, Furetière's definition of health included both 'health centres' (hospitals or quarantines) and 'health officers' responsible for looking after the city (...). The term 'public health' appears from the end of the sixteenth century in the regulation of the order and cleanliness of the city and the expression 'public health'.
In some large cities, "(t)he emergence of permanent responsibility for public health (...) is part of the development of the city as a whole" (194). In some large cities, "(t)he emergence of permanent responsibility for public health (...) is part of the

It was a time of the apogee of Galenism and a revival of medical Hippocratism. Collective measures underlined the mental proximity between the urban body and the human body. They called for the same necessities: evacuation of waste outside the limits (of the walls or the skin), purification of the affected areas, and finally devotion, to appease divine anger, the primary cause of human ills. Moreover, for both the human body and the city, prevention remained the safest course of action, and once the disease had broken out, the wide range of remedies used attempted to compensate for the uncertainty of the results. Processions and prescriptions were multiplied in the plague-stricken city, as were
remedies and ingredients accumulated at the bedside. Finally, following on from the instructions tridentines, it is the spiritual that remains the priority, both individually and collectively".
(195). Medicine itself continued to have recourse to the supernatural, alchemy and magic, a tendency mocked by Samuel Butler (1612-1680) in his satirical poem Hudibras (1663) (196). In 1658, Sir Kenelm Digby (1603-1665) gave a speech on sympathetic powder at the University of Montpellier. Twenty years after the English scientist's death, Madame de Sévigné extolled the virtues of this powder to her daughter (28 January 1685). Digby was a member of the Royal Academy.

The first medical societies came into being in the eighteenth century, which also saw the foundation of numerous hospitals and, with the support of the State, the publication of periodical medical literature, both specialised and for the general public. As far as the latter was concerned, ecclesiastics, particularly the
parish priests, who had been intermediaries between the divinity and man, became in a way
between science and society, or at least part of it. They were given the task of familiarising the illiterate working classes with the contents of "health booklets" written by clerics or lay people "against prejudice and superstition, in order to disabuse the people of their beliefs and teach them real health remedies" (197): for the first time, the aim was to give medical instruction to the common people (at the same time, the doctor was slipping into the bourgeois family through the back door, dare we say it: the wife) (198). The publication of these
The fact that the disease was being disseminated throughout the kingdom shows that the fight against it was moving from the local and regional to the national level, that it was moving from the sphere of action of the Church to that of the State and was even "becoming one of the aspects of the policy of the administrative monarchy" (199).

State medicine" developed in the German states from the mid-18th century onwards, based on the view, derived from cameralism, a local form of mercantilism, that the health of the population was a means of increasing the economic and military power of the state. It was
characterised by 1. "a system for observing morbidity, much more comprehensive than simple birth and mortality tables, based on information requested from hospitals and doctors in different towns or regions, and the recording of various phenomena at state level
epidemics and endemics observed (200); 2. standardisation of medical education and, more specifically, public control of teaching programmes and the awarding of diplomas, a standardisation made necessary by the fact that "charlatans (...), herniotomists (...),
oculists (...), dentists (...), lithothomists (...) were swarming") (201) (and) which, in France, took place in the

The second third of the 18th century; 3. An administrative organisation to control the activities of doctors, implying the subordination of medical practice to administrative power; 4. The creation of posts for medical civil servants and the consequent integration of doctors into a State medical organisation".
(202). Still underway in the nineteenth century, the bureaucratic institutionalisation of medicine in all European countries was not completed until the twentieth century, with the creation of a Ministry of Health, a public hospital service and public medical research laboratories (203).

The second stage in the process of the medicalisation of society corresponded to the economic and geographical transformations that led to the growth and unification of cities at the end of the 18th century. Towns and cities became the main focus of social and political unrest, and the subject of many fears linked to the possibility of epidemics, disease and the degradation of life. The "urban medicine" that emerged was aimed at controlling the health of the population through public hygiene, particularly in France. This process was characterised by an attempt to regulate life by controlling the natural and artificial conditions of the surrounding environment; the environment became a key concept.

As the philosopher Cabanis said, whenever people gather together, their morals deteriorate, and whenever they gather in enclosed spaces, their morals and health deteriorate (204). "(T)he workshops and factories that were being built, (...) the crowding of the population, (...) the excessive height of the buildings, (l)he urban epidemics, (l)he rumours that invaded the city; (...) (l)he cesspools, (...) (...) (...) (...) (...) (...) (...) (...) (...) (...) (...) (...) (...) (...)) (the) cesspools, (the) quarries on which the houses were built and which threatened to collapse at any moment" (205), everything about "(these) inhabited abysses that we decorate with the name of city" (206) inspired concern - especially among the State, doctors and notables. "Worried eyes turned to the earth, which was guilty of spreading telluric vapours into stagnant or overflowing waters.
Water, earth and air: three elements of nature that are certainly indispensable, but also potential enemies. The fear of miasmas permeated all the health legislation of the eighteenth century. Health concerns were therefore primarily hygienist" (207), or, to avoid being an anachronism, aerist. It was in response to these concerns that the Royal Society of Medicine was created in 1776, at the instigation of the King's first physician, François de Lassonne. The preface to the first volume of his Histoire et Mémoires sets out the aims of the Society and its publications: "The Society felt how important it would be to have a topographical & medical map of France, in which the temperament, constitution & diseases of the inhabitants of each province or canton would be considered in relation to the nature & exposure of the soil" (208). It "developed a network of regnal associates - doctors, surgeons, sometimes churchmen - scattered throughout the kingdom, chosen for having 'sent the best works' and whose number was fixed at sixty, to which were added simple correspondents and sixty foreign associates. Associates and correspondents sent the Society their meteorological and medical observations, which were regularly summarised and analysed (...)" (emphasis added) (209). At the same time, the Society set up competition programmes on

It also invited doctors to send it medical topographies of the places where they practised; in both cases, the best works were rewarded with prizes of several hundred pounds (210). The Society's medico-climatic method (211) was part of the neo-Hippocratic movement in vogue in the second half of the eighteenth century.

Hippocrates, in his treatise Water, Air, Places, which deals with diseases produced by external circumstances, explains them in terms of the influence of the location of towns on their inhabitants, the influence of atmospheric conditions and the influence of seasonal changes. Neo-Hippocratism studies the effects of environmental factors on the human organism, focusing on the relationship between the patient, nature and the society in which he or she lives. "In order to understand the ailments from which people suffered, it was necessary to understand the environment in which these ailments developed and also to understand the agents and the terrain through which a disease could be transmitted.
a number of diseases, including water-borne diseases" (212). To eliminate the pathogenic nature of people's living conditions, these conditions had to be suitably and scientifically modified. In the second half of the eighteenth century, "(d)iscoveries in physics, physiology and chemistry gave (neo-Hippocratism) a scientific basis.
The terms of human anatomy and physiology are used to analyse urban phenomena, establishing analogies between the functions of the human body and those of the social body" (213). The model of blood circulation established by the physician William Harvey (1578-1653) is the most obvious. "From this point of view, nothing that is mobile and does not form a compact mass corrupts: circulation is therefore the basic condition for public hygiene. Water, rubbish, waste and dirt must circulate. The virtue of movement leads us to imagine a channelling system for expelling filth, and therefore justifies the importance given to the slope. Draining the pestilential floods from the streets and cleaning the pavements interrupts stagnation and preserves the environment.
the future of the city" (214) (emphasis added). The project of urban medicine, which had taken shape in the second half of the eighteenth century mainly due to the need to overcome the lack of coordination of municipal administrative powers in the face of rapid and chaotic urbanisation, really came into being in the nineteenth century, when "governments realised that the health of individuals had a direct influence on the economy of the country, and this situation motivated decisive action by the State on social hygiene. Establishing the link between the discourse on medical standards and the requirements of public order was a major task, for which town planners were responsible. The doctor provided the discourse and the argumentation, and the town planners put the changes into practice (215). Public health is now conceived as a discipline of intervention. The hygienist medicine of the nineteenth century, aimed at controlling the environment, was prepared for an interventionist attitude. It set out to restore a healthy environment by medicalising contaminated areas. It also developed hygienic and social measures to help improve the health and living conditions of the population. It proposes the development of urban space and interventions in contaminated environments. Wherever possible, proposals were made to medicalise the city.

Medicalising and hygienising the city means controlling and intervening in environments likely to be harmful to health.
health" (216).

In France, the medicalisation of society was achieved through the compartmentalisation and control of urban space. In the past, strategies to combat epidemics consisted, as we saw above, either of excluding lepers - and then other marginal categories of the population such as lunatics, delinquents, deviants and the poor - from the urban environment, or of quarantining those suffering from the plague. In the latter case, an entire population was subjected to large-scale territorial surveillance. In times of epidemic, the grid around the city was a highly effective means of observing, recording, selecting and separating bodies. Anti-epidemic measures were aimed at "distributing individuals next to each other, isolating them, individualising them, monitoring them one by one, checking their state of health, verifying whether they were still alive or not".
if they were dead, and thus to maintain society as a compartmentalised space, constantly monitored and controlled by a register, as complete as possible, of all the events that occurred" (217). The quarantine system served as a model for urban medicalization policies. Their specific aims were: 1. to study the places where waste accumulated and piled up, where it was believed that it could cause disease, and where it was believed that it caused and spread epidemic or endemic phenomena: in particular, cemeteries, abattoirs, mass graves, rubbish dumps and fish markets; 2. to control the circulation of things and elements,
water and air, where the cause of disease was thought to reside; 3. to organise the health distribution of the elements (air, water) and places (fountains, sewers) essential to health (redevelopment of public building sites, fountains, wash-houses, sewer systems, etc.). Hence the assertion that "(u)rban medicine is not really a medicine of the human being, the body and the organism, but a medicine of things: of air, water, decomposition, etc.".
fermentations; it is a medicine of the living conditions of the environment in which we live" (218). The notion of salubrity - in the sense of the state of the environment - thus preceded the notion of health applied to man as a living organism. Although urban medicine eventually took an interest in this organism, this interest only resulted from the effects and transformations caused by the environment in the functions of this organism.

In short, "(l)hygiene publique (aurait été) une déclinaison raffinée de la quarantaine", "du schéma politico-médical de la quarantaine apparu à la fin du Moyen Age, au XVIe et au XVIIe siècle (219); "déclinaison raffinée", but applied to the environment and not, if only indirectly, as a consequence, to bodies.

Three "environments" in particular were initially targeted by "public hygiene": hospitals, schools and the workplace. From birth (childcare) (220) to death (geriatrics) (221), from the crèche - a nineteenth-century invention - to the school, from the school to the factory or office, the whole of human life became the object of increasingly generalised and inquisitorial medicalisation.

The first two thirds of the 19th century were marked by two innovations in the field of "public health": on the one hand, hygienism and, on the other, the medicalisation of and by hospitals and their professorialisation.

Until then, the hospital had been used, with a few rare exceptions, to house pilgrims, the poor, the sick and the sick.
(222), was conceived as a place where the sick were cared for and built according to medical standards: only one patient per bed, spacing of patients in more spacious and supposedly healthier rooms, sorting and separation of patients according to their condition, etc.
diseases, refusal to admit patients such as venereals, lunatics and epileptics, separate rooms for the contagious, convalescents and healthy people, and recruitment of medical staff by competitive examination (223). A class of paying patients was created, while hospital care remained free for the poor, who, under the influence of so-called liberal and Malthusian conceptions, no longer received as much economic or even medical assistance at home.

The medicalisation of the hospital was coupled with medicalisation by the hospital, through the distribution of remedies and care, either directly (outpatient consultations) or indirectly (aid to hospitals and other charitable institutions), through the training of medical staff (midwives, health officers and doctors) and the fight against smallpox through vaccination (224).

School hygiene emerged in the 19th century, and school medicine and occupational medicine in the 20th century.

Until the end of the eighteenth century, "(t)he school was by no means a sector of hygiene, but a sector where a small number of new health precaution practices were spreading under considerable parental pressure. In a few elite establishments, the cultural transformation is mainly initiated by parents and the teachers who support them. Pupils' health is above all to be protected from visible ailments (glands, frostbite etc.), epidemics and impure air" (emphasis added) (225).

During the first half of the 19th century, "a thoughtful and determined prevention policy (...) began to be developed within the public education system in conjunction with the development of hygiene. It above all favours the living conditions and health precaution measures of populations from
In other words, secondary school pupils. Schools were beginning to become a health sector, where the vigilance of education inspectors and secondary school headmasters was essential.

the doctor's presence remains secondary and episodic. Within the
In secondary schools, a cultural transformation could take place thanks to the initiative of the State and the members of the Education Department, orchestrated by the hygienists. Pupils' health was to be both
In addition to protecting against epidemics and impure air, it should also be strengthened (through food, exercise and water)". In the second half of the 19th century, "a more organised and generalised form of prevention, directed and institutional, was established with the collaboration of doctors, the State and educationalists. Schools became an area for the medicalisation of the population. More often than not, the doctor was the point of contact, both inspecting and teaching hygiene in schools. Primary school teachers were the promoters and pillars of the transmission of new health concepts and practices to pupils and their families. Within secondary and primary schools, a profound cultural transformation is taking place, led by the political, medical and scientific elites, secondary and primary school teachers, and involving working-class families. Pupils' health not only had to be protected from epidemics and germs (from 1880 onwards), it also had to be strengthened and straightened to protect the body from all physical and social deviance" (226). Since the end of the twentieth century, pseudo-national pseudo-education has been thrilling pupils from nursery school to secondary school, where it has succeeded without difficulty in ensuring that the level of "learners" who are "welcomed" and "accompanied" in one and the other is more or less the same, to the tune of "education for health and well-being", UNESCO's hobbyhorse. The ravages of schooling and medicalisation go hand in hand. "The better educated the population, the more it accepts the scientific interpretation of the body and its misfortunes, the more it sanctifies individual fulfilment and seeks to exorcise that which hinders it, and therefore has greater recourse to medical care" (227).

Once they have finally graduated from the debilitating atmosphere of the "reception" and "support" ("personalised") establishments that are the maternity wards of the pseudo-education pseudo-national, young men, if they find a job, will have to deal with occupational medicine. One of the pioneers of occupational medicine was Louis-René Villermé (1782-1863) (228), a doctor, sociologist and, for many, philanthropist, who was the first to draw attention to, and even to speak out against, the problem of child labour.
against the abominable working conditions of the workers. However, "(c)ontrary to the image that may have been given of him, Villermé had no concern for social reform. His main concern was not the over-exploitation of the proletariat as such. It was the fact that this over-exploitation endangered the system by depleting the human capital from which nascent industry drew its profits. At
The development of mechanisation was accompanied by the unlimited use of women and children, threatening the very reproduction of the proletariat. Regulation was therefore necessary to preserve the system's chances of survival. As for the misery, although Villermé described it very well, he also blames the workers and their moral degradation. He condemned the drunkenness, improvidence and 'disgusting orgies' indulged in by the workers, particularly those on good wages.
salary. Even when he discusses child mortality in detail, he is unable to withhold a moral judgement: 'it seems to be one of the punishments inflicted by providence on parents whose misconduct or improvidence plunges them into misery and keeps them there (...). To regenerate the working class, we must

put things in order" (229). However, the measures taken to ensure order, such as the separation of the sexes within the company and the banishment of drunkards from the workshops, proved insufficient, because, he said not without some justification, "the kind of workers who abandon the modest and peaceful existence provided by agriculture to go to the cities to devote themselves to the work of industry (...) almost always form a sick population and a kind of scum". "It is necessary, he adds, to despair completely of
the improvement of a large number of workers". "It is only their children that should be taken care of". "All measures that are not aimed at removing them from their pernicious influence will perpetuate the evil" (230). Hence the proposals he made to limit the industrial work of children and give them (religious) instruction instead. From Charybdis to Scylla.
For a whole century, doctors and biologists would make Villermé's fight against the degeneration of the race their own, understood solely from the biological and moral points of view. For them, "there is no doubt about the link between morality and biology. They believed in the heredity of acquired characteristics. Not only diseases and their effects, but habits themselves, good or bad, are biologically transmitted to offspring (...)" (231). These views require and justify two types of measure: sorting and regeneration.
"Sorting, because if there are degenerate lineages, the organisation of society must take them into account. Social divisions must respect biological divisions. Doctors and biologists therefore have a role to play in the organisation of society, since their knowledge can be used to put everyone in their rightful place. But also regeneration. French doctors are Lamarckians: they believe in the influence of environment on the evolution of the breed. Regeneration therefore required the development of hygiene, which also involved a combination of moralising and influencing the environment. This line of action was made particularly urgent by the dread of the Franco-German conflict and the alarming state of conscripts from the industrial departments" (232). These issues were at the root of the doctrine of
At the end of the following war, representatives of the Lyon school (Pierre Mazel, professor of forensic medicine, Jules Leclercq, associate professor at the Lille Faculty of Medicine, and René Dujarric de la Rivière, a pastorian physician and biologist) set out their views on the subject in two texts entitled 'La main d'œuvre nationale après la guerre' (National manpower after the war) and 'Le rôle du médecin dans l'industrie après la guerre' (The role of the physician in industry after the war).

The first was forensic medicine, the foundations of which had been laid by the Constitutio criminalis Carolina, promulgated in 1532 by the Diet of Regensburg (233). The definition placed at the head of the Prospectus announcing the first issue of the Annales d'hygiène publique et de médecine légale in 1829 was as follows: "... medicine has not
Sometimes it helps the legislator to draw up laws, often it helps the magistrate to apply them, and always it works with the administration to maintain public health.
Thus applied to the needs of society, this part of our knowledge constitutes public hygiene and forensic medicine (234). Forensic medicine took on great importance with the triumph of the
industrial capitalism and the machine, and the consequent evolution of the notion of accident, risk and the environment.
of liability during the 19th century. "(D)uring the sixteenth century, the insurance system had shown the importance already attached to hazards. But, on the one hand, insurance only covered risks that were to some extent individual and, on the other, it entirely excluded the responsibility of

the person concerned. However, in the 19th century, with the development of salaried employment, industrial techniques, the
machinery, means of transport and urban structures, two important things have come to the fore Firstly, the risks to which third parties were exposed (employers exposing their employees to accidents at work, carriers exposing not only passengers to accidents, but also people who had been placed there by chance); secondly, the fact that these accidents could often be attributed to some kind o f fault, albeit a minor one (carelessness, lack of precaution, negligence) and committed moreover in a way that was not necessarily the fault of the driver.
by someone who could not bear the civil responsibility and the payment of the damages which he were linked" (235). With the Law of 9 April 1898 on accidents at work and compensation for them, it fell to the
The "expert doctor (...) (must) decide whether or not the employer is responsible for the damage to health. This involves distinguishing between what is due to the accident and what is due to a state of health.
previous. With this in mind, the introduction of an occupational health service that examines would be of great interest, as it would be sufficient to refer to the hiring file to determine what cannot be charged to the employee.
the employer. The perspective is therefore one of imputation of the financial consequences of the accident. From there, from the expert's point of view to that of the insurance doctor, there is only a small step: the
The medical check-up is designed to ensure that the employer is not exposed to any risk of injury as a result of recruitment.
excessive additional costs in terms of accidents at work or occupational illnesses" (236). Medical In this way, the legal profession became a key player in the "liberal" risk management policy.

The second, much more recent practice is Taylorism, a scientific method of organising industrial work designed to increase productivity by controlling the production process, strictly separating manual and intellectual work, dividing up tasks and standardising tools, working conditions and working methods. (237). "The Taylorian slogan 'the right man in the right place' (238) opens the door for doctors to the prospect of contributing to the Scientific Organisation of Work. Taylorism thus gave shape to an old dream: the eugenics of the French medical profession, which claimed to use its vision of the state of health of populations to contribute to the organisation of society from a biocratic perspective of preserving and improving the race. They all converged on a single issue: the biological orientation of the workforce, whose main instrument was aptitude. In the founding texts, aptitude is not primarily aimed at the interests of employees. And if employees can find an interest in it, it is given in addition" (emphasis added) (239).

During the war, a medical service had been set up in the state-owned powder works and arsenals, with the avowed aim not only of fighting "for the birth rate and the 'defence of the race' (by creating breastfeeding rooms and monitoring hygiene and morals), but also of adapting the increased production needs to an inexperienced (women, foreigners...) and diminished (war wounded) workforce" (240). Leclercq and Mazel took part in these first experiments in occupational medicine, under the direction of Étienne Martin, professor of forensic medicine at the Faculty of Medicine in Lyon,

who had been entrusted with the management of the medical inspection of war factories, set up in 1915 at the Lyon Hospital.

Ministry of Armaments. The conclusion they drew from this experience was that it was possible, and even contrary to Villermé's assertion, to get the entire male workforce to work, including the sick, the mutilated and the injured; what made this possible was Taylorism, "but on condition that industrial rationalisation was supplemented by a biological rationalisation that only doctors can provide" (241). "Determining aptitude will make it possible to use individuals with deficiencies and to direct them towards jobs that suit them. The doctor will also have to contribute to the physiological use of the worker. The aim will be to ensure that the quest for maximum output does not 'damage the human capital whose integrity is important to the future of the race, for the sake of immediate production'" (242). The doctor's role, or rather the role that the doctor took for himself in the factory, was to select the workforce and define aptitudes in order to optimise production; he saw himself as a collaborator of the employer; not the employer, who was not yet showing much interest in occupational medicine (243), even though it was primarily concerned with the health of workers for reasons of profitability.

The term "occupational physician" first appeared in the 1920s, and the journal La médecine du travail, edited by Martin, established its use in 1929 (244). Occupational medicine was made official on 9 June 1940, following a recommendation by the Ministry of Labour to set up a medical service, a social service and an occupational health and safety committee in companies. This recommendation, which, in the eyes of the Ministry, was justified by the deterioration in working conditions and the increased pace of work during the "phoney war", detailed the duties of the occupational physician (245). On 31 October 1941, the Vichy government set up an occupational health inspectorate and, by the law of 28 July 1942, required the creation of "occupational health and social services" in companies with more than fifty employees. The duties assigned to the occupational physician were extended. He had to monitor employees exposed to occupational risks, in particular pregnant women and older workers. During the medical examination on recruitment, he had to detect contagious diseases and guide employees according to their abilities. He could provide emergency care. They could also monitor production facilities and processes, and compile statistics on workplace accidents and investigate their causes. Lastly, he was responsible for supervising the company's social initiatives (sport, youth camps, etc.). holiday centres, breastfeeding rooms, etc.) in conjunction with the social services (246). The law of 11 October 1946 relating to the organisation of medical services cancelled the law of 1942, while extending its provisions.
orientations. It was "preventive" in the broadest and vaguest sense of the term. In 2002, the so-called "social modernisation" law gave an important place to those (psychologists, sociologists, social workers, ergonomists, scientists of all kinds, etc.) who exercise a non-medical or para-medical profession in the prevention of work-related health risks. In doing so, it was simply bringing itself into line with the WHO definition of health: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (a sign of the times, occupational health services have since been renamed "occupational health services").

The doctor is supposed to look after physical well-being, the psychologist mental well-being and the sociologist social well-being; a pathetic trinity that can be reduced to the figure of the politician. Indeed, while "the concept of health offers (...) the scientist a pragmatic aim, (it offers) the statesman a concrete and rational criterion, assimilating his task to that of the doctor. When hygiene becomes the legislator of sociology, science has become technique, and politics, social medicine" (247). In 1919, Durkheim wrote: "The duty of the statesman is no longer to push societies violently towards an ideal which seems seductive to him, but his role is that of the physician: he prevents the outbreak of disease by good hygiene and, when it occurs, he seeks to cure it" (248).

France had embarked on the path of social medicine and, before it, the German states had created a system of state medicine. England followed the path of "labour medicine" outlined by Villermé, but in this country, the process developed essentially in relation to policies to control the indigent sections of society.

Until the end of the 18th century, the poor as an urban group were not perceived as a danger. "There were many reasons for this. One was quantitative: there were not enough poor people in the cities for poverty to represent a real danger. But there was a more important reason: within the city, the poor were a condition of urban activity. The city's poor performed a number of tasks: they delivered the mail, They collected rubbish, removed furniture, used clothes and old rags, which they then redistributed or resold. They were part of urban life. In those days, houses didn't have numbers and there was no postal service either; nobody knew the city and all its nooks and crannies better than the poor; they carried out a series of fundamental urban functions such as transporting water or disposing of waste. Insofar as they were part of the urban system, like the sewers or the drains, the poor fulfilled an indisputable function and could not be considered a danger. At the level at which they were situated, they were rather useful" (249). This perception changed for three main reasons: political, because, as the Revolution in France and the great social unrest of the early nineteenth century in England had shown, the needy population could suddenly become a force for good.
medical: the cholera epidemic of 1832, which began in Paris and spread throughout Europe, was blamed on the proletarian population (250). All this provided a pretext for the government to address the problem of the urban poor.

"Every smell is a disease" (251), the British social reformer and civil servant Edwin Chadwick (1800-1890) told a parliamentary committee in 1846. Fifteen years earlier, Lord John
Russel, the Minister of the Interior, had commissioned him to investigate the health situation of the population.

poor law amendment (1834).

The new Poor Law was "the starting point for an entirely new type of government action, the first step in the use of medicine by the State" (252), not just "the first step in the use of medicine by the State". not so much, as the surgeon and reformer of the British health system John Simon (1816-1904) asserted, because this law was based on the results of a study of the link between the environment and health - this link had already been established in France, as we saw above - but because that it aimed to reduce the economic cost of public assistance to the poor and made compulsory vaccination the key measure in the disciplinary system it was setting up specifically for them.

The aim of the law relating to the poor was not so much to organise medical care for the poor as to preserve the integrity of the workforce and exercise control over the health of at-risk social classes in order to protect members of the well-off classes from so-called contagious diseases. "(T)he population had to obey the housing construction standards and hygiene rules laid down by law; they also had to submit to periodic inspections determined by the authorities.
The living space had to be separate from the working space. Since the middle of the 18th century, (...) private architecture seeks to promote the specialisation of places in accordance with their functions. The new English legislation legitimises zoning and requires the functions of each zone to be specified. It provided for one dwelling for each family. From then on, the standard imposed in London became a model: the home was autonomous and separate from the workplace; each family had the right to the exclusive use of a house" (253). The Health Office and the Health Service were also responsible for forcing the various elements of the population to immunise themselves and for controlling vaccination; for organising a register of epidemics and diseases likely to become epidemics (the declaration of dangerous diseases was made compulsory); for locating unhealthy places and, if necessary, destroying them.

The introduction of free health care for the entire population sparked off protests and uprisings, not only because all the prophylactic measures (vaccination campaigns, environmental health checks, identification and treatment of diseases, etc.) were not sufficient to prevent the spread of the disease. segregation of infectious cases) that were taken were considered to be an abusive and coercive medicalisation that undermined the privileges of religious social protection circuits while substituting individualised treatment practices for collective prevention strategies.
(254), but also because the conditions for granting aid and assistance to the poor were changed. hardened (255),

The English system "has made it possible, on the one hand, to establish three things: medical assistance for the poor, control of the health of the workforce and a general public health survey, thus protecting the wealthy classes from the greatest dangers. On the other hand - and this is where its originality lies - it made it possible to create three superimposed and coexisting medical systems: assistance medicine for the poor, health control for the working population and a general public health survey, thus protecting the wealthy classes from the greatest dangers.
to the poorest; an administrative medicine responsible for general problems such as vaccination, epidemics, etc.; private medicine for those who could afford it" (256).

The current healthcare systems are based on the English model in that they combine the
for the working classes (protection of production capacity), the extension of the
assistance to the whole population (socialisation of medicine), generalised prophylaxis (social control through medicalisation) and "the integration of improved health, health services and health consumption into the economic development of privileged societies".
(257). "The emergence of the notion of 'right to health' in place of the notions of integrity of physical power, productive capacity or labour power, indicates a change in the political attentions of the State and a different destination of economic resources: from the duty to be healthy, to the right to health, to the right to work.
From the obligation of individuals to remain in good health and in the service of the State, we move on to the right to be sick through the obligation of the State to guarantee individuals care, assistance and leave when they are ill. We can speak of the noso-political regime of the State - health as the main purpose of government action - which explains the omnipresent power, in today's world, of medicalisation processes as instances of normalisation of the body-population" (258). The change underlined here in the political priorities of the state and the
the destination of economic resources is part of the much broader framework of what Foucault governmentalisation" (259).

Over the last two centuries, the management of health and illness has taken the form of a broader mechanism of social regulation as scientific medicine has developed. The fact that health is conceived as something more than a physiological state means that the practice of medicine goes beyond the clinical relationship between doctor and patient. Medicine is considered to be social insofar as it concerns not only individual bodies, but more generally the "social body". The development of modern medicine is part
integral part of the process by which the State has gradually become 'governmentalised'. This process, which began in the fifteenth and sixteenth centuries, involves the transformation of the state from an instrument of sovereign power to a large-scale system of administration. This transformation is the result of
the weakening of feudal ties, itself the result of the emergence of a centralised state and the consequent depersonalisation of political power from the 13th century onwards. Formerly governed by traditional networks of personal dependence and reciprocal obligation, individual conduct was now subject to administrative regulation.

The governmentalisation of the State consisted in shifting the means and objectives of the power.

In terms of means, government no longer resides in the sovereign's power of direct or indirect coercion, but in the management and conduct of affairs. Power ceases to be personal and its mode of operation is no longer based almost exclusively on the selective taking, levying and subtracting of life and wealth (executions, tax collection, etc.),
A network of multinodal relationships is superimposed. The interaction of these nodes - schools, hospitals, prisons, armies - made it possible to manage individual and collective acts and dispositions. More specifically, it has defined and suggested the acts, behaviours, tastes and desires that are possible and necessary.

As far as the objectives of power are concerned, "(t)he authorities have come to understand the task of governing politically as a way of acting in minute detail on the behaviour of the individuals and populations who are their subjects, individually and collectively, in order to increase their cohesion, security, tranquillity, prosperity, health and happiness" (260), or rather "in order to increase their own cohesion, security, tranquillity, prosperity, health and happiness". The government has not exactly shifted from an exclusive concern for the protection and survival of the sovereign to a concern for the protection and survival of individuals and populations; it has understood that the protection and survival of the ruler and the class
The power of the ruler depended more and more on the impression that he was protecting the people and ensuring their well-being rather than their survival (261). The well-being of individuals and populations serves the objectives of an economic and political organisation that presents itself as rational. Their well-being depends on the manufacture of consent and the rhetoric of individual freedom. What characterises the so-called liberal government is its conviction that it is easier to achieve its long-term objectives by making individuals believe that they have agency. The political rationality underlying governmentality is concerned with making life economically useful, life as economic as possible, by maximising both the catagogical dynamics of the masses and the aptitudes common to all people, to that which is least differentiated, most formless, most gregarious, most material. It does this "through an infinite variety of processes, procedures, techniques, rules, standards, etc.", subtly disciplinary and security-oriented. Social medicine reflects different aspects of this governmental rationality. The medicalisation it implies "is (...) the process of forming a 'medicine of the social body', a constant presence in the work of capitalist transformation of society" (261bis): a process which involves the fabrication of a "social body".

How is a 'social body' created? Let Henry E. Sigerist, a supporter of the Soviet health system and the collectivism that underpins it, explain. The general tendency of the state," he says, "used to be to interfere as little as possible in the individual sphere. The State had to raise taxes to maintain its administration and protect its territory from foreign invasion. It established codes of law to protect the life, property and rights of the individual. If a man paid his taxes on time and obeyed the law, he had done his duty to the State. He could be subjected to
The Greek physician in the fifth century BC had his code of ethics, the medieval craftsman his guild rules, the soldier his code of chivalry, etc., but these were all private concerns of private organisations. The Greek physician in the fifth century BC had his code of ethics, the medieval craftsman his guild regulations, the soldier his code of chivalry, etc., but these were all the private concerns of particular groups of men.

"Society has become an increasingly complex organism. A large number of functions,
left to private initiative and the good sense of the individual, are now part of the fabric of our society. administration. The citizens of a modern community have to assume many duties that were previously unknown to them. In the past, if we wanted to build a house, we could do so as we pleased. Today, we are not free to do so. We have to adapt our ideas to the city's general building plan. We'll be told where the entrance should be and we'll have to comply with specific fire safety regulations. People accept these regulations because they recognise that they benefit not only the community as such but themselves too.

"The French Revolution proclaimed human rights but not human duties. The nineteenth
century, in its liberal attitude, tried to preserve individual freedom as far as possible. This was easy in a young, sparsely populated country like America, but difficult in European countries. It became more and more difficult as the population grew, as the big cities grew, and as people became more prosperous.
industrialisation created entirely new living conditions. This has become impossible in our highly specialised century. Today, we are all dependent on each other, and if parts of the population suffer, the whole organism is affected. So we have to give up many of our individual rights and submit to a certain civil discipline,
increasingly recognise our duties towards society, both in our own interests and in the interests of our fellow citizens" (262). The "social body" is the population reduced to a mass.

To give this larval organism not life, but a semblance of life, an essential element was missing for a long time: the virus (263).

Among the "triumphs" of medicine in the 18th century, the "greatest" (264) was undoubtedly
the introduction of preventive inoculation by Edward Jenner (1749-1823), the son of a clergyman from the

Gloucestershire. Inoculation is a very old practice which, originally intended to protect against smallpox, presupposed a more or less conscious belief in what we now call 'immunisation'.

It was either in India, where it was the preserve of the Brahmins, or in the Far East, from where smallpox originated.
that, at some unknown time in the past, this practice, in one form or another (by scarification or by passing sutures soaked in the virus through the skin) (265), before spreading westwards to Europe (266).

According to various authors at the beginning of the eighteenth century, inoculation had been practised since time immemorial among the peasantry in certain parts of Wales and the Highlands, either by rubbing the material taken from the ripe pustules on several parts of the skin of the arm or by pricking these parts with pins previously infected with this material, or by wrapping the wrists with threads of infected worsted wool (267). Lady Montague must not have heard of these practices.

At the beginning of the 18th century, inoculation was in general use among the Greeks of Constantinople, where it was a common practice.
was practised by elderly women (268). In 1717, Lady Montague, the Jewish wife of England's no less Jewish ambassador to the Ottoman Porte (269), "a woman of wit and talent" (270), had the brilliant idea of having her six-year-old son inoculated by one of these women, a Thessalian woman, who "performed the operation so inhumanely and caused the child so much pain with her rusty needle that (the) ambassador's surgeon, who was present at the operation, was obliged to terminate it with his own lancet. The child had about a hundred pimples, and recovered happily" (271). As soon as she returned to London with her distinguished husband, Lady Montague, whose first name was not Pandora, used all her credit to introduce inoculation into England. By virtue of that "maternal tenderness" in which Voltaire saw one of the two motives which, since time immemorial, had impelled Circassian women (272) to butcher their children in order to satisfy their sanitary urges, she set the example, so to speak, by having her three-month-old daughter inoculated. The operation was performed by Dr Mailand in the presence of several court physicians. In 1721, a Halifax physician inoculated forty children by applying a piece of cotton soaked in variola pus to a spot of their skin that he had previously rubbed (273). The subject aroused considerable interest throughout the country, but the British public regarded the practice with suspicion and some apprehension, so that it made little headway. In August 1722, it was suggested that criminals should be inoculated; those who agreed to undergo the operation were promised a full pardon (274). No one died from the
following the operation. Others, scarified by Mailand or his colleagues, were not so lucky. Several doctors and ecclesiastics spoke out and wrote against the practice,
stigmatised by one of the latter as "dangerous and immoral" (275). In 1722, a libel

called it an infernal method (276). The advocates of inoculation responded to these criticisms and a bitter controversy ensued between them and their opponents.

Inoculation fell, if not into disrepute, at least into oblivion, in England as well as in the other European countries where the prospect of making it more widespread had, for a time, thrilled (277).

Although certain ecclesiastics had pronounced anathema against inoculation, the clergy as a whole was not opposed to it, recommending it above all for children (278). It was even
the Bishop of Worcester, Isaac Maddox, who, in 1746, rekindled enthusiasm for inoculation. He formed, under his presidency and the protection of the Duke of Marlborough, who was not - biologically - Jewish, a society whose main aim was to spread and propagate this method (279). In 1754, the Mémoire sur l'inoculation de la petite pérole by the explorer, geographer and mathematician Charles-Marie de la Condamine (1701-1774), which ended with the assertion that the State had kept the seven hundred and sixty thousand men that smallpox had taken away since 1723, the year in which the Regent had taken a keen interest in this practice, if it had been generally adopted in France in that year (280), must have made a strong impression on the Academy of Medicine, because in the same year it took a position in favour of inoculation. By the greatest of coincidences, it was also in 1754 that the College of Medicine in London gave public testimony in its favour, which temporarily reduced the opponents of this method to an angry silence. They regained their voice when Professor Rast of Lyon demonstrated, on the basis of London mortality lists, that since 1721, when
inoculation had been introduced, variola epidemics had become much more deadly
(281). The supporters of inoculation then used other statistics to demonstrate that the introduction of this method had nothing to do with it. The progress of the inoculation epidemic was brought to an abrupt halt in France, however, when, following a serious and fatal epidemic of smallpox in Paris in 1763, attributed in part to inoculation, the Paris Parliament issued a "prohibition on the use of inoculation".
perform this operation in the towns and suburbs within the jurisdiction of the court" (282). However, five years later, on the recommendation of the faculties of medicine, this decree was annulled and inoculation was once again commonly practised in Paris.

Little by little, the practice fell into disuse, until it disappeared with the advent of vaccination. In
In England, it was definitively banned by Parliament in 1840.

When he was still a schoolboy, Edward Jenner (1749-1823) met a young girl who declared herself inaccessible to smallpox because, she said, she had had vaccinia. This boast became engraved in Jenner's memory and served as the starting point for his research. Returning to his native country after studying in London, "he soon noticed that certain individuals remained resistant to the virus

he inoculated them with. He became convinced that this immunity belonged to the people in the cowsheds who tended and milked the cows. Jenner's first serious observations
seem to date back to 1775. He saw that the rash occurred on the hands of cowherds, especially when they were chapped, and that this rash was characterised by pustules similar to those on the teats of cows. As early as 1787, he seems to have thought that the origin of cowpox (vaccinia) was horse grease, which could be inoculated into cows" (283). So much for the legend. In reality, the belief that those who got smallpox from cows were protected against smallpox was infused into him by reading the notebooks left to him by an acquaintance of his, a surgeon from Shaftesbury named Nash (1785) (284).

The first vaccination took place on 14 May 1796. "On that day, Jenner took vaccine from the hand of a young cowherd named Sarah Nelwes, infected by her master's cow, and inserted it, through two superficial incisions, into the arm of James Phipps, a fat boy of eight. It worked perfectly, and the child's vaccine was used to inoculate several other children. When James Phipps was inoculated with smallpox two months later, he did not respond. The proof was in the pudding". (285). Vaccination made steady progress and all countries paid tribute to its inventor. Jenner was elected to almost
his work was quickly taken up on the continent and in North America. Good statistics began to pour in (286) and by 1800 no fewer than six thousand people had been vaccinated; a hundred thousand a year later (287). In 1802 and 1807, Parliament voted grants of £20,000 to Jenner to help him continue his experiments.

Despite the success and support for vaccination in all parts of the world, many people were still opposed to the practice. However, most of the criticisms were caricatures. Many pamphlets claimed that those vaccinated would inevitably take on the characteristics of cattle. One of the few to appreciate the full extent of the danger was a physician, Benjamin Moseley (1742-1819), who, in a book in which he reported the development of serious diseases in people who had been vaccinated (288), characterised vaccination as "a medical experiment, rashly adopted, prolonged by a thoughtless transgression of the limits of reason, and, once the conviction of its uselessness had been fully acquired, obstinately pursued by the most degrading philosophical relapse that ever disgraced the civilised world"; Future ages," he warned in another book, "will read with wonder the story of our nation's credulity in the face of smallpox; the story of the frantic haste with which the children of this country have
were subjected to a medical experiment at the risk of their lives (...). That there should be a people who contaminate their offspring with a poison extracted from raw creation and of whose origin, nature and effects they had not the slightest knowledge will figure among the incredible tales of a future Pliny.
" (289). Lucid but not extralucid, Moseley had not foreseen the worst, which came fifteen years later. after his death.

In 1852, despite the scepticism of some English doctors (290) and hygienists as to the effectiveness of vaccination, the evidence that the middle and upper classes had of its ineffectiveness, the detestation it aroused in the working classes (291), who were convinced, by the admission of
According to one of the members of the committee examining the law, "the operation was intended not to protect but to destroy their offspring" (292), seventeen years after Greece had been the first European country to take a similar legislative measure, Parliament passed the Act to extend and make compulsory the Practice of Vaccination. It obliged parents and guardians to have their children vaccinated before the age of four months.
The penalty was a fine (293). The Vaccination Act of 1852 was reinforced and amended by the Act of 12 August 1867, which was in turn amended by the Act of 21 August 1871 (294). The "conscience clause" was introduced into the Vaccination Act by the Act of 12 August 1898. This clause allowed parents and guardians not to pay a fine if, within the first four months of the child's birth, they could produce a doctor's certificate stating that the child could not be vaccinated (295). In France, the law of 15 February 1902, which made smallpox vaccination compulsory, did not contain any such provisions. Article 6 states: "Smallpox vaccination is compulsory during the first year of life, as is revaccination during the eleventh and twenty-first years. Parents or guardians are held personally responsible for carrying out the said measure. A
public administration regulation, issued after consultation with the Académie de Médecine and the Comité
The French Public Health Advisory Council will lay down the measures required to apply this Directive. article" (296). Pasteur's discoveries, which, along with those of Koch and many others, ushered in the era of scientific vaccination, had not been in vain in the adoption of this law and other legislative texts relating to vaccination (297).

The vaccination laws, which marked the media triumph of the contagionists over the advocates of aerism, or miasmatism, are extremely interesting from a sociological point of view, says Sigerist - for whom "(medical education) had to control the entire life of the individual" and "who demanded that the physician be a social reformer whose task was to optimise the social adaptation of
the individual" (298) - because it was "the first time that the State (...) had dared to intrude into the private sphere of the individual, forcing him to contract a disease artificially in order to protect himself and his fellow citizens from a more serious illness" (299). However, nothing could have had more serious consequences for the "social body", still in formation and still spared the theoretical scaffolding of the Saint-Simonians, than the spread of Pasteur's bacteriological theories within it.

For Saint-Simon, social relations are compared to the sympathies of the organs of the human body, and the city to the human body (300). Each part of the city corresponds to a member, or organ, of the human body, and all the parts of the city must be linked together by communication routes,

which correspond to the arteries, veins and nerves of the human body, to form what he calls a "network". Two other types of "network" need to be built on this model: the economic "network" and the knowledge "network". "We need to circulate the flow of goods, people, money and minds like blood in the veins and electricity in the nervous system" (301). Eventually, these networks are destined to cover the entire planet. The entire globe is to be a single network. Well, the Pastorian microbe - virus - is the scientific translation of the Saint-Simonian pantheistic notion of the "network" (which would in turn find an extension in the twentieth century in the field of electricity, and then in that of information technology) (302). The Pastorian virus triggered the profound social and psychological revolution heralded by the Saint-Simonian concept of the "network" in the conception of the social bond: "invisible links connect all individuals: microbes. There is therefore a profound interdependence between all living beings, which undermines the separation of the medical from the social, of the present from the future. Thus (...) the fight against tuberculosis and the associated prevention policy will become an unlimited programme: all aspects of an individual's life are concerned, from birth to death. Pastorian theories brought with them the idea that evil reveals solidarity; moreover, it underpins the anti-naturalism of political action: nature must be thwarted, society is never social enough; finally, it underpins positive morality: I cannot want my own good without wanting that of others, it is impossible. The state therefore has positive duties towards its members, and the individual has positive rights.

Pastorian medicine (...) Pastorian medicine is therefore the basis of a theory of the microbial body politic based on solidarity, the principles of which can be formulated as follows: the whole is more than the sum of its parts; it forms a sui generis reality. Secondly, there is no part that is not part of a whole, and there is no whole that is not part of a greater whole: individuality is only the result of a process of individualisation. Finally, the relationship between the parts and the whole must be analysed using the logic of complex causality, i.e. the logic of probabilities (...). This organic, microbial, solidarity-based conception of the body politic was reflected in numerous laws and measures: the Siegfried Law (1884) on social housing. Mayors such as H. Sellier in Suresnes, who later became Minister of Health, developed social housing and garden cities as part of a programme to combat tuberculosis. Law of 9 April 1898 on compensation for no-fault accidents at work. This law was fundamental and exemplary in that it revolutionised the concept of liability: individual responsibility for a fault became collective and shared responsibility for a risk. There is no such thing as a metaphysical or moral evil: accidents at work are a social evil; the accident rate is constant, whatever the circumstances. The simple

The fact of living and producing together creates inescapable and determined relationships of interdependence. Law of 1905 on compulsory assistance for the elderly, infirm, incurable and destitute. Law of 5 April 1910 on workers' and peasants' pensions: this marked the transition from individual and free provision to compulsory insurance with transfer. The State itself became responsible through the first

compensation for a dockyard worker by the Conseil d'État in 1896, and insurance. A new social contract was established, based on the principle of totalization, distributive justice and the global mass of goods produced, as opposed to the old form of contract as a relationship between individuals, with a distinction between the State and civil society, and simple commutative justice, for which the State was the guarantor.

Fundamentally, there is damage and risk because we all live together: it is up to us collectively to assume this organic solidarity, through the State which finds in it, at the same time, its necessity, its justification and its line of action. Broadly speaking, therefore, we can say that the Welfare State was born

of the Pastorian metaphor of the body politic. The creation of the Ministry of Health in 1920 enshrined the definitive assimilation of the Pastorian approach in the very structures of the State" (emphasis added) (303). To sum up, the consequence of the popularisation of the Pastorian doctrine was to inoculate man with the view that the world is no longer a vale of tears (Psalm 83:7), but of microbes, and to insidiously encourage him to experience this biologically and collectively. In fact, this attitude bears witness to a kind of totemic regression, whereby "the individual, before perceiving himself as such, perceives himself as a group, a race or a tribe, but in a collectivist sense, and draws from it his distinctive traits, not only biological, but also
characterological and, insofar as is relevant here, cultural and spiritual. At this stage, no clear distinction is made between mind and body, the two being experienced in an indistinct, promiscuous unity" (304). Man is absorbed into the "great whole": in this case, the "social body".

In fact, the 'Pastorian revolution' could be described as a 'revelation' in the religious sense of the term, and medicalisation could be considered as a re-(Judeo)Christianisation, or rather as the final stage of Judeo-Christianisation, in that it implies, as we have already shown, a faith, an unshakeable faith, in medicine. Calling modern medicine a religion should not be understood as a metaphor, and is in no way an abuse of language. Biopower, the initiator of medical religion, is the modern form of pastoral power, which is a religious power and which, as we have seen elsewhere, is an acclimatisation of Oriental despotism, a theocratic form of government, to the specific character of white peoples (305).

What these related forms of power have in common is that they are "fundamentally beneficent" (306) towards the flock and each individual in the flock, insofar as the flock or the individual devotes to the shepherd the pure, blind and mechanical obedience that the shepherd demands of him, obedience by virtue of which he provides for all his needs; to be able to take care of them and, if they are ill, to treat them and cure them, the shepherd must "know what is going on in (his) head, (...) explore (his soul), (...)) explore (his soul), (...) (force) him to reveal (his) innermost secrets. [This] implies a knowledge of individual and collective consciousness and an ability to direct it" (307).
In order for the person to reveal their most intimate secrets to him, he has to make them fear him in a way that makes them feel safe.
The threat of divine punishment of all kinds, in terris or post-mortem, is used by pastoral power, and the scarecrow of terrorism or natural disasters (climatic or epidemic) by biopower. In this context, scientific medicine has the same disciplinary power in modern democracies as theurgic medicine had, as we saw at the beginning of this study, in the religions of the ancient East, particularly Judaism.

In Naissance de la clinique Foucault points out that the so-called French Revolution gave rise to two great myths: 1. the myth of a nationalised medical profession, organised on the model of the clergy and endowed with powers over health and the body similar to those enjoyed by priests over the soul; and 2. the myth of a total disappearance of disease. The myth of the total disappearance of disease (308).

The medical religion has its Church, its dogmas, its morals, its cult and its sacred texts.

The "new gospel of health" (309), a pruritus of human rights, is the Constitution of
the World Health Organisation (WHO), which defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".
The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". This "almost mystical" (310) definition of health makes it "an a priori category, difficult to define and measure (...). (I)f health 'consists not merely of the absence of disease or infirmity', it is an unrealistic ideal, a 'super-health', and the WHO, by insisting on the multidimensional nature of health, blurs the concept. The unknowability of health makes it similar to religious sacredness: its mystery is both terrifying and fascinating. Health is a force hidden in the genes and neuronal network of the brain. Consequently, health, like its
alteration, fills individuals with anguish and fear" (311). Moreover, this inclusive definition of medicine allows it to extend its field of action to infinity and to exercise unlimited control over infinite dimensions of social life, and makes it truly catholic (which means "catholic" in the sense of "catholic" in the sense of "catholic" in the sense of "catholic" in the sense of "catholic" in the sense of "catholic" in the sense of "catholic" in the sense of "catholic".
etymologically 'universal', 'general'). Medicine thus becomes omnipresent and omnipotent (...). It decides who can work, who can marry and have children, gives the right to
abortion and child custody, decides who, when and how a person can die and whether a person is fit to stand trial. Medical authorities influence personal decisions about eating habits, sexual behaviour and acceptable stimulants. Doctors control birth, prenatal, postnatal and paediatric care; not only conception but also sterility, reproduction and sexual activity itself are also subject to their power. The Medicine defines when life begins and whether it should begin. Like the medieval Church, it creates an omnipresent network: it ensures public hygiene, coordinates care, centralises information, standardises knowledge, teaches a healthy lifestyle and legitimises (health) policy and individual choices, which leads to a lasting medicalisation of crime (theft, rape, murder), sexual perversion (homosexuality, masturbation) and deviance (substance abuse, problems, etc.).
It also affects the ability to fulfil social roles (military service, obtaining a driving licence, fitness for work) and natural physiological processes (childbirth, ageing, menopause, erectile dysfunction). It thus transforms the world into a clinic" (312), the temple of medicine.

The god that the faithful honour is the gene. The Pastorian 'revelation' has in fact been supplemented by that of genetics, the Human Genome Project, which has further biologised the way in which people perceive the world and themselves: "... the gene has become a sacred symbol and an icon of biomedical civilisation. The essence of humanity is no longer the soul
immortal but owes its existence to the mystical powers of the genome. Genetic essentialism thus reduces the 'true' human self to a molecular structure, inscribed in its genes and as immortal as the Christian soul. Seen as independent of the body, it is the genome that gives life and, like the Christian soul, carries within it the seeds of good (health) and evil (disease). As a result of this 'molecular view', individuals are increasingly defined in biological terms (...). Biology defines collective identities. In this way, the 'molecularisation of life' extends medicalisation and leads to the geneticisation of society" (313). To speak of a "DNA mystique" is no exaggeration, given that the genome is referred to in religious metaphors such as "Book of Life" and "Holy Grail" (314). "Genes are becoming the core of a new moral order: they determine how people think, feel and behave. They influence intelligence, emotions, physical appearance, health, aggressiveness, free will and religiosity. Faith in the magical power of human genes is becoming the dogma of the religion of health (...). (Just as, in ancient Eastern religions, earthly events and human beings were subject to the will of divine stars. N.), genes determine who we are, what we will become and how we will end up. Medicine claims that people's destinies are written in their genes, and neurogenetic determinism is being transformed into a new type of biological predestination: whatever people do, their destiny is already fixed: either salvation (health and life) or damnation (illness and death). A medical variant of Protestant doctrine emphasises that 'an individual's health is not determined by his virtues and choices or by social circumstances, but by his genetic material' (...). Genetic testing helps those who undergo it to know their own destiny.
In this way, as in Protestantism, people are encouraged to lead a virtuous and virtuous life.
ascetic (i.e. 'healthy') and to look for the signs of their destiny, i.e. their genetic markers" (315).

Evil is the pathogenic germ, personified by the virus, assisted in its dirty work by
microbes and bacteria.

Hence, in addition to beliefs such as those about the negative effects of "passive smoking", the efficacy of mammography, the harmfulness of cholesterol, etc., the epidemiological dogmas of contagion - the dogma of contagion is in fact little more than the scientific transposition of the notion of ritual impurity, central to Zoroastrianism (316) and Judaism (317) - of the
vaccination and immunisation. The doctor, like the Pope, enjoys infallibility and any desire to

Any challenge to the medical doxa is seen as heresy and condemned to anathema, until the economic and social death of the deviator ensues. "Extra medicinam nulla salus".

Salvation comes through faith in these dogmas, observance of the medical cult and sanitism.

As far as the sacraments are concerned, baptismal vaccination is administered within twenty-four hours of birth. The first illness is the first communion, in the two forms of tablet and syrup, by order, not of the Lord, but of the doctor. The first medical examination takes the place of confirmation. The consultation serves as mass. Penance and reconciliation are handled by the psychologist. The only thing left for medicine to do is to find an equivalent.
to extreme unction.

Healthism is a lifestyle that prioritises health and fitness above all else. It is punctuated by a whole series of ascetic practices aimed at self-transformation: mechanical physical training exercises, dependence on sporting activities, addiction to drugs, and so on.
weight-loss diets, obsessive concern for hygiene, obsessive control of weight and weight
diet, morbid interest in health education, pathological self-observation, preventive surgery - all practices which fully justify the judgement that the quest for health has become the predominant pathogenic factor (318), all the more so as they are accompanied by a chronic delusion of superiority. "The moral categorisation of health and illness reflects contemporary beliefs that illness is the result of moral failure and health is the representation of moral triumph" (319): salvation?

According to Agamben (320), "... unlike Christianity, medical religion offers no prospect of salvation and redemption. On the contrary, the cure it seeks can only be temporary, because the God of evil, the virus, cannot be eliminated once and for all, but is constantly changing and taking on new, doubtless more dangerous, forms". Yet in the oldest Christian texts found to this day, neither sôtèrion nor salus means "salvation" in the sense of being "saved".
delivered from the state of sin and suffering and to escape damnation (321). In these texts, salvation means being saved, at least temporarily, from death. Even in the Vulgate, where salus takes on a soteriological meaning, it "encompasses the restoration of psychic well-being and even, to some extent, physical healing" (322). From Tertullian onwards, it is not uncommon to see Latin-speaking Christian theologians express their conceptions of conversion and salvation as healing and a return to physical health, to such an extent that, in Caesarius of Arles and Augustine, "health and salvation are no longer merely analogous, but are two more or less perfect forms of the same reality: Adamic life" (323). Moreover, the formula of the Eucharistic consecration ("this is my body") shows

the centrality of corporality in the Christian faith. Finally, in the Christian religion (Matthew, 27:52- 53), but also in Judaism (2 Maccabees, 7:11, 7:28), the dogma of the resurrection is based on the belief in the physical resurrection of the human body at the end of time. Even if we accept, as we have no difficulty in doing, that in the collective imagination salvation is that of the soul, the fact remains that medicine has recently been offering its faithful a glimpse of eternity.

At the beginning of the 19th century, attempts at resurrection by electricity were made by doctors. (324). According to some of their current colleagues, it will soon be possible to resuscitate people within twenty-four hours of their clinical death (325). There is now a Resuscitation Science, The Center for Resuscitation Science, a Resurrection Research Program is being developed by a New York University (326) and a Resurrection Symposium was held in 2017; the second will be held online from 14-16 November this year. But hasn't medical research into resurrection methods already been overtaken by the synergy between nanotechnology, computer prediction, gene therapy, regenerative medicine, the "human body"?
microbiology, etc. on technological immortality (327), either through molecular repair or by uploading the previously transhumanised biological body onto the Internet?

It is true that advances in the so-called emerging sciences are not divulged to the general public, and that what matters above all to governments is to contaminate the 'social body' with the belief that 'the virus cannot be eliminated once and for all, but is constantly changing and taking o n new, undoubtedly more dangerous forms', even if the media's promise of "herd immunity" (better known today as "herd immunity" because, in an extreme emergency, the media abandon their pompous peri-scientific jargon to make sure they are understood by everyone, even the most polite of thick-skinned bullies) comes true ; even if a vaccine were developed and vaccination made compulsory as far away as Papua New Guinea, a new form of the virus, or even a different type of virus, would appear and everything would be back to normal.
again. Until the recipe for vegetative immortality has been found, it will be vital to
the pharmaceutical industry to keep belief in the virus alive at all costs.
diabolical.

"A crisis (gr. krinesthai, from krisis), says a Hippocratic text (De affection., 8), occurs when diseases increase or decrease, or change into another disease or cease" (emphasis added) (328); the disease is either cured or only undergoes a change for the better or worse and, in the latter case, evolves into another disease, which, once the crisis has passed, may itself evolve into another disease. The same is true of economic phenomena as it is of pathological phenomena: the capitalist economy goes from crisis to crisis, from stock market collapse to stock market collapse.

stock market prices. In both the Old and New Testaments (329), krisis refers to the 'Last Judgement' (330), which Christians never ceased to believe was imminent, right up to the end of the 'Middle Ages'. "(331); in time, it could have taken on the meaning of "respite" for them. Eventually, they lost patience, and the mixture of terror and hope inspired by the Apocalypse, the centrepiece of the priestly system of social control (332), wore off to the point of anaesthesia. Of all the disciplinary systems of social control that have been developed since then, the one based on the viral threat is undoubtedly the most formidable in terms of its effectiveness.
it relates directly to one of the most widely shared feelings: security (as we will see in a forthcoming study on the police, 'security' is in fact a feeling, as opposed to safety, which is a state).

Traditionally, security has meant the absence of military confrontation between nation states. Admittedly, in 1851, delegates to the first International Sanitary Conference met in Paris to consider joint responses to the cholera epidemics that had invaded the European continent in the first half of the 19th century, but the preventive fight against pandemics remained a peripheral foreign policy concern. It was even
This was all the more true given that, as US Secretary of State George Marshall declared in 1948, major advances in medicine meant that the eradication of so-called infectious diseases was imminent. The priority now was to avoid new wars and, in particular, a nuclear confrontation. But no more than the fear of hell could the fear of nuclear war, even when fuelled by the mass media and Hollywood, paralyse people for ever. It was therefore necessary to replace this sword of Damocles with a more credible scarecrow, and this is how, in the early 1990s in the United States, just after the launch of the theory of climate change (333), the concept of bioterrorism was invented.
(334). In 1994, the Human Development Report (HDR), an annual publication of the Human Development Report Office of the United Nations Development Programme (UNDP), argued that the concept of security had long been interpreted too narrowly as the absence of threats to a country's territorial integrity or the protection of national interests, and introduced the notion of "human security". The seven components of human security identified by the report were economic security, food security, health security, environmental security, personal security, community security and political security (335).
As you might expect, there is a Commission on Human Security (CHR) and an Advisory Committee on Human Security (ACHS). In its final report (2003), the CSH defines the objective of human security as the "(protection of) the vital core of all human lives, in a manner that
enhances the exercise of freedoms and facilitates human flourishing" (336). The definition proposed by the CSH thus reconceptualised security in a fundamental way by : "(i) Moving away from traditional State-centred notions of security, which focused primarily on the security of States against
(ii) Drawing attention to a multitude of threats that affect different aspects of human life, highlighting the interface between security, development and human rights.

human rights; and (iii) Promoting a new, integrated, coordinated and people-centred approach to the promotion of peace, security and development within and across nations" (337); concerns which also happen to be those of the main private sponsor of the United Nations, the Bill and Melinda Gates Foundation (BMGF), which in the late 1990s took over from the Rockefeller Foundation as the figurehead for "(promoting) the well-being of humanity worldwide" (338).

The fact that health has come to be considered from the angle of security has given rise to the dual concepts of the securisation of health and the medicalisation of security. Both give full meaning to William S. Burroughs' thesis that "language is a virus" (339), the virus responsible for the formation of totalitarian control systems of all shapes and sizes.

As defined by the CSH and specialist literature, "safety is not an objective reality - i.e. the absence of threats - but the result of an act of language by which a problem is presented as a threat (...). (T)he securitisation of a problem results from the interaction between a securitisation actor, who mobilises a vocabulary relating to securitisation, and a public, who
accepts this approach" (emphasis added) (340); "... a problem becomes a security problem because it is presented as a threat to the very existence of a given referent (a State,
for example); exceptional measures to counter this problem are therefore necessary
(...). "Senior politicians (as well as senior civil servants) therefore play a key role in the development of the economy.
important in securing health who, in their statements, by an 'act of speech', dramatically draw the attention (of the general public) to health and safety issues, which will then need to be regulated by resolutions and strategic documents".
(emphasis added) (341). The securing of health can therefore be defined in fine as a
strategic practice that political actors adopt to achieve specific objectives that
go far beyond their avowed media objectives. "Because it requires a transformation of political procedure, the securitisation of an issue "introduces another type of politics, based on opportunism, secrecy and discretionary emergency measures" (342).

The medicalisation of safety is the counterpart of the medicalisation of health, and has three characteristics:
insecurity is increasingly seen as a global medical problem caused by the outbreak of a disease presented as contagious; this leads medical experts to play a greater role in international affairs; security problems, defined medically, call for social and political interventions which are increasingly wide-ranging (343). "By taking on a distinctly epidemiological dimension, political power becomes more governmentalized, insofar as the tendency to manage the behaviour of individuals and populations with a view to maximizing their health and economic utility is reinforced. This trend is reflected in a whole range of new medical interventions, at both national and international level: policies

surveillance of healthy and unhealthy populations; sorting of individuals according to risk factors; processes of confinement and exclusion of 'individuals at risk'; establishment of models of normality and deviance (...). In short (...) the health-security link modifies the concept of the State and transforms (...) security policies into 'a technology for
intensify the medical control of populations'" (344). The extraordinary resources justified by making health and security more secure and medical provide governments with the alibi to declare, following the state of emergency (345), a state of exception, which entails the suspension of
certain ordinary legal guarantees and which, "act of speech" after "act of speech" "threatens to become a normal state" (346), "(thus) laying the foundations for a scientific-bureaucratic authoritarianism" (347) which has its roots in Oriental despotism, because "the movement which is set in motion in the risk society is expressed in the following formula: I'm afraid! (...) In this sense, the risk society is characteristic of a social epoch in which solidarity is forged in fear, which becomes a political force" (emphasis added) (348).

Although there is no universally accepted definition of the concept of health security, an analysis of the literature and the various corresponding reports shows that it is linked to the threats posed by the massive spread of so-called infectious diseases not only to individuals but also to society as a whole, and to the fact that pathogenic micro-organisms can be used as biological weapons and that certain diseases, including HIV/AIDS, can have social, political, economic and military repercussions that compromise the
stability and security, not just of one country or region, but of the entire globe.

The concept of "emerging infectious diseases" has its origins in a work by the French physician Charles Anglada (1809-1878) entitled Étude sur les maladies éteintes et les maladies nouvelles (Study on extinct and new diseases).
(1869) (349), was revived in 1991 by the American epidemiologist Steven S. Morse, then Professor assistant professor of virology at New York's Rockefeller University, where he is still a member of the faculty.
professorship. The following year, against the backdrop of the geopolitical tectonic shifts resulting from the end of the 'Cold War', a report by the US Institute of Medicine entitled 'Emerging
Infections: Microbial Threats to Health in the United States', highlighted that "certain diseases infectious diseases that now affect people in other parts of the world represent potential threats to the United States because of global interdependence, modern transportation, trade and changing social and cultural patterns" (350). In the mid-2000s, they were given the lofty title of "emerging and re-emerging infectious diseases".
emerging" diseases in the WHO's infectious globalist discourse. The view that "public health" issues, particularly those linked to these diseases, transcend borders would quickly become a leitmotif.

In 2000, an article (351) co-published by Denis C. Pirages, a political scientist, environmentalist and former professor of international environmental policy at the University of Maryland, College Park and contributor to the 2005 report by the Worlwatch Institute (352), one of the many heads of the Bill and Melinda Gates Foundation hydra (353), echoed the alleged "growing concern" in official circles about "the consequences of the development of globalisation on the potential development and spread of new diseases across increasingly porous borders" (354) : "Viruses and bacteria (...) have never respected national borders. They have crossed borders with the winds, the waters, the explorers, the merchants and the mercenaries" (355). In the same vein, the report 'Lessons from the SARS Crisis' (2004), commissioned by the Canadian government, emphasised that the transformations resulting from globalisation

These "increase the frequency and speed of transmission of emerging and re-emerging infectious diseases" (356). "(C)onsideration of the increasing frequency of travel, the 'shrinking' of the world facilitated by rapid transport, combined with the observation that viruses do not have the capacity to spread.

respect no borders, (has multiplied) to the point of becoming, particularly following the Severe Acute Respiratory Syndrome crisis, a veritable litany" (emphasis added) (357). In September 2005, two years after the "battle" against SARS had been won, in the words of a WHO executive director, "using medieval methods" (358), the WHO's coordinator for avian and human influenza in Geneva predicted between 2 and 150 million deaths worldwide in a future pandemic (359), while, following the publication by the journal Foreign Affairs of an article by Michael T. Osterholm, Professor at the Minnesota School of Public Health and Director of the Center for Infectious Disease Research and Policy in Washington, D.C. Osterholm, in which he predicted that within a month, a year or ten years the world would be inundated by the avian flu then raging in Asia (360), the main so-called Western countries each decided to order tens of millions of doses of vaccine.

As the health historian Patrick Zylberman later revealed in Tempêtes microbiennes (2013), it was precisely in 2005 that the WHO communicated its roadmap to the States. In a summary of this work, Agamben writes: "It is nothing less than the creation of a kind of 'health terror' as an instrument for managing what was defined as the worst case scenario.

scenarios (...)". The system recommended by the WHO comprised three points: "1) the development of scenarios ('fictions that feign reality by proposing situations that are imaginary but conducive to the learning [by populations] of reflexes and behaviours aimed at the control of

events' (361); 2) the adoption of the logic of the worst-case scenario as a regime of political rationality; 3) the integral organisation of the body of citizens in such a way as to strengthen as much as possible the adherence to

government institutions. The expected result is a kind of civic-mindedness in the superlative.

imposed obligations are presented as manifestations of altruism; citizens no longer have a right to health, on the contrary, health is imposed on them as a legal obligation" (362). In 2007, the WHO's World Health Report ratcheted up the pressure, stating that "an epidemic or outbreak in one part of the world takes only a few hours to become an imminent threat elsewhere" (363), and in 2008, yet another international organisation, the

The Global Outbreak Alert and Response Network (GOARN), under the authority of the WHO (364), was founded officially to help countries manage pandemics, The influenza A (H1N1) epidemic that raged from January 2009 to August 2010, during which some non-European countries quarantined or threatened to quarantine foreign visitors suspected of having been in contact with people likely to have been infected (365), served as a dress rehearsal for Operation Covid-.
19. In June 2009, when, as every year, between 500,000 and 1,000,000 people had died or were about to die from seasonal flu, and when, in many countries, influenza A (H1N1) had not yet spread to the rest of the world, it was clear that the epidemic was on the rise.
caused no casualties, the WHO, following the advice of scientific experts on its staff who had close links with companies manufacturing vaccines and antiviral drugs (366), described this influenza A (H1N1) epidemic as a "pandemic", thereby triggering a worldwide vaccination campaign that was duly dramatised by the major media (367). On 6 August 2014, almost six months after numerous cases of Ebola had been reported in Guinea, the WHO declared "that the conditions for a public health emergency of international concern (PHEIC) (had) been met" and called for a coordinated international response to the pandemic (368). In the media coverage of this pseudo-pandemic, the Ebola virus was presented almost systematically as a global threat (369). According to the mass media, the WHO was "preparing for the worst-case scenario", "for all scenarios, including the worst", "fearing the worst-case scenario", and so on. It was well placed to
It was she who had drawn up these scenarios.

From the release of The Last Man Standing (1924) to that of Virus (2019), no fewer than a hundred films have helped to psychologically condition the general public for the masquerade under way. What is striking," remarks Agamben, "in the reactions to the exceptional measures that have been put in place in our countries (...), is the inability to observe them beyond the immediate context in which they seem to be working. Few attempt, as serious political analysis would demand, to interpret them as symptoms and signs of a wider experiment, in which a new paradigm of governance of people and things is at stake" (370). If they are so rare, it's because most of them fell for Simulacre et (à la) simulation (1981), in which Jean Baudrillard showed that the viral circulation of digitised information and images would end up masking reality to the point of replacing it.

In the mode of classical social theory, Baudrillard draws distinctions between traditional societies, based on symbolic exchange and representation; pre-modern societies, based on counterfeiting; modern societies, organised around production; and post-modern societies, based on simulation, i.e. modes of cultural representation that 'simulate' reality: television, cyberspace and virtual reality (371). In the first, the image is representation (372), while in the last three it is simulation (373).

The rupture between modern and postmodern societies is as great as the gulf between modern and premodern societies. This rupture marks the end of the political economy and of an era in which production was the organising form of society (374). People now live in an era of simulation in which social reproduction (information processing, communication and knowledge industries, etc.) has replaced production as the organising form of society.
society. In our time, labour is no longer a force of production, but is itself "a sign among signs" (375). In this situation, work is not primarily productive; it is a sign of a person's social position, way of life and mode of servitude. A person's salary is not rationally related to their work and what they produce, but to the place they occupy in the system, a place itself determined, we should add since Baudrillard doesn't say so, by their degree of membership of the system, measured very precisely by competitions, exams and other Masonic rites of passage and, in the case of well-paid positions, their birth. The economy
Politics is no longer the foundation, the social determinant, or even a structural 'reality' within which other phenomena can be interpreted and explained. Images, spectacles and the play of signs replace the concepts of production and class struggle as essential components of societies. In the society of simulation, identities are constructed by
The appropriation of images and the corresponding codes and models determine the way in which individuals perceive themselves and interact. The economy, politics, social life and culture are all governed by the mode of simulation, whose codes and models determine how goods are consumed and used; how parodic politics run their course; how parodic culture is produced and consumed and pasteurised everyday life is lived. Not only do the technologies of entertainment, information and communication provide the codes and models that structure this everyday life, they also offer more engaging and more "interactive" experiences.
intense than those of everyday life, to the point where they seem more real than reality. The television, the new information and communication technologies (ICTs) (Internet, Smartphone, Bluetooth protocol, SWS, etc.) (376), digital simulation, which "is not based on any material reality and does not depend on any physical medium" (emphasis added) (377), the e-
xperience of the HyperWorld (378) suggest to those hypnotized by the constant flow of images they broadcast. Consciousness, insofar as it is permissible to apply this term to
human waste that makes up the "social body", is unable to distinguish the reality of a "social problem" from the reality of a "social problem".
simulation of reality; reality and fiction merge and become one. The result is the possibility of mixing physical reality with virtual reality and human intelligence with artificial intelligence. This state is what Baudrillard calls 'hyperreality' (379). The result is a pathology that is almost
entirely new: "If hysteria were the pathology of the exacerbated staging of the subject, of the theatrical and operatic conversion of the body, if paranoia were the pathology of organization, of the rigid and jealous world, we are with immanent promiscuity and connection
networks in communication and information, in a new form of "social networking".
schizophrenia. No more hysteria, no more projective paranoia strictly speaking, but that state of terror characteristic of the schizophrenic: too great a proximity to everything, an infectious promiscuity of everything, which invests and penetrates him without resistance, with no halo, no aura, not even that of his body, to protect him. The schizophrenic is open to everything in spite of himself, living in total confusion. They are the obscene prey of the obscenity of the world. What characterises him is less the

loss of the real (...) than this absolute proximity, this total overexposure of things, this overexposure to the transparency of the world. Stripped of any stage and traversed without obstacle, it can no longer produce the limits of its own being, it can no longer produce itself as a mirror. It becomes pure screen, pure
surface of absorption and resorption of the networks of influence" (emphasis added) (380). This is why we must "take very seriously" "(t)he hypothesis of a contamination of all objects of reality (space, time, body) by the properties of the image" (381); not only of all objects of reality, but of man himself; not only "(t)he apparitions that surround us would be
It's not just the urban space, the home, clothing, objects and machines that are shaped and formalised by the image", but also man himself. After that, it's almost pointless to point out that the pathology of the scoundrel upstairs, riveted as he is to his own screens, which are much thicker, chained as he is to his own chains, which are much heavier, is, because of a much higher consumption of psychotropic drugs, much more acute.

The simulacrum (382) is inherent in representation (383); it is designed in particular to give the "spectators" a sense of identity.
They are under the illusion that "their" "representatives" are actually exercising a power which, in reality, is not theirs,
is held backstage. It is the governing technique par excellence (384).

Perhaps the most famous passage in The Prince is chapter 18, where the duplicity of the fox and the violence of the lion are presented as models of political conduct, and where the author writes that if a prince "must take the side of accommodating himself to the winds and caprices of Fortune, of keeping himself in the good, if he can, but of entering into the evil, if he must." These words have often been taken as a sign of Machiavelli's decisive break with the classical traditions, according to which the office of prince was inescapably moral. And yet, in formulating these recommendations,
Machiavelli was trying to place his teachings within an ancient tradition of secret political instruction, which is referred to in the legend of Achilles and Chiron, the Centaur who taught medicine to Asclepius. You must therefore know," wrote Machiavelli, "that there are two ways of fighting: one with laws, the other with force. The first is that of men, and the second that of beasts. But as the first is often not enough, the second must be used. The prince must therefore
necessarily know how to do man and beast well. This is what the ancient writers hint at when they tell us that Achilles and various other princes were given to feed to the centaur Chiron, who was to bring them up under his discipline, to signify that, as the tutor was half-man and half-beast, the princes had to share in both natures, as one could not last long without the other. The prince, therefore, needing to imitate the beast well, must know how to take on the qualities of the fox and the lion, because the lion cannot defend itself from nets, nor the fox from wolves. So you have to be a fox to know about nets, and a lion to frighten off wolves. Those who stick to the lion do not know their trade; consequently, a prudent prince must not keep his word when it does him harm, and when the occasions that made him promise something no longer exist" (385). According to Pindar (Pythian Odes, VI), Chiron explained to Achilles the agraphoi nomoi, the unwritten or unformulated principles that govern human society.

Machiavelli's major works were in turn regarded by their first interpreters as a secret teaching. For some of them, like Jean Bodin, the first to associate Machiavelli with the arcana imperii (Methodus adfacilem historiarum cognitionem [1566]) (386), the Florentine had inadvertently or imprudently made public what should be reserved for the few, or even communicated only to a prince. In the eyes of Cardinal Reginald Pole (1500-1158), to whom "belongs
the idea that Machiavellianism is a kind of secret and evil art" (387), the publication of The Prince was the very manifestation of the "mystery of iniquity", a sign of the coming of the Antichrist; the bishop and politician Stephen Gardiner (1483-1555), in a treatise he wrote for Philip II, tried to show that the apparent amoralism of Machiavelli's techniques was justified by the biblical notion of royal licence and compared the political wisdom he had to offer with the secrets of the Hermetic tradition (388); the printer and bookseller John Wolfe (c. 1548-1601) and the jurist Alberico Gentili (1552-1608) thought that Machiavelli's intention was to reveal the mysteries of tyranny.
(389). The canon of Toulouse and publicist Louis Machon (1603-1672?), in his Apologie pour Machiavelle (Apology for Machiavelli), a book which, due to the particularly audacious nature of its theses, was not published during his lifetime, asserted that all the central doctrines of the Florentine were to be found in the Bible (390). In Considérations politiques sur les coups d'estat (1639), the librarian and libertine scholar Gabriel Naudé, for whom Machiavelli had taken the position of "wanting to decipher the actions of princes, and to lay bare what they strive every day to conceal with a thousand kinds of artifice" (390bis), drew a portrait of the politician, or "strong mind", that resembled that of the magician of antiquity (391). The De arcanis rerum publicarum (1605) by the German jurist Arnold Clapmar (1574-1604) combined the tradition of "raison d'État", derived from Machiavelli, with the arcana imperii of Tacitus and the Roman legal principles of the Empire, according to which the sovereign was above the law. Like other sixteenth- and seventeenth-century writers on the raison d'État, he turned the "reason of state" on its head.
issues of the use of deception, extralegal force and political manipulation of religion. He tended to find that the elasticity of conventional moral restrictions was
necessary on an exceptional basis in political life, while justifying such exceptions on the basis of the subordination of the good of the individual to the good of the State, to the "public good". In short, there was a good reason of State (arcana imperii) and a bad reason of State (flagitia), morally indefensible but less politically indefensible.

Clapmar reminds the reader that Festus derives the word arcanum "either from arx, which is the safest part of the city, or from a kind of sacrifice which the augurs make in the citadel, and which is so concealed from the knowledge of the common people that not even the formulae are entrusted to writing, but only the words are used.
... arca itself comes from arcere (to turn away, to keep away)" (in the Vulgate, arca renders the two Hebrew terms for the Ark of the Covenant and Noah's Ark). He also refers to the Tacian expressions "arcana sacra" and "arcana imperii" ("the secret springs of the Empire") and to the "arcana veneris" (mysteries of Venus) and "arcana cereris" (mysteries of Ceres). All the human sciences," he adds, "have some analogy with the mysteries of the cults.

There are secrets in theology and jurisprudence, perspective games in the visual arts, military and domestic mysteries, medical secrets and deceptions, mathematical and rhetorical fictions, and every profession has its tricks and devices. Like other areas of human activity, politics has strategies that must remain hidden if they are to work. Clapmar defines the arcana rerum publicarum as "the private or hidden proceedings or counsels of those who obtain power in a state, sometimes for the purpose of maintaining its tranquillity, sometimes to preserve the present form of its government, for the public good. They are those things by which, as Velleius says in his second book, 'one thing is said and another is understood' or, as Servius says in De dolo, 'one thing is done and another is simulated'". In short, the arcana are both secret practices and means of protection or defence. Clapmar establishes, not always rigorously and consistently, a series of distinctions between the arcana imperii; the arcana imperii properly speaking are "the hidden counsels or artifices for the preservation of the present situation in which one thing is done and another is simulated" (392): for the preservation of the form of the State; the iura imperii, or general principles, which are "the secrets of the 'making' and 'keeping' of the command" (393); the flagitia, which "constitute the right to declare exception and the faculty of derogation from the ius commune, which triggers the commissary intervention of the dictator" (394), even if they cannot be morally justified; "(l)e droit d'exception is a potestas superior to constituted powers; a quasi-constituent power capable of overriding legitimate officia and acquired rights. Consequently, whoever controls the state of emergency (...) controls the political machine, and (...) he does so with a view to a salus, in which neither aequitas nor justitia, i.e. the legal categories that govern private law, are in force as fundamental principles, but a vis dominationis that relates to bundles of forces and factual situations, to the need to obtain concrete results, to an action dedicated to the "salus".
conservation and increase of power, in which it is therefore an unnecessary formality
to want to distinguish between wrong and right" (395); and, finally, simulacra imperii, which are the creation of
illusions of power, or the creation of illusions by power: "(t)he plebs," writes Clapmar, "must be governed by riddles and, as it were, by subterfuges and simulacra which, when concealed under the image of freedom or power, present an outward appearance greater than the things themselves. In accordance with this principle, ancient authors described simulacra of gods and superhuman spectres to evoke terror" (396). Simulacra also include all the political strategies that make it possible to pass off a change in the form of government as a change in the principle of government: for example, the Augustinian constitution, as Tacitus showed, "was no more than a compromise between the res publica according to the ancient conception and the power of the princeps who were soon to reign alone; better still, it was the conciliation between these two terms responding to fundamentally opposed principles and regimes" (397). The scenery changes, the costumes change, the actors may even change (their masks) (398), but it is still the same play being performed, before an audience of spectators fooled by the forms. Simulacra are closely linked to stage illusions and literary distortions ("tumores" or "fumi poetici"), which authors use to represent what seems to be rather than what is. Because of this affinity between political deception and theatrical or literary deception, anyone using the arcana must be something of an actor, skilled at pretending and manipulating appearances. Arcana are

a kind of deception and yet they are, Clapmar insists, "an honest simulation, a lawful simulation" (399).

Clapmar's book had many readers, many editions, many imitators and, above all, his precepts were very useful to absolutist monarchies. For example, the Dutch jurist Johannes Corvinus (1582-1650), in Discursus de arcanis rerum publicarum (1644), recommended that the rulers of an aristocratic republic should "give (the people) images, puppets or simulacra of government and liberty...". (400), to employ means "by which one deceives the plebs in such a way that they believe they have what they do not have" (401), to arrange laws that gave the
It was also important to ensure that new powers were granted to the rulers in such a way that they appeared to be based on the consent of the people, and that important functions were only entrusted to people who were devoted to the prince, provided that they were not overly gifted and that their tenure was short. "Reflection on the 'arcana' and the 'simulacra imperii' refined the sense of a rational political technique in line with its aims, in other words, skilful, discreet but effective procedures" (402). By creating simulacra that are as perfect as possible, the so-called new technologies have had the effect of multiplying tenfold the effectiveness of these governing procedures, which are absolutely necessary to maintain this modern form of Eastern despotism that is democracy: the media representation of the Covid-19 epidemic bears absolutely no relation to reality; to give an edifying example, operational on 31 March
Last week, three days after the Mayor of New York had published an op-ed entitled "COVID-19 is a wartime scenario" (403) and while the US President persisted in treating the epidemic as a hoax, the field hospital set up in a matter of days in Central Park, ostensibly to support New York hospitals, which the media presented as overloaded with Covid-19 patients, with images of ambulances speeding through the city streets, sirens blazing and lights flashing, was still empty on 11 April (404) : empty. The Covid-19 pandemic was even less widespread than the Gulf War (405).

In 1932, Ernst Jünger wrote about the "Worker", the new human type that he claimed was emerging from the rubble of the bourgeois order: "What is first striking on the purely physiognomic level is the rigidity of the face, which resembles a mask, which is acquired, but also
accentuated and enhanced by external means such as the absence of beards, hairstyles and moulded head coverings. We can already conclude that a very radical process is revealed in this masking - which has a metallic aspect in men, a cosmetic aspect in women - by the fact that it is capable of eroding the very forms that make the sexual character visible in the features of the face. It is not
It's no coincidence that the mask has recently begun to play a role in everyday life again. They appear in a variety of ways, in places where the particular nature of the work is emphasised, whether as gas masks, with which entire populations must be equipped, sports masks, masks for those who, like drivers, work at high speeds, or protective masks for those who work in areas exposed to radiation, explosions or narcotic fumes. We can assume that the mask will have to fulfil very different tasks

of those we might suspect today - for example, in the context of a development where the Photography will become a weapon of political assault (406). (emphasis added)

No theatrocracy is complete without the (compulsory) wearing of a mask (407).

B. K., July-August 2020

(*) An error and a typo (highly revealing) mar the following quotation from the novel by Eugène Roch Paris ill Louis Chevalier. Part One: Paris. In Bibliothèque de la Révolution de 1848, vol. 20, 1958. Le Choléra, la première épidémie du XIXe siècle, p. 22: "Cholera is an invention of the bourgeoisie and the government to starve the people. For nearly two years, the people have been prey to the anguish of the most terrible misery. They have had no work, no bread, no clothes: they have no fire, no property; they are hunted down, imprisoned, murdered! and that's not all. Now, under the pretext of a supposed plague, they are being poisoned in hospitals and shot in prisons.
On Sunday (this is a proven fact), a swarm of snitches, called sergents de ville, entered the Sainte-Pélagie prisons: these scoundrels fired on the detained patriots. But what another excess of infamy!... are we not inciting the most destitute class of the people to revolt by delivering them to the despair: an opulent company had just acquired a monopoly on cleaning the capital, taking away the bread of 10,000 citizens. To arms!" (emphasis added). The first sentence is missing and the fourth sentence reads: "Now, under the pretext of an alleged plague, he is being imprisoned in hospitals...". (emphasis added)

(1) Credit card is a neologism coined by Bellamy for the purposes of his novel.

(2) LeVilain Mire is a 13th-century fabliau in which the wife of a very rich but miserly peasant, in revenge for the fact that he beats her so that she does not cheat on him, assures the king's messengers who have come to find a practitioner skilled enough to treat his daughter that her husband is an outstanding doctor, provided he is beaten before practising his art.

(3) In the nineteenth century, it was mainly in the emerging field of psychiatric treatment that priests and doctors competed. However, in the same field of moral treatment, largely inherited from the Christian tradition, these two figures of directors of conscience often worked together. Once the generation of founders, who tended to be suspicious of religious practices, had passed, many of the alienists whose careers took place during the Second Empire found it easier to turn to religious practices, either out of conviction or pragmatism. In this respect, the development of the profession of alienist cannot be summed up as secularisation and laicisation.
uniform and linear (...). What is also being portrayed is the growing influence of the medical profession on

the religious, which at the end of the 19th century reinforced the 'shrink's' status as the new director of souls".
(Hervé Guillemain, Le prêtre et l'aliéniste : Autour d'une 'scène' de la psychiatrie au xixe siècle : la blessing of the chapel at the Quatre-Mares asylum. In L'Evolution psychiatrique, vol. 73, no. 1, January-March 2008 [p. 3-14]; see also id. in Médecine et religion au XIXe siècle. Le traitement moral de la folie dans les asiles de l'ordre de Saint-Jean de Dieu (1830-1860). In Le Mouvement Social 2006/2 (no. 215) [p. 35-49]. Medicine itself was then presented as a religion by certain members of the medical profession; for example, the army doctor and medical inspector Georges Morache (1837-1906) declared:
"One of the fundamental principles of medical duty is that of belief in medicine [...] A doctor who really no longer believes in the services that medical science can render is committing a bad deed if he does not give up his professional practice. He is like a priest who has lost faith in the religion whose doctrines he nevertheless propagates. His presence at the altar becomes a scandal and an immorality. [...] He has no right to appear at his [the patient's] bedside because when the patient confides in him, it is medical science that he is asking for help. It is medical science that the doctor represents to those who despair of recovery when they invoke some unknown but powerful intervention. [...] What unworthy charlatanism would not be guilty of who would agree to play the role of a doctor?
to knowingly play a role and to simulate a faith that he does not possess! You have to believe when you want to practise" (id., Devenir médecin au xixe siècle. In Annales de Bretagne et des Pays de l'Ouest [Online], 116-3, 2009, accessed 16 August 2020. URL: http://journals.openedition.org/abpo/501.

(4) Michel Foucault, Histoire de la sexualité, vol 1: La volonté de savoir, Gallimard, Paris, 1976, p. 183-4.

(5) Ibid, p.177.

(6) Ibid. The fact that the term "race", now hysterically expunged from biopolitical discourse and which, when it was still fashionable there, was understood, particularly in French eugenics, only from a point of view that was at best moral, at worst biological, zoological, fully authorises us to consider it as a "race". amputate Foucault's text, especially as it is the current biopolitical discourse and practice which are of particular interest to us here.

(7) Ibid, p. 177-8.

(8) Id. in Dits et écrits: 1954-1988, vol. 2, Gallimard, Paris, 2001, p. 374.

(9) Alexis de Tocqueville, De la démocratie en Amérique, Pagnerre, 1848, t. 4, p. 314-5.

(10) F. Keck, Les usages du biopolitique. In L'Homme, n° 187-188, 2008 [p. 295-314].

(11) Henry E. Sigerist, Disease and Civilization, Cornell University Press, Ithaca, 1943, p. 131.

(12) Id. in On the Sociology of Medicine, edited by Milton J. Roemer. Foreword by James M. Mackintosh, MD Publications, New York, 1960, pp. 65-6.

(13) See Mélina Lipinska, Histoire des femmes médecins depuis l'antiquité jusqu'à nos jours, G. Jacques, Paris, 1900, chap.2: "Les femmes-médecins primitives"; the first recorded female doctor was the

Egyptian Mer-Swnur Pesehet [Joseph A. Bailey, II, M.D., F.A.C.S., Echoes of Ancient African Values, 2005, p. 155.

(14) Henry E. Sigerist, On the Sociology..., pp. 65-6.

(15) Walter G. Bazan, Healing Hands: The Natural Healing Arts, Health research, Pomeroy, WA, 1998, p. 7.

(16) Leo M. Zimmerman and Ilza Veith, Great Ideas in the History of Surgery, Norman Publishing, San Francisco, 1993, p. 3.

(17) Lucas G. Patrocinio, Tomas G. Patrocinio, Jose A. Patrocinio and Marcell M. Naves, subperiosteal face- lift, in Melvin Shiffman and Alberto Di Giuseppe (eds.). Cosmetic Surgery: Art and Techniques. Springer. 2012, p. 344.

(18) Henry E. Sigerist, Disease and..., p. 132.

(19) Théophile de Bordeu, Œuvres complètes de Bordeu, t. 2, Caille et Ravier, Paris, 1818, p. 550-1.

(20) François Dujardin, Histoire de la chirurgie depuis son origine jusqu'à nos jours, t. 1, Paris, 1774, pp. 61-2.

(21) Ibid;, p. 20-1.

(22) Bruno Halioua, Histoire de la médecine, 3rd edn, Elsevier Masson, 2012.

(23) L-.F- Alfred Maury, La magie et l'astrologie dans l'antiquité et au Moyen Age, Didier et Cie, Paris, 1860, p. 13.

(24) A. Deville, Joseph Leclerc Jeune, Leçons de mythologie, Mme Veuve Maire-Nyon, 1862, p. 227.

(25) Mary Beard and John North (eds.), Pagan Priests: Religion and Power in the Ancient World, Cornell University Press, 1990, p. 136.

(26) Graziella Caselli, Jacques Vallin and Guillaume J. Wunsch (eds.), Démographie: Histoire des idées et politiques de population. VII: Histoire des idées et politiques de population, Editions de Institut National des Etudes Démographiques, 2006, p. 305.

(27) François Dujardin, op. cit. p. 63.

(28) Ibid.

(29) Bruno Halioua, op. cit. p. 21.

(30) Ibid. At the bottom of the ladder was the "Sounou", above him the "Mer Sounou" ("chief physician"), then the "Our Sounou" ("great physician"), all supervised by a "Senedj Sounou" ("inspector of physicians").

(31) As the number of priest-physicians increased, each specialised either in the treatment of a single type of disease or in an administrative medical task. From the New Kingdom onwards, the number of physician-scribes outnumbered that of priest-physicians (Paul Ghalioungui, La médecine des pharaons, Robert Laffont, 1983). In today's France, according to figures from
In the OECD, 35% of hospital jobs are neither medical nor even paramedical, compared with 24.3% in Germany and 30.81% in Switzerland (Jean-Baptiste Boone, L'hôpital en France étouffe à cause de sa bureaucratie, 15 March 2017, https://www.contrepoints.org/2017/03/15/284068-lhopital-france-etouffe- a-cause-de-bureaucratie)

(32) Bruno Halioua, op. cit. p. 21; see also Graziella Caselli, Jacques Vallin and Guillaume J. Wunsch (eds.), op. cit. p. 304; see Marguerite Vigliani, Gale Eaton and Phillip Hoose (eds.), A History of Medicine in 50 Discoveries, Tilbury House Publishers, 2017,

(33) Bruno Halioua, op. cit. p. 34.

(34) Anne Austin, Paid sick days and physicians at work: ancient Egyptians had state-supported health care, 16 February 2015, https://theconversation.com/paid-sick-days-and-physicians-at-work-ancient-egyptians-had-state-supported-health-care-36327.

(35) Fielding H. Garrison, An introduction to the history of medicine, with medical chronology, suggestions for study and bibliographic data, 2nd revised and enlarged edition, W. B. Saunders Company, Philadelphia and London, 1917, p. 57. Here are the measures taken by the Hebrew legislator:

He said: "Take extreme care to avoid all leprosy, and remember what the Lord did to Mary; that is, avoid anything that might attract her to this cruel disease, and separate yourself from the lepers, just as my sister was separated from the rest of the people.

"And in order to force them to make this separation for reasons of religion and conscience, which are always more powerful than all the threats of purely civil laws, he declared lepers to be levitically unclean: so that anyone who touched them became unclean himself; consequently deprived of participation in worship and sacred meals, and excluded from the society of other citizens until he had purified himself. The fear of this legal impurity, so troublesome in the commerce of life, had to keep them constantly on their guard, and thereby prevent any association whose recklessness or complacency might have overlooked the danger.

"Moses did not stop there. As the disease was not widely publicised, there was often a risk of communicating with infected persons or of excluding from society those who were not infected. In order to obviate these uncertainties, which are as worrying for the person under suspicion as for other citizens, the legislator determined the indications according to which one would be obliged to undergo legal inspection.

"As ministers of religion, the priests were also the country's doctors: in this capacity, they had to be the doctors of the country.
appointed judges and inspectors of leprosy, and was ordered to obey them in everything: 'You shall do,' he said, 'everything you can to prevent leprosy.

that the priests, the children of Levi, shall say to you, and you shall observe carefully what I have commanded them.
(Deut. xxiv.)

"When the man under suspicion was brought before them, they examined him carefully, and if they did not see any of the prognoses marked in the law, they set him free. If during this interval the accidents disappeared, the priests returned him to society, after having made him wash his clothes; if, on the contrary, the symptoms continued, they declared him impure (Levit. xii, 1, etc.).

"From then on he could stay neither in the camp nor in the town: he was obliged to live in the district reserved for lepers; and in order to be recognised as such at first, he appeared only with his clothes torn, his head bare, his chin hidden and his mouth covered; and if he saw anyone coming to meet him, he had to shout that he was unclean and that they should go away.

"Finally, when a leper recovered his health, which was rare, in order to establish that he had been cured, the priests before whom he had been obliged to appear had to declare him clean, with the requisite formalities, and offer the prescribed sacrifices on his behalf. Only then could he return to society, where his presence, after these declarations and public acts, could no longer cause alarm. "(Antoine Guénée, Lettres de quelques juifs portugais, allemands et polonais, à M. de Voltaire, t. 3, édition revue et augmentée, 1840, Paris, p. 56-7). To prevent house leprosy, which some "commentators have believed (to be) really the miasma of human leprosy, which attached itself to the walls of houses, and which, spreading there, like the stains (...) on the bodies of lepers (...), was the cause of the disease.) on the body of the leper, caused a kind of decay (, while) (d) others, persuaded that human leprosy is itself only a multitude of small imperceptible worms, which, introduced into the flesh of the leper, multiply there and destroy it, claimed that the leprosy of the houses was only these worms which were attached to the walls" (ibid., p. 58), Moses ordered "that the houses attacked by this kind of leprosy should be visited by the priests. When the leprosy appeared suspicious, they closed the house for seven days. If, after this period of testing, they found that the stains had spread, they ordered the walls to be raked, the affected stones to be torn out and new ones to be put in their place.
If, in spite of this operation, the stains reappeared, the house was pulled down and the demolitions were thrown into an unclean place: the legislator rightly preferring the health of his fellow citizens to the preservation of their buildings. (Levit. xiv, 33, etc.)" (p. 58-9) As for the leprosy of clothing, considered to be "the miasmas and worms of human leprosy", it was ordered "that suspect fabrics be shown to the priests, and subjected to the test of a bleaching; that if the stains
if necessary, the whole room destroyed (...)" (ibid., p. 59).

(36) Around 1,250 years before the Mosaic Code, Hammurabi (2285-2242 BC), King of Babylon, promulgated laws based on the principle of retaliation. His interpretation of this principle was often more rigid and implacable than the Mosaic concept of retaliation. According to the Babylonian code, for example, when a man struck a pregnant woman (born free) and caused the death of the foetus by miscarriage, the offender's daughter had to be executed (B. L. Gordon, Ancient Medical Jurisprudence with Special Reference to the Eye. In Arch Ophthalmol, 28, Nov. 1942 [p. 860-81]).

(37) Henry E. Sigerist, On the History of Medicine, MD Publications, New York, 1960, p. 6.

(38) In Greece, the first doctors appear to have been of Phoenician or Egyptian origin (Kurt Sprengel, Essai d'une histoire pragmatique de la médecine, t. 1, translated from the 2nd ed. by Charles-Frédéric Geiger, Paris, 1809, p. 73)

(39) Henry E. Sigerist, Disease and..., p. 133.

(40) Nicolas Dally, Cinésiologie, ou, Science du mouvement dans ses rapports avec l'éducation, Paris, 1857, p. vi; see also M. S. Houdart, Histoire de la médecine grecque depuis Esculape jusqu'à Hippocrate exclusively, 1856, J. - B. Baillière, Paris, 1856, p. 90. Baillière, Paris, 1856, p. 90: "... it does not appear that his cult was known at the time of Homer, (and he) can be considered as an Asiatic divinity by his role in
(Félix Robiou, Les Institutions de la Grèce antique exposées suivant le plan du programme de la licence ès-lettres, Didier et Cie, Paris, 1882, p. 137).

(41) Antoine Thivel, Plato and medicine. In La médecine grecque antique. Actes du 14ème colloque de la Villa Kérylos à Beaulieu-sur-Mer les 10 & 11 octobre 2003, Paris : Académie des Inscriptions et Belles-Lettres, Paris, 2004 [p. 95-107] (Cahiers de la Villa Kérylos, 15), p. 103.

(42) One of these ancestors was Nebros, whom Pythia sent to poison the Crissaeans, a people of Phocis in whose territory the temple of Delphi was enclosed; "jealous of the riches contained in the temple, (the Crissaeans) one day attacked its possessions, pillaged it and took the priests prisoner. The Amphictyons, outraged by this action, marched against Cirrha (the city of the Crissaeans) and laid siege to the city; but all their efforts were in vain: to make matters worse, an epidemic broke out among the besiegers that took away many people; in this urgent situation, the Amphictyons sent to Delphi to find out the will of the god for whom they were fighting. The oracle promised them that the city would surrender as soon as the son of the stag of Cos had been rescued with gold, and promptly sent an embassy to Cos to inform the inhabitants of this reply, which they did not understand. However, one of the Asclepiades, named Nebros, stood up and proposed himself as the one whom I god was asking for. His name Nebros, and the name of his son (Chrysos) had given rise to this enigma. Nebros went at once with the deputies to the camp of the Amphictyons, commanded by Eurylochus the Thessalian; Nebros stopped the epidemic in the confederate army and provoked another among the besieged, by throwing evil things into the springs that supplied water to the city, which produced in Cirrha a diarrhoea of such malignity that the besieged were finally forced to surrender" (Kurt Sprengel, op. cit, p. 168)

(43) Kurt Sprengel, op. cit. p. 74.

(44) M.- S. Houdart, Histoire de la médecine grecque..., p. 105. Perhaps this is why Virgil called medicine a "mute art" (Aeneid, XII, 397).

(45) M.- S. Houdart, Études historiques et critiques sur la vie et la doctrine d'Hippocrate, J.-Baillière, Paris, 1840, p. 252.

(46) Ibid, p. 252-3.

(47) We put 'laymen' in inverted commas because the first of these doctors known to us, Democedes (born around 558 BC), was perhaps a disciple of Pythagoras, whose teachings were known to be theocratic and priestly.

(48) M.- S. Houdart, Histoire de la médecine grecque..., p. 127.

(49) Kurt Sprengel, op. cit. p. 165.

(50) This doctrine is not completely original; "Anaxagoras, before (Hippocrates), already attributed diseases to disorders of the bile, one of the radical humours. The treatise On Ancient Medicine begins with an argument against the misuse of the theory of elemental qualities (hot, cold, dry, wet) to explain diseases. Alcméion, Empédocles, Plato, Zénon of Elée, etc. were all familiar with this theory. Nor was the theory attributing a role in disease to phlegm and bile new; it had, says Aristotle, long been popularised among the physicians of his time" (Constant Saucerotte, Histoire critique de la doctrine physiologique, suivie de considérations sur l'histoire philosophique de la médecine et sur l'hippocratisme moderne, Paris, 1847).

(51) The Hippocratic theory of the four humours, which continued to be defended into the twentieth century by the biologist, illusionist and co-inventor of the cinematograph Auguste Lumière (1862-1954) and the physician Paul Carton (1875-1947), could have its origins in Mesopotamian medicine (Karl Sudhoff, Essays in the History of Medicine. Medical Life Press, New York City, 1926, p. 67, 87, 104) or in Egyptian medicine (Ivan van Sertima, The Golden Age of the Moor. Transaction Publishers, 1992, p. 17),

(52) "What, then, is Hippocrates' prognosis? The etymology of the word should not be taken to mean that it refers solely to the prediction of what is to come; prognosis (Hippocrates is quite clear on this point) provides information about the patient's past, present and future. It teaches about the past, because it provides the means to make up for what the patient does not know or cannot say, and gives information about the accidents to which he has been subjected, the causes that have acted on him, and the nature of the ailment for which he is seeking help; it teaches about the present, because it teaches the difference that exists between the state of health and the state of illness, and shows by the degree to which this difference has reached the danger that the patient is in, the chances of salvation that remain, and the intensity of the evil that afflicts him. Lastly, it provides information about the future, as it teaches the signs that herald the crudeness or coction of the humours, the approach of crises, the days on which they should erupt, the outcomes they will take, and the parts where the critical deposits will be made" (Émile Littré, Œuvres d'Hippocrate, new translation, Brussels, 1842, p. Clxv).

(53) "It was very important for priests, it was in their character, it was in the habits of the whole priestly order in Greece, to try to pierce the veil of the future, and, in the temples of the Asclepiades, to predict the pathological events of which the body of each patient was going to be the theatre. Hence the

The ancient medicine of the Asclepian priests has the stamp of prediction, the stamp of prognosis, if I may put it that way. But divination does not only apply to the future, it also applies to a present and a past of which we are unaware. This is why the word prognosis has been used for
It was a profession until then, but it became a science when the Cos school (to whom the Hippocratic corpus owes its origins) embraced these three phases and saw that, in each illness, the patient's past, present and future state could be assessed. Until then, it had been a trade; but it became a science when the Cos school (to which the Hippocratic corpus is due), embracing all three phases at once, saw in each illness no longer a succession of bizarre, disorderly and lawless phenomena, but a sequence in which each fact had its reason in the preceding fact. This (...) is the transition from the empiricism of the temples to the doctrine of the school, and it is perhaps to Hippocrates himself that we must attribute this progress. Moreover, the obvious trace of it is in the very word prognosis, which has remained attached to Hippocrates' main work on this subject (Émile Littré, op. cit., p. clxvi-clxvii). During Hippocrates' lifetime, the Methodists, a dissident branch of Hippocratic thought, accused him of having borrowed prognosis from the soothsayers and prophets (Ch. Daremberg, Œuvres choisies d'Hippocrate, 2nd entirely revised edition, Paris, 1855, p. 125, note 1).

(54) Hippocrates, Œuvres choisies, translated by C.-V. Daremberg, Lefèvre, Paris, 1843, p. 59)

(55) Ibid, p. 65.

(56) Lois N. Magner and Oliver J Kim, A History of Medicine, 3rd edn, CRS Press, 2018, p. 25; the Mesopotamian surgeon was subject to similar penalties (Don Nardo, Ancient Mesopotamia, Focus Readers, Lake Elmo, MN, 2019, p. 84). It should be pointed out (see note 36) that these punishments were only inflicted on the physician if he failed to comply with the code of medicine.

(57) Owsei Temkin, Hippocrates in a World of Pagans and Christians, The John Hopkins University Press, Baltimore and London, 1991, p. 18, note 1.

(58) Cesare Cantu, Histoire universelle, vol. 10, Firmin Didot Frères, Paris, 1846, p. 582; Léon d'Hervey de Saint-Denys, Les Rêves et les moyens de les diriger, 2e partie; Congrès national des sociétés savantes, Biologie végétale, biologie animale, chimie, biologie, médecine, Paris, 1981-1982, p. 396. For example, he advised "those who have seen the stars darken in a dream, to run long distances; those who have seen the moon eclipsed, to run in circles; those who have dreamt of eclipses of the sun, to run long distances and circles" (Epigrams by M. Val. Martial, new translation, t. 2, C. L. F. Panckoucke, Paris, 1834, p. 418).

(59) Antoine Thivel, op. cit. p. 102-3. Aristophanes is no less critical of doctors than Socrates: "(s)his portraits are charges. However, if one is willing to recall the strongly reasoned reproaches made in so many passages of the Hippocratic Collection against charlatans and bad doctors, against their vanity, their gossip, their ostentation, their avarice, their trickery, their ridiculous but self-interested eagerness to see patients, their very superstition, one will be led to believe that the witty and merciless comic painted exactly the ridiculousness of our colleagues at the time of Pericles" (p. 28). And Charles Daremberg (Etat de la médecine entre Homère & Hippocrate, Didier et Cie, Paris, 1869, p. 28), a member of the Académie impériale de médecine, drove the point home: "Before the publication of the Journal de la santé du roi Louis XIV, Molière was suspected of a

He was almost accused of bad faith; today he is considered to have been less than truthful". (ibid)

(60) Three types of iatrogenesis are distinguished by Ivan Illich in Némésis médicale, l'expropriation de la santé (Éditions du Seuil, 1975): clinical iatrogenesis: "modern medicine, especially insofar as it is highly technical and expensive, is at least ineffective, and very often dangereuse (…) ; (la iatrogenèse sociale) empêche l' homme de mettre en cause par un acte personnel son environnement, soit pour s'y adapter, soit pour le refuser ; en accréditant le mythe selon lequel la douleur, l'infirmité et la mort peuvent être combattues par des moyens purement techniques, (la iatogenèse structurelle) compromet la capacité de l'homme de faire face à ce qui constitue la singularité et la grandeur de son destin personnel" (François Grémy, Santé publique et pouvoir médical. In L'Arc, n° 62, 3rd quarter, 1975).

(61) Nouvelle biographie générale depuis les temps les plus reculés jusqu'à nos, t. 24, Firmin Didot Frères, Paris, 1858, p. 751-2.

(62) R. B. Baker (ed.), The Codification of Medical Morality, vol. 2, Kluwer Academic Publishers, 1995, p. 62.

(63) Jean-Philippe Chippaux, Pratique des essais cliniques en Afrique, new edition [En Ligne] Marseille: IRD Éditions, 2004 (generated on 05 May 2019). Available on Internet: http://books.openedition.org/ irdeditions/9899,.p. 48.

(64) Steven M. Oberhelman (ed.), Dreams, Healing, and Medicine in Greece: From Antiquity to the Present, Ashgate, Farnham and Burlington, VT. 2013, p. 94-5.

(65) See Lesley Dean-jones, Literacy and the charlatan in ancient Greek medicine, in H. Yunis (ed.), Written Texts and the Rise of Literate Culture in Ancient Greece, Cambridge, 2003.

(66) Peter E. Pormann, The Physician and the Other: Images of the Charlatan in Medieval Islam, in Bulletin of the History of Medicine, vol. 79, no. 2, Summer 2005 [pp. 189-227], p. 191. In 1853, a flash of lucidity inexplicably crossed the grey sky of the Belgian legislator, when he decided that "the difference between a doctor and a charlatan consisted in the fact that the latter received money": Revue médicale française et étrangère, t. 1, 1853, p. 309).

(67) Ibid.

(68) Charles V. Daremberg, op. cit. 1843, p. 4.

(69) G. H. R. Horsley, New Documents Illustrating Early Christianity 1: A Review of the Greek Inscriptions and Papyri Published in 1977, the Ancient History Documentary Research Centre at Macquarie University, 1982, p. 12.

(70) Evelyne Samama, Les médecins dans le monde grec, Droz, Geneva, 2003, p. 51.

(71) Tristan Le Moal, La cité à l'épreuve de la guerre. De la destruction de Milet au sac de Thèbes. 494 - 335 BC, thesis, University of Rennes, 2015-2017, p. 68.

(72) Evelyne Samama, op. cit. p. 3. Jacques Jouanna, Rhétorique et Médecine dans la collection Hippocratique. Contribution à l'histoire de la rhétorique au Ve siècle. In Revue des Études Grecques, t. 97, fasc. 460-461, January-June 1984 [p. 26-44], p. 42.

(73) Evelyne Samama, op. cit. p. 58.

(74) The tax was called the iatrikon; in addition to the iatrikon, the clerics paid a tax for service veterinarians (ibid., p. 50, note 84, p. 6).

(75) Ibid, p. 54.

(76) Ibid, p. 71.

(77) Complete works of Voltaire, vol. 4, Dictionnaire Philosophique, Garnier, Paris, 1879, p. 57.

(78) Dr P.-V. Renouard, Histoire de la médecine depuis son origine jusqu'au XIXe siècle, t. 1, J.-B. Baillière, Paris, 1846, p. 399.

(79) Franz Cumont, Les religions orientales dans le paganisme romaine: conférences faites au Collège de France, E. Leroux, 1909, p. 9.

(80) Mélina Lipinska, op. cit. p. 70 ff; A. McClanan and K. Encarnación (eds.), The Material Culture of Sex, Procreation, and Marriage in Premodern Europe, Palgrave Macmillan; 2002, p. 34.

(81) Quoted in P.-V. Renouard, op. cit. p. 401-2.

(82) Fielding H. Garrison, op. cit. p. 103.

(83) Henry E. Sigerist, On the History of..., p. 8; see also Paul Humbert, Maladie et Médecine dans l'Ancien Testament. In Revue d'histoire et de philosophie religieuses, 44e année, n° 1, 1964 [p. 1-29].

(84) See Pierre-Henri Ortiz, Le Christ médecin et le poison du Diable. In Cahiers " Mondes anciens ", [Online], 4, 2013, accessed 13 July 2020. URL: http://journals.openedition.org/mondesanciens/951.
"Among Christians of the first centuries, the link between sin and illness in the general causal sense remained widespread, especially among the lower and middle classes, and was reflected in types of popular literature such as hagiography. But it tended to be rejected by theologians and the Church Fathers.
The Church, because God - the supreme good - cannot cause evil, nor, therefore, illness" (Isabella Bonati, The (Un)Healthy Poor in the Greco-Roman World, https://www.academia.edu/41750532/The_un_healthy_poor_wealth_poverty_medicineand_health_care_in_the_Greco_Roman_world_Akroterion_64_2019, p. 28).

(85) Ibid, p. 29.

(86) Morna Hooker and Frances Young, Holiness and Mission: Learning from the Early Church About Mission in the City, SCM Press, London, 2010, p. 50; John Love, The Concept of Medicine in the Early Church. In The Linacre Quarterly, 75, no. 3, August 2008 [pp. 225-38], p. 231; Eugène-Humbert Guitard. La médecine et l'Eglise : Dr Paul Delaunay, La médecine et l'Eglise. In Revue d'histoire de la pharmacie, 36e année, n° 120, 1948 [p. 304-305], p. 304 ; Clément d'Alexandrie, Le pédagogue, I, 9, 83 (éd. Marrou-Harl
I, 258, 6-9).

(87) Mike Aquilina, The Healing Imperative: The Early Church and the Invention of Medicine as We Know it, Emmaus Road Publishing, Steubenville, OH, 2017.

(88) Eugène-Humbert Guitard, op. cit. p. 304. In the first century AD, it was believed that the apostles had the power to heal illnesses by laying on their hands, using ointments and holy oils, and that this power was passed on to the elders of each Christian community. This is why a letter from James states: "Is any of you ill? Let him call for the priests of the Church, and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith will save the sick man, and the Lord will make him well; and if he has sins, they will be forgiven him. Although several ecclesiastical authors considered this letter to be apocryphal (Kurt Sprengler, op. cit., t. 2, p. 142), tradition has it that it was written in the name of the Lord.
attested to, among others, by Césaire who says (Serm. 265, no. 5): "If anyone falls ill, let him receive the body and blood of Jesus Christ. Then let him have his body anointed, so that what is written may be fulfilled in him: 'Is anyone among you sick, etc.? You see, my brothers, whoever, being ill, has recourse to the Church, will deserve to obtain, with the remission of his sins, the health of his body " (quoted in Dr Martin [Msg], Cours supérieur d'instruction religieuse, translated from the German by Abbé J. Eicher, vol. 2, Paris, 1874, p. 328). According to Gregory of Nazianzus, the gift of healing the sick had been attributed to the relics of the martyrs since the second century AD. "The Emperor Justinian, having been delivered from an illness considered incurable through the intercession of the martyrs St Horn and St Damian, erected a temple to them, to which the sick, abandoned by their doctors, went on pilgrimage and which was used as a place of pilgrimage.
came to ask for health, as the pagans used to do in the temples of Aesculapius" (Dr A. Martin- leuzer [ed.], IV. Variétés. De la médecine occulte et des médecins superstitieux au seizième siècle. In Revue de thérapeutique médico-chirurgicale, 1re année, t. 1, Paris, 1853, p. 420). Gregory of Nazianzus writes elsewhere (Adversus Iulian., 1.59) "the bodies of martyrs have the same power as their holy souls, whether they are touched or venerated" (quoted in Hippolyte Delehaye, Les origines du culte des martyrs, Société des Bollandistes, Bruxelles,1912, p. 140).

(89) Gary B. Ferngren, Medicine and Health Care in Early Christianity, The John Hopkins University Press, Baltimore, 2016, p. 105: "What, then, is the essence of (the) fathers' attitudes toward the use of medicine? Medicine and the skill of physicians are blessings from God. It is not eo ipso wrong for a Christian to use them, but it is a sin to place one's faith in them.
This is because, when they are effective, it is only because their effectiveness comes from God, who can heal without them. So to turn to doctors without first placing one's trust in God is both foolish and sinful. In the same way, rejecting medicine and the medical art
is not only not recommended, it is frowned upon" (Darrel W. Amundsen , Medicine and Faith in Early Christianity. In Bulletin of the History of Medicine, vol. 56, no. 3; Owsei Temkin at 80: Fifty years in America, Autumn 1982 [p. 326-50], p. 341).

(90) The first hospital in the "West" was founded in Rome in the 4th century at the request of a matron named Fabiola on the model of those they had visited in the Levant.
She went to Jerusalem, the first cradle of the faith and the scene of its greatest wonders. She went to Jerusalem, the first cradle of the faith and the scene of its greatest wonders; there she joined other like-minded Christian women and, under the guidance of Saint Jerome, formed a pious congregation which divided its time between reading the holy books and practising good cures. The faithful who flocked to these venerated places, those who had taken up residence there for reasons of piety, were often exposed to the harshest privations; and, although they bore their hardships with stoical courage or rather with the resignation of martyrs, their sufferings could not fail to touch the hearts of their brothers in Jesus Christ. Their fate seemed especially to be pitied in cases of illness or infirmity. To offer them, in these cruel circumstances, an asylum where they would receive the care of the most ingenious charity combined with the advice of
It was also, in the opinion of those who carried it out, the best way of redeeming in the eyes of God all the weaknesses and imperfections of human nature. Such a thought was well suited to exalting compassion.
instinctive instinct of an eminently sympathetic sex. These holy women conceived and carried out the project of founding a hospice for the poor sick; and in order to put the final seal on this work of mercy, they bought a house outside the city, where they could see convalescents breathing pure air and enjoying the charms of the countryside, so beneficial to people recovering from illness" (P.-V. Renouard, op cit. V. Renouard, op. cit. pp. 407-8; Julia Kavanagh, Women of Christianity: Exemplary for Acts of Piety and Charity, D. Appleton and Company, 1858, p. 34). The first hospitals proper appear to have been created in the third century in Jerusalem (Dubois-Druelle, Douai pittoresque, 1845, p. 72, note 10). The hospital was institutionalised by the Code of Justinian (529) (D. L. Ramachandra, Essentials of Hospital Management & Administration, Educreation Publishing, 2018, p. 197), the first code of laws to contain a detailed organisation of the medical, surgical and obstetrical professions, a code of ethics and a code of practice.
description of final examinations, a breakdown of specialities and a list of penalties for professional misconduct (Acta Medicinae Legalis et Socialis, Academy of Legal Medicine and Social Medicine, 1961, p. 82).

(91) Quoted in Isabella Bonati, op. cit. p. 30.

(92) Mike Aquilina, op. cit.

(93) Ibid.

(94) The Epistle to Diognetus, in its pantheism, describes Christians as an occult community: "Christians are to the world what the soul is to the body: the soul is spread in all parts of the body, Christians are to all parts of the earth; the soul dwells in the body without being of the body, Christians are in the world without being of the world. The soul, invisible by nature, is placed in a visible body which is its dwelling place. You see Christians during their stay on earth, but their worship, which is entirely divine, does not come into view" (emphasis added).
l'Église traduits en français, texte établi par M. de Genoude, Sapia, 1838, Epître à Diognète [saint

Justin]), p. 189. Similarly, according to Fracastoro, contagion occurs through particles "that do not fall not our senses".

(95) Ibid.

(96) See Martin de La Soudière, Les testaments et actes de dernière volonté à la fin du Moyen Age, in Ethnologie française nouvelle série, t. 5, 1975 [p. 57-80]. "Christianity, as the Jews understood it, did not last long. Religious belief remained; it was strengthened by the very effect of the persecutions, the noise of which served powerfully to propagate it and make it popular; but it soon became an object of exploitation, like all possible popular beliefs. As soon as the new god had ministers, they occupied themselves with the care of enriching themselves, while teaching contempt for riches. Jesus had said: 'Do not lay up for yourselves treasures on earth...; but lay up for yourselves treasures in heaven, where neither rust nor worms eat them up, and where there are no thieves to dig them up and steal them'. This precept, interpreted in a certain way, served to make many treasures pass into the hands of the clever; it became for them the basis of a whole system of capture. Believers were persuaded that in order to make treasures for themselves in heaven, they had to give their possessions to the Church, which is responsible for the interests of heaven" (P. A. F. Gérard, Essai sur l'histoire des captations, in Eugène van Bemiel [ed.], 2nd series, 5th vol. 12th year, vol. 1, Brussels, 1865, pp. 486-7).

(97) For extending his description of the plague to aspects other than aetiology, some believe that the Greek historian laid the foundations of a "physiology of human communities" (André Rivier, Études de Littérature Grecque, Droz, Geneva, 1975, p. 408) and, by the same token, of "theoretical political science" (Charles Lichtenhaeler, Thucydides et Hippocrate vus par un historien-médecin, Droz, Geneva, 1965, p. 107). From a medical point of view, his phenomenology of the epidemic anticipates epidemiology and immunology in two respects. Firstly, contrary to what a Hippocratic physician would have done, Thucydides says nothing about the meteorological conditions in which the plague broke out and seems to explain it by propagation, or even a form of contagion (ibid., p. 46): "Those who came close to the sick," he says, "also perished, especially those who showed courage: moved by a sense of honour, they neglected all precautions and went to look after their friends; for, in the end, the people of the house themselves grew weary, overcome by the excess of the disease, of hearing the groans of the dying. It was those who had escaped the disease who showed the most compassion for the dying and the sick, because they knew what was wrong and were safe. Indeed, relapses were not fatal".
Secondly, the reaction he describes in the last two sentences of this passage is what the immunity" (A. D. Langmuir, The Thucydides Syndrome. In The New England Journal of Medicine, 17 October 1985 [p. 1027-30].

(98) British Library, vol. 42, Geneva, 1809, p. 223.

(99) Catherine Virlouvet (ed.), Famines et émeutes à Rome des origines de la République à la mort de Néron. Rome. In École Française de Rome, 1985 [p. 3-137] (Publications de l'École française de Rome, 87), p. 33.

(100) Ibid, p. 24, note 13.

(101) "(If Dion Cassius is to be believed, as many as 2,000 people often died in this city at the time. personnes en un jour" (Ludwig Friedlãnder, Mœurs romaines du règne D'Auguste à la fin des Antonins, t. 1, freely translated from German by Ch. Vogel, C. Reinwald, Paris, 1865, p. 47.

(102) Ibid.

(103) Syphilis was very common in Asia long before it appeared in Europe; as early as 2637
Before our era, it was described by the emperor Hoang-Ty (Revue critique, in Revue d'anthropologie, 2e série, t. 4, 1881, Paris, p. 299; Dr Etienne Lancereau, Traité historique et pratique de la syphilis, 2e éd., revue et augmentée, Germer Baillière, Paris, 1874, p. 6 ff). As far as plague and cholera are concerned, their Asian origin is beyond doubt, with the common ancestor of today's plague bacilli appearing more than 2,600 years ago in or near China (G. Morelli et al., Yersinia pestis genome sequencing identifies patterns of global phylogenetic diversity. In Nature Genetics, 42, 2012 [p. 1140-3] ;
R. Bruck, Le choléra ou la peste noire, son origine et ses conditions de développement, Paris, 1867; Jean Astruc, Dissertation sur l'origine des maladies épidémiques, et principalement sur l'origine de la peste, Montpellier, 1721). There were eighty-seven plague epidemics in Europe between the reign of Augustus and 1680.

(104) Les Œuvres de Saint Cyprien évêque de Carthage et martyr, traduites en françois par M. Lombert, Paris, 1672, p. 424.

(105) Rodney Stark, The Rise of Christianity: A Sociologist Reconsiders History, Princeton University Press, Princeton, NJ, 1997, p. 75, p. 83; see, on the subject of Cyprian, Anecdotes chrétiennes, nouv. éd., t. 1, Paris, 1842, p. 38; Morna Hooker and Frances Young, op. cit. p. 48.

(106) Henry E. Sigerist, The Physician's Profession through the Ages. In Bulltein of the New York Academy of Medicine, vol. 9, no. 12, December 1933 [pp. 661-76], pp. 668-9. "The Christianisation of pagan Europe (but also of Indian Mexico) coincided with epidemics of acute and chronic infectious diseases that undermined the structure and functioning of pagan and Indian societies" (Daniel T. Reff, Plagues, Priests, and Demons: Sacred Narratives and the Rise of Christianity in the Old World and the New World, Cambridge University Press, 2004, p. 1-2).

(107) Henry E. Sigerist, op. cit. p. 669.

(108) See Joëlle Ricordel, De Salerne à Al-Andalus : l'empreinte des médecins de Kairouan. In Revue d'histoire de la pharmacie, 95e année, n° 358, 2008 [p. 189-202].

(109) Félix-Archimède Pouchet, Histoire des sciences naturelles au Moyen Age, J. B. Baillière, Paris, 1853, p. 90.

(110) "(Georges J. Aillaud, Guy Hazzan and Denis Lemordant, Les Plantes aromatiques et médicinales, AMDST, 1986, p. 22; see Michel Balard, Du navire à l'échoppe. La vente des épices à Gênes au XIVe siècle, in Benjami Z. Kedar and Abraham L. Udovitch [eds], The Medieval Levant: Studies in Memory of Eliyahu Ashtor [1914-1984], University of Haifa, 1988).

(111) Jack M. Myers, The Story of the Jewish People: Being a History of the Jewish People Since Bible Times, vol. 3, K. Paul, Trench, Trubner, 1925, p. 79; René Taton, Histoire générale des sciences : La science antique et médiévale (des origines à 1450), PUF, Paris, 1957, p. 510. The Babylonian scholar Rabbi Makhir, sent by Harun al Rachid to the court of Charlemagne as an interpreter, introduced the first Hebrew medical treatise to Europe, the Book of Drugs (Sefer Ha-Refu'ot) by Asaph Judaeus, and founded the Talmudic school of Narbonne (ibid.).

(112) Bashar Saad, Hassan Azaizeh and Omar Said, Tradition and Perspectives of Arab Herbal Medicine: A Review. In Evid Based Complement Alternat Med. December 2005, vol. 2, no. 4 [p. 475-9], doi: 10.1093/ecam/neh133. It is therefore highly exaggerated, not to say far-fetched, to assert, as the botanist Kurt Sprengler (1766-1833) does (op. cit., vol. 2, p. 264), that their "most essential knowledge" was "astrology and uroscopy". What is true is that not all Arab physicians were precursors of pharmacology (Al-Dinawari, Al-kindi), parasitology (Ibn Suhr) or uroscopy.
This is clear from the many anecdotes told on this subject by Sprengler, from which we have chosen the following: "The caliph Watek-Billah was dangerously ill with dropsy, so the doctors promised him several prolonged sessions in a hot oven until he breathed his last. Isa-Abou Koreisch, nicknamed Sidalani because he had been a pharmacist, made a brilliant fortune for having predicted, by inspecting the urine of the Caliph Almodhi's favourite, that she was pregnant and would give birth to a male child. There were many such uroscopes among Arab physicians, and it was not long before the uroscope of Mohedab-Bar-Hau beli, Emir of Baghdad, tasted his master's urine. Sphygmomania was another of the means they used to make people believe that they possessed the ability to prophesy. Thabeth-Ebn Ibrahim guessed, from the pulse, the food that had been eaten; and he was born under the sign of Jupiter. The ignorance of these charlatans was often extraordinary. I will give just two examples from Abu 'l-Fa radsch. The Caliph Abu-Ali-Ebn-Dschalal Od daula was suffering from an acute fever of the quarte type: his physician had purged him and then bled him, according to Egyptian custom. When asked about the nature of the illness, he declared that it was a daily fever, hamioulïaum, caused by blood and bile, but with attacks recurring every four days.
bleeding out the bile. A doctor in Antioch promised to cure a patient of a third-grade fever, in return for a certain sum of money.
of having converted the ailment into half-temperature fever by the wrong method of treatment; when he saw this, he demanded only half the agreed sum" (ibid., pp. 264-6). Fielding H. Garrison (1870-1935) (op. cit., p. 111-2, p. 114-5, p. 119) painted a similar picture of the average Arab physician, also based on Arab sources: "The Arabs derived their knowledge of Greek medicine from the Nestorian monks, many practical details from the Jews and their astrological knowledge from Egypt and the Far East (...). The Arab physician, whose
whose professional importance was measured by the height of his turban and the wealth and length of his sleeves, was generally an astrologer and magician, who considered the heart to be 'the prince of the body', the lungs to be the heart's fan, and the liver to be the heart's guardian and seat of the soul,
the pit of the stomach as the seat of pleasure and the gall bladder as the seat of courage (...). The

Arabic medical texts tell us that their authors (...) used all sorts of tricks and sensational surprises to impose their authority (...). The Arab doctor would hire colleagues to enquire about a patient's condition before he examined him, or even to pretend to be a patient (...)"; "(they) were constantly bickering amongst themselves,
stipulated their fees in advance and tried to collect at least half of them if the case went badly or didn't improve. Some of the fees they received were phenomenal.

(113) According to Raymond Lulle, there was no monastery without at least one Jewish doctor. (Harry Friedenwald, The Jews and Medicine, vol. 3, Johns Hopkins Press, 1944, p. 662). Paracelsus wrote: "When we see the lying and treacherous Jew practising the sacred art of medicine, and being held in high esteem by Pharisaic men, who now, I ask, will honour a profession practised by such followers? But as, by a fatal law, men want to be deceived, it happens that corruption invades even true medicine. Wise men refrain from such practices, and if men did not prefer those who mock them in one way or another, medicine would have to be abandoned.
certainly more worthy and purer representatives. It is an eternal law of the world that it cannot support those who are good, skilful and wise in their art (Def. 5, p. 130.)" (quoted in Ch. Daremberg, Histoire des sciences médicales, t. 1, J.-B. Baillière et Fils, Paris, 1870, p. 427). He returned to the charge in Le Labyrinthe des médecins errants (1553): "The Jews also boast of their knowledge of medicine, and are not ashamed to say falsely that this art is very ancient among them. It is true that these impudent people are the oldest of all peoples. But what is their medicine? What do they know, what do they give, what do they take from their books? Their whole art consists in imposture. Enemies once of God and his Son, they still are. And how, I ask, could nature be so favourable to them, when God has withdrawn his grace from them and made them the scum of the human race, just as he punishes in their bodies and their possessions those who protect them or have any dealings with them? What is good in them comes from
foreigners. God did not create them to practise medicine, but to honour and serve him. That was their vocation. Apart from that, everything they have attempted is a fraud and a sham. Medicine was given to the Gentiles. It is among them that we find the first and oldest physicians. There are
As a result, the Greeks embraced medicine for many different reasons. But they made
Such was their progress in lying that, after them, the Arabs also wanted to deal in this art, like all the other nations. The result was, however, as happens in all things, that the m o r e wisdom (Witz) there was, the more false ways there were" (quoted in ibid., p. 427-8). In the preface to Bertheonea, sive Chirurgia minor (1528), he spares no one: "[There are many people who, without being doctors, put themselves in the shadow of medicine for the sake of glory and to appear learned]. Similar charlatan doctors (usually rich and comfortable) are and make themselves known in monasteries, and among those idle people who are in the habit of boasting, being very full of vainglory, and spare no effort or industry to heal monks, with no other appearance of healing than that of their prayers.

"There are others who practise medicine as one does the plough, or for gifts, and think they are doing a disservice to their dignity if they receive any money from their patients; they make me remember the baptized Jews: such are also certain apostate medievalists, or those who at other times were butchers,

bourreaux, ou mareschaux, qui refusent les dons qu'on leur présente en qualité de medecins, se croyant indignes d'en porter le titre, vu qu'ils ont leu fort peu de liures, mais qu'ils ont appris ce qu'ils en sçauent d'vn tel roy, d'vn tel empereur, d'vn tel prince: courroye digne d'un si beau soulier. All this is nothing but smoke and vanity, although their shrewdness is not the least; for if the patient dies (without the help of the great ones) their fault is excusable, and it is against common experience that such an accident should have occurred; but if he regains his health, what cries of joy are not heard, how loudly do they resound the certainty of an art that could not be ignored! And since they derive from the authority of the Most Serene Prince, they are then powerfully established, and bandaged on the estrieux, like a squire in Franconia. Such is the condition of those who wish to practise medicine, but do not wish to be doctors, like those who wish to be middlemen and doctors in a clerical garb, lacking the condition of one and the other: they are accustomed to using the services of apostles, who say, "This medicine is very useful to my master, which is why you should tell your master that it should be used by him".
present in recompense of vn cheual, or of some abbey or prioré, and not of money, the vsage of which is infamous and forbidden. Sometimes they will pretend that their house is very poor, that it is
We should buy a few good carpillons to give as a snack on Friday evening to the brothers before they go to bed, to help them bear the austerity of the ieusne; in this way the doctor will be able to be more careful and diligent after the patient.

"They boast of having been very rich in the past, but now by the insult of fortune have lost all their conveniences: to the cabaret, no doubt. There are others who boast of having once held rank among the lords of distinction in great splendour, but who have now returned to the service of princes, having lost all their means after some battle, having left the victor as booty. Others have been driven out of Vallachie and Transiluania by the Turks; others, like the apostles who went to plant the Gospel, have abandoned their wives, children and homes: others have dedicated themselves to voluntary poverty, because they find no one to do them any good! Not a few of them change their clothes frequently to make themselves unknown: One walks barefoot, another wears the here half-dressed, one calls himself a member of this or that religious order, another wears sandals or clogs, one does not eat meat bones, another is abstinent, and would not dare eat the bones of fish for fear that they would strangle him; one does his lict on a bench or on a table, another changes lodgings every night, and so on. These gentlemen, when
they speak of medicine, claim to possess it by the inspiration of the Holy Spirit (*), and want to make it their own.
believe that there are more virtues in plants than in heaven, or in paradise itself. Are these not brave doctors?

"There are others who measure to their receptes, and use in their cures astronomy, others geomance, pyromance, chiromance, hidromance. Others, more mysterious in their speculations, use narromance, i.e. necromance, or lourdomance, and stultomance, like the vagabonds and runners of the Mount of Venus, who, coming to the place where they learned their art, baptised it with the wine of Rhetie, sang matins with Brother Eckart, and ate red pudding and fat sausages with the Danhutians. Since then they have acquired the science of

to cure beasts and men of all flowers, decaying ailments, and other diseases, to soothe the thresors buried under the earth, which is no small honour to such venerable physicians. Some of them use absolutely no aromatics, no herbs, nor the escrils of Valescus; simple paper suffices for their receptes, on which they write, to disguise the mysteries of their art, ixis pro jixis tetragrammaton, Ioannes in Dolio, lod, vau, ante postque, at the top and bottom, at the foot and on the head mark a cross at the end, lest the devil take away the one who paints it. Among the villagers, they speak Latin; among the Germans, Italian. Some of them had the foetus in Italy, after having been banished from Germany; others, on the other hand, who had been expelled from Italy, received the same treatment in Germany; some others, after having been expelled beyond the Rhine, were expelled again after having had the foetus, and some beyond and below the Danube. The aduantures of these wandering caualiers are merrily pleasant, and make me sick with laughter: Among the Greeks, they are called Ebrieux; among the Ebrieux, natives of Greece; among the village cures, they are theologians and doctors of medicine, along with the masters of estuaries and baths; among the iuges, iuriscousults; among the commediens, poets; among the artisans, historiographers; in Germany, they are from Italy, in Italy from Germany; in Portugal, they are Hungarians, in Hungary, Portuguese: in short, in this place, born in that place, in that place, born in the other place, always of good and illustrious parentage, little laughed at all the time, certainly of a noble race, if not of one that has only produced scoundrels, full of tricks and deceptions, which make them laugh a lot.
money.

"There is yet another sect in addition to those we have mentioned, which are the luifs converted to Christianity, finer and worse than all the others; I also include the unbaptized, none of whom knows how to extinguish mercury in bear fat. From the luifs, our physicians have also learned to know the pustules of the greater and lesser worms, and they desire and strive to be much more excellent and expert than their masters, even though they are made of the same skin, and one mocks the other; luif physicians redden mercury with saudal, and make it fragrant with mace or cinnamon flower: this makes them considered capable of treating all kinds of illnesses. If by chance they are able to cure one, or two, or three of those who place themselves in their hands, they immediately have the right and power to abuse two or three hundred of them. They make the feeble-minded believe that the source and foundation of medicine is in the Hebrew language, without however considering that among the Jews there has never been any doctor. To prove their point, they point to the rabbi Moyse and the book of Nebulohn, which contain some very excellent canons, in which he teaches that the roots of plants should be gathered from the meadows to make salads. Now they say that the knowledge of medicine is in their race alone as hereditary, even though all the others say that their ancestors got it from the good father Adam, some vns that the good man Noah hid it in a hole he made between the paroy and the window of the ark. O fools that you are! may this ostentation and this vain glory be your undoing! mesciet, et s'accorde mal auec vos gueuserie! Sometimes an old lout turns up, and sometimes a youngster, whose mother keeps an open shop and makes money out of such filthy merchandise. This wandering rabble reminds me of the Boëmiens, who claim to have learned their art in Egypt.

"There are others, imitators of the previous ones, but of greater esteem than them, who know a lot of common logic, but nothing of rhetoric; such are the sellers of theriac and mithridat, who are commonly called batheleurs, theriacleurs. If they lacked an adder, they would not

would have no qualms about putting bald mice in its place. They sell colochin for a common remedy against fever, rapontic for the lungs and diseases of the latter, oak guy for women's infirmities, and some very hidden remedies for all sorts of more dangerous ailments, which however, after them, God and everyone else ignore, and which they only teach by ear, under the pretext that they have no cure. pact not to reuse them. It is gentian that works these miracles. Some vns know how to chase worms away, like a certain man in Silesia, in Breslau, who chased a worm away from the body of a sick man, who was then found at the Strasbourg fair, having carried it in a box from there to Basle, so that he could boast, not only of having chased it away, but also of having pushed it and sent it fourteen thousand miles away. There are worms that are two or three alders long, more or less, bigger than the hole from which they say they came, which they caught in hayes and bushes, and then boast of having driven them out of men's intestines or stomachs. After these come those
who heal swine flukes, by the composition of a magisterial salt that they know how to make: or others who know how to chase the panaris worm away from the fingers, provided that it does not face sun or rain; without prejudice to tooth pullers, or rather tooth breakers, who leave the roots in the gums, instead of pulling them out. In short, there are scarcely any doctors today other than these, to whom the treatment of flies rightly belongs. Some of them are known in the school as entertainers or joke tellers, and have acquired the power to lie impudently, through their perpetual habit of telling tales to the world, and through the continual use of jokes.

"There are others who, not having the spirit to lie about themselves, go to Montpelier to learn the art of the writings of Auicenne, or in Paris the doctrine of Galen. Some vns are so good-minded that, without any instruction other than that of their cunning nature, they become perfect in the art of lying.
science of giving a dish (of language giving beautiful words). Nor will it be of little use to one to have been a master of the arts in order to become a doctor, to another to have been an apothecary, to this one to have been a mathematician, to another a physicist. Montagnana pleases one, Viaticus pleases another, and among all the other authors Iean de Garlandia. To hear them speak, there are none more employed. However, in their lazy shop, not knowing what to do, similar to those whitewashed sepulchres, which are beautiful on the outside, but inside are full of infection and decay, those of them who naturally enjoy vanity say: Without me in Holland a count would have broken his neck from the highest degree down; another: I was twenty-three years or so in the service of such a prince as a doctor, who would have found himself in a great deal of trouble, and would never have been well without Conrad des Roses and me. Vn autre aura professé par l'espace de vingt-cinq années dedans les vniversités, et
interpreted the good authors, who would have done well without him, if they could have been explained by others. Sometimes, to show they are capable, and to make themselves esteemed as great Greeks, they call the high disease epilepsy; sometimes, to show their sufficiency in the Arabic language, they call the coloquint alhendal. They know as many as thirteen languages, in addition to those mentioned in the Pandects, and the one they know least is German. Now their only occupation is to destroy the nature of things, and from now on they will be wretched and miserable in the wake of some cheffy regiment.
Sometimes they change a lady's eyes from blue or persian to charcoal rather than black; they make ugly women beautiful; white brunettes with a delicate complexion; gutty, counterfeit women with a straight, well-proportioned build; and finally, they show them the snot in their noses. Now
they make fragrant pieces of amber, and similar ioliuetés of small presens suitable for attracting the

sots et badaux, auec lesquels ils se introduire dans les palais des grands. At the academies they want to be listened to at once; you can hear them exclaiming (this is in Latin in the German text): In calendris mets tuis, domini auditores, quarta fen primi, de porcis, scripsit noster Avicenna. Bf. theriacae (cum longa descriptione scilicet Galeni), etc." (quoted in ibid., p. 428-32).

(*) The editor (ibid., p. 429) quite rightly notes: "Paracelsus forgets, in the heat of his mockery, that he is precisely one of those who call themselves doctors by the grace of God, and believe not only in the medical sovereignty of the simple, but also in the efficacy of words".

(114) Nestorius, a priest who had been made Patriarch of Constantinople in 428, taught the heretical doctrine that Mary should not be called "Mother of God" but "Mother of Christ". As a result, he and his followers were driven into the desert, where they began to study medicine. Nestorian heretics took control of the school at Edessa and its two major hospitals, turning them into a medical school, before being driven out by the Orthodox bishop Cyrus in 489. Fleeing to Persia, where their theological doctrines were welcome, they founded the famous school of Gondisapor, the starting point of Mohammedan medicine (Roberto Margotta, The Story of Medicine, Golden Press, 1968, p. 106.

(115) P. -V. Renouard, op. cit. p. 439.

(116) Ibid, p. 441.

(117) Ibid, p. 442.

(118) Ibid, p. 443.

(119) "Under Philip the Fair, the ever-growing importance of hospitals led the authorities to set up a hospital system.
The most common complaint made by secularists against monks, by monks against secularists, was the conversion of the property of charitable foundations into benefices. The most common grievance alleged by secularists against monks, by monks against secularists, was the conversion of the goods of charitable foundations into profits; but the abuse was often more apparent than real. The donor had bequeathed either an annuity in money or grain, or land, to support one or more priests, on condition that he give such and such alms, or apply such and such a sum annually to a specific work. Towards the end of the thirteenth century, the value of the income and capital had changed, and sometimes the sum bequeathed was not sufficient to maintain the administrator decently, and sometimes the administrator, on the contrary, enjoyed an income much higher than the poor's share, which caused a scandal, even though the letter of the deed of foundation had been followed. It should also be recognised that some administrators (rectores) sometimes neglected to take the property of hospitals, leprosaria and sick homes out of the hands of those who had taken it, leaving the poor to suffer. without any respect for the will of the founders, refused to relieve the poor and appropriated for themselves the income from charitable foundations" (L'Administration charitable et la politique radicale, 1877, p. 17). These, then, were the real reasons why the Council of Vienna (1311-1312) forbade hospitals to be given as benefices to secular clerics.

(120) P. -V. Renouard, op. cit. p. 443.

(121) Ibid, p. 446-7.

(122) L.M. Khan, Pleasure of Prescribing, B. Jain Publishers (P) Ltd, 2004, p. 9.

(123) Kurt Sprengel, Histoire de la médecine : depuis son origine jusqu'au dix-neuvième, translated from l'allemand sur la seconde édition par A. J. L. Jourdan, t. 2, Paris, 1815, p. 401.

(124) Ibid, p. 428.

(125) Augustin Cabanès, Mœurs intimes du passé, 5e série, new ed. Albin Michel, Paris, 1908, p. 16 and sqq.

(126) See Jules Viard, La messe pour la peste. In Bibliothèque de l'école des chartes. 1900, vol. 61 [p. 334- 8].

(127) Kurt Sprengler, op. cit. p. 464.

(128) Augustin Cabanès, op. cit. p. 11-2. "In the fourteenth century, the Faculty of Medicine in Paris, asked to identify the causes of the epidemic, indicate its treatment and establish a diet for the duration of the illness, said, among other things: We believe that the stars, aided by the help of nature, are endeavouring, through their celestial power, to protect the human race and cure it of its ills and, in concert with the sun, to pierce, by the force of fire, the thickness of the clouds.... If the inhabitants do not observe the following prescriptions, or others like them, we foretell them inevitable death, unless the grace of Christ sends them life in some other way'" (quoted in ibid., p. 12; still in the 17th century, "the Sisteron Health Office
abruptly forbid(t) entry to the city, because we were under the influence of a bad district of moon" [ibid., p. 13]).

(129) Henry E. Sigerist, On the Sociology of..., p. 25.

(130) Michel Mollat, Les pauvres au Moyen Âge, Éditions Complexe, 2006, p. 237; see also Patrice Bourdelais, Épidémies et population : bilan et perspectives de recherches. In Annales de démographie historique, 1997. Epidemics and populations [p. 9-26].

(131) Augustin Cabanès, op. cit. p. 46 ff. In 1349, suspicions were so serious that a Diet was convened in Bennefeld, Alsace (ibid., p. 58). When the plague broke out in Athens, it was rumoured to be due to poisoned wells. In 1832, when the cholera epidemic that was raging throughout Europe for some years touched Paris, the same rumour spread among the people of the capital (Charles Zevort, Histoire de Thucydide, traduction nouvelle, Charpentier, Paris, 1854, p. 181, note 1).

(132) See Augustin Cabanès, op. cit. p. 30 et seq. on the mortal ictus caused by fear of the plague.

(133) "The metaphor of the 'body politic' spread throughout the Middle Ages. One of its main functions until the Renaissance was to emphasise the collective and supra-individual dimension of the city and its differentiated internal organisation. What it has in common with the organic metaphors used in ancient Greece is the question of the prevalence of the head - the soul - over the other parts of the body. Before the rediscovery of Aristotle's Politics, the metaphor of the body
political is relatively little used. When it does appear, it is derived from the Pauline idea of the mystical body" (Marie Gaille-Nikodimov, A la recherche d'une définition des institutions de la liberté. La médecine, langage du politique chez Machiavelli, Astérion [En Ligne], 1, 2003 consulted on 28 July 2020. URL : http://journals.openedition.org/asterion/14) It should also be pointed out that, in Greco-Roman antiquity, the organic metaphor had a negative meaning. For example, the expression "political body" appears more or less in Titus Livius, who speaks of "unum est rei publicae corpus", but this is in reference to decadent Rome (Étienne Aubrion, Tacitus and the notion of social body (Ann., XIV, 27). In Latomus, T. 49, Fasc. 1 (January-March 1990) [p. 154-160] p. 155). Right-wing thinkers, for whom the organic metaphor plays a central role, did not take this into account; we will return to this point later. this question in another study; for the moment, we will limit ourselves to drawing attention to Michelle Lacore, Corps des citoyens, corps de la cité, Kentron [On-line], 19, 2003, consulted on 28 July 2020. URL: http://journals.openedition.org/kentron/1858.

(134) Pierre Bourdieu (De la maison du roi à la raison d'État. In Actes de la recherche en sciences sociales, vol. 118, June 1997. Genèse de l'État moderne [p. 55-68], p. 66) concludes his masterly considerations on the root of the evil that has plagued "Western" society since the end of feudalism by this penetrating formulation: "... those (the clerics) who have undoubtedly most obviously contributed to to advance reason and the universal had an obvious interest in the universal, and it might even be said that they
had a private interest in the public interest.

(135) Henry E. Sigerist, Civilization and Disease, Cornell University Press, Ithaca, NY, 1943, p. 90-1.

(136) See A.A. Conti, Quarantine Through History, International Encyclopedia of Public Health. 2008 [p. 454-462]. From the end of the 17th century until the fall of the Republic in 1797, Venetians wore a mask in public for half the year. Not that Carnival lasted six months: patricians and diplomats wore masks for solemn receptions and state ceremonies, foreign princes came to meetings of learned societies wearing masks, spectators attended plays and operas wearing masks, and patrons of the many cafés in Venice held discussions wearing masks. Women masked their faces to indulge in libertinism with impunity. Beggars, whose
who were known to be Venetians wore masks to hide their shame. Wearing a mask also enabled the nobles to trade incognito with the lower classes and the patricians to circumvent the legal ban on associating with foreigners in Venice. "The rigid and
In the strict Venetian social hierarchy, the civic duties imposed on each inhabitant, from the most modest calf to the most eminent patrician, could only be borne if, at certain times of the year, one shed one's identity and the servitudes it inflicted. The mask made it possible not only to pass unnoticed (...), but, better still, to erase one's personality" (Marcel Brion, Au Théâtre des nations : II, Revue des Deux Mondes (1829-1971), 15 June 1958 [p. 736-743], p. 737; see also James H. Johnson, Venice Incognito: Masks in the Serene Republic, University of California Press,

Berkeley, Los Angeles and London, 2017), at least between people from the same world, because it is quite clear that the quality of a person's mask made it easy to identify which social class they belonged to.

(137) Eugène Pelletan, Décadence de la monarchie, 3rd revised and enlarged ed., Pagnerre, Paris, 1861, pp.
62. The edict of 1667 creating a general police lieutenancy is considered to be the act of foundation of the modern police force.

(138) A. A. Conti, op. cit.

(139) The word "lazaret" did not appear until 1635, in the sense of "isolation for forty days imposed on travellers arriving from a place where there is a contagious disease". It was included in Furetière's dictionary in 1690 and "comes from the Italian word lazzaretto, which is itself a deformation of Nazareth. In fact, it was on an islet in the Venetian lagoon, called Santa Maria di Nazareth, that the first establishment in Europe to quarantine plague victims was founded in 1423. In texts from the 16th and 17th centuries, such an establishment is sometimes referred to as a sanitat, which is the name given to a hospital in Venice.
also borrowed from the Italian Sanità, an institution set up in 1486 by the Republic of Venice to administer its lazarettos, of which there had been two since 1471: the lazzaretto vecchio and the lazzaretto nuovo (the latter intended to house convalescents). Lazaretto has little to do with Saint Lazarus (the patron saint of lepers, not plague sufferers), but it does have a lot to do with the fact that the name is derived from the word "Lazaretto".
(Pierre-Louis Laget, Les lazarets et l'émergence de nouvelles maladies pestilentielles au XIXe et au début du XXe siècle. In In Situ [On line], 2, 2002, consulted on 14 July 2020. URL: http://journals.openedition.org/insitu/1225. In France, the first lazaretto was established around 1655 (C. - P. - Marie Haas, Administration de la France, 2nd ed. 4, Paros, 1861, p. 4621), but,

From 1470, special signs indicated contaminated houses; the plague victims were relegated to temporary wooden barracks set up outside the towns; a special staff was put in charge of the service (Augustin Cabanès, op. cit., p. 72).

(140) Marilyn Nicoud, Médecine et prévention de la santé à Milan à la fin du Moyen Âge, Siècles [On line], 14, 2001, accessed 14 July 2020. URL : http://journals.openedition.org/siecles/3212

(141) Id, Médecine, prévention et santé publique en Italie à la fin du moyen âge, in Patrick Boucheron and Jacques Chiffoleau (eds.), Religion et société urbaine au Moyen âge : études offertes à Jean-Louis Biget, Publications de la Sorbonne, 2000, p. 495.

(142) Augustin Cabanès, op. cit. p. 84.

(143) Graziella Caselli, Jacques Vallin and Guillaume J. Wunsch, op. cit. p. 311.

(144) Marilyn Nicoud, Médecine..., op. cit. p. 485.

(145) Ibid., p. 485.

(146) Jonathan Duhoux, La Peste noire et ses ravages : L'Europe décimée au XIVe siècle, 50Minutes.fr, 2015, p. 26; Jean Noël Biraben, Les hommes et la peste en France et dans les pays européens et méditerranéens (Civilisations et sociétés), Mouton, 1975, p. 116...

(147) Henry E. Sigerist, An Introduction to the History of Medicine, 4th ed. revised and expanded, W. B. Saunders Company, Philadelphia and London, p. 238. Although criminal psychiatric expertise is not Although the collaboration between doctors, judges and the so-called public authorities only became widespread during the 20th century, it was formalised as early as the 16th century by the Constitutio Criminalis Carolina, or peinliche Gerichtsordnung; published in 1533 by Charles V, it authorised a court judge to summon doctors or midwives as expert witnesses in medico-legal cases such as homicide, infanticide, criminal abortion and malpractice. It was itself inspired by
certain penal laws enacted by the Bishop of Bamberg in 1507 and by the Elector of Brandenburg in 1516. Collaboration between doctors, magistrates and the so-called public authorities was facilitated from the sixteenth century onwards by the fact that many doctors held public, national or municipal offices, as deputies, syndic-orateurs, annual consuls, diplomats, city ambassadors, etc. (Paul Delaunay, La vie médicale aux XVIe, XVIIe et XVIIIe siècles, Slatkine Reprints, Geneva, 2001, p. 387 et seq).

(148) Claude Laroche, Some thoughts on hospital architecture. In In Situ [Online], 31, 2017, accessed 7 August 2020. URL: http://journals.openedition.org/insitu/14112 ; G. du Mesnil and Strohl, Hygiène. In Annales d'hygiène publique et de médecine légale, 2e série, t. 48, Paris, 1877, p. 180 et sqq.

(149) Graziella Caselli, Jacques Vallin and Guillaume J. Wunsch (eds.), op. cit. p. 311.

(150) Augustin Cabanès, op. cit. p. 80.

(151) Ibid, p. 81.

(152) Ibid, p. 84.

(153) Ibid, p. 80.

(154) Ibid, p. 86.

(155) Ibid, p. 87.

(156) Here are the details: "A: Those aimed at providing the authorities with the necessary quantitative information: the number of direct victims of the plague: the sick and the dead; or indirect victims: suspects placed in quarantine, the poor reduced to poverty by unemployment resulting from the halt in the economy. This information can be provided either by a census taken before and after the epidemic, which also gives an idea of the number of mouths to feed, or by a continuous record of the sick and the dead (civil status records are often poorly kept if the epidemic is violent).

B: The recruitment of specialised staff, i.e. operational staff: guards for the police,
preventing looting and enforcing regulations, especially by monitoring entrances and exits.

exits from the city gates and the closing of infected houses. Bearers of the dead and sick, nicknamed crows, were either voluntary confreres or religious, either recruited at a high price, or men of sackcloth and rope forced into this dangerous work (they were very difficult to recruit and were obliged to work for a living).
wearing a garish costume). Medical staff: doctors, surgeons, apothecaries, nurses and midwives, who were generally hired under contract at a very high price from the early 16th century onwards. Or religious personnel to assist the sick and give the last rites to the dying: a priest or plague chaplain was also hired from the 16th century onwards, either for each epidemic or on a permanent basis. Lastly, there was the management staff: the health office or captain, with dictatorial powers and the right to life and death for the duration of the plague. All were, of course, subject to very strict isolation rules.

C: Social assistance, which came into play as soon as the local authorities agreed to take isolation measures in the 16th century. Essentially, this involved stockpiling medicines and foodstuffs for the population trapped by the quarantines, and providing the poor and unemployed with assistance to enable them to survive during the economic downturn caused by the duration of the epidemic.

D: Finally, the cost of these measures requires special funding: the considerable expenditure on medicines, disinfectants, maintenance or even construction of specialised hospitals, food for hospitalised patients and the poor, and staff fees or allowances,
The need to find large sums of money. Originally, in the 14th and 15th centuries, the decreases
In the 16th century, however, the measures were extended and multiplied. However, in the 16th century, the measures were extended and multiplied, leading to the use of taxes and levies for the plague, and then in the 17th century to borrowing, with debt increasing over time, even in the 18th century.
(Jean-Noël Biraben, Les hommes face à la peste en France et dans les pays méditerranéens. In École pratique des hautes études. 4e section, Sciences historiques et philologiques. Annuaire 1970-1971. 1971 [p. 809-817], p. 815-6.

(157) "(T)he primary cause of evil is the action that men gathered and crowded together in low, narrow, obscure and unclean places; that decomposing animal or vegetable substances exert on the ambient air... the emanations with which the air is charged act in the manner of a noxious gas" (Pierre Adolphe Piorry, Traité de pathologie iatrique ou médicale et de médecine pratique, Paris, 1841, p. 521) (emphasis added).

(158) Doctors have long disagreed about the meaning to be attributed to the term 'contagion', which has often been confused, intentionally or otherwise, with the term 'infection' (see Leopoldo-Achille Celace, Définir la contagion, établir les différences qui peuvent exister entre la contagion et l'infection, thesis, Montpellier Faculty of Medicine, 1841; Eugene Monteils, Histoire de la Vaccination. Recherches historiques et critiques, etc, Montpellier, 1874; Sylvie Fainzang, La marque de l'autre. In Communications, 66, 1998. La contagion [p. 109-119])

(159) Dictionnaire des sciences médicales, vol. 6, V. L. F. Panckoucke, Paris, 1813, p. 46.

(160) In a letter from Zimrî-Lîm, king of Mari from 1775 to 1761 BC, to his wife, the latter writes gives advice on how to protect yourself from "a contagious disease" ("mushtahhiz", from the verb ahâzu, "to seize"),

agripper") (quoted in Georges Roux, La Mésopotamie. Essai d'histoire politique, économique et culturelle, Éditions du Seuil, 2015). As indicated above (see supra note 35), the belief in contagion was widespread among the Hebrews ("... it is impossible not to recognise in the sequestrations imposed by Moses on lepers and people suffering from gonorrhoea, the first idea to which we have given all possible extension by creating our lazarets", Louis de La Berge, Compendium of Practical Medicine, t. 1, Brussels, 1837). The original meaning of contagio is "contact, direct influence of one body or being on another", including in a hereditary way (Lawrence I. Conrad and Dominik Wujastyk [eds.], Contagion: Perspectives from Pre-Modern Societies, Routledge, 2000) "But the word contagio was also used by Cicero, for example, to refer to the relationships between natural phenomena in general and to express in Latin the Greek concept of sumpatheia. Lucretius uses the word contagium to indicate the mutual influences of body and soul. More often than not, but not always, the term is accompanied by negative connotations: the transmission of pollution, corruption (...). (D)uring the 1st century BC, several Roman authors, generally non-medical, linked this word, in its two forms, with the transmission of certain diseases, particularly pestilential and epizootic diseases". (Danielle Gourevitch, Peut-on employer le mot d'infection dans les traductions françaises de textes latins? Guy Sabbah [ed.], Textes médicaux latins antiques,
Publications de l'Université, Saint-Etienne, 1984). Gallien (128 AD - 210 AD) recommended avoiding contact with pestiferous people, because "their disease passes from one body to another, like scabies" (Rapport sur les mémoires envoyés à la Société impériale de médecine do Lyon, sur la contagion ; par M. le docteur Vernoy. In Gazette médicale de Lyon, t. XVI, Lyon, 1864, p. 136). Several seventh-century hadiths attributed to Mohammed, which in fact date back to pre-Islamic Arabia, affirm the contagious nature of leprosy, scabies and sexually transmitted diseases (Lawrence I. Conrad, A Ninth-Century Muslim Scholar's Discussion, in Lawrence I. Conrad and Dominik Wujastyk [eds], Contagion: Perspectives from Pre-Modern Societies, Aldershot, 2000). Thomas Aquinas described leprosy as "communicating itself by contagion (contagiosus)" (Summa Theologica, translated into French and annotated by F. Lachat, vol. 6, Paris, 1857, p. 556). A few years before the publication of Fracastoro's De Contagione et contagiosis morbis, the Venetian physician Nicholas Massa, in Liber de febre pestilentiali, ac depestichiis, varolibus et apostematibus pestilentialis (1540), had recognised epidemic contagion as a possibility (Medical History, 25, 1981 [pp. 385-410]; Richard Palmer, Nicolo Massa, His Family and His Fortune, p. 395; see also Joseph Pierre Martin Rollet, Recherches cliniques et expérimentales sur la syphilis, le chancre et la blennorrhagie, F. Savy, 1862, Paris, p. 198 et seq).

(161) This mythological poem in Latin verse in the style of Ovid tells how Syphilus, King Alcithoo's shepherd, took pride in his master's riches and erected altars to him in defiance of those of Apollo. Outraged by this insolence, Apollo sent devouring rays down upon the earth, which produced a hitherto unknown pestilential disease, of which Syphilus was the first victim and to which he gave his name, which replaced the name he had until then of "French disease". While some attributed this disease to the conjunction of certain stars, such as Mars and Saturn, Mercury and the Sun, etc., others to bestiality, and still others to certain poisonous principles ingested in the stomach.
others to a mutation of leprosy, Fracastoro attributed it to a "leprosy virus".
heaven's punishment for the frenzied libertinism that reigned at the time.

(162) Lois N. Magner, A History of Infectious Diseases and the Microbial World, Praeger, London and Westport, CT, 2009, p. 21; Dictionaire [sic] abrégé des sciences médicales, t. 5, V. L. F. Panckoucke, 1822, p. 40.

(163) Gérard Fabre, Les savoirs sur la contagion : la peste et l'institution de la quarantaine, in

André Turmel, Culture, institution et savoir : culture française d'Amérique, Presses de l'Université Laval, 1997 [p. 83-106], p. 89. "He (Fracastoro) saw these agents as tiny living particles with material and spiritual properties. Unlike poisons, these particles could be
transmitted from one patient to another. For him, however, these seminari were the result of a disorder of the humours and he did not deny the miasma theory in its entirety. He also assumed that these particles had the capacity to multiply and were transmitted by direct contact, projected or carried by air towards the patient. He asserted the contagious nature not only of the patient but also of his or her relatives.
clothes and bedding. For him, these particles 'do not fall under our senses'. Fracastor thought that these particles entered the body through the pores of the skin or through the mouth when breathing. He described the hypothesis of interpersonal contamination. Its qualities
Observational studies during epidemics, particularly the plague, enabled him to develop this theory of contagion. He was better able to explain its epidemic nature. His only mistake (according to the author of these lines) was his belief in the spontaneous generation of these organisms. His theoretical advances laid the foundations for contagion. He was the first to theorise contagium vivum
"(Antoine Bouissou, Evolution de la médecine occidentale à travers le prisme de la deuxième épidémie de peste de 1346 à 1898. De la médecine scolastique à la médecine expérimentale. Thesis, University of Toulouse III, 2017, p. 41).

(164) A. Brierre de Boismont, Des diverses opinions émises sur la Fièvre jaune dans plusieurs ouvrages published recently in France and abroad, in Nouvelle bibliothèque médicale, t. 3, 1827, Paris, p. 371
See also F. Dubois and J. Béclard (eds.), Bulletin de l'académie royale de médecine, t. 28, Librairies de l'Académie nationale de médecine, Paris, J. B. Baillière et Fils, 1862-1863, p. 685.

(165) Ibid.

(166) Dr Isidore Bourdon, Mémoire sur la peste, la vérité sur les quarantaines. In Dr Quesneville, (ed.), Revue scientifique et industrielle, t. 12, 2e série, Paris, 1847, p. 259; Le journal des sçavans (Paris, 1754, p. 591) sums up this health machination with this strikingly ironic formula: ".. it is reported that it was by his means that Pope Paul IV succeeded in having this Council transferred to Bologna in 1547, on the pretext of a contagious disease which Fracastor, following the principles of astrology,
threatened the city of Trent" (emphasis added). In this period of macabre masquerade, it would be healthy to go into the details of this affair: "Fortunately, at the time there were several servants of various Prelates who were ill, either from the debaucheries of Carnival, or from the inclemency of the air, which had been very humid for several days. (Cardinal Del) Monte
having therefore asked the Doctors by several of his own, if there was not some reason to fear that these illnesses were contagious, these, who always do the greatest harm they can, because if it happens they seem better at foreseeing it, or at remedying it

If it does not happen; these, I say, answered in an ambiguous way: what being spread with affectation & collected with lightness, found at first credibility among the simplest, & was received with avidity by those who wishing passionately to withdraw, would have liked the thing to have been true. It also happened very conveniently for the Legates' purpose that, a few days after the Session, a bishop died and his funeral was honoured by the presence of the whole Council.
and not only in Trent, but in the surrounding areas, the rumour spread that the contagion was in the city. However, to make it appear that they had no part in it, the Legates held a General Congregation on the day after the Session to decide what needed to be done about the Sacrament of the Eucharist, and the following week the Congregations of Theologians began. But when the ever-growing rumour had spread, Cardinal del Monte ordered Hercule Sévérole, Procurator of the Council, to draw up a report on the contagion. The doctors were then questioned, especially Jerome Fracastor, who had the title of Council Physician, and several other people. Then, on reports that neighbouring places were preparing to break off all trade with Trent, several Prelates, either through fear of the disease or through a desire to see themselves free, asked the Legates for permission to withdraw. Monte gave it to some, with the intention of using their departure as one of the reasons for the translation of the Council" (Paolo Sarpi, Histoire du concile de Trente, t. 1, Amsterdam, 1736, p. 494-5).

(167) Isidore Bourdon, op. cit. p. 259.

(168) Dictionaire [sic] abrégé des sciences médicales, p. 41.

(169) Dr. Minime (ed.), La médecine anecdotique, historique, littéraire: recueil à l'usage des médecins, chirurgiens et apothicaires érudits, curieux et chercheurs, vol. 3, Paris, 1906, pp. 217-8.

(170) Ibid, p. 217.

(171) Augustin Cabanès, op. cit. p. 99.

(172) They "took no other precautions (...) than to live soberly and to avoid any idea of fear" (S. Lassis, Recherches sur les véritables causes des maladies épidémiques appelées typhus, Paris, 1819, p. 20).

(173) Ibid, p. 100. For an illustration, see https://upload.wikimedia.org/wikipedia/commons/a/af/Habit_des_m%C3%A9decins_des_pestif%C3%A9r%C3%A9s.jpg; for an 18th-century German caricature, see https://upload.wikimedia.org/wikipedia/commons/5/57/Paul_F%C3%Bcrst%2C_Der_Doctor_Schnabel_von_Rom_%28Holl%C3%A4nder_version%29.png; even in the 19th century, plague surgeons had a special costume and carried a white wand in their hands (for an illustration, see Augustin Cabanès, op. cit.).

(174) Ibid, p. 102, note 1. To give an idea of the "aura" enjoyed by Charles de Lorme during his lifetime, the following anecdote will not be out of place: "Towards the end of his days, the abbé de Saint-Martin, threatened with paralysis, made a trip to the waters of Bourbon that turned his head. He took himself

of admiration for the famous doctor Charles de l'Orme, as bizarre as he was himself: he had a brick bed built similar to his own to bury himself in at night: Finally, like him, as much to protect himself from the cold as to preserve his memory and common sense - which everyone thinks he has - he put on his legs eight pairs of socks and a lined stocking, and on his head nine skullcaps and a bonnet over them. When he returned to Caen thus dressed and dragged in the vinaigrette that Charles de
l'Orme, he naturally aroused great curiosity. People came from all over to see him, to consult him, to ask him for hygienic prescriptions. He believed himself to be a great doctor, and did so well that he was almost prosecuted for practising medicine illegally, and that the Duke of Montausier thought it necessary to urge the gentle maniac to stop giving written prescriptions. It is now easy to understand why Abbé "Saint-Martin de la calotte", as he was nicknamed, became the joy of the town of Caen. When he
went to church in his chair, - for he had soon had to give up his vinaigrette, 'which upset his moods too much', - the schoolchildren and scoundrels followed him in procession, shouting: 'Vivat! vivat!' And the vain old man leaned over the carriage his windy person, wrapped in a purple damask robe with stripes, and he waved right and left, murmuring: 'Thank God! How these good people
m'aime'" (La Revue de Paris, t. 4, Bureau de la Revue de Paris, 1902, p. 585). The abbé outlived his mentor, even dedicating to him a work entitled Moyens faciles et éprouvés dont M. de Lorme s'est servi pour vivre près de cent ans (Caen, 1682).

(175) Augustin Cabanès, op. cit. p. 100. The attire of the medico della peste bore a striking resemblance to the costume invented by de Lorme, "consisting of a heavy waxed or oiled coat, a mask with glass openings for the eyes and a cone in the shape of a beak where perfumed substances were put" (Silvia Garioni, Omicidi, amori e dissapori, Lecce, 2019). It should be noted that a character in the Commedia del'Arte, attested as early as the mid-fifteenth century, was named Il Medico della Peste (Charles L. Killinger, Culture and customs of Italy, Greenwood Publishing Group, 2005, p. 95).

(176) This usage seems to date back to the 16th century at least, as Nicolas Ellain, Advis sur la peste (1606),
writes, p. 37, that the doctors who visited the plague victims were "dressed like camelot, sarge d'arras, taffeta, or other similar fabrics: And those, who will not have the means, would change into marroquin, trellis of Alemagne, or other beautiful black cloth".

(177) As Professor Raphaël Blanchard, author of Notes historiques sur la peste (1900), points out, "modern surgeons who, because of the microbial doctrine, now only approach their patients in long linen gowns that cover their clothes, have merely
reinventing a costume that the doctors of 300 years ago had already deduced from their scientific conceptions, which in the final analysis were not very different from ours... To explore the pulse and buboes of patients," adds the learned professor, "we wrapped a tobacco leaf around our finger; or we put on gloves made of gummed and waxed taffeta" (quoted in Augustin Cabanès, op. cit., p. 108), the ancestors of the gloves with
Similarly, in 1879, de Lorme's mask gave Dr Henrot, a substitute professor at the Reims Medical School, the idea of making a cotton wool respirator designed to prevent infection and consisting of "a very simple horn, two models of which he submitted to the Academy. The air breathed in passed through a layer of cotton wool placed between two strips of wire cloth; the air breathed out passed through an orifice fitted with an easy-to-lift valve. People who approached the patients had to put themselves in this position.

(quoted in Augustin Cabanès, op. cit., p. 109) More soberly, a New York State physician named A. J. Jessup, in an article published in the Hospital Gazette and in Scientific American (Contagious Diseases and their Prevention, In Scientific American: Supplement, vol. J. Jessup, in an article published in 1878 in the Hospital Gazette and Scientific American (Contagious Diseases and their prevention, In Scientific American: Supplement, vol. 6, July-December, 1878, p. 2280), recommended wearing a cotton mask to limit contagion during epidemics. The Malay-born, Cambridge-educated physician Wu Lien-Teh (1879-1960) did not stop there. Appointed by the Chinese court to lead efforts to combat the pneumonic plague epidemic that struck Manchuria in 1910, he argued that the disease was airborne and, to prevent its spread, developed masks for use by medical staff and the general public (Yu-lin Wu, Memories of Dr. Wu Lien-teh, Plague Fighter, World Scientific Publishing Company Pte Ltd, Singapore, 1995). In "Western" countries, doctors began wearing surgical masks for the first time in 1897. They were a kind of gauze handkerchief tied around the face and were not designed to combat so-called airborne diseases. Although they are made from different materials, the sole purpose of today's surgical masks is still to "protect the operating field from relatively large respiratory droplets generated by surgeons and surgical nurses", as stated by the WHO. Still in the "West", protective masks were first used in the United States during the Spanish flu epidemic of 1918-1919. In some towns, wearing a mask was even made compulsory for police forces, medical staff and, on pain of fines or even imprisonment, residents (Bruno J Strassera and Thomas Schlichb, A history of the medical mask and the rise of throwaway culture. In Lancet. 4-10 July 2020, 396 (10243) [p. 19-20]). The director of San Francisco's health department declared that "anyone appearing in the street (or) in any public place (...) must wear a mask or have his face covered, except during meals"; very quickly, however, the wearing and therefore the purchase of standard masks was required (Joan Eileen Knight, The social impact of the influenza pandemic of 1918-19: with special reference to
the East Midlands, 2015, p. 204; Alfred W. Crosby, America's Forgotten Pandemic: The Influenza of 1918, new edition, Cambridge University Press, 2003, p. 112;
https://www.sfchronicle.com/oursf/article/Anti-Mask-League-San-Francisco-had-its-own-15255495.php
; https://www.mentalfloss.com/article/624477/san-franciscos-anti-mask-league-during-1918-flu). The mayor slavishly followed suit, assuring us that "anyone who doesn't wear a mask outside will die". "The San Francisco Tribune even threatened the recalcitrant with social death: "There is no doubt that anyone who does not wear a mask will find himself isolated, held in suspicion and looked upon as a slacker" (quoted in Alfred W. Crosby, op. cit., chap. 13). Despite this campaign of intimidation, some refused to comply, because they considered the measure to be unconstitutional and a violation of individual liberties and/or because wearing the mask caused them health problems, in particular attacks of neuralgia (ibid., p. 105; you don't have to be a doctor to realise the health hazards of wearing a breathing mask for long periods). As a result, an Anti-Mask League was immediately founded, and a number of doctors joined it.
sceptical about the effectiveness of the object so vaunted by most of their colleagues. For the majority of the population, it was a carnival: "the mask quickly became a fashionable object, with the three most popular styles
the Agincourt, so called because of its protruding snout in the shape of a horse's helmet.

French chevalier, the square-shaped Ravioli, apparently a favourite of police officers, and the more attractive yashmak, which hung under the chin like the veil worn by women in harems and was particularly popular with young women (it was eventually made illegal)" (Joan Eileen Knight, op. cit., pp. 204-5). The fashion was soon followed in New Zealand and Australia, which were also hit by the epidemic (ibid., p. 206).

(178) Augustin Cabanès, op. cit. p. 110.

(179) Quoted in Dr. Minime (ed.), op. cit. p. 210.

(180) "In 1610, nothing less than the death penalty was applied to gate guards who had knowingly or through clumsiness allowed people to enter the town. In 1625, the Bailli des Vosges set up a burgher at each gate of the town of Mirecourt, who was responsible for reporting all newcomers to the town on the basis of whether they had been in the suspected countries for six weeks.
If they did not, if someone of good faith could be found to attest to the contrary, the perjurer was immediately executed on the gallows. One hundred years later, the authorities were no less severe: by Duke Leopold's decree of 25 June 1721, it was forbidden to communicate, even by correspondence; all passers-by had to carry certificates of good health, with all the necessary reassurances, and orders were given to shoot anyone attempting to pass by routes other than those prescribed. As for vagrants, suspected by their status, they had to stay away, on pain of whipping, branding or banishment: in the event of a repeat offence, it was death. It is impossible not to be struck by the ferocity of these health regulations. For offenders, there was only talk of the gallows for travellers who tried, by trickery or force, to bypass them without presenting health tickets, and of arquebusades for those who erased the marks indicating contaminated houses to the public. The least they risked
was to have their fists cut off, or to be 'pilloried and castigated'. And, like a leitmotif, we hear the sinister phrase
(quoted in Augustin Cabanès, op. cit., p. 121-2).

(181) Michel Foucault, Surveiller et punir, Gallimard, Paris, 1975, p. 198

(182) Augustin Cabanès, op. cit. p. 124

(183) Ibid, p. 78.

(184) Michel Foucault, op. cit., p. 199.

(185) Augustin Cabanès, op. cit. p. 84.

(186) Dr Minime (ed.), op. cit. p. 211.

(187) Ibid, p. 212.

(188) Ibid.

(189) Ibid, p. 213.

(190) Michel Foucault, op. cit. p. 198-9.

(191) Françoise Hildesheimer, La terreur et la pitié : l'Ancien Régime à l'épreuve de la peste, Publisud, 1990, p. 79.

(192) Benoît Garnot, Le Peuple aux siècles des Lumières, Éditions Imago, 1990.

(193) Cécile Floury-Buchalin, Sanitising and protecting the body of the city: the emergence of public health in
Lyon in the 17th Century. In Chrétiens et Soc. XVIeXXe Siècles, 2008, n° 15 [p. 29-58], p. 31.

(194) Ibid, p. 33.

(195) Ibid, p. 57-8.

(196) Henry E. Sigerist, An Introduction..., p. 287.

(197) Mireille Laget; Health booklets for the poor in the seventeenth and eighteenth centuries. In Histoire, économie et société, 1984, 3e année, n° 4. Health, medicine and health policies [p. 567-82], p. 568.

(198) Until then, medicine had shown little interest in children and women, who were seen as "mere machines for reproduction". They had their own medicine, scorned by the Faculty and remembered by tradition in the expression "women's medicine". To conquer this new market, doctors tried to disqualify this empire of "good women" and their practices,
judged to be useless and pernicious' (with breastfeeding and children's clothing as the main points of confrontation). To achieve this, the bourgeois mother, 'the only one capable of containing the obscurantism of the servants on a daily basis and imposing her power on the child', becomes,
especially from the seventeenth century onwards, the physician's ally. As we shall see, especially in the nineteenth century, this new alliance enabled doctors to prevail 'against the tenacious hegemony of popular women's medicine', 'by increasing the civil authority of the mother', with the doctor providing her with a 'mother's helper'.
unprecedented social status. It was this promotion of women as mothers, educators and medical auxiliaries that served as the basis for the main feminist movements of the 19th century" (https://ligue-enseignement.be/assets/Esquisse-dune-genealogie-des-formes-de-gouvernementalite-etude2.pdf, p. 27).

(199) Bibliographical notes, p. 403.

(200) The administration of public health," says Henry E. Sigerist, "has always been influenced by two factors: the status of medical science and the prevailing political philosophy. Sigerist (Civilization and Disease, p. 91). has always been influenced by two factors: the status of medical science and the prevailing political philosophy. The more we knew about the cause, nature and treatment of disease, the more a government could do. But political philosophy determined whether and how a government could apply existing knowledge. Epidemiological intelligence was inaugurated by the creation of the Royal Academy of Surgery in 1731, followed in 1778 by the foundation of the Royal Society of Medicine, whose main task was to collect and centralise data. These two institutions can be seen as attempts to turn medical expertise into a public power, a bureaucratic regulation of well-being.

corporel" (Virginie Tournay, Le concept de police médicale. D'une aspiration militante à la production d'une objectivité administrative. In Politix, vol. 20, no. 77, 2007 [p. 173-199], p. 174). The first
he first attempt to organise epidemiological intelligence on a large scale took place in the 19th century: in response to the appearance of cholera in "Western" countries from Asia, the first international health conference was held in Paris in 1851. Although only twelve nations took part, it can be seen as the seedbed of the globalisation of public health (Nathalie Ferraud-Ciandet, Protection de la santé et sécurité alimentaire en droit international, Lancier, 2009, p. 12). In December 1907, the Office International d'Hygiène Publique was founded in Paris to lay down international rules for quarantining ships and ports in times of plague or cholera. The
Epidemiological intelligence was its main function, which it shared from 1921 with the Bureau of Health of the Secretariat of the League of Nations, before being dissolved by protocols signed on 22 July 1946, its epidemiological service then being integrated into the Interim Commission of the World Health Organization on 1 January 1947.

(201) A. H. Marchand, Chirurgie von 100 Jahren. In Revue mensuelle de médecine et de chirurgie, 1st year, vol. 1, 1877, p. 154.

(202) See Michel Foucault, Histoire de la médicalisation. In Hermès, La Revue, 1988/2 n° 2 [p. 11-29],.p. 18.

(203) Great Britain was ahead of most other European countries in this field; a General Board of Health, a veritable ministry of public health, had been created in 1848 and it
In 1890, there were 1,700 public health officials, compared with barely 200 in the same year.
France (Dominique Lejeune, Hygiène et santé en Europe, de la fin du XVIIIe siècle

aux aprèssemains de la première guerre mondiale, https://hal.archives-ouvertes.fr/cel-01474846/document). In France, the hospital civil service was created in the 1980s and now accounts for almost 20% of civil service parasites (Didier Stingre, La fonction publique hospitalière, P.U.F., 2008). The Rockefeller Foundation played a central role in the creation of the web of public healthcare organisations in the twentieth century. Created in 1913, it "is but the principal component of a vast group of organisations financed by the Rockefeller family, and in particular by John D. Rockefeller, founder of the Standard Oil company. Its international activities in fields as varied as public health, biomedical sciences and the social sciences, despite their apparent dispersal, follow a very clear common thread: the "Rockefeller cause".
mobilising all scientific knowledge (natural sciences and social sciences) to develop a total science of man that can be used to manage individual and collective behaviour. In other words, to create not only a new man, but also a rational society governed by science. The implementation of this worldwide project began in 1914, in the United States, the Far East, Latin America and above all in Europe.
In this process, the Group is developing a number of initiatives to support the development of the world's scientific community (e.g. universities and research laboratories), as well as supporting the creation of public health administrations and implementing a systematic policy of travel grants for scientists and, more generally, for future world leaders. In this process, the

Between 1919 and 1939, total investments in Europe by numerous American philanthropic organisations amounted to around 1.3 billion dollars in a wide variety of fields" (Ludovic Tournès, L'argent de
Influence: American foundations and their European networks. Autrement. Autrement, 2010, Mémoires/culture. ffhalshs-00651570e, p. 3-4). In France, the "Rockefeller Foundation (...) exercised its expertise (...) from 1917 to 1940. Not only was its action decisive, both financially and in terms of the impetus it gave to French health policy, but the information and data gathered by its members - so closely linked with indigenous medical and even political circles, and so well versed in local idiosyncrasies - proved to be unique" (Léon Murard and Patrick Zylberman, Pour une histoire politique de la médecine sociale. In Vingtième
Siècle, revue d'histoire, No. 5, January-March 1985. Les guerres franco-francaises [p. 185-7], p. 187). Is it still practising its 'know-how' in France? (Stéphane Buzzi, Jean-Claude Devinck and Paul-André Rosental, L'officialisation de la médecine du travail, de la 'drôle de guerre' à la Libération (1939-1946), in id. et al, La santé au travail. 1880-2006, La Découverte, 2007, [p. 41-58]; see also, on the Rockefeller Foundation's lobbying in France, Jean-François Picard, Aux origines de
Inserm: André Chevallier and the Institut national d'hygiène. In Sciences sociales et santé, vol. 21, n° 1, 2003 [p. 5-26].

(204) Quoted in Michel Foucault, op. cit. p. 21.

(205) Ibid.

(206) Quoted in Sabine Barles, La ville délétère : médecins et ingénieurs dans l'espace urbain, XVIIIe-XIXe, Editions Champ Vallon, 1999, p. 9.

(207) See Maria Clélia Lustosa Costa. Le discours hygiéniste et la mise en ordre de l'espace urbain de Fortaleza, au Brésil. History. Université de la Sorbonne nouvelle - Paris III, 2012. French. FfNNT: 2012PA030044ff. fftel-01547145f

(208) Quoted in Sabine Barles, op. cit. p. 21.

(209) Ibid, p. 22.

(210) Ibid.

(211) See Patrick Fournier, La contribution des médecins languedociens à la genèse de la méthode médico-climatique au XVIIIe siècle : les exemples de Bouillet, Razoux et Barthez, in Gilbert Larguier (ed.), Questions de santé sur les bords de la Méditerranée. Malades, soignants, hôpitaux, représentations, en Roussillon, Languedoc & Provence XVIe-XVIIIe siècle, OpenEdition Books, Presses universitaires de Perpignan, 2017, p. 151-69.

(212) Health, an indicator of environments, proceedings of the 7th national conference of regional observatories
de la santé, Amiens 5 , 6 et 7 octobre 1994, t. 1: Observer confronter, L'Harmattan, 1996, p. 23.

(213) Maria Clélia Lustosa Costa, op. cit. p. 29.

(214) Ibid.

(215) Ibid, p. 43. Doctors, chemists and all kinds of scientists and experts were consulted, and although a central public health authority did not yet exist, many hygienists called for a genuine medical public health administration, headed by a Ministry of Health.

(216) Ibid, p. 29-30.

(217) Michel Foucault, op. cit. p. 22.

(218) Ibid, p. 25.

(219) Ibid, p. 22

(220) The medicalisation of the first years of life takes place through childcare, a deformed offshoot of misunderstood eugenics, French-style eugenics, "a kind of medical imperialism". integrating both medicalization and (much more than Anglo-Saxon eugenics) the moralization of society" (meaning: the poor and workers) with a view to improving productivity and strengthening the defense of national security (Ann F. La Berge, Mission and Method: the early- nineteenth-century French public health movement, Cambridge History of Medicine, Cambridge University Press, 1992, quoted in Fabiola López-Durán, Eugenics in the Garden: Transatlantic Architecture and the Crafting of Modernity, University of Texas Press, 2018, p. 208, note 12; see also Ann Elizabeth Fowler La Berge, Mission and Method: The Early Nineteenth-Century French Public Health Movement, Cambridge University Press, Cambridge, 2002, p. 41 ff; Anne-Laure Simonnot, Hygienisme et eugénisme au XXe siècle à travers la psychiatrie française, Seli Arslan, 1999, p. 94). On the other hand, in Anglo-Saxon eugenics discourse, improving the education of sick individuals was generally recognised as a dysgenic measure, since no knowledge, bookish or otherwise, was capable of rectifying genetic material (see Marouf Arif Hasian Jr, The Rhetoric of Eugenics in Anglo-American Thought, Athens/London, The University of Georgia Press, 1996, p. 182, note 15).

The definition of eugenics given by the Société Française d'Eugénique (*), namely "(t)he research and application of knowledge useful for the reproduction, conservation and improvement of the species, and the study of questions of heredity and selection in their application to the human species and questions relating to the influence of the economic environment, legislation and mores on the value of successive generations and on their physical, intellectual and moral aptitudes" (Gwen Terrenoire, L'eugénisme en France avant 1939. In Revue d'Histoire de la Shoah, vol. 2, n° 183, 2005 [p.49-67]) was to some extent the same as Galton's, but eugenics, a term that French doctors who belonged to this movement tended to prefer to "eugenics", was not an imported product; it developed on bases that were not those of so-called social Darwinism. It grew out of the many seventeenth-century medical treatises on the "art of begetting", which aimed to give advice to potential parents on the conditions (position of the stars, seasons, temperament, etc.) that were necessary for a child to be born,

diet, etc.) most conducive to the birth of good offspring. They were therefore for private use. From the mid-eighteenth century onwards, however, they were addressed not to potential parents, but to legislators; they no longer confined themselves to giving individual advice, but defined collective behaviour, established standards and recommended that they be imposed on society as a whole in the name of the public interest. What's more, it was no longer a question of making beautiful children, but of "great men", i.e. - according to the small image the authors of these treatises had of greatness - useful men. In this utilitarian conception of procreation, the doctor was no longer simply an advisor to families, but an auxiliary of the State. He was granted the right to oversee the care of infants. The result was child care, defined by one of the disciples of Dr Caron, who coined the term (1863), as "research into knowledge relating to the
reproduction, conservation and improvement of the human species". The word was rejected by dictionaries for as long as it was by doctors, and it was not until around 1900 that, resurrected by the renowned Dr Pinard, it was promoted to the rank of a scientific discipline (Arlette Dubocage Meyer, La Puériculture Scientifique, Faces de Eva. Estudos. 2017, n° 38 [p.115-32] p. 120) "After 1895, doctors no longer gave advice, but orders. Through the distribution of the various works they published, they wanted to be the mediators of this new knowledge and thus influence the private lives and behaviour of families. Dissemination through schools (which became compulsory in 1881) imposed the idea of education from the earliest age, to teach morals, order and discipline. The art of bringing up children was once left to the sole care of mothers (or fathers, at least to a certain extent for boys, until the eighteenth century in France and the mid-nineteenth century in the United States) (see Evelyne Lejeune-Resnick, L'éducation domestique (1830-1856), 1848. Révolutions et mutations au XIXe siècle, no. 8, 1992, pp. 49-58 and Milena Lenderová, 'La mère nouvelle' ou l'éducation de l'enfant noble dans les Pays tchèques au début du XIXe siècle, Histoire, économie & société, vol. 3, 26th year, 2007, pp. 145-155]. N. D. E.] is supposed to be replaced by a set of rules that every woman should know. Two institutions have moral and material supremacy in this area: the educational institution and the medical institution, one because it discloses the new norms, the other because it disseminates them. The reference to these new, pragmatic rules, in line with the ideology
The medical and political debate underway at the end of the 19th century formed the basis of the early thinking on childcare. It consisted of promoting an educational model for women based on the observance of standards. Four distinctive features characterise this model: asepsis, regularity, discipline and measure" (Arlette Dubocage Meyer, op. cit., p. 123). "Asepsis is to infants what pasteurisation is to food: a set of preventive measures (disinfection, sterilisation, etc.) designed to eliminate all microbes. Regularity and discipline are part of the 'educational approach', influenced by the theory of behaviourism developed by the American psychologist Watson in the 1920s (...). It is assumed that there is an imperative need to regulate the child's body, which is achieved through the acquisition of habits that require mothers to learn the art of feeding, dressing, touching and moving their children. the child's life by means of rules of behaviour. The temporality of the relationship with childhood is thus based on an almost immutable timetable, and may evoke a metaphor linked to the mechanics of production time in the new industrial society. The discourse prescribes that the doctor must be consulted for any change in the child's schedule or the appearance of any symptom. The art of bringing up children is not, or no longer, a matter of feelings but of reason" (ibid.),

p. 123-4). Measurement consists of "knowledge of the child's development will be based on the controllable practice of measurement. The child is described in terms of weight, height and head circumference, and the clinical examination method is used to assess the child's physical condition. Their growth was measured using anthropometric devices developed by scientists: measurement and weight tables calculated on the basis of Western references. These measurements are used by doctors to establish their diagnosis, but also to establish a dialogue with mothers. They encourage them to follow the child's growth curves by coming regularly for consultations" (ibid., p. 124). A tool for scientifically measuring the rate of growth of infants (renamed "babies" at the end of the 19th century) (Catherine Rollet-Echalier, La
Politique à l'égard de la petite enfance sous la III République, Paris, PUF, INED, 1990, p. 24), weighing was preceded by preconception consultations and followed by postconception consultations, both carried out by medical inspectors charged with advising and educating, monitoring and, where necessary, punishing.

(*) In 1913, the Société Française d'Eugénique (SFE) had around a hundred members, but by 1926 it had only fifty or so. How can we explain the lack of ground gained by
eugenics in France? "The deepest reason for the relative failure of eugenics among French doctors lies in their attachment to the liberal practice of their profession. In other words, the
The figure of the doctor proposed by eugenicists was repugnant to many of them, after having fascinated them for a time. It might have been tempting, for men on the rise in society, elevated to the ranks of the elite by the Third Republic, to arrogate to themselves the power of censor and to pose as the nation's wise men. To finally assert themselves as indispensable to society, despite the still hesitant results of the fight against death and disease, to compete in the home with the priest and the notary, to participate productively in the management of 'human capital' - these were intoxicating prospects, which perhaps responded to a thirst for power, certainly to a sincere vocation. But the problem comes when these plans have to be put into practice, when the pen has to be put down and the doctor's coat put on.
With a few exceptions, the practice of medicine is - alas! - neither a hobby nor a priesthood: it is a profession, or to put it more trivially, a livelihood, where the plethora of practitioners is a threat. What's more, it's a profession that, since ancient times, has produced its own customs and code of ethics. The solutions proposed by eugenicists upset a fragile balance, stir up old resentments and clash with habits and convictions. First and foremost, it undermines medical ethics: eugenicists see themselves as "the only ones who can do it".
They frequently remind annoyed colleagues of their fundamental role in helping those who are suffering. They remind them, among other things, that they are neither economists of anonymous genetic capital nor biologists confined to their laboratories and confronted with guinea pigs; on the contrary, they insist on the value of the "colloque singulier", the personal and unique relationship that doctors must maintain with their patients, and which must take place without any attempt to evaluate them socially. In contrast to an accounting discourse on the national or public interest, they oppose a discourse on the nobility of medicine, which consists of spending oneself without calculation to ensure the best possible living conditions for each individual. The family doctor, threatened by the rising tide of new doctors, whether specialists or salaried employees, finds here a new opportunity to showcase his or her qualities. After all, isn't the best eugenicist the one who, throughout a lifetime, accompanies a household, cares for it and can offer useful advice at the decisive moments of marriage or death?

pregnancy? Above all, eugenics contradicts the liberal practice that is so dear to our hearts!
doctors. They feared that eugenics would lead to the development of a new breed of doctor, the "ministerial officer of legal coitus", who would swell the ranks of doctors working for the health insurance funds, the health insurance companies, and the health authorities.
communities whose work, they claim, has nothing to do with the art of Hippocrates. The eugenicist doctor would no longer be an ideal man who practises benevolence and whose fees are settled amicably, but a servant of the State, salaried by it, sworn in, often enlisted in juries and commissions where his practice is exercised collectively: this is both downgrading and
dangerous competition in these times of professional overcrowding. Above all, eugenics jeopardises one of the pillars of medical practice: the dogma of professional secrecy. How can we still speak of medical confidentiality when the doctor is asked for a certificate of fitness for marriage in due and proper form, mercilessly detailing the anomalies and defects found in the office? When his opinion is sought on the procreative capacities of a given individual? Worse still: not only does the doctor have to give a diagnosis in public, but he also has to give a prognosis on the products of the marriage; in so doing, he commits his responsibility, his name, his signature in a way that is not only unacceptable, but also unacceptable.
This is a risky business, given the uncertainties surrounding heredity. Many doctors remind their colleagues, lost in chimerical biopolitical ambitions, of the harsh realities of practice and the inevitable setbacks of controlling procreators. If a doctor makes a mistake or gives the wrong prognosis, does he not expose himself to endless litigation? If he refuses the certificate, does he not run the risk of seeing his clientele migrate to a more lax colleague? What can be said in the case of a
In the absence of secrecy, medical practice, with its empiricism and trial and error, is exposed to public scrutiny and criticism. No, it's clear that the responsibility is too great for the benefits to be gained.
a return to a hygiene of family and private procreation that sometimes surprisingly revives the pre-eugenics of the pre-nineteenth century. Above all, they came together in a plea for
the instruction of procreators, which will enhance their skills, but which will also make the
The best proof of this is the fact that the decisions and assessments are made by the procreators themselves. The best proof of
This development was a gradual move away from the premarital certificate formula we mentioned, which had too many practical disadvantages, towards a more pragmatic formula, more respectful of the interests of both the client and the doctor: that adopted in 1942 by the law instituting the premarital examination" (Carol Anne. Médecine et eugénisme en France, ou le rêve d'une prophylaxie parfaite (XIXe
-première moitié du XXe siècle, Revue d'histoire moderne et contemporaine, t. 43, n° 4, octobre-décembre 1996 [p. 618-31], p. 629-30).

(221) On the genealogy of geriatrics, see Nicole Benoît-Lapierre. Guérir de vieillesse, Communications, 37, 1983, p. 149-65.

(222) Graziella Caselli, Jacques Vallin and Guillaume J. Wunsch (eds.), op. cit. p. 314.

(223) Olivier Faure, L'hôpital et la médicalisation au début du XIXe siècle : l'exemple lyonnais (1800-1830), Annales de Bretagne et des pays de l'Ouest, t. 86, n° 2, 1979 [p. 277-90], p. 278 et sqq.

(224) Ibid, p. 281.

(225) Séverine Parayre, De l'hygiène à l'hygiène scolaire : les voies de la prévention à l'école (XVIIIe-XIXe siècles), Carrefours de l'éducation, vol. 2, n° 32, 2011, p. 49-63.

(226) Ibid.

(227) Quoted in Didier Nourrisson Didier and Séverine Parayre, Histoire de l'éducation à la santé à l'école : une lente et complexe ascension (XVIIIe-XXIe siècles), Spirale. Revue de recherches en éducation, No. 50, 2012 [p. 81-94], p. 85.

(228) See Gregory Tsoucalas, Antonis Kousoulis, Larianna Karamanou, E. Stamboulis and G. Androutsos, The hygienist and sociologist Louis-René Villermé (1782-1863): A pioneer of occupational medicine,.
Med. Law. vol. 103, No. 4, July-August 2012, pp. 243-8. It was not for nothing that Villermé was a member of
(See Philippe Davezies, La prise en charge de la santé au travail en France: Aperçu historique sur les fondements idéologiques de l'institution. Conference at the congress of the Société d'Ergonomie de Langue Française, September 1999, Médecine et Travail, 2000, no. 183, pp. 42-44).

(229) Quoted in ibid.

(230) Ibid.

(231) Ibid.

(232) Ibid.

(233) This penal code was the first to impose forensic examination. Articles 147 to 149 required the courts to "have recourse to the expertise of surgeons in cases of injury; it was also necessary, in cases of clandestine childbirth and infanticide, for the accused to be visited by a midwife, who was later replaced by a doctor. Since the promulgation of this constitution, judges
got into the habit of consulting doctors in cases of virginity, impotence and feigned illness" (Traité pratique de médecine légale, t. 1, Germer Baillière, Johann Ludwig Casper, Paris, 1862, p. vii). In France, the first to deal with forensic medicine seems to have been Ambroise Paré, in his Traité des rapports (1675) (François Emmanuel Fodéré, Traité de médecine légale et d'hygiène publique ou police de santé, t. 1, Paris, 1813, p. xxxvii). The first complete treatise on forensic medicine was Quaestiones medico-legales, published between 1621 and 1635 by Paul Zacchias (1584 - 1659), a poet, philosopher, music lover and personal physician to Popes Innocent X and Alexander VII and an ordinary expert at the High Court of the Rota Romana, for whom this branch of medicine stemmed directly from canon law (Gabriel Tourdes and Edmond Metzquer, Traité de médecine légale théorique et pratique, Asselin et Houzeau, 1896, p. 20).

(234) One of the first definitions of this branch of medicine in France, given in 1793 by a certain Gilbert, a senior health officer in the armies of the Republic, head physician at the Paris military hospital, etc., is as follows: "Forensic medicine is, in theory, the science of the relationships that may exist between social institutions and human nature; in practice, it is the application of the principles of the art of healing, or to the conservation of men in society; what

constitutes public hygiene, the medical police, or the administration of justice, which forms the domain of medical jurisprudence" (Nicolas-Pierre Gilbert, La Médecine légale en France, Paris, 1800, p. 5). He goes on to add, with that paternalistic and pastoral old maid sentimentality that is rarely found except among certain scientists: "The medical police do not limit their care to combating general diseases; they watch over citizens, even before they are born; they do not abandon them until they are sure that the principle of life has ceased to animate their mortal remains; they focus their first attention on pregnancies and protect them in a special way.
In all civilised countries, a pregnant woman should be an object of public respect. The medical police come to the aid of these unfortunate victims of love and honour, so numerous today because of the disharmony of laws and morals; they snatch them from death, open a safe haven for them, provide them with a second mother in place of the one who refused her caresses and her milk, or nourish them using methods that wise experience has established. Benevolent institutions! How honourable you are to the humanity that created you, to the public power that gives you life, to the active judiciary that supervises you!

"It surrounds them and protects them from all danger, in armies, towns, the countryside, public markets, homes where the law keeps them, and asylums where they pay tribute to humanity. Everywhere, it is obliged to provide them with a dry and well-furnished dwelling.
They test the food they eat, correct any spoilage and report any adulteration to the law. It maintains the purity and free flow of water, supervises the air they breathe, establishes frequent ventilation, prevents infections of all kinds, especially those that arise from crowding, from the overcrowding of people, that most fertile source of moral and physical disorders; In a word, everywhere it gives proof of its active vigilance, it takes care of everything that can make life sweet, happy and healthy. " (ibid., pp. 10-2; the text was taken up, with a few variations, by the article 'Légale (médecine légale, médecine du barreau, jurisprudence légale)' in the Encyclopédie méthodique (t. 8, Paris, 1808) See also Lion Murard and Patrick Zylberman, La raison de l'expert ou l'hygiène comme science sociale appliquée, European Journal of Sociology / Archives Européennes de Sociologie, vol. 26, 1 May 1985, pp. 58-89).

(235) Michel Foucault, L'évolution de la notion d'individu dangereux' dans la psychiatrie légale, Déviance et société. 1981, vol. 5 , no. 4 [pp. 403-22], p. 418.

(236) Dr Philippe Davezies, Aptitude, Inaptitude, Reclassement, entre droit du travail et déontologie médicale, Médecine et Travail, no. 183, March 2000, p. 20.

(237) Was Taylorism an industrial application of the Descartes concept of the man-machine? Whatever the case, Taylor should not be considered to have "discovered the moon". He had his precursors, particularly in France. "A small group of Polytechniciens, Coriolis, Navier and Poncelet, had already conceived, at the time of the Restoration, a mechanics of work inspired by the theory of engines and machines in motion. Could the worker be considered an animated machine? A generation later, contemporaries of
the industrialisation of France. From the time of the July regime (1830-1848) onwards, there was a whole trend of
the 'human motor', who studied the physiology of work and measured the output of work by

men and women in factories and workshops. Numerous studies were carried out, and animals were obviously also called upon to contribute: what are the causes of animal heat? In the 1890s, ergographs and ergometers were invented; during the Belle Époque, Jules Amar (author of a thesis on 'Le Rendement de la machine humaine' and the book 'Le Moteur humain et les bases scientifiques du travail professionnel' [1914]) invented ergonomics, the science of working conditions" (Dominique Lejeune, op. cit.).

(238) The term "man" in the Taylorist slogan should be placed in inverted commas. It was through female labour that Taylorism was applied on a large scale in French industry from 1916 onwards. "(Marie-Hélène Zylberberg-Hocquard, Femmes et féminisme dans le mouvement ouvrier français, Editions Anthropos, 1977).

(239) Nathalie Segrestin, L'avis d'inaptitude par le médecin du travail en agriculture : tirer les leçons des contestations, Mémoire pour l'obtention du diplôme de médecin agricole, 2011, p. 11

(240) Sandrine Warnez, Santé au travail en Lorraine: évolution et état des lieux à partir des rapports d'activité des services de 1998 à 2008 et des rapports annuels des médecins du travail de 2006 à 2008. Thesis, Université Henri Poincaré, Nancy I, 2010, p. 27.

(241) See Philippe Davezies, op. cit.

(242) Sandrine Warnez, op. cit. p. 29.

(243) Ibid.

(244) Ibid, p. 30.

(245) Ibid.

(246) Ibid; see also Pierre Rolle, Les ouvriers et la médecine du travail, Revue française de sociologie, vol. 3, no. 3, 1962, pp. 316-24.

(247) Léon Murard Léon and Patrick Zylberman, op. cit. p. 186.

(248) Émile Durkheim, Les Règles de la méthode sociologique, Alcan, Paris, 1919, p. 93.

(249) Michel Foucault. Histoire de..., p. 26-7.

(250) The writer Jules Janin (1804-1874) described this disease as "the plague of a dying populace". alone" (A.M. Maître and Gérard Ducable, Louis-René Villermé et le choléra en 1832, communication presented at the meeting of the Société française d'histoire de la médecine on 11 December 1982 [p. 317-25], p. 319), which provides another explanation for the epidemic: "Cholera is an invention of the bourgeoisie and the government to starve the people... To arms!" (ibid., p. 321. "Sanitary regulations prohibited ragpickers from collecting rubbish, and the market was closed.
handed over to private companies, including Salvette. Some 1,800 tramps revolted, ransacked and burnt the building.

set fire to the company warehouses that were depriving them of their meagre livelihood" [ibid]; see also Jérôme Beauvisage, Eclairage. 1832 - 'Blue scare' in Paris and the struggle of the

class, April 2020). The Republican opposition itself strongly suspected the government of to exploit the epidemic.

(251) See S. E. Finer, The Life and Times of Sir Edwin Chadwic, Methuen, 1952.

(252) Sir John Simon, English sanitary institutions: reviewed in their course of development, and in some of their political and social relations, 2nd edn, Smith, Elder, & Co, 1897, p. 185.

(253) Maria Clélia Lustosa Costa, op. cit. p. 41-2.

(254) Mario Colucci, Medicalisation, Journal of Science Communication, vol. 5, no. 1, March 2006, p. 3.

(255) See Tri Tranp, L'amendement à la loi des pauvres de 1834 : oppression sociale ou promotion sociale, in William Findlay (ed.), Paradoxe(s) Victorien(s) - Victorian Paradox(es), Tours, Presses universitaires François-Rabelais, 2017 [p. 105-123].

(256) Michel Foucault, op. cit. p. 29.

(257) Ibid, p. 14: "Foucault notes that 'health has become like an object of consumption'. On a massive scale, people produce medicines that other people then consume. Western societies have incorporated the improvement of services and the consumption of health products into the notion of economic development. We speak of
health market'. However, Foucault notes that if at the economic level a
rise in consumption leads to a rise in living standards, the same cannot be said for the
medicine: an increase in the consumption of health products does not lead to better health" (emphasis added) (David Labreure, Michel Foucault, Psychiatrie et médecine, Master's degree, Université Paris 1 Panthéon Sorbonne, 2004, p. 22). On the business of medicine before the modern era, see Roger French, Medicine Before Science: The Business of Medicine from the Middle Ages to the Enlightenment, Cambridge University Press, 2003.

(258) Mario Colucci, Médicalisation, in Renata Brandimarte et al (eds), Lexique de biopolitique, translated by Pascale Janot, Editions Erès, 2009, p. 201.

(259) "Governmentality", a neologism coined by Foucault from "rationality" and "government", refers to a complex set of processes by which human behaviour is systematically controlled in ever wider areas of social and personal life. "For Foucault, such government is not limited to the body of ministers of state, or even to the state, but permeates the whole of a society and operates through dispersed mechanisms of power. It includes both sovereign powers of command, of the kind found in traditional political science and political sociology, and disciplinary powers of training and self-control. Sovereign power is coercive and repressive, involving exclusion through
external controls and incentives. Disciplinary powers relate to the training of

motivations, desires and character through techniques of the self. Disciplined individuals have acquired the habits, abilities and skills that enable them to act in socially appropriate ways without the need for external coercive power. Disciplinary power has developed in modern times through such means as schools, hospitals, military barracks, prisons and the family itself (...)" (emphasis added). (https://www.oxfordreference.com/view/10.1093/oi/authority.20110803095901877; see Nikolas Rose and Peter Miller, Political Power Beyond the State: Problematics of Government, The British Journal of Sociology, vol. 43, no. 2, June 1992, pp. 173-205 and Nikolas Rose, Powers of Freedom: Reframing Political Thought, Cambridge; Cambridge University Press, 1999), all of whom have now been, if not supplanted, at least taken over by 'experts' (psychologists, psychiatrists, journalists, etc. of all kinds). By 'government' we mean the advanced stage of governmentality reached from the end of the twentieth century onwards, when women began to infiltrate government bodies on a massive scale.
In other words, the gynecocratic stage of pastoral power.

(260) Nikolas Rose, op. cit. p. 6.

(261) "... no longer to fix and mark the territory, but to allow circulation, to control circulation, to sort out the good from the bad, to make sure that it is always moving, that it is always on the move, that it is always going from one point to another, but in such a way that the dangers inherent in this circulation are cancelled out. No longer the security of the prince and his territory, but the security of the population and, consequently, of those who govern it" (emphasis added) (Foucault, Sécurité, territoire, population, Le Seuil, 2004, p. 67). The ruler ensures the security of his subjects only insofar as his own security is at stake.

(261bis) Mario Colucci, op. cit. p. 198.

(262) Henry E. Sigerist, On the Sociology of...p. 23-4. The 1 dollar note bears a pyramid whose apex - the eye of providence in a triangle - far from being truncated, is detached from the body of the edifice. Such is the relationship between the "social body" and its pseudo-elites.

(263) Virology had yet to be invented. According to https://www.etymonline.com/word/virology, the word "virology" appeared in English in 1935. The pioneers of this science were the Russian botanist Dimitri Ivanovski (1864-1920) (G. Luisa Bozzano, A Dictionary of Virology, Academic Press, 2001, p. 86) and the Dutch botanist Martinus Beijerinck (1851-1931), in whose honour the Royal Netherlands Academy of Arts and Sciences (KNAW) founded the M. W. Beijerinck Virology Prize in 1965. However, the
"Viruses are a theory, whose existence as pathological entities (...) has not been proven. Virology is a political science, an industry-funded, media-driven soft science that perverts toxicological observations" (see Jim West, Virology: Fake Science, https://harvoa- med.blogspot.com/2020/08/viriso.html).

(264) Henry E. Sigerist, An Introduction to..., p. 372.

(265) Kurt Sprengel, op. cit. vol. 6, p. 35.

(266) See A. Boylston, The origins of inoculation. In Journal of the Royal Society of Medicine, vol. 105, no. 7, 2012, pp. 309-13.

(267) H.-S.Wellcome, The History of Inoculation and Vaccination for the Prevention and Treatment of Disease: Lecture Memoranda, Canadian Medical Association, London, Ontario, 1913, Burroughs Wellcome & Co. https://dlcs.io/pdf/wellcome/pdf-item/b21357304/0, p. 40, p. 42. However, according to la Condamine, inoculation had been known and practised secretly by the Neapolitans for a very long time. He states that it was frequently carried out by nurses, who were in the habit of inoculating infants entrusted to their care, even without their parents' knowledge (ibid., p. 34; H.-S. Wellcome, Materia therapeutica: History of Inoculation and Vaccination for the Prevention and Treatment of Diseases. Poisonings and Antidotes. Analysis. Ancient and Modern Medical Equipment, Burroughs Wellcome & Co, 1913, p. xi).

(268) "... particularly (by) a Thessalian woman, (...) an old Thessalian woman who claimed to owe the revelation to the Virgin, always practised it crosswise on the face, pricking the forehead, cheeks and chin, and as a reward was given candles for the service of Mary. She boasted that she had already inoculated forty thousand children, took great care to choose the pus from a benign smallpox, inoculated only healthy children, and performed the operation in winter or as spring approached" (Kurt Sprengler, op. cit., t. 6, p. 38).

(269) Fiane Ashton, Rebecca Gratz: Women and Judaism in Antebellum America, Detroit, Wayne State University Press, 1997, p. 245.

(270) Kurt Sprengler, op. cit. in vol. 6, p. 39.

(271) Ibid, p. 40.

(272) Œuvres complètes de Voltaire, vol. 22, Paris, Garnier, 1879, p. 112.

(273) Kurt Sprengler, op. cit. p. 41.

(274) H.-S.Wellcome, The History of..., p. 44.

(275) Quoted in Ibid, p. 46.

(276) Kurt Sprengler, op. cit. p. 44.

(277) Hervé Bazin, L'histoire des vaccinations, Editions John Libbey Eurotext, Paris, 2008, p. 35.

(278) Ibid, p. 34; see also Kurt Sprengler, op. cit. p. 46. In the United States, inoculation seems to have been recommended for the first time during the smallpox epidemic of 1721 by a clergyman called Cotton Mather; in South America, by Portuguese Carmelite missionaries; in Mexico too, it was priests who introduced it (H.-S. Wellcome, op. cit., p. 36, 37).

(279) Kurt Sprengler, op. cit. p. 49.

(280) Ibid, p. 52.

(281) Ibid, p. 63.

(282) Quoted in Pierre Darmon, La variole, les nobles et les princes : la petite vérole mortelle de Louis XV : 1774, Editions Complexe, 1989, p. 66.

(283) M. Brouardel, La vaccine, Revue des cours scientifiques de la France et de l'étranger, 7th year, Paris, Germer Baillière, 1870, p. 51.

(284) H.-S. Wellcome, op. cit. p. 56; according to a contemporary physician in Gloucestershire, in this region "not a single doctor was unaware that (...) people who had had cow pox
were protected against it" (ibid, p. 55).

(285) M. Brouardel, op. cit. p. 50, p. 51.

(286) Of course, it's never difficult to get "good statistics" to flow in, but much more difficult to prove, if you want to, that they're false. The Congress of Anti-Vaccinators, held in Rome on 15, 16 and 17 April 1914, did just that. Here," said one of the speakers, "among a thousand other things, is an example of the "good" statistics.
falsehoods perpetrated by vaccinators and their statistics in order to perpetuate the belief in the efficacy of vaccines.
vaccinations.

"The health statistics for France, published by the Ministry of the Interior, read on page 142, under smallpox :

"Years 1886-1890: variolic deaths in 1815, for the whole of France.

"The statistics for Marseilles for 1886 show only 2,052 deaths.

"The same health statistics for France give the number of deaths in Paris during the period 1896-1900 as 52, while the statistics for the city of Paris for 1900 alone give 211 deaths.

"Everything else is the same.

We maintain," he continues, "that the inoculation of this infectious humour into the human organism not only does not preserve man from smallpox, but directs his organism towards all infectious diseases, including smallpox.

In other words, we maintain that vaccinia maintains smallpox in the human race instead of preserving it, that it exaggerates its manifestations and that it has determined, by poisoning the whole race after a century of inoculation, the resurrection of all the scourges of the old ages, plague, leprosy, cholera, that it is the cause of this more and more formidable expansion of tuberculosis and this generalisation of all the infectious diseases that we are witnessing every year" (emphasis added), cholera, that it is the cause of the increasingly formidable spread of tuberculosis and the generalisation of all infectious diseases that we witness every year" (emphasis added) (Paul Manceau, Le Congrès International des anti-vaccinateurs, Revue internationale de la vaccine, vol. 4, no. 1, July-August 1913, pp. 414-5). As far as the current masquerade is concerned, given that the number of deaths due to Covid-19 is being inflated by passing off as such deaths due to other diseases, whether infectious or not, it will be more difficult than usual for the little apprentices

public health" wizards to disguise their statistics. But they can be trusted to do just that.

(287) Graziella Caselli, Jacques Vallin and Guillaume J. Wunsch (eds.), op. cit. p. 316.

(288) Michael Bennet, The War Against Smallpox: Edward Jenner and the Global Spread of Vaccination, Cambridge, Cambridge University Press, 2020, p. 113.

(289) The Annual Biography and Obituary for the Year 1821, vol. 5, London, p. 245.

(290) To quote just one testimonial, Dr. Charles Creighton: "The anti-vaccinators are those who have found a motive for examining the evidence and that motive, a very human one, is that vaccination has caused harm or death in their own families or in the families of their neighbours. Whatever their motives, they have examined the evidence for a purpose; they have studied the issue from top to bottom; they have demolished a grotesque superstition. The general public cannot believe that a great profession has so persevered in error" (Jenner and Vaccination: A Strange Chapter of Medical History, Providence, RI, Charles Creighton Snow & Farnham, 1892, p.353).

(291) William White, The Story of a Great Delusion, London, E. W. Allen, 1895, p. 478 et seq (the book, available at https://www.gutenberg.org/files/61809/61809-h/61809-h.htm, is a meticulous and edifying investigation into the gigantic enterprise of deliberate poisoning that is vaccination).

(292) David Getty, Vaccination Extension Act and the Role of the Poor Law Authorities in Its Implementation in Ireland, The Canadian Journal of Irish Studies, vol. 24, no. 2, December 1998, pp. 15-30,
p. 20.

(293) William Whote, op. cit. p. 478 et seq.

(294) See Dr. A. Devaux, Rapport sur la vaccine, Brussels, P. Weissenbruch, 1891.

(295) See Revue d'hygiène et de médecine préventive, vol. 53, Masson et Cie, 1931, p. 39.

(296) Law of 15 February 1902. Law relating to the protection of public

health (Journal Officiel of 19 February 1902).

(297) Béatrice Grandordy, Darwin, Pasteur, Koch et Freud dans le roman, L'Harmattan, 2012, p. 24. At the end of his life, at the very end, since it was on his deathbed, Pasteur acknowledged that "the virus is nothing, the terrain is everything" (quoted in Sylvie Simon [ed.], Faut-il avoir peur des vaccinations? Synthèse du colloque, Éditions Déjà, 2000; see also Dr Eric Ancelet, Pour en finir avec Pasteur: un siècle de
mystification, Marco Pietteur, 1998), but the damage had been done. "... Research and medicine viral infections are based exclusively on the principle that viruses are pathogenic germs.
infectious' viruses that actively propagate in cells in a parasitic manner (with the help of enzymes and other cellular components) and multiply, eventually attacking and sometimes killing cells. Or, in the typically sensational words of a well-known German newspaper: 'Viruses

are the most cunning infectious agents on earth: they attack animals and humans in order to enslave their cells'. Astonishing as it may seem, there is no scientific basis for this statement. To accept it, you first have to prove the existence of these so-called 'viruses killers'. And that's where the trouble begins (for the proponents of the 'killer virus' theory). No solid scientific proof has ever been provided, even though it would be enough to take a blood sample from a patient and isolate one of these viruses, in purified form, with its complete genetic material (genome) and viral envelope, directly from that sample, then visualise it under an electron microscope. Neither HSNl (avian flu), nor the so-called hepatitis C virus, nor HIV, nor any of the many other particles that are officially called viruses and described as bloodthirsty beasts have been subjected to this preliminary process" (Torsten Engelbrecht and Claus Kohnlein, Virus Mania, Avian Flu (HSN1), Cervical Cancer (HPV), SARS, BSE, Hepatitis C, AI OS, Polio. How the Medical Industry Continually Invents Epidemics, Making Billion-Dollar Profits At Our Expense, translated from the German, Trafford Publishing, 2007, p. 43, a presentation of which is available at https://www.torstenengelbrecht.com/en/download/virus-mania-aboutthebook-en.pdf.)

(298) Kelly Boyd (ed.), Encyclopedia of Historians and Historical Writing, vol. 2, London/Chicago, Fitzroy Dearborn Publishers, 1999, p. 1091.

(299) Henry E. Sigerist, On the Sociology of...., p. 25.

(300) See https://elementsdeducationraciale.wordpress.com/2017/02/27/isis-2/274.

(301) Isabelle and François-Xavier Roussel, Climat, qualité de l'air et outils de planification Climate, air quality and tools of planning, Pollution Atmosphérique, no. 216, October-December 2012 [p. 383-394], p. 384.

(302) Networks (organisational philosophy), https://encyclopedie_universelle.fracademic.com/18393.

(303) Suzanne Rameix, Corps humain et corps politique en France. Status of the human body and metaphor
organiciste de l'État, Laval Théologique et philosophique, vol. 54, no. 1, February 1989

(304) Julius Evola, Sintesi di dottrina della razza. Padua, Edizioni di Ar, 1978, p. 42.

(305) https://elementsdeducationraciale.wordpress.com/2019/10/28/le-pouvoir-panique-3.

(306) Michel Foucault, Sécurité..., p. 131.

(307) Id. Dits et écrits: 1954-1988, vol. 2, Gallimard, 1994, p. 229.

(308) Idem, Naissance de la clinique. Une archéologie du regard médical, PUF, 1963, p. 31.

(309) Jan Domaradzki, Extra Medicinam Nulla Salus. Medicine as a Secular Religion. In Polish Sociological Review, no. 181, 2013 [p. 21-38], p. 25. In fact, the Centre Catholique des Médecins Français (CCMF) has put together a "Gospel of Health", consisting of twenty passages from the New Testament.

(310) Ibid.

(311) Ibid.

(312) Ibid, p. 26.

(313) Ibid.

(314) Ibid.

(315) Ibid.

(316) "Purity is, after birth, the greatest good for man: this is the principle that dominates Vendidad. This word purity, yaozhdâo, although it is associated with a moral idea or impression, is nonetheless first and foremost, at least in Vendidad, a purely physical concept, and the word 'cleanliness' would be more accurate if it had taken on the moral connotation of the expression zende and of English cleanliness, for example. The axiom Cleanliness is next to Godliness would be entirely Zoroastrian, with the difference that in Zoroastrianism Cleanliness is a form of Godliness itself. Legal impurity always has physiological causes. The impure object, par excellence, is the corpse: also impure is everything that comes out of the human body, whether natural secretions or artificially separated parts, such as hair and nails. But impurity means contagion: for the corpse gives rise to corruption and the plague: impurities in the living body give rise to disease: hair gives rise to vermin. The purpose of purification is to drive out this contagion that passes from the dead to the living, from the living to the living, and the theory of impurity and purification would in fact be reduced to a theory of hygiene, were it not for the fact that this contagion is conceived as the work of supernatural beings, that our microbes are set up as Daêvas, and that certain theological conceptions, to which are added certain popular superstitions, come to veil and disturb the development of a medicine that is half-experimental and half-childlike" (James Darmesteter, Le Zend-Avesta : traduction nouvelle avec commentaire historique et philologique, Paris, Ernest Leroux, 1892, p. x-xi)

(317) "The ideas of purity and defilement concerned animals and things as well as people. Certain animals were declared unclean by the law, and it was forbidden to eat them. Clothes, houses, beds, and some household utensils were subject to certain types of impurity.
They were also called unclean, in a general sense, all those things which the Israelites could not use or approach without being defiled. The motives behind these prohibitions (...)
were at once hygienic, political, symbolic and religious, and neither of them derived exclusively from one of these characteristics taken separately. Preventing certain diseases, isolating the people from neighbouring peoples, reminding them of the need for purity of heart and keeping them dependent on the Eternal: these were the aims of the Law of Moses and each of its prescriptions on legal purity and purifications,
tended to the same result (...). With the exception of animals whose flesh was impure, but which one could nevertheless touch without being soiled, contact with (lepers, women and men soiled with various infirmities, women who had recently given birth, the corpses of animals or men) was sufficient to cause a more or less long-lasting soiling; in several cases, the person who had become impure communicated his impurity to those who approached him and to what he touched; in others, the person who had become impure communicated his impurity to those who approached him and to what he touched.

(Jean-Augustin Bost, Dictionnaire de la Bible, 2e éd., revue et augmentée, Paris, Ch. Meyrueis, 1865, p. 747-8).

(318) Jean-Pierre Dupuy, Medicine and power, A tribute of Ivan Illich, Complexus, vol. 1, no. 4, 2003, pp. 157-63.

(319) Allan M. Brandt and Paul Rozin, Morality and Health, Psychology Press, 1997, back cover.

(320) Giorgio Agamben, La medicina come religione, https://www.quodlibet.it/giorgio-agamben-la-medicina-come-religione. Ironically, this patent Auschwitzian, for his repeated denialist stances on the subject of Covid-19, now finds himself 'faurist'.

(321) The Greek word sôtèrion means "deliverance, preservation, safety, security". The Latin word salus means "good health", "moral health" and "preservation (escaping danger, saving oneself, being saved)". "Jesus of Nazareth rejects the vocabulary of salvation formed by scriptural tradition (...). The nouns sôtèria and sôtèrion, for example, are of Hellenistic origin and are, in fact, septuagintal in colour: it was the Judeo-Christian circles of the Greco-Roman dispersion that introduced them long before Luke in the expression of the cult, the kerygma and the apostolic tradition";
"Neither rhyein nor sôzein (to save) can be read in the pre-synoptic tradition of the logia, which critics currently regard as the most direct guarantee of Jesus' words" (Joseph Schmitt, La genèse de la sotériologie apostolique, Revue des Sciences Religieuses, t. 51, fasc. 1, 1977 [p. 40-53]. p. 40, 41); "the notion of salvation was not a key notion for the Apostolic Fathers, nor, a fortiori, the key notion of the Christian mystery" (Maurice Sachot, Pour une étude de la notion de salut chez les Pères Apostoliques. Présentation du vocabulaire, Revue des Sciences Religieuses, t. 51, fasc. 1, 1977 [p. 54-70], p. 69). In the Old Testament, soteria most often means "deliverance from danger" or "from an enemy", "security" (William Barclay, New Testament Words, Louisville, KY, Westminster John Knox University, 1974 [1964]), while it takes on a more or less eschatological meaning in Isaiah 45:17; 52:10; Jeremiah 3:23; Psalm 60:1, 108:12, 146:3, 18:46, 38:22; 51:14, 88:1 (ibid., p. 268 ff).

(322) See Antoine Vergole, Dette et Désir : Deux axes chrétiens et la dérive pathologique, Editions du Seuil, 1978.

(323) Pierre-Henri Ortiz, Le Christ médecin et le poison du Diable, Cahiers "Mondes anciens" [Online], 4, 2013. Jesus Christ was considered both a doctor of the body and a doctor of the soul (François Yumba, 'Docteur, sauve-moi' : santé et salut en dialogueL, umen Vitae, vol. LXVII, no. 3, 2012, p. 323-30).

(324) Vincent Barras and Francesco Panese, L'utopie médicale de la réanimation des corps (xixe-xxie siècles), Mouvements 2006, vol. 3-4, no. 45-46, 2006, p. 36-42.

(325) Back from the Dead. Resuscitation Expert Says End Is Reversible, July 29, 2013, https://www.spiegel.de/international/world/doctor-sam-parnia-believes-resurrection-is-a-medical-possibility-a-913075.html; see also Dr Sam Parnia. The Lazarus Effect: The Science That is Rewriting the Boundaries Between Life and Death, Rider, 2013. Of course, resuscitation can also mean "
In practice, however, it amounts to the same thing: it's a matter of bringing death back to life.

(326) Modern resuscitation science: Illuminating the complex processes of death, 15 November 2019, https://www.news-medical.net/news/20191115/Modern-resuscitation-science-Illuminating-the-complex-processes-of-death.aspx.

(327) Robert A. Freitas Jr, Microbivores: Artificial Mechanical Phagocytes using Digest and Discharge Protocol, 2001, http://www.rfreitas.com/Nano/Microbivores.htm ; Ehud Gazit. Plenty of Room for Biology at the Bottom: An Introduction to Bionanotechnology. Imperial College Press, 2007.

(328) Quoted in Jean Baptiste François Leveille, Hippocrate interprété par lui-même, ou commentaires sur les aphorismes, Paris, J. G. Dentu, 1818, p. 98.

(329) In the New Testament, Krisis also means "condemnation" or "damnation" (see Trevor Bowen, Word Study: Judge and Judgment, http://www.insearchoftruth.org/articles/word_study_judge.html.

(330) James W. Walraven, Will God Save Everyone?: Christian Universalism, Hell, Heaven, and the Scriptures, Redemption Press, 2020.

(331) J. Le Goff, L'attente dans le christianisme : le Purgatoire, Communications, 70, 2000, p. 295-301.

(332) Charles Perrot, Armand Abécassis, Jean Séguy, Pierre-Jean Labarrière and Bernard Sesboüé, Le retour du Christ, Publications des Facultés Universitaires de Bruxelles, 1983, chap. 3: Sociologie de l'attente.

(333) See https://elementsdeducationraciale.wordpress.com/2016/08/19/isis-1/.

(334) "Bioterrorism has its origins in the state biological warfare (BW) programmes of the 20th century, in which the military vision and technical means of bacteriological weapons were developed and tested in secret. The French, Japanese, British, American and Soviet programmes, in that order, specifically used microbiology to target enemy civilians suffering from anthrax, tularemia, plague and other infectious diseases"; "unlike chemical weapons, which were used by all sides in the First World War, and unlike nuclear bombs, biological weapons were shrouded in the utmost secrecy" (Jeanne Guillemin, Inventing Bioterrorism: The Political Construction of Civilian Risk, in Betsy Hartmann, Banu Subramaniam and Charles Zerner [eds.Making Threats: Biofears and Environmental Anxieties, Langham, Rowman & Lttlefiel Publishers, 2005, dp. 197, 198).

(335) Nationalism is one of the non-military threats identified by the Paris Conference (2001) (Vanja Rokvić and Zoran Jeftić, Health Issues as Security Issues, Vojno Dello, no. 6, 2015 [pp. 53-69], p. 53).

(336) Quoted in ibid.

(337) Extract from a United Nations online document.

(338) Quoted in Anne-Emanuelle Birn, U.S. Philanthrocapitalism and the Global Health Agenda: The Rockefeller and Gates Foundations, Past and Present, 2017, http://www.peah.it/2017/05/4019/; in 2014, during the Ebola outbreak, Gates called for the creation of a supranational militarised authority capable of responding decisively to outbreaks of so-called infectious diseases (Jacob Levich, The Gates Foundation, Ebola, and Global Health Imperialism, American Journal of Economics and Sociology, 74, 2015 [pp. 704-42], p. 704.

(339) Charles Perraton and Étienne Paquette, Dérive de l'espace public à l'ère du divertissement, Québec Presses de l'Université du Québec, 2007, p. 137; Brent Wood, William S. Burroughs and the Language of Cyberpunk The work of William S. Burroughs has often been credited as a primary influence on cyberpunk, in Science Fiction Studies, vol. 23, part 1, SFS Publications, 1996.

(340) João Nunes, Health, Politics and Security, e-cadernos ces [Online], 15 , 2012, p. 152.

(341) Vanja Rokvić and Zoran Jeftić, op. cit., p. 55.

(342) João Nunes, op. cit. p. 153.

(343) See Ibid, p. 158.

(344) Ibid.

(345) In France, the Act of 9 July 2020 organising the end of the state of health emergency is not unlike Act 2017-1510 of 30 October 2017 strengthening internal security and the fight against terrorism.

(346) Ulrich Beck, La société du risque, sur la voie d'une autre modernité, Flammarion, 2008, p. 143.

(347) Ibid, p. 144.

(348) Ibid, p. 89. "The risk society has a tendency to generate a totalitarianism (...) of prevention which, under the guise of preventing the worst from happening, ends up creating, through a mechanism that is all too easy to understand, the worst that can happen.
(ibid., p. 145). (On the subject of fear as the driving force behind Eastern despotism and pastoral power, see https://elementsdeducationraciale.wordpress.com/2019/10/28/le-pouvoir-panique-3/.

(349) Pasteur himself had wondered about the possibility of the emergence of new microbial diseases. "How do diseases arise? It was highly improbable, in Pasteur's eyes, "that nature, in its evolution over the past centuries, had already encountered every opportunity for producing virulent or contagious diseases... What is a microscopic organism?
harmless to man or to a particular animal? It is a being that cannot develop in our body or in the body of that animal; but there is nothing to prove that, if this microscopic being were to penetrate another of the thousand and one species of creation, it could not invade it and make it sick. Its virulence, reinforced by successive passages in the representatives of this
species, could become capable of reaching such and such a large animal, man or certain animals.

domestic animals. This method can be used to create new virulences and contagions. I am very much inclined to believe that this is how smallpox, syphilis, the plague, yellow fever, etc. have appeared down the ages, and that it is also through phenomena of this kind that certain major epidemics appear from time to time..." (Louis Pasteur, Œuvres collectées par Pasteur Vallery-Radot, vol. VI : Maladies virulentes, virus-vaccins, prophylaxie de la rage, Paris, Masson, 1933, p. 337-8), but it was Charles Nicolle, winner of the Nobel Prize for Physiology or Medicine in 1928 and Professor at the Collège de France, who developed the Angladian concept of disease emergence in his Naissance, vie et mort des maladies infectieuses (1930), then in Destin des maladies infectieuses (1933). In his introduction, he wrote: "Any infectious disease can have three modes of existence: individual, collective and historical. An individual disease begins, runs and ends with the individual who suffers from it: man, animal or plant. Collectively, it strikes a group of beings living in contact with each other under similar conditions: or, endowed with extreme contagious power, it passes from one group to another, reaching a whole region, or even, like influenza, circumnavigating the globe in a few months. Epidemics have their beginnings, their development and their end. The historical existence of the disease is its life through the ages. As with all living things, we are entitled to assume that it has an origin (birth) and an end (death). It is this historical existence, this destiny, that will be the focus of our discussions. Have the infectious diseases we are observing always existed? Have any of them appeared in the course of history? Can we assume that new ones will appear? Can we assume that some of these diseases will disappear? Have any already disappeared? Finally, what will become of mankind and domestic animals if, as a result of increasingly frequent contact between people, the number of infectious diseases continues to rise? The term "emerging disease" has been used in scientific publications since at least the early 1960s (Gibril Ndow, J. Radeino Ambe and Oyewale Tomori, Emerging Infectious Diseases: A Historical and Scientific Review, Socio-cultural Dimensions of Emerging Infectious Diseases in Africa, 20 March 2019 [pp. 31-40]) and is used in its modern sense by US 'public health official' David Sencer (1924-2011) in Emerging Diseases of Man and Animals (1971) where, in the first sentence of
In the introduction, he defines emerging diseases as "infectious diseases of man and animals that are currently emerging as public health problems" (D. J. Sencer, Emerging Diseases of Man and Animals, Annual Review of Microbiology, vol. 25, no. 1, October 1971 [p. 465-86], p. 465). He notes that "there are also many familiar organisms which, once considered non-pathogenic, are now associated with hospital-acquired infections, with
the use of artificial kidneys and the acceptance or rejection of organ transplants, for example" (ibid., p. 466).

(350) Stephan Elbe, Pandemic Security, in J. Peter Burgess (ed.), The Routledge Handbook of New Security Studies, Routledge, 2010.

(351) Dennis Pirages and Paul Runci, Ecological Interdependence and the Spread of Infectious Disease, in Maryann Cusimano (ed), Beyond Sovereignty: Issues for a Global Agenda, New York, St. Martin's Press, 2000, p. 176.

(352) The Worldwatch Institute's report is "an annual assessment of pressing global environmental issues and the innovative ideas being proposed and implemented around the world.

to deal with it". Pirages' contribution to the 2005 report is entitled 'Containing Infectious Disease' [p. 42-60].

(353) Worldwatch Institute Receives $1.3 Million From Gates Foundation, 10 July 2009 https://philanthropynewsdigest.org/news/worldwatch-institute-receives-1.3-million-from-gates-foundation.

(354) Quoted in Shantesh Kumar Singh, Infectious Diseases, National Security and Globalisation, World Affairs, vol. 23, no. 1, Spring 2019, p. 14.

(355) Quoted in ibid.

(356) Julie Auger. La santé publique comme enjeu de sécurité nationale au Canada : terrorisme CBRN et maladies infectieuses (1995-2006), Série Mémoires, no. 7, March 2008, Université du Québec à Montréal,
p. 1.

(357) Ibid, p. 84; the expression, used recently by the Rothschilds' most prominent rookie in France: "le virus n'a pas de frontières, pas de passeport" is taken straight from Rotary International's official magazine The Rotarian (June 1987, p. 51): "A virus knows no boundaries, and needs no visa. "

(358) Quoted in Susan Gross Solomon, Lion Murard and Patrick Zylberman, Shifting Boundaries of Public Health: Europe in the Twentieth Century, University of Rochester Press, 2013 (reprint), p. 14 ; SARS is subsiding but as unpredictably as it surfaced. K. Bradsher and L. K. Altmann Interview with Dr Mark Ryan, WHO, International Herald Tribune, 23 July 2003, European edition.

(359) "(Patrick Zylberman, Tempêtes microbiennes : Essai sur la politique de sécurité sanitaire dans le monde transatlantique, Paris, Editions Gallimard, 2003.

(360) Ibid.

(361) "Today, health safety is the subject of, or the pretext for, a vertiginous slide into fiction. Exaggerated figures, unfounded analogies and scenarios of biological terror are just some of the examples. Why was a best-selling novelist such as Richard Preston invited to attend the 1997 conference of the Infectious Diseases Society of America alongside specialists in bioterrorism? Because he had written a number of novels about infectious diseases (see Frédéric Keck, Scénarios de catastrophes sanitaires. About : Patrick Zylberman, Tempêtes microbiennes . Essai sur la politique de sécurité sanitaire dans le monde transatlantique, Gallimard, 27 September 2013, https://laviedesidees.fr/Scenarios-de-catastrophes-sanitaires.html.

(362) Giorgio Agamben, biosicurezza e politica, https://www.quodlibet.it/giorgio-agamben-biosicurezza.

(363) Quoted in Vanja Rokvić and Zoran Jeftić, op. cit. p. 55.

(364) See Sara E. Davies, Securitizing Infectious Disease, In International Affairs, vol. 84, no. 2, March 2008,
p. 295-313.

(365) See, for example, China quarantines U.S. school group over flu concerns. CNN. 28 May 2009; Ship passengers cruisy in swine flu quarantine. ABC News. Australian Broadcasting Corporation, 28 May 2009; Japan Swine Flu Quarantine Ends for Air Passengers. New Tang Dynasty Television. 17 May 2009.

(366) See Brett Wilcox, Jabbed: How the Vaccine Industry, Medical Establishment, and Government Stick It to You and Your Family, Skyhorse, 2018; Simon Rushton, Security and Public Health, Pandemics and Politics in the Contemporary World, Polity Press, 2019; Michael Vance, Disease Mongering and the Fear of Pandemic Influenza, International Journal of Health Services, vol. 41, n° 1, 2001, p. 95-115.

(367) Celine Klemm,Enny Das and Tilo Hartmann, Swine flu and hype: a systematic review of media dramatization of the H1N1 influenza pandemic, Journal of Risk Research, vol. 19, no. 1, 2016, pp. 1-20. According to a report by the Social, Health and Family Affairs Committee of the Parliamentary Assembly of the Council of Europe (PACE), prepared by an English member of parliament and made public in Paris in
2010, the handling of the H1N1 pandemic by the WHO, EU agencies and national governments led to "a waste of large sums of public money and unwarranted fears and anxieties about the health risks to the European public" (Donald E. Low, MD and Allison McGeer, Pandemic (H1N1) 2009: assessing the response, CMAJ, vol. 182, no. 17, 23 November 2010, p.
1874-8. It's like reading an annual report from the Court of Auditors.

(368) House of Commons. Science and Technology Committee, Science in Emergencies: UK Lessons from Ebola. Second report of Session 2015-2016, p. 29.

(369) Theresa Vellek, Media Framing of the Ebola Crisis. Thesis, Duke University, Durham, NC, 2016, https://dukespace.lib.duke.edu/dspace/bitstream/handle/10161/11536/Vellek_Thesis_library.pdf?sequence=1.

(370) See https://www.quodlibet.it/giorgio-agamben-biosicurezza.

(371) There is a clear distinction between simulation and dissimulation. "To conceal is to pretend not to have what you have. To simulate is to pretend to have what you don't have. One refers to a presence, the other to an absence. But the thing is more complicated, because to simulate is not to feign: He who feigns an illness
can simply go to bed and pretend to be ill. He who feigns an illness determines some of its symptoms. (Littré) So feigning or dissimulating leave the principle of reality intact: the difference is always clear, it is only masked. Simulation, on the other hand
the difference between the true and the false, the real and the imaginary" (Jean Baudrillard, Simulacres et simulation, Éditions Galilée, 1981, p. 12).

(372) Concealment is therefore to be distinguished from representation: "The latter starts from the principle of the sign and
of reality (even if this equivalence is utopian, it is a fundamental axiom). Simulation starts at
In contrast to the utopia of the principle of equivalence, it starts from the radical negation of the sign as value, from the sign as the reversion and death of all reference. While representation attempts

to absorb the simulation by interpreting it as a false representation, the simulation envelops the whole edifice of representation itself as a simulacrum" (ibid, p. 19-20);

(373) According to Baudrillard, the image has gone through four successive phases, the first of which was 'representative',
the last three "simulators": "

• it reflects a profound reality (in traditional societies)

• it masks and distorts a profound reality (in pre-modern societies)

• it masks the absence of deep reality (in modern societies)

• it bears no relation to any reality whatsoever: it is its own pure simulacrum (in postmodern societies).

"In the first case, the image is a good appearance.

"In the first, representation is a sacrament. In the second, it is a bad appearance - of the order of evil. In the third, it plays at being an appearance - it is of the order of the
spell. In the fourth, it is no longer a matter of appearance, but of simulation".
(ibid., p. 19).

In short, the image is a representation in the first case, and a simulacrum in the last three. These "(t)hree orders of simulacra" correspond to three "mutations of the law of value, (which) were (id., L'échange symbolique et la mort, Gallimard, Paris, 1976, p. 81). "The 1st order simulacrum plays on the natural law of value, the 2nd order on the commercial law of value, the 3rd order on the structural law of value" (ibid.). Unless we are mistaken, Baudrillard does not indicate under which law of value traditional societies lived. Be that as it may, we maintain that representation is only the first stage of simulation, and therefore does not reflect a "profound reality"; etymologically, "to represent" (lat. repraesento) means, in addition to "to put before the eyes", "to reproduce", "to repeat", as well as "to apply a remedy immediately", "to make one's evil designs burst forth without delay", "to pay cash"; repraesentator, "he who represents, who is the image of". "The Romans were familiar with the twin concepts of representation and representatives in legal proceedings and in the relationship between father and son and owner and slave. But for these concepts, they did not use the terms of (It is) Tertullian, it seems, (who) first (...) used the terms 'repraesentare' and 'repraesentator' in their modern sense (...) Thus he uses repraesentare to mean that the greatest and most important can represent the most numerous and least important. This usage has had a long and happy future" (Alan Watson, Repraesentatio in Classical Latin, in Massimo Faggioli and Alberto Melloni [eds.], Repraesentatio: Mapping a keyword for Churches and Governance, proceedings of the San Miniatio Colloquium, 13-16 October 2004, Berlin/Munster, LIT Verlag, 2006,
p. 15-19) in political theory. Tertullian's mechanisms of plurality and participation in 'representation' anticipate democratic discourse and practice (Alessandro Mulieri, Representation as a political-theological concept: A critique of Carl Schmitt,

Philosophy and Social Criticism, vol. 44, no. 5, 2018, pp. 507-527). In the meantime, it's back to the 'Middle Ages'.
that the political applications of the theology of representation of
Tertullian, when "(e)clesiastical literature (...) (appropriated) the term representation to apply it to the Church - the community of Christians - which it presented as the mystical body of Christ. The High Middle Ages saw the widespread use of this metaphor, which, for the Pope and his cardinals,
becomes an excellent way of presenting itself as the earthly incarnation of Christ and his apostles.

"This 'representation' is understood as a personification of the community, an incarnation or even a figuration; it in no way claims to establish any kind of mandate between the represented and the representatives. The latter only occupy their place per successionem. The idea of universitas or moral and collective person is thus widespread: persona repraesentata, repraesenta unam personam, unum personae repraesentat vicem. In other words, a collective person is a person by representation. What Hobbes would later call a fictitious or artificial person.
At the same time, the Glossators derived from Roman law the idea that the Prince or Emperor acts for the 'people' and seeks the 'common good'. The Canonists began to adopt this idea and then applied it to aspects of ecclesiastical life. But neither the Glossators nor the Canonists
will expressly use the term 'representation'.

"Nevertheless, from the thirteenth century onwards, Christ ceased to be considered as a member of the ecclesial body. It came to be said that he was the head of the body because he was mystically the whole Church. This broad interpretation was later applied to the Pope. It is no longer said that he is head because he enjoys a fullness comparable to no other, but that he enjoys this fullness because he is head. This
This ambivalence exploits an idea already found in Saint Paul, for whom the face of Christ had taken on a double meaning: it was the head of the spiritual body, and therefore a member of that body, while at the same time it was the whole of Christ, the single person made up of head and members.

"The jurists of the late thirteenth century had no hesitation in asserting that the Prince was the 'representative of the whole community'. Some of them even developed a very learned argument to justify a community acting as a prosecutor in a criminal dispute. A priori, such action
seems impossible, since a private person has to appear in person, whereas a corporate body could not. Some legal experts get round the difficulty by explaining that, in a sense, the public prosecutor "represents" the fictitious person of the community, so that the community is present in the person of the public prosecutor.

"The uses of the term 'representation' therefore often vacillate between two very different meanings that are even difficult to render in French: 'tenir lieu de' or 'incarner' on the one hand - when it is a question of saying that a physical person takes the place of a collective - and 'agir pour' on the other, when it is a question of describing that a physical person takes the place of another" (Pierre Brunet, Les principes justificatifs : La Représentation, in Michel Troper and Dominique Chagnollaud. Traité International de Droit Constitutionnel, t. 1, Théorie de la Constitution, Dalloz, 2012, pp. 608-641).

(374) Following in Marx's footsteps, Baudrillard believes that the modern era was the age of capitalism and the
bourgeoisie, in which the workers were exploited by capital and constituted a force to be reckoned with. revolutionary upheaval, but, in asserting that political economy is outdated, he is asserting
that the Marxist problematic and modernity itself are over.

(375) Jean Baudrillard, L'échange symbolique..., p. 29.

(376) The "World Sentient Simulation" is defined by its designer as a "mirror of the real world, operating continuously and continually updated, which can be used to predict and evaluate events and actions" (https://archive.is/20060911223310/http://www.purdue.edu/acsl/abstract/march10_06.html Alok Chaturvedi, Computational Challenges for a Sentient World Simulation, In MSEE, 25, 10 March 2006) as well as, let's be clear since it doesn't do this, to read minds and predict behaviour (Daniel Faggella, Sentient World Simulation and NSA Surveillance - Exploiting Privacy to Predict the Future? 19 May 2019, https://emerj.com/ai-future-outlook/nsa-surveillance-and-sentient-world-simulation- exploiting-privacy-to-predict-the-future/). Do we need a machine to predict the machine-like behaviours and machine-like thoughts of the multitude?

(377) Regis Cotentin, Du simulacre numérique. Digital images and the challenge of the living. Art and history of

l'art, Université Sorbonne Paris, p. 13. Digital simulation is a method of investigating real phenomena, processes, devices or systems based on the study of mathematical models using digital computers. The programme run by the computer is also a kind of model of the object of investigation.

(378) According to the designers of the HyperWorld (HyperWorld), "The HM is a homogeneous mixture of a (physically) real world (MR) and a virtual world (MV). The HM can therefore be defined as (MR, MV).

"A real world is made up of real natural features, real buildings and real objects [isn't it terribly symptomatic that his definition of the real world doesn't include human beings, only things? N. E. D.]. It is everything that is atomically present in an environment and is described as (SE), i.e. 'the scene exists'.

"A virtual world is everything that is present in a setting in the form of bits of computer-generated information. It consists of the following:

"- SFC (Scene filmed by the camera): Natural features, buildings and objects that

can be filmed with cameras (video and/or photo), transmitted by telecommunication and displayed in VR (Virtual Reality).

"SVA (Scene recognised by computer vision): Natural features, buildings, objects and inhabitants whose 3D images are already in a database and are

recognised by computer vision, transmitted by telecommunications and reproduced by computer graphics and displayed in VR.

- CGS (Computer Graphics Generated Scene): 3D objects created by computer graphics, transmitted by telecommunications and displayed in VR" (John Tiffin and Nobuyoshi Terashima, Hypereality: Paradigm for the Third Millennium, London/New York, Routledge, 2001, p. 8). Thus, nothing that the person experiences in the HyperWorld is based on material reality and does not depend on a physical medium.

(379) Baudrillard's concept of hyperreality was strongly influenced by phenomenology, semiotics and Marshall McLuhan. From McLuhan, the philosopher takes the idea that the "medium is the message" and extends it. He writes: "McLuhan's formula 'The medium is the message' must be accepted as a fundamental feature of consumer analysis. This means that the real message delivered by the TV and radio media, the one that is the most important, is the one that is the most important. This means that the real message delivered by TV and radio, the one that is unconsciously and profoundly decoded and 'consumed', is not the manifest content of the sounds and images, but the constraining scheme, linked to the very technical essence of these media, of disarticulating reality into successive and equivalent signs: it is the normal, programmed, miraculous transition from Vietnam to the music hall, based on a total abstraction of both.

"And there's a kind of law of technological inertia which means that the closer you get to the truth-document, the closer you get to the truth-document,
of 'live with', the more we track reality with colour, relief, etc., the more we deepen, from
the real absence from the world. The more this
The 'truth' of TV or radio is that each message has the primary function of referring to another message, Vietnam to advertising, Vietnam to the news, etc., their systematic juxtaposition being the discursive mode of the medium, its message, its meaning. - their systematic juxtaposition being the medium's discursive mode, its message, its meaning. But in speaking of itself in this way, it is clear that it imposes a whole system for dividing up and interpreting the world. "This technological process of mass communication delivers a certain kind of very imperative message: a message of consumption of the message, of division and spectacularisation, of ignorance of the world and the promotion of information as a commodity, of exaltation of content as a sign. In short, a function of conditioning (in the advertising sense of the term - in this sense, advertising is the 'mass' medium par excellence, whose patterns permeate all other media) and misunderstanding.

"This is true of all media, and even of the medium of books, literacy, which McLuhan makes one of the major articulations of his theory. He sees the appearance of the printed book as a turning point capital of our civilisation, not so much by the content it has conveyed from generation to generation (ideological, informational, scientific, etc.) as by the fundamental constraint of systematisation it exerts through its technical essence. He understands that Je livre is first and foremost a technical model, and that the order of communication that reigns within it (the visualised division into letters, words, pages, etc.) is a model that is more prevalent and more decisive in the long term than any symbol, idea or phantasm that makes up its manifest discourse: 'The effects of technology are not seen at the level of opinions and concepts, but alter sensitive relationships and patterns of perception continuously and unconsciously.

"This is obvious: the content most of the time hides from us the real function of the medium. It presents itself as a message, whereas the real message, in relation to which the manifest discourse is perhaps no more than a connotation, is the structural change (of scale, of models, of habitus) that has profoundly affected human relations. To put it crudely, the 'message' of the railway is not the coal or the passengers it carries, but a vision of the world, a new status for conurbations, and so on. The
The 'message' of television is not the images it transmits, but the new ways of relating and perceiving that it imposes, the change in the traditional structures of the family and the group. Further still, in the case of TV and the modern mass media, what is received, assimilated and 'consumed' is not so much a particular spectacle as the virtuality of all spectacles.

"The truth of the mass media is this: their function is to neutralise the lived, unique, event-based character of the world, and to substitute a multiple universe of media that are homogeneous as such, signifying each other and referring to each other. Ultimately, they become the reciprocal content of each other - and that is the totalitarian 'message' of a consumer society.

"Through its technical organisation, the TV medium conveys the idea (the ideology) of a world that can be viewed at will, cut up at will and read in images. It conveys the ideology of the omnipotence of a reading system over a world that has become a system of signs. TV images are
want to be the metalanguage of an absent world. Just as the slightest technical object, the slightest gadget, is a promise of a universal technical assumption, so images/signs are a presumption of a universal technical assumption.
It's an exhaustive imagination of the world, a total assumption of the real mode in the image, which would be like its memory, the universal reading cell. Behind the 'consumption of images' lies
the imperialism of a reading system: increasingly, only what can be read (what must be read: the 'legendary') will tend to exist. And it will no longer be a question of the truth of the world, or of its history, but only of the internal coherence of the system of reading. In this way, each medium imposes its own, more abstract, more 'logical' approach on a confused, conflicting, contradictory world.
The coherent medium imposes itself as a message, to use McLuhan's expression. And it is the substance of the world, fragmented, filtered and reinterpreted according to this code that is both technical and legendary, that we 'consume'". (Jean Baudrillard, La Société de consommation: ses mythes, ses structures, Denoël, 1970, pp. 187-90).

Baudrillard thus extends the idea that "the medium is the message" with the proposition that "the message is the Simulacrum" (François Mattéi, L'homme dévasté : Essai sur la déconstruction de la culture, Grasset, 2015).

(380) Id, L'autre par lui-même : habilitation, Editions Galilée, 1987, p. 24. See also Jean Baudrillard, https://plato.stanford.edu/entries/baudrillard/#TheoFictBaudContMome, which is reproduced here in part.

(381) Alain Mons, La traversée du visible: images et lieux du contemporain, Passion, 2002, p. 83.

(382) Ancient Greek had five words to render the Latin imago, from which "image" is derived: eidôlon [εἴδωλον], eikôn [εἰκών], phantasma [φάνταϋμα], emphasis [ἔμφαϋιὗ], tupos [τύποὗ]. In Homeric literature, the eikôn is a transposition of the essence of the image, while the eidolon is a

a copy of its sensible appearance, a decoy, an illusion of presence, a phantasm, a ghost (Homer). This opposition is illustrated by the distinction made between gods assimilated to men and men compared to gods. "In the first case (...) this assimilation is always expressed by words in the eidolon family. To say that a god is in the image of a man is to say that he is his double. In the second case, the resemblance that is always expressed by eoikos (or its equivalents homoios or enalinkios) is at another level. If a human being is in the image of the god,
it is not because it reproduces the physical appearance of this or that particular divinity, but because it possesses, to an exceptional degree, on either a physical or moral level, a quality that the gods possess to a supreme degree" (Suzanne Saïd, Deux noms de l'image en grec ancien : idole et icône. Comptes rendus des séances de l'Académie des Inscriptions et Belles-Lettres, 131-2, 1987 [p. 309-330],
p. 322). The eidolon "addresses the gaze and the gaze alone. It retains, fascinates and fulfils it', to the point of making it forget a model for which it is a total substitute" (ibid., p. 323).
Eikôn, on the other hand, is aimed at the intellect, and this is how the word came to designate a figure of speech in Aristophanes and Aristotle, before being regularly applied to images of emperors,
"This is perhaps because these effigies sought first and foremost to reveal, beyond the individual and his singular features, the 'true' emperor, with the essential characteristics of his office" (ibid., p. 324). "The visible eidolon came to be reduced to a pure appearance and applied to gods who exist only through their image, while eikôn came to be reserved for representations of God" (ibid., p. 311).

For Plato, eidola means "bodies or, more precisely, corpses and souls that are
still mingled with corporeality and are merely 'shadowy spectres of souls'. More broadly,
the image/eidolon, whether a product of human art or a mere reflection, is regularly contrasted, in the Sophist and elsewhere, with the object 'itself' (autos)" (ibid., p. 316). The eidola is described as a "decoy", "deception" and even "sorcery" (ibid.). Plato chose to use this word to devalue the productions of the plastic arts, and had strongly accentuated their negative character.

On this basis, the philosopher also distinguishes eikastiké (the art of copying, of resemblance) from phantastiké (the art of simulacra). The former produces copies of appearances that retain the truth of the model in that they respect its real proportions, whereas phantastikè sacrifices the real proportions of objects to optical proportions. The philosopher also speaks of eikones
philosophical images that convey the essence of an individual or a reality and, like myths, are instruments of knowledge. There are, for example, Socrates' eikones. Moreover, "(i)n the Timaeus, the kosmos is (...) an 'icon' made by a Demiurge whose eyes are fixed on
the form as on a model (paradeigma). But his imitation is not a copy. It does not reproduce the sensible appearance of the form which, by definition, has none, but it transposes into the sensible the relationship that constitutes it in the intelligible" (ibid., p. 325).

To eikôn Plato contrasts phantasma (φάνταϋμα) (from phainesthai [φαίνεϋθαι], "to shine, to show oneself."),
appear", via phantazesthai [φαντάζεϋθαι], "to show oneself, to appear"). To define phantasma, he takes as an example the practice of painters of representing objects, not as they are, but as they appear according to their position and the viewpoint of the observer (Republic, 236b). The
phantasma is therefore a trompe l'œil ("It seems imprecise to translate [...] phantasma as 'simulacrum',

a word that has often been chosen, but which today evokes something that no one really believes in [as when we speak of a simulacrum of peace], whereas phantasma insists rather on an appearance that is there to be mistaken, carrying all the credibility that a successful 'trompe-l'œil' can conceal" (https://vep.lerobert.com/Pages_HTML/EIDOLON.HTM).

In line with Platonism, Plotinus values the eikôn over the eidolon, which, contrary to Plato, however, does not regard it as purely and simply negative. For him, the visible image "leads away from being and drags 'into dark depths hostile to the Intellect' those who devote themselves to its contemplation, without knowing that it is only a reflection of which they themselves are the cause. Eikôn, on the other hand, puts man on the path to knowledge by directing him towards the 'model'. (paradeigma) and the archetype'" (Suzanne Saïd, op. cit., p. 327). Some people only look at a painting "Others "recognise... the representation in the sensible of a being situated in the intelligible world" (9, 16)" (quoted in ibid., p. 328). (quoted in ibid., p. 328), i.e. for them it is an eikôn. Artists in particular are capable of taking the image as the starting point for anamnesis and the ascent towards the One. The best illustrations of this neo-Platonic aesthetic are provided by the images of Palaeochristian art, "signs addressed above all to
(A. Grabar, Les voies de la création en iconographie chrétienne : Antiquité et Moyen-Âge, Flammarion, 2009, p. 12, quoted in ibid., p. 328), through the Septuagint and the Christian scriptures.

In the Septuagint, the Hebrew terms tselem (*) and demuth in the expression "in our image and likeness" (b-tsalmenou ki-demoutenou) are translated respectively as eikôn and homoiosis, after becoming authoritative from the 6th century onwards, was referred to as the vulgata versio ("commonly used text") in the 12th century and declared authentic by the Council of Trent (1546) - as imago and similitudo (Nanine Charbonnel, Critique des métaphysiques du propre : Resemblance and the Word, Hildersheim,/Zurich/New York, Georg Olms Vermag, 2014, p. 173). Now, imago is an ambiguous term, whose meaning in fact covers more that of eidolon than that of eikôn. Formed, like imitor, from the root im, imago literally means 'representation', 'portrait', 'statue', in particular 'representation'.
ancestor's portrait, image [in wax, placed in the atrium, carried to funerals]" and, by extension, " image, shadow of a dead person" (Virgil, Cicero), "phantom, vision, dream, apparition" (Horace, Tibullus), "spectre"; figuratively, it means "image, copy, reproduction" (Cicero), "copy, imitation" as opposed to reality (Quintilian), "mask" (Tacitus), "shadow, phantom, appearance" (Cicero), "ghost" (Tacitus).
representation by thought, evocation, thought". Cicero uses it to mean "faithful reproduction" as well as "illusion" (**).

To confuse matters still further, Lucretius refers to the image of objects as the simulacrum (***), which, in his eyes, "is neither a deceptive image, nor a phantom, nor a form less real than the reality from which it emanates. On the contrary, it is the ontology of thought: the body of truth, the being of
the substance as it becomes thought without changing its nature (...) 'that which remains the same'" (Agnès Lagache,
Lucrèce : fantasmes et limites de la pensée mécaniste, Éditions Alpha bleue, 1997, p. 58), while Pliny and Cicero use it in the sense of "figurative representation of something" and, by extension, "image, portrait, effigy, statue", i.e. as a synonym of imago (William Fulke, A

Defence of the Sincere and True Translations of the Holy Scriptures Into the English Tongue: Against the Cavils of Gregory Martin, The University Press, 1843, p. 102).

It is generally accepted that ecclesiastical writers only use the word "simulacrum" for forbidden idols (for example, Jerome translates the Hebrew terms pesel, "statue", and massebah, "sacred pillar, tombstone or burial stone", as simulacrum). In fact, this is not the case for everyone. Lactantius calls men viventia Dei simulacra, "the living images of God", as opposed to simulacra insensibilia Deorum, "the senseless images of the Gods", in a chapter entitled De simulacris et vero Dei simulacro et cultu ("On images and the true image and worship of God"), that simulacra implies similitude and that, therefore, pagan idols, having no resemblance to God, cannot properly be called simulacra (quoted in ibid.)... Augustine, after first calling the forbidden idols and the "false gods" imagines, calls them simulacra, a term that he uses elsewhere, however, in the sense of "mental images" ("all the objects that God had made in the interior of the tabernacle were intended for the worship of God, although none of them was to be honoured as God or as the image of God. This is not the case with the "quam pro Deo aliquid eorum, aut pro Dei simulacro colendum haberetur", quoted in ibid., p. 103). Arnobius and Lactantius also use the word "simulacrum" to designate an image in general, calling man simulacrum Dei (quoted in ibid., p. 104).

Simulacrum was valued in the treatises on optics that were written in Europe from the twelfth century onwards, following the rediscovery of Calcidius's Latin translation of the Timaeus, a translation that this sixth-century AD Neoplatonist philosopher actually refers to as simulacrum (Christina Hoenig, Εἰκὼς λόγος: Plato in Translation(s), Methodos [Online], 13, 2013). In the Chartres School, the term, "originally (, in Lucretius,) the translation of the εἴδωλα projected by visible bodies, comes to designate the specular image, real substance arising from the form and colour that escape from the object and projected onto the surface of the mirror" (Colette Dufossé. Théories et vocabulaire de la vision dans les mondes grec et latin du IVe au XIIe siècle, Histoire, Philosophie et Sociologie des sciences. École Pratique des Hautes Études de Paris, 2013, p. 578). For Hugues de Saint-Victor, as for Plotinus, simulacra enable man to rise from the visible to the invisible (J.-A. Robilliard, Hugues de Saint-Victor a-t-il wrote 'De Contemplatione et ejus speciebus', Revue des Sciences philosophiques et théologiques, vol. 43, no. 4, October 1959 [pp. 621-31], p. 624).

(*) Selem ("image") is thought to mean "shadow" (Merrill F. Unger, The New Unger's Bible Dictionary, edited by R. K. Harrison, Moody Publishers, 2006; "dying shadow", according to Peter Sterry, The Rise, Race, and Royalty of the Kingdom of God in the Soul of Man, London, 1683, p. 115; as for semel ("semblance"), it is thought to mean "shadow" (Merrill F. Unger, The New Unger's Bible Dictionary, edited by R. K. Harrison, Moody Publishers, 2006).
"), it would correspond more closely to the Latin simulacrum (ibid.).

(**) "... imago is close to the Greek eidolon, which covers all the abstract meanings (...) particularly simulation (...). It is equivalent to Bild, Gestalt in German and to figure, pattern, picture, frame, shape (in English); imago "does not derive from the perception of reality, but from an eidolopoietiké activity (Plato), it is the 'fictio' of the Romans, linked to the imagination (phantastokon) which generates phantasmata" (emphasis added) (Domenico Chianese and Andreina Fontana, Immaginando, 2nd ed.
ed. by FrancoAngeli, Milan, 2013, p. 26; "In Luther's translation, Bild (gottes) corresponds to the Hebrew

sèlèm, the Greek eidolon and the Latin imago" (**), Barbara Cassin, Emily Apter, Jacques Lezra and Michael Wood [eds.], Dictionary of Untranslatables: A Philosophical Lexicon, Princeton University Press, 2004, p. 107).

(***) According to Lucretius, "(o)ur sensations are produced (...) by invisible corpuscles, scattered through the atmosphere, which, by entering the various channels of our bodies, affect our souls in different ways: these simulacra are divided into different classes. Some are sent by the bodies themselves, and are emanations either from the surface or the interior of the objects; others are formed in the air; others are merely a mixture of the one and the other, which chance often brings together in the atmosphere. All these simulacra are of inconceivable finesse and subtlety, and consequently endowed with great speed. From this notion of simulacra, the poet attempts to explain in a satisfactory way the whole mechanism of sensations and ideas. Vision is the only one that interests us here,
"It is true that the judgements we make as a result of these perceptions are often wrong; but the error never comes from the organ, which only reports the precise sensation it experiences, but from the precipitation of the sensation. It is true that the judgements we make as a result of these perceptions are often wrong; but the error never comes from the organ, which only reports the precise sensation it experiences, but from the haste of the mind, which always rushes to add something of its own to their report: from which he concludes that the senses are infallible guides, the only judges of truth" (Lucretius, De la nature des choses, translated by La Grange. t. 2, Paris, 1794, p. 110).

(383) On the link between the development of the figurative arts and that of the theory of the representation, Lars Vissing, Machiavelli et la politique de l'apparence, Paris, PUF, 1986.

(384) "The simulation of politics goes far beyond elections: it goes to the heart of politics, to the heart of its principle of reality, and it must not be confused with two banal meanings, with the theatre of politics (the staging and the permanent grotesquerie offered by the protagonists of the political sphere: that is theatre, not simulation) or with the discourse of politics (the fabrication of reasons and ends, the play of tricks, strategies and ideologies: that is theatre, not simulation): That is theatre, not simulation) or with the discourse of politics (the fabrication of reasons and ends, the play of tricks, strategies and ideologies: that is dissimulation, not simulation).

"Saussure gave two dimensions to the exchange of language terms, likening them to money: a coin must be able to be exchanged for a real good of some value, and it must also be possible to relate it to all the other terms in the monetary system. It was to this latter aspect that he reserved, in language terms, the term value: the relativity, internal to the general system, of all the terms in relation to each other. It is this stage of total relativity which has been reached everywhere today, both in the sphere of money, with floating, the loss of the gold standard and the
writing systems, than in the sphere of signs, with the media, where all signs are of the same kind.
It is only in the sphere of politics, where the simulation of opposition between a left and a right is accompanied by the loss of reference to any real social production of opinion and the sole reference to this general equivalent (or rather to this model of simulation) which is public opinion, that the simulation of opposition between a left and a right is accompanied by the loss of reference to any real social production of opinion and the sole reference to this general equivalent (or rather to this model of simulation) which is public opinion.

"The only referent that still works is that of the silent majority. All current systems operate on this nebulous entity, on this floating substance whose existence is no longer social, but statistical, and whose only mode of appearance is that of the poll. A simulacrum on the horizon of the social, or rather: behind which the social has already disappeared. Whether the silent majority, or the masses, are a
The fact that the masses are no longer an imaginary referent does not mean that they do not exist, but that they can no longer be represented. The masses, unlike the people, are no longer a referent because they are no longer of the order of representation. They do not express themselves, they are probed. They don't think, they are tested. The referendum (and the media are a perpetual referendum of directed questions and answers) has replaced the political referent. But polls, tests, referendums and the media are all devices that do not work.
are no longer representative, but simulative. They no longer target a referent, but a
model. The revolution here is total, with the devices of classical sociality (which include
It is a dialectical structure that leaves room for political issues and contradictions.

"Everything changes in the simulation system. In the polls/silent majority pairing, for example
For example, there are no more poles, no more alternating current, no more differential terms, and therefore no more social electricity either. The poles seem to have merged or vanished into a signalling, computerised circularity (in exactly the same way as the molecular command of the substance it informs in DNA and the genetic code). Bombarded by stimuli, messages and tests, the masses are now nothing more than an opaque, blind deposit, like those clusters of stellar gases that we know only through the analysis of their light spectrum - a spectrum of radiations equivalent to statistics and surveys.
- but precisely: it can no longer be a question of expression or representation, just simulation
of a forever inexpressible and unexpressed social. This is the meaning of the silent majority.

"Not every majority has always been a majority, but today it is by definition a majority. Perhaps it has been silenced, but that's not certain. Because if silence means not speaking, it means
especially as it is no longer possible to speak on its behalf: no one can be said to represent the majority
This is their revenge. They are no longer an instance to which we can refer as we once did to the class or the people. Withdrawn into its silence, the mass is no longer a subject (especially not of history), so it can no longer be spoken about, articulated or represented, nor can it pass through the political mirror stage and the cycle of imaginary identifications. We can see the power that results, because, not being a subject, the mass can no longer even be alienated: neither in its own language (it has none), nor in any other that claims to speak for it.

"This is the paradoxical meaning of this silence: it may appear to be the absolute form of alienation, but it is also an absolute weapon. The mass is inaccessible to the schemes of liberation, revolution and historicity, but it is its own mode of defence, its own mode of retaliation. It is a model of simulation, an alibi for a phantom political class that no longer knows what kind of power to wield
"At the same time, it means death, the end of the political process which is the basis of the political system. supposed to govern it. In it, politics as will and representation asserts itself.

"For a long time, the strategy of power seemed to be based on the apathy of the masses. The more they were
the more secure it was. But this logic is characteristic only of a certain phase of the
centralisation of power. And it is this same logic that is now turning against him: the inertia he fomented is becoming the sign of his own death. That's why he's trying to reverse this strategy and turn it into a strategy of participation. But it is too late. The threshold of 'critical mass' - that of social involution through inertia - has been crossed.

"Everywhere we try to get the masses to speak, we urge them to exist socially, electorally, trade-unionistically, sexually, in participation, in celebration, in free expression, and so on. We need to ward off the spectre and let it speak its name. Nothing shows more vividly that the only real problem today is the silence of the masses, the silence of the silent majority. It is the political order, the principle of social reality that is at stake.

"All 'social' energies are exhausted in keeping this mass in directed emulsion and preventing it from falling back into panic-stricken inertia and silence. No longer in the reign of the will or of the
Hence the universal reign of information and statistics: you have to look at it, sense it, bring out some oracle, inject some meaning into it.

"The political sphere lives on the assumption of credibility, namely that the masses are receptive to action and discourse, that they have an opinion, that they are there, present, behind the polls and statistics. This is the only way that the political class can still believe that it is in charge, that it has a voice, that it is present behind the polls and statistics.
that it is manipulated, that it speaks and that it is heard "politically". But politics no longer does,
for a long time, than a show on the screen of private life.

"Polls. They are the essential medium of political simulation. "Some people will regret that the TV button and P.M.U. forecasts (opinion polls) have blithely replaced opinion-forming. They have understood nothing about politics" (B. Chapuis). There is a rigorous, necessary relationship
between the loss of reality and political reference points and the emergence of opinion polls. In this transition from politics to calculated alternation (equivalence of opposing poles), opinion polls are the statistical model of this alternation, they are the mirror of this equivalence and of this profound neutralisation - the mirror of public opinion and of its indefinite reproduction without a final destination - a bit like the GNP is the imaginary mirror of the productive forces, with no regard at all for their destination, their social finality or counter-finality: the main thing is that 'it' reproduces itself. The same goes for public opinion: it has to constantly duplicate itself in its own image.
The secret of mass 'representation'. No longer must anyone produce an opinion, confront themselves with it and confront others with it - they must all reproduce public opinion, in the sense that they all fall into this general equivalent, this model of simulation, and proceed from it anew.

"The only people who believe in opinion polls are members of the political class, just as the only people who believe in advertising are advertisers, not because they are stupid, but because opinion polls are homogeneous in their modelling of the way politics works today. They therefore take a

tactical value - in the extreme - it's a tool that the political class uses to play and reproduce itself according to its own rules of the game. It's the burlesque spectacle of this hyper-representative political sphere of nothing at all, which people savour through the polls and the media. The
The polls are not the place for a real challenge or evaluation, but for the jubilation that is inherent in them.
statistical contemplation.

"Unlike dissimulation, which always presupposes a hidden truth, simulation opens up a political universe where all hypotheses are reversible, and simultaneously true (or false). Neither true nor false. It's like the hyper-real: neither beautiful nor ugly - it's the real, plus the real, plus the image of the real, etc."

(...)

"For a long time now, power has only produced signs of its own likeness. And, as a result, another form of power is emerging: that of a collective demand for the signs of power. A sacred union that is rebuilt around his disappearance. Everyone joins in, more or less, in terror of the collapse of politics. And the game of power comes to be nothing more than the critical obsession with the dead power: obsession with its death, obsession with its survival. A whole new type of sociality 'by default' is perhaps emerging and developing around this void (...). When power has totally disappeared, we will logically be in a total hallucination of power - a haunting that is already taking shape everywhere, expressing both the compulsion to get rid of it (nobody wants it any more, everyone is passing it on to others) and the panic of nostalgia for its loss. The melancholy of powerless societies (...).

"We're still there (...). It will probably even end up in socialism. By an unexpected twist and a trick that is no longer the trick of history, it is from the death of the social that socialism will arise, just as it is from the death of the pious that religions arise. A devious and perverse event, a reversion unintelligible to the logic of reason. As is the fact that power is only there to hide the fact that it no longer exists. A simulation that can last indefinitely, because at the
Unlike 'real' power, which is, or has been, a structure, a strategy, a balance of power, an issue, social demand, and therefore subject to the law of supply and demand.
It is no longer subject to violence and death. Completely purged of its political dimension, it is, like any other commodity, subject to mass production and consumption. All spark has gone, only the fiction of a political universe remains" (Jean Baudrillard, A l'ombre de la majorité silencieuse, Paris, Editions Utopie, 1978).

(385) Nicolas Machiavelli, The Prince, new translation by C. Ferrari, 2nd edn, 1866, Paris, pp. 139-40.

(386) In The Six Books of the Republic, Bodin criticises Machiavelli for having, like other authors who followed him in the French political theorist's opinion, "(profaned) the sacred mysteries of Philosophy. politics: something that gave rise to the disturbance and overthrow of fine states" (quoted in Mario D'Addio,
Il pensiero politico di Gaspare Scioppio e il machiavellismo del Seicento, Giuffrè, 1962, p. 290)

(387) Peter S. Donaldson, Macchiavelli and the Mystery of State, Cambridge, Cambridge University Press; 1982, p. 18.

(388) See ibid, chap. 2.

(389) See ibid, chap. 3.

(390) See ibid, chap. 6.

(390bis) Political considerations on coups d'état, preceded by For a baroque theory of action politique par Louis Marin, Paris, Les Éditions de Paris, 1989, p. 73, 92-93.

(391) See Peter S. Donaldson, op. cit. chapter 5. "Naudé himself did not believe in magic, no more in royal magic than in any other; indeed, he was well known as a great debunker of the fashion for magic and of superstition in general. What he did believe in was an ancient tradition of magic, mostly bogus, but of immense political importance, and it was to this tradition that he saw Machiavelli as belonging and in which he placed his own political writings" (ibid., p. 142).

(392) Quoted in ibid, p. 127.

(393) Quoted in Sandro Chignola, "Etwas Morsches im Recht". On Violence and the Law, Petar Bojanić and Guillaume Sibertin-Blanc (eds.), DE LA TERREUR À L'EXTRÊME VIOLENCE, Toulouse, EuroPhilosophie, p. 70.

(394) Ibid, p. 64.

(395) Ibid.

(396) Peter S. Donaldson, op. cit. p. 137.

(397) Imbert Jean De Francisci (P.). Arcana Imperii, Revue belge de philologie et d'histoire, t. 28, fasc. 1, 1950 [p. 226-9], p. 226-7.

(398) The noun "masque" entered the French language in the 16th century, where it was often used to describe a mask.
used in the feminine, as is maschera in Italian, from which it is probably derived and which comes just as probably from the Arabic maskhara, "jester", "joke", "fun", "mockery", sakara/sakhira, "to make fun of someone", "to laugh at someone's expense" (L. Marcel Devic,
Dictionnaire étymologique des mots français d'origine orientale, Paris, Librairie Hachette et Cie, 1878, p. 158; Mohamad Al-Fallouji, Paradise Dictionary. Dictionary of English Words of Arabic Etymology, part. 2, Riyadh, Obekan Library, 2012). "The Italians would have been the first of the European peoples to adopt the word Arabic, because it was in their country that the masquerades, which took place at the end of the 19th century, were held.
carnival, were born. Initially, the term was used to designate a baladin, a jester with a mask, a polichinelle who played an important role during carnival, who made others laugh and who was himself an object of ridicule; later, it was applied to the object which, in such a jester, was most striking, that is, the mask with which he covered his face" (Reinhart Dozy, Glossaire des mots espagnols et portugais dérivés de l'arabe, Leyden, Brill, 1869, p. 506).

In medieval Latin, we find masca, mascus (perhaps from the Teutonic maskwo, "net", related to Middle English mesche, "net mesh", "net", probably from Old English max, "net", more

formerly mæscre, from Proto-Germanic *mask- [Old Norse möskvi, Danish maske, Swedish maska, Old Saxon masca, Middle Dutch maessce, Dutch maas, Old High German masca, German Masche), from Proto-Indo-European *mezg- "to knit, plait, twist" (https://www.etymonline.com/word/mesh).

Masca (the feminine form preceded the masculine form) (Auguste Scheler, Dictionnaire d'étymologie française d'après les résultats de la science moderne, nouv. édition, Bruxelles et Londres, 1873, p. 292), mascus has a dual meaning: 1. Witch, a meaning which, present in the Laws of the Lombards, in title LXXVI, paragraph 1, where striga, synonymous with lamia (witch) in Low Latin, is explained by masca ("striga quod est masca"), is found in Gervais of Tilbury (12th century) who, in Otia imperialia (dec. III, cap. 86, ed. F. Liebrecht, p. 39) defines lamias as follows: "Lamias, quas vulgo mascas aut in gallica lingua strias... dicunt nocturnas esse imagines, quae grossitie humorem animas dormientium perturbant, et pondus faciunt", "Des lamies, qu'on appelle communément 'masques' ou bien en français 'stries', ils [les physiciens] disent qu'elles sont des représentations nocturnes qui, à partir de l'épaississement des humeurs, troublent les âmes des dormeurs et provoquent une impression d'écrasement" (Claude Lecouteux et Philippe Marcq, Les esprits et les morts, H. Champion, 1990, p. 27; the Bas-Latin term masca or mascara was synonymous with the classical Latin striga, lamia); 2. a false face or scarecrow ("inquentes larvam (*) furvum phantasma putabant : de laudibus virginum (...). Ut procul effulgeret facies
larvata nefandi (...) Nam tremulos terret nocturnis larva latebris, / Quae solet in furvis Semper garrire tenebris; / Sic quoque mascarum facies cristata facessit, / Cum larbam et mascam miles non horreat audax (...)", Aldhelm (c. 680), Carmen de Virginitate I. 2244; II. 2856-2859).

The historian, linguist and philologist Du Cange (1610-1688), citing the glossary written by Agno Ugutio, bishop of Ferrara who died in 1212, defines mascha as follows: "Larva, Simulacrum, quod terret, quod vulgo dictur Mascarel, quod apponitur faciei ad terrendos paros", "a larva, a terrifying simulacrum, called Mascarel in the vernacular and put on the faces of terrified little children". This second meaning, to which the first probably goes back, explains the value of the following ancient derivatives: (see Lazăr Şăineanu, Les sources indigènes de l'etymologie française, vol. 1, E. de Boccard, 1925, p. 268)
In Occitan, Catalan and Portuguese, mascarar means "to smear with black" and, figuratively, "to slander". "In Old French, (se) mascurer, (se) mascherer, "to smear, blacken, mask"; hence Old French masquillier (12th century) ("to make up"), "because a woman who makes herself up smears her face" ("maquiller reproduces purely and simply the Latin maculare, which, according to the rules of phonetics, must have given maclier or mailler..."). "Auguste Vitu, Le jargon du 15e siècle, étude philologique, G. Charpentier et Cie, Paris, 1886, p. 199); hence also "mascarade", "entertainment played by masked characters" (1554) and "mascarat", "daubed, disguised, masked" and, figuratively, "perfidious, traitorous", even "conspirator" (Anne Lombard-Jourdan, Aux origines de carnaval, Odile Jacob, 2005, p. 249-50).

Finally, Ménage (Dictionnaire étymologique ou origine de la langue françoise, 1694, p. 487) "(remarks) that we call a whore a mask. & that in ancient Greece, brothels were outside the cities, & that the women who prostituted themselves there were masked, so that the men who slept with them would not recognise them"; "si quis dixerit alicui mulieri putana, vacca, porca aut previessa, stria vel masca vel latrona", says an Italian document from 1514 (quoted in Maria Iliescu, Heidi Siller,

Paul Danler (dirs.), Proceedings of the XXVth CILPR. Congrès International de Linguistique et de Philologie Romanes, 3-8 December 2007, Innsbruck, De Gruyter, 2010, p. 75).

(*) In classical Latin, the word larva means "figure of a spectre, larva, ghost", "ghost's mask" and "stage mask". "Originally, the name larva or mania seems to have been given to the clay or flour imprints that were taken from the faces of the dead and sometimes buried with them. Often, to appease a lemur who frightened his parents and complained about not being admitted to the lararium, the mask was removed from the tomb and placed on the face of one of the familiar lares. When a house or village was threatened by some danger, the peril was warded off by placing larvae or masks above the door, or by hanging them from nearby trees, to replace the human heads that were offered to Saturn on similar occasions in the past to redeem themselves. These hanging heads were called oscilla. It is probable that the larvae or funereal masks played a very important role in the ancient Etrurian hieratic drama, which consisted above all in necyomancy, or the appearance of the spirits" (Charles Magnin, Les origines du théâtre antique et du théâtre moderne, vol. 1, Auguste Eudes, Paris, 1868, p. 236-7; the writer adds [p. xxi]: "From the [6th century AD] onwards, we will see the introduction of stage games and even the use of masks in certain women's monasteries").

(399) Peter S. Donaldson, op. cit. p. 125. As regards the political actor in the theatrical sense of the term "actor", see B. K., https://elementsdeducationraciale.wordpress.com/2017/09/13/de-la-propagande-en-democratie/.

(400) Johannes Corvinus, Discursus de arcanis rerum publicarum, p. 2-3, quoted in H. W. Blom, Causality and Morality in Politics, Universiteit Utrecht, 1995, p. 171.

(401) Quoted in Friedrich Meinecke, L'idée de la raison d'État dans l'histoire des temps modernes, translated into
from the German by Maurice Chevallier, Droz, Geneva, 1973, p. 125.

(402) Ibid, p. 125.

(403) Sunny Xian, COVID-19: War or Virus, 28 May 2020, https://www.cupblog.org/2020/05/28/covid-19-war-or-virus-by-sunny-xiang/.

(404) https://www.bitchute.com/video/z7vBmJPqC6uQ/.

(405) See Jean Baudrillard, La guerre du Golfe n'a pas eu lieu, Éditions Galilée, 1991.

(406) Ernst Jünger, Der Arbeiter, Klett-Cotta, 1981, p. 126 (author's translation). On the origin and function of the mask, see
https://elementsdeducationraciale.wordpress.com/2015/07/14/theatrocratie-2/; on the stage mask, ibid, b. Prosôpon - persona.

(407) To account for the current psychological warfare operation, the first of its kind to be conducted on a global scale, which - a point that is not stressed enough by those who are aware that they are its targets - necessarily implies perfect coordination, unfailing connivance between

the many administrative, legislative, executive and medical conspirators in all the countries concerned, several theories have been put forward. We can dismiss without further ado the view that conspiracy that this is a stage in the Club of Rome's alleged secret project to reduce the world's population: not only is this view contradicted by the facts, which are that the world's population, although at the mercy of the syringes of the medical henchmen of the
(What is true, however, is that in 'Western' countries, the cruel lack of training for medical staff in the use of the famous artificial respirator and the dosage of 'anti-virals' will relieve the State of the payment of a certain number of pensions), but, in principle, the driving force of the capitalist economy is "growth", which is subject to the law of numbers (logically, the slogan of capitalism, State or otherwise, is therefore the injunction of Genesis 1:28: "Marry, and increase, and multiply; for I will be proud of you among the nations on the day of judgment
"Mahomet, Le Koran, translated by M. Kasimirski, Paris, Bibliothèque-Charpentier. XXIV, 33, quoted in Gérard-François Dumont, La place de la femme dans l'identité européenne révélée par la démographie, in Entretiens autour de l'idée européenne. 2006-2012, CIFE, n.d., p. 65). So, to return to credible hypotheses, is it a question of ensuring, through the marketing of treatments, in
waiting for a vaccine, to the pharmaceutical industry, most of whose research is funded by taxpayers' money, profits that would be astronomical to say the least? A pretext for injecting who knows how many trillions of additional monkey money into the Danaid's barrel of multiple sieves of so-called public finances, banks and large companies (as far as small companies are concerned, two months of forced holidays don't seem to have discouraged some of them, once they had been drenched with subsidies and financial aid of all kinds from the state, from starting up again in this month of August) 'in difficulty'; an alibi for the umpteenth plans to
The question arises as to whether the social movements that have developed more or less spontaneously over the past year in some European countries have given the governments even a lukewarm reception. Can we seriously believe that the few "social movements" that have developed more or less spontaneously over the past year in certain European countries have given the illegitimate governments even a lukewarm sweat?
Did the "confinement" allow the "public authorities" to bring in tonnes and tonnes of extra "migrants" incognito? Has "containment" enabled the "public authorities" to bring tonnes and tonnes of new "migrants" into European countries incognito? Do the occupying forces need to impose "confinement" in order to bring tonnes and tonnes of new "migrants" into European countries incognito? What is certain is that there is no single cause for Operation Covid-19. But is it primarily a show of force? It may appear so to the people, who are obviously unaware that the enemy, in the eyes of the governments, is not the virus, but themselves. In the theocracies of antiquity, the fear of the populace for their despot was matched only by the fear of the despot for the populace.
for the populace. The despot was unable to shake off the fixed idea that a plot could be hatched against him at any moment. Hence his sickly mistrust of all those around him, no matter how far away they were from him; hence also his obsession with controlling all his subjects at all times and, to that end, exercising constant and total surveillance over them. In theocratic royalty, the populace lived under the eye of the palace, doubled by that of the divinity; in post-modern democracies, the masses live under the eye of countless cameras. So what are the little democratic despots afraid of? Of anything and everything. The devices used to monitor the population

were not developed eo ipso, they were intended, even before the availability of the technology needed to develop and manufacture them, by an engeance fundamentally paranoid, with the aim of exerting on the populations a control as global and absolute as its own paranoia is acute; even if this control were indeed global and absolute, the small democratic despots would still be haunted by the fixed idea that something or someone escapes from it, fixed idea that crosses cyclothymically the feeling, specific to the schizophrenic, "of being entirely controlled by this or that ensemble perceived as the world, or of being able to exercise a magical and sovereign control over it" (Claude Lévi-Strauss, Cosmopolitisme et schizophrénie, L'autre et l'ailleurs. Tributes to Roger Bastide, Nice, Institute for Interethnic and Intercultural Studies and Research. Institute publications d'études et de recherches interethniques et interculturelles, 7, 1976 [p. 469-474], p. 469). Basically, the viral masquerade in progress is the externalisation of a paranoid schizophrenia further aggravated by the abuse of psychotropic drugs and digital stimulants, the lack of psychic unity characteristic of this pathology being reduced in the final analysis to lesions and inner contradictions, to the rupture of the inner unity of the human being caused by this miscegenation which the pseudo-elite is so fond of and which it practices greedily (see

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