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Plague, Panopticon, Police.

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Abstract

This article resituates the Panopticon in Foucault's work, showing how it emerged from research on social medicine in the early to mid 1970s, and relating it to discussions of the plague and the police. The key sources are lectures and seminars from this period, only partly translated in English. What is of interest here is how Foucault's concerns with surveillance interrelate with concerns about society as a whole – not in the total institution of the prison, but in the realm of public health. This is pursued through detailed readings of Foucault's analyses of urban medicine and the hospital. The article closes by making some general remarks about situating Foucault's books in the context of his lecture courses, and about how the analysis of medicine may be a more profitable model for surveillance than the Panopticon.

In this short contribution I would like to make some comments about the figure of the Panopticon in Foucault's work, but not by speaking directly of it. Instead I intend to discuss how it relates to two other concerns: first, and in most detail, the work on social medicine, with the privileged figure of the plague town, and second, in much less detail, the notion of police. This will principally be pursued through a reading of Foucault's work of the early to mid 1970s, largely lectures and seminars given around the time *Discipline and Punish* was published. While some of these are now available in English translation, they provide a largely untapped source for seeing how Foucault's book publications emerged from a wider range of concerns.[2]

Medicine had been a concern of Foucault's from the very beginning of his career, initially in terms of mental illness, and the treatment of the mad. The full original edition of *Histoire de la folie* (1976a), for example, has long discussions of medical matters, a theme which is pursued in Foucault's next book, *The Birth of the Clinic*. The very first lines of this declare it a book about "space, language and death; it is question of the gaze" (1963, p. v). These themes work in a range of ways. Perhaps most interestingly, he declares that there are three forms of spatialisation. The location of a disease in a family and in the body are the primary and secondary forms of spatialisation. Foucault pursues this by looking at taxonomies of disease and work on their concrete manifestation in the organs. The tertiary spatialisation is "all the gestures by which, in a given society, a

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[2] This piece develops arguments originally made in the final chapter of Elden, 2001b. It also draws upon ideas first presented as the conference paper "Médecine, Police, Espace: Un élément dans la généalogie de la police de l'espace urbain", *Michel Foucault et la médicine*, Caen, 16 April 1999.

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disease is circumscribed, medically invested, isolated, divided up into closed, privileged regions, or distributed throughout cure centres, arranged in the most favourable way". It is the place of political struggles, economic constraints, and social confrontations. It is here that the changes that led to a reformulation of medical knowledge occurred (1963, pp. 14-5). We have here space of imaginary classifications, space of corporal reality, and space of social order.

The Birth of the Clinic however only tangentially touches upon this third kind of spatialisation, the question of social space. Foucault admits as much in *The Archaeology of Knowledge* (1969, pp. 69-71). To see the detailed analysis of this question we find the most useful information in discussions of the question of social medicine. There are three main sources for this work. The first is Foucault's 1973-4 seminar at the *Collège de France*, which studied "the history of the institution and the architecture of the hospital in the eighteenth century" (1989, p. 69). The results of this collaborative research were published in a volume entitled *Généalogie des équipements de normalisation*, and reissued as *Les machines à guérir* [*Curing Machines*] (Foucault et. al. 1976, 1979).[3] Foucault's introduction to this work was "The Politics of Health in the Eighteenth Century".[4] Second, and most important, there are three conference papers given to the Institute of Social Medicine in Rio de Janeiro in October 1974, originally published in Portuguese but translated back into French in *Dits et écrits.* Third, the ongoing publication of Foucault's lecture courses from the *Collège de France*. From the outline of the 1973-74 course entitled Psychiatric Power, it appears that the Rio lectures may well have traded upon work originally presented in Paris (1994, Vol. II, pp. 675-7).[5] This course is not yet published, but the courses from the two following years – *The Abnormals* and *'Society must be Defended'* (1999, 1997a) – develop some themes. Taken together they provide us with a number of insights into his work on this topic. Indeed, they provide Foucault's most detailed answer to a question he posed to the geographers of the French journal *Hérodote*: "Do you think it is possible to undertake a geography – or taking into account scales, geographies – of medicine (not of illnesses, but of medical establishments [*implantations*] along with their zone of intervention and their modality of action?)" (1994, Vol. III, p. 95).[6]

Foucault's themes in this research include such matters as the development of hospitalisation, and in particular the spatial organisation of its buildings, the mechanisms by which public health was carried out, and the study of environment and housing. This raises questions of waste collection, means of transport, and public resources which allow the functioning of everyday life, particularly in the urban environment (1994, Vol. III, p. 208).[7] This should be revealing to us for the reason that Foucault argues that the themes

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[3] On the history of this research see Macey, 1993, pp. 324-6.

[4] There are two versions of this introduction – it was revised between 1976 and 1979. They are reprinted in 1994, Vol III, pp. 13-27, 725-42.

[5] These initial pages are not present in the version in the collection of course summaries published after Foucault's death (1989, pp. 55-68).

[6] These questions were sent by Foucault in response to the better known interview with *Hérodote* – where they asked the questions (see 1994, Vol III, pp. 28-40). For an intriguing response, see Raffestin, 1997. On Foucault and medicine generally, see Artières and Da Silva (eds.), 2001.

[7] Between 1975 and 1977 Foucault led a team of researchers at the *Collège de France* into a detailed investigation into the question of habitat, the results of which were published as Foucault (ed.), 1977. This

that struck him in the literature on prisons had previously seemed important in his study of clinical medicine, particularly hospital architecture. Hospitals required knowledge of contacts, contagions, proximity and crowding, ventilation and air circulation: "at the same time to divide space and keep it open, assuring a surveillance which is both global and individualising, carefully separating apart the individuals to survey". This was a 1977 interview published as the preface to the French edition of Jeremy Bentham's *Panopticon*, and indeed Foucault suggests the research on hospitals is where he first came across the Panopticon (1994, Vol. III, p. 190). What is of interest here is how Foucault's concerns with surveillance interrelate with concerns about society as a whole – not in the total institution of the prison, but in the realm of public health.

Foucault's principal claim is that one of the changes of the years 1720-1800 was the appearance of a collection of modes of intervention that were neither therapeutic nor even medical in the strict sense. Instead they were concerned with modes of life, food, dwelling and environment. In all of these areas, questions of spatiality and the surveillance of populations are important. During this time medicine becomes an essential element for the maintenance and development of collective life, for society. For the capitalist society, it is bio-politics above all which is important, that is the biological, the somatic, the bodily. As Foucault puts it, "the body is a bio-political reality, medicine is a bio-political strategy" (1994, Vol. III, p. 210).[8] The development of statistics, population profiles and monitoring and surveillance become important as there is a move to prevention and regulation – not only in sites of exclusion, but in the society more generally. In this period, governments deal not just with a territory and the individuals or a "people" within, but with an "economic and political problem" – population (1976b, pp. 35-6; see 1997a, pp. 215-9).[9] Before this time only exceptional circumstances – the regulations applied in times of epidemic, the measures used in plague-infected towns, the quarantines imposed in large ports, along with the more mundane assistance shown to paupers – showed the constitution of these kinds of authority-led medical interventions (1994, Vol. III, p. 727).

But these exceptions utilised important organisational forms. Foucault notes that there have been two principal models for medical organisation in the Western world – the treatment of lepers, and the organisation of the plague. Lepers were immediately expelled from the shared space of the community, for the purification of the urban environment. The sickness could be separated, removed. For the plague, on the other hand, the 'emergency plan' is used. In France, the most evocative discussion of the plague in an urban setting is probably Albert Camus' *The Plague*. What is striking about Camus' plague is that it is almost the town which is infected, rather than just the people. The initial sign of the infection is the number of dead rats on the streets.

> It was as if the earth on which our houses stood were being purged of its secreted humours – thrusting up to the surface the abscesses and pus-clots

was a sequel to the communal work on hospital architecture. In his "Avant-Propos" (p. 3) Foucault lists the topics which make the determining factors of the urban environment or habitat: "medicine and hygiene, architecture, civil engineering, the social sciences and jurisdiction".

[8] It is worth noting that bio-politics first emerges as a topic in these Rio lectures. See Michaud, 2000, p. 16.

[9] For discussions, see Zancarini (ed.), 2001; Elden, 2002; Jouhaud, 2002.

> that had been forming in its entrails. You must picture the consternation of our little town, hitherto so tranquil, and now, out of the blue, shaken to its core, like a quite healthy man who all of a sudden feels his temperature shoot up and the blood seething like wildfire in his veins (1960, p. 13).

This is entirely consistent with Foucault's reading. The town itself needs to be cleansed. Accordingly, the 'emergency plan' [*plan d'urgence*] for epidemic disease comprised the following measures:

1. All people must remain at home in order to be isolated in a particular place, even in a single room;
2. The town is divided into distinct sectors or regions, inspectors patrol the streets, and a system of generalised surveillance is used to compartmentalise and control;
3. To accompany the detailed reports that come from these sectors, there will be a centralised information system;
4. People who do not show themselves for the inspectors at their windows will undoubtedly have contracted the plague, and therefore must be transported to a special infirmary, outside the town. Statistics can be derived from the reports that follow;
5. Houses need to be disinfected and sterilised (1994, Vol. III, pp. 217-8; see 1994, Vol. III, pp. 517-8; 1999, pp. 41-2).[10]

This is important in understanding the Panopticon because the chapter in which it appears in *Discipline and Punish* begins with the contrast between these two methods of dealing with diseases, leprosy and the plague. Foucault suggests that whilst "the leper gave rise to rituals of exclusion… the plague gave rise to disciplinary diagrams" (1975, p. 231). These disciplinary diagrams [*schémas disciplinaires*] require a strict spatial partitioning, careful surveillance, detailed inspection and order. This way of dealing with disease is not "a massive, binary division between one set of people and another", it is rather one that involves "multiple separations, individualising distributions, an organisation in depth of surveillance and control, an intensification and a ramification of power" (1975, p. 231).[11] It requires the minute control and division of a space – the town into districts, districts into quarters, quarters into isolated roads and individual houses (1999, p. 41).

Foucault goes on to link these two models with their political/social counterparts: "the leper and his separation; the plague and its segmentations. The first is marked; the second analysed and distributed. The exile of the leper and the arrest of the plague do not bring with them the same political dream. The first is that of a pure community, the second that of a disciplined society" (1975, pp. 231-2): the military model of organised discipline replaces the religious model of exclusion (1994, Vol. III, p. 218). Two forms of the utilisation and control of space – exclusion and inclusion-organisation – two forms of political power – negative and positive. The positive form of power is the birth of

[10] As well as Camus, another fictional account – Daniel Defoe's *A Journal of the Plague Year* – provides a striking example of the imposition of such procedures for the partition, surveillance and control of a plague town (Defoe, 1966, pp. 57-66; see Bender 1987, pp. 63-84).
[11] See Rabinow, 1989, pp. 34ff; Osborne, 1996.

administrative and political strategies (1999, pp. 44). Its four modes are selection, normalisation, hierarchisation, and centralisation (1997a, 161). Although these are used in *Discipline and Punish* to trace the emergence of the disciplinary society more generally, in its earlier context Foucault is more interested in public health campaigns. He suggests that "urban medicine, with its methods of surveillance, hospitalisation, etc. is nothing other than the development… of the political-medical plan [*schema*] of quarantine" (1994, Vol. III, pp. 218-9).

As Foucault points out, the leper is the symbolic figure, the real figures were often beggars, madmen and criminals; the plague similarly stands as a symbol of how "all forms of confusion and disorder" were dealt with from the late eighteenth century (1975, p. 232). The model for the disciplinary society is not the prison – as is often assumed – but a combination of the military dream and the mechanisms for treatment of the plague. The opposition of the leper and the plague, as opposed to that of torture and the timetable, is less frequently utilised or commented on in a Foucauldian study. One of the exceptions is Sarah Nettleton's *Power, Pain and Dentistry*, where she looks at how "dentistry emerged not in the confines of the hospital but its main functions were to be found in the community". Dentistry was part of the public health movement, working on prevention through surveillance and environmental control – instead of being focused on the body in the clinical setting, it was "located in a socio-environmental space which traversed the body" (1992, p. 117; see 1994). Another is Milchman and Rosenberg's work on Nazi Germany, suggesting that the Final Solution is an example of the exclusion principle, and the disciplinary model is evidenced in the domestic politics of the Nazi regime (1996).

What is important about the use of these examples is that Foucault suggests that the former use of power, the exclusion, has the organisational grid of the treatment of the plague victim superimposed on top of it, providing a model for the growth of the disciplined surveillance society – "treat 'lepers' as 'plague victims', project the subtle segmentations of discipline onto the confused space of internment" (1975, p. 232). Instead of the exclusion *without control* of banishment, what Bender has called "liminal boundedness… a reign of randomness and licence with the precinct of confinement" (1987, p. 44; see Foucault, 1976a, p. 22), the space of exclusion is now rigidly regimented and controlled. "All the mechanisms of power which, even today, are disposed around the abnormal individual, to brand him and to alter him, are composed of those two forms from which they distinctly derive. Bentham's *Panopticon* is the architectural figure of this composition" (Foucault 1975, p. 233).

Foucault suggests that social medicine is developed in France along with the expansion of urban politics, and organisation of the town. There is a discussion of the origins of cemeteries, on the edges of towns. Foucault claims that these cemeteries, with their individual graves, are not due to Christianity, and a respect for the dead. Older style ossuaries did not prevent the souls of these bodies ascending to heaven. The change was rather due to a politico-medico concern for the living and the contagion that the old graves brought. A similar move was made with abattoirs, moved from the centre of Paris to the west, to Villette. The key concern however is with circulation, with movement. This is not just of people, but of things and elements, principally water and air. Air was associated with the transmission of miasmas, and there was a fixation about the

temperature of air and its facilitation of disease. Proximity to swamps and marshes is linked to the spread of disease. In terms of water and drainage, Foucault examines the development of sewers, where the subsoil was controlled by the authorities, even when the space above was privately owned. This also allowed minerals to be mined and appropriated for the general good (1994, Vol. III, pp. 219-21; 1997a, p. 218).

Medicine therefore is forced to consider the "control of urban space in general" (1994, Vol. III, p. 734). Along with the French model of urban medicine, there is the German concept of *Medizinischepolizei*, the medical police, which appeared in 1764, and the English aim of the health of the work force (1994, Vol. III, pp. 212, 23). There is, of course, an overlap between all these areas, and indeed Foucault stresses that "conservation of the 'labour force'" is a general concern, although it is wider than simply this (1994, Vol. III, p. 18). "The city with its principal spatial variables appears as a medicalisable object" (1994, Vol. III, p. 734). Foucault suggests that in this period "urban topographies" were undertaken, which provide an outline of the principles of an urban policy. This is in contrast to topographies of regions, which can only recommend corrections and compensations to matters such as climate and geology that are outside of human control (1994, Vol. III, p. 734). Public hygiene is the political-scientific control of the environment. A large part of the scientific medicine of the 19th century – the birth of the clinic, in the dual sense of the hospital and clinical medicine – finds its origin in the lessons of the urban medicine developed at the end of the 18th century.

Foucault argues that the "question of the hospital at the end of the eighteenth century was fundamentally a question of space" (1994, Vol. III, p. 518).[12] This is evidenced in a number of areas. Examples include the locale of the hospital, where its situation had to conform to the sanitary controls of the town – the dangerous miasmas, contaminated air, and dirty water and so on (1994, Vol. III, pp. 518). Foucault also discusses the "spatial adaptation of the hospital, and in particular its adaptation to the urban space in which it is located". This includes the situation of the hospital within the larger community – should it be large and encompassing, perhaps outside the town, where the risk of contagion is limited, or should there be a number of smaller hospitals spread throughout the community, but now for more than the assistance of the poor (1994, Vol. III, pp. 50-1, 511-2).

Foucault also discusses the internal organisation of the hospital – the individuation of patient space, with the single beds, as opposed to larger dormitory beds of the past, the screens [*draps*] placed around the beds; and the constitution of a modifiable environment, with changeable temperature and air cooling. These are intended to allow the individual control of a patient's environment, and to protect them from infection. All of these changes showed the attempt to make the hospital not simply the place of the cure, but also an instrument of the cure itself: "the space of the hospital is medicalised in its purpose and its effects" (1994, Vol. III, pp. 518-9).[13] The hospital is turned into a "curing machine" (1994, Vol. III, p. 738). Before the eighteenth century the hospital was

[12] This is a point made more generally earlier in the same lecture: "Discipline is above all an analysis of space; it is individualisation through space, the placing of bodies in an individualised space which permits classification and amalgamation" (1994, Vol III, p. 516).
[13] See also "Le dossier", and several of the contributions by the other authors in Foucault, et. al, 1979.

essentially an institution of separation and exclusion, the place where one went to die. It was not an institution directed toward medical ends in the way we would understand them. This is accompanied by a rise in the importance of the doctor (1994, Vol. III, p. 519; see 1963). "The eighteenth century hospital was intended to create the conditions to illuminate the truth of sickness… a place of observation and demonstration, but also purification and proof" (1994, Vol. II, p. 676). The new hospital technology allows both the individual and the population to become objects of knowledge and medical intervention, just as the mechanisms of discipline in the wider society do. The medicine of the eighteenth century, by its use of space, is simultaneously a medicine of the individual and the population (1994, Vol. III, p. 521).

The model for the 'medicalisation' of the hospital was not the civil hospital, but the naval hospital, such as those in London, Marseilles and La Rochelle. It is important to stress that the reorganisation of these maritime and military hospitals was not on the basis of medical technique, but essentially on that of political techniques of control and discipline. Some of the mechanisms developed out of the treatment of epidemics and the use of quarantine, some from the new means of discipline found in the army (1994, Vol. III, pp. 513-4). It is obvious that the models Foucault uses in his earlier work to show the development of medicine – the army, monasteries, slavery, schools, the Roman legion – are also those that shape the development of the disciplinary society outlined in *Discipline and Punish* (1994, Vol. III, p. 515; see 1975).

In the family, the organisation and distribution of space is also important. The space of the home needs to be "purified, cleaned, aerated", and there is a medically optimal distribution of individuals, beds, and household objects (1994, Vol. III, p. 732). Such themes are developed in the 1974-75 course at the *Collège de France* in relation to campaigns against childhood masturbation and incest (see 1999, 230-59; see Elden, 2001a, pp. 100-1). However it is urban space more generally which is the most dangerous location for the population as a whole. "The situation of different quarters, their humidity, their orientation, the aeration of the entire town, the system of sewerage and disposal of waste water, the situation of cemeteries and abattoirs, and population density, all of these are the factors which play a decisive role in the mortality and morbidity of the inhabitants" (1994, Vol. III, p. 734). This requires the growth of medical interventions beyond the previously privileged places of illness – prisons, boats, ports, and hospitals. These interventions isolate and constitute the points of application of the much more intensified medical use of power. As a general technique of health, medicine takes its place within the administrative structures and machinery of power (1994, Vol. III, p. 734-5). We therefore have this medicalisation, part through surveillance and control, at a number of different levels or scales – the urban environment, the institution of the hospital, and the individual home. This is an administration of the polity, of the space of social order.

It is therefore clear that the work of *Discipline and Punish* is part of a much wider enquiry, which has its roots back to the early stages of Foucault's career. The Panopticon is a privileged example, almost an ideal type, but it emerges in the text as the architectural figure of the convergence of the mechanisms for dealing with lepers and plague victims; as a product of a number of disciplinary themes. The Panopticon is an

exceptional example, certainly, of the uses of power and space, but it is the culmination of a variety of technologies of power rather than their beginning. In a sense then, in its contextualisation of the figure of the Panopticon in Foucault's work, this paper is simultaneously a call for attention to be diverted away from it. Although it is treated in a powerful passage in the book, it takes up only a few pages. Foucault himself was concerned with this problem.

> In reference to the reduction of my analyses to that simple figure which is the metaphor of the panoptic… compare what they attribute to me with what I have said; and here it is easy to show that the analyses of power which I have made cannot at all be reduced to this figure… (1994, Vol. III, p. 628)

Why then does Foucault designate the disciplinary society under the general rubric of panopticism?

Part of the way towards an answer comes if we remember that the Panopticon was never simply as a prison. Bentham's initial schema had been for the reform of prisoners certainly, but also for the treatment of patients, the instruction of schoolchildren, the confinement of the insane, the supervision of workers, beggars and so on (see Bentham, 1791, Vol. I, pp. 107, 110, 113, 121; Vol. II, pp. 184, 191n; 1812; Anonymous, 1828). Foucault suggests that Bentham takes the penitentiary house as his prime example because it "has many different functions to fulfil – safe custody, confinement, solitude, forced labour and instruction" (1975, p. 239, 240n). But we would be neglecting important aspects of Bentham's work if we looked at the Panopticon in isolation. As Foucault importantly notes, in Bentham's scheme, "police, the French invention which immediately fascinated all European governments, is the twin of the Panopticon" (1994, Vol. II, p. 729). Bentham himself saw the Panopticon as having two branches: the prisoner branch and the pauper branch (1838-43, Vol. XI, p. 104; see Driver, 1993; Dean, 1991). The prison is therefore one piece of this general panopticism – this new form of police, of government. "It is there, in the general panopticism of society that one must place the birth of the prison" (1994, Vol. II, p. 438).

I do not propose here to discuss the notion of police in Foucault's work in detail. It is an important concept in Foucault's major writings, and appears in numerous places in his lectures and shorter pieces.[14] Foucault's principal point is the way treatises concerning the effective government of state territory started to appear in the seventeenth century. A system of policing similar to that found in cities needed to expand beyond the urban. Foucault, of course, is using police here in the broader sense – an almost Hegelian sense – rather than a uniformed force for the prevention and detection of crime (see Hegel, 1991). Like Hegel's sense of police, Foucault understands the concept as concerned with regulations in a more general sense for the smooth running of society, for good government. Foucault thinks it is important that around this time "every discussion of politics as the art of government of men necessarily includes a chapter or a series of chapters on urbanism, on collective facilities, on hygiene, and on private architecture" (1984, p. 240). Going therefore beyond the juridical, police would be concerned with

[14] For a discussion see Elden, 2001b, pp. 134-5; more generally Radzinowicz, 1948-86; Neocleous, 2000.

education, welfare and poverty, the organisation of the market, urban management and medicine. In this sense police is concerned with the general set of rules and regulations for the government of a society, a rationality, a way of thinking: "In the seventeenth and eighteenth centuries, 'police' signified a programme of government rationality" (1984, p. 241).

Much recent literature utilising Foucault has developed insights from this, as the putative 'governmentality' school. However, rather than there being a strict distinction between police and governmentality – as some have claimed (see, for example, Rose, 1993, p. 289) – the art of government is, as Foucault suggests, related to both mercantilism and Cameralism (1994, Vol. III, p. 648; see Vol. IV, pp. 36, 272). Both of these were forms of what can be understood as police, or police science – *Polizeiwissenschaft*. The distinction between police and governmentality is much more to do with the political system – reason of state to nascent liberalism – than a change in the techniques (see 1989, p. 109). Indeed I would make the broader point that the "Governmentality" lecture seems to be decontextualised in much on the literature on it – it was part of a course on "Security, Territory, Population", and the accompanying year's seminar was a study of *Polizeiwissenschaft* (1989, pp. 99-104, 104-6). The publication of the lecture course from this year will undoubtedly disrupt many of the appropriations of Foucault's work in this area.

In the first version of "The Politics of Health in the Eighteenth Century", Foucault notes that "police… is the ensemble of mechanisms through which order is ensured, the channelled growth of wealth and the conditions of preservation of health 'in general'" (1994, Vol. III, p. 17). In the revised version of this, written as his researches into government developed, the role of the police is seen as the management of the social 'body'. He stresses that this should not merely be understood metaphorically, but as depending on the material bodies of individuals, and the material conditions of life. Population in this sense is more than merely the people in a particular area, but also individuals taken both as individuals and as a whole. The conditions of their existence, survival and well-being are controllable, but this is only possible with control and surveillance of the population as a whole (1994, Vol. III, pp. 730-1). Something similar had been argued as far back as *The Birth of the Clinic*, where he suggested that "a medicine of epidemics could exist only if partnered by a police" (1963, p. 25).

Foucault's analysis of this long period is therefore orientated around two main concerns, both of which are modes of power. One is discipline, perhaps in enclosed institutions; the other is the understanding of bio-power, of control of populations. These controls are facilitated by police or governmentality. There is not a strict differentiation between the two concerns. As Foucault notes, the Panopticon "is a form of architecture, of course, but it is above all a form of government. It is a way for mind to exercise power over mind" (1994, Vol. II, p. 437). Although there are various presentations of the new disciplinary society that he analyses, one of Foucault's most compelling claims is when he suggests that there are two images of discipline – the discipline-blockade, and the discipline-mechanism. The first is the enclosed institution, situated on the edges of society, but

turned inwards; the second is a functional device or apparatus [*dispositif*] that makes the exercise of power more effective and enables subtle coercion of the society; a schema of exceptional discipline, and a generalised surveillance. The latter of these Foucault designates "panopticism" (1975, p. 244), but only the former is exemplified by the Panopticon.

We should recall here how Foucault suggests that the themes that struck him in the literature on prisons had previously seemed important in his study of hospital architecture (1994, Vol. III, p. 190). Taken together with the suggestion that the police is the twin of the Panopticon, we can see how the themes of medicine, the Panopticon, and police relate in Foucault's work of the mid 1970s. Lectures which appeared in *Dits et écrits*, but also the ongoing publication of Foucault's lectures from the *Collège de France*, provide a wealth of interesting and important detail into Foucault's concerns of this period. This is true of Foucault's work more generally. The lecture courses in particular demonstrate that Foucault was engaged in a wide range of research concerns, only some of which were worked up for publication. Reading the course summaries, translated in the first volume of the *Essential Works* collection, only gives a partial view (1989, 1997b). Foucault wrote the summaries after the courses had finished, and often highlighted the aspects he felt were most successful or worth pursuing. The 1975-76 summary, for example, barely makes reference to the question of race, which is a, if not the, major theme of the course itself (1997a, see Stoler, 1995; Montag 2002; Elden, 2002).

Ongoing research into these publications will transform our understanding of Foucault. The publication of the course on "Psychiatric Power" from 1973-74 is likely to supersede the sketch I have presented here. As already mentioned, the "Birth of Bio-Politics" and "Security, Territory, Population" courses, from which the "Governmentality" lecture is torn, will doubtless problematise almost all of the appropriations of Foucault's work in this area.[15] And, to my mind the most interesting and significant development will be our transformed understanding of how Foucault's work on sexuality developed and changed over the decade he was concerned with the issue.[16] As with the concern with medicine, sexuality is interesting because of the dual emphasis on the individual body and the social body: "the political significance of the problem of sex is due to the fact that sex is located at the point of intersection of the discipline of the body and the control of the population" (1994, Vol. III, p. 153; see 1976b, pp. 191-2).

Work on surveillance that has followed Foucault has tended to privilege the figure of the Panopticon in his work, at the expense of some of his other analyses. While the work on medicine is not well known for understandable reasons – appearing in minor publications and some only available even in French relatively recently – it is perhaps more surprising that the chapter in which the Panopticon appears in *Discipline and Punish*, entitled 'Panopticism' is so often given a partial reading. The analysis of the plague town is, it seems to me, a much better example of the surveillance of society. The recent SARS epidemic, for example, has shown many of the quarantine methods at work in hospitals and airports. Rather than the Panopticon being the model for the disciplinary, surveillance

[15] Working with the course tapes has allowed Lemke (1997, 2001) to offer the best contextualisation to date.

[16] This is a theme that has been pursued in other works (see Elden 2001a, 2002, 2003).

society, the surveillance society is, taken to its extreme, exemplified by the Panopticon. Instead of seeing the surveillance society as the extension of "the prison, the factory and the school, to encompass all of the urban landscape" (Norris, 2003, p. 249), we should, as Norris has done, recognise the importance of control mechanisms that have more in common with the leper and the plague victim than the occupant of the Panopticon. Norris suggests that digital enforcement has much in common with the leper; and discusses some of the ways in which modern use of CCTV has parallels to the treatment of the plague. While his discussion of Foucault is brief, in order to open up contemporary issues, mine here is much more detailed and textual.[17] Recognising the interrelation of the plague, the Panopticon and the police will contribute both to a more accurate view of Foucault's work on surveillance, and hopefully allow it to be used in more revealing ways.

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[17] I am grateful to one of this article's referees for pointing me to this piece.

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