ABSTRACT. A critical history of the architectonics of the Western body and the scientific methodologies which underlay its construction in late seventeenth England offers insight into current experiences of alienation and estrangement on the part of a substantial number of patients and health-care providers. The bodily architectonics outlined formed normative personae that continue to shape a number of medical and social discourses. This essay outlines some features of this bodily architecture and summarizes some of the factors that helped shape its historical formation. Discussion then moves to consideration of those who opposed the new formulations and/or methods, and finally suggests some ways in which this bodily architecture remains both current and problematic today.

In science, just as in art and in life, only that which is true to culture is true to nature.

Ludwig Fleck (Fleck 1935: 35)

INTRODUCTION

In its January 28, 1993 edition, The New England Journal of Medicine published a “special article” entitled “Unconventional Medicine in the United States.” Detailing the fact that one in three respondents of a survey of 1539 American adults had used unconventional therapies – treatments defined as “medical interventions not taught widely at U.S. medical schools or generally available at U.S. hospitals” – in the preceding twelve months, the authors recommended that physicians ask their patients about such use and that medical schools include anthropology and sociology in their curriculums (Eisenberg et al. 1993). The authors noted that most users of unconventional therapies paid for them out-of-pocket, which is not typical for conventional medical treatments. In the accompanying editorial, Edward Campion, M.D., urged physicians to care for the “whole patient” (Campion 1993: 282–3).

Issues of personhood in their medical context(s) have been the focus of critical explorations of Western learned medicine undertaken over the past thirty years by a number of those engaged professionally in study
of the social bases of medicine. Anthropologists, historians, philosophers, literary critics, ethicists, and sociologists, not to mention patients and their advocates as well as professional care-givers and medical institutions, have each sought to address what they perceive as slippages between human life as considered according to the canon of what has been termed the "instrumental rationality" of "biomedicine" and the life-world of healthy and sick people (Eisenberg 1977; Kleinman 1989; Arney and Bergen 1984; Good and DelVecchio Good 1981; Good 1994; Foucault 1982; Foucault 1980; Illich 1976; Brody 1973; Boas 1940; Turner 1987; Armstrong 1983).

Much of this critical literature has focused on practices and institutions which have taken form since the last quarter of the nineteenth century: the scientific teaching hospital, diagnostic and therapeutic modalities with a high machine and/or technological content, the proliferation of medical specialties, positivist explanations of disease causation which privilege specific and unique etiologic agents, and bureaucratic patterns of health-care delivery. For the most part, alienation and estrangement in their medical contexts have been characterized as a (dys)function of the interaction of one or another of these categories with healthy and sick people. Given that alienation and estrangement are perceived largely as outcomes of flawed behavior on the part of medical institutions, those who want to see biomedicine as less alienating and less estranging have most often directed their advocacies to institutional and/or policy reforms.1

Ontologically prior to these instantiated social (dys)functions, however, lies the individual and his or her body. Byron Good, as have many others, identifies the closing decades of the seventeenth century in England as crucial to the formation of a set of ideas of especial importance in modern Western notions of rationality, experience, and the body. I agree. Despite profound differences in the content of their theories, influential early modern philosophers, including Bacon, Descartes, Hobbes, Locke, and others — as well as their contemporaries who were Christian mystics and alternative healers — shared a determination, often explicit, to combine methodological reforms in the way humans know and communicate their knowledge of the world (and God) with social reforms. In constructing their cosmologies and utopias, virtually all of them included a substantial discourse on the nature of the individual human. Furthermore, most of them argued that their social and political analyses proceeded from their analysis of the individual.

My premise in this essay is that a critical history of the architectonics of the Western body and the scientific methodologies which underlay its construction in this period may offer some insight into current experiences of alienation and estrangement on the part of a substantial number of patients and health-care providers. Many of scientific medicine's ideas