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Special Issue

Michel Foucault and the Historiography of Science

Foucault and Starobinski:

A Critical Relationship or *The Living Eye* vs. “Gazing at Death”

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Abstract:

In *The Birth of the Clinic*, Foucault sweeps both bibliographical references and academic deference aside, thumbing his nose at historians of medicine and initiating a *bras d'honneur* towards traditional historiography. In this article, we will first recall the context of the reception of Foucault's translation, where we see Anglo-Saxon readers swinging between admiration and repulsion when reading *The Birth of the Clinic. An archeology of Medical Perception*. We will then demonstrate how Jean Starobinski's account of it, “Gazing at Death”, differs from those of his English-speaking peers. Finally, we will explain why we read in it the critical relationship, in every sense of the word, that Foucault and Starobinski maintained throughout their lives.

Keywords: Birth of the clinic; writing style; historiography; system of thought; French philosophy

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“Foucault's book is extraordinarily difficult to read”, deplores one early reviewer of *The Birth of the Clinic* (Aronson 1973). It's no surprise that Foucault's writing style has aroused some reticence, and sometimes outright hostility, in the English-speaking world. For English-speaking readers, Foucault's language is indeed a major obstacle, as noted in most reviews of *The Birth of the Clinic. An Archaeology of Medical Perception* (Foucault 1973a, 1973b). While some terms pose no difficulty in translation, others have no “normal equivalent”, notes the translator of *The Birth of the Clinic*.² This is the case, for example, of the locution “*la clinique*”, which Sheridan Smith prefers to translate as “clinic” to express the complex unity of the concept: the clinical method and the hospital, as a place for treatment of illnesses and teaching of medicine. He also explains that he used the term “gaze”, although it is unusual in English, to render the French word “*regard*” – except in the subtitle where he chooses to retain the original term “perception”. Sheridan was also confronted with the problem of the critical edition of the text. Indeed, the English

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² We used the reprint in Vintage Books Editions (April 1994) of the edition published in 1973 in New York.

translation is a hybrid text between the first French edition (Foucault 1963) and the second (Foucault 1972). Therefore, the English-speaking reader finds himself reading paragraphs of *The Birth of the Clinic* translated from the original 1963 text and others from the text reworked by Foucault for the 1972 edition; since there is no English translation to date that is based entirely on either of the two French editions.³ This philological embarrassment has not failed to produce its share of misunderstandings. But far from blaming the translator, let us judge the difficulty of the task by mentioning some of the first reviews of the English text *The Birth of the Clinic*, before coming to Starobinski’s “Gazing at Death”, thus shedding light on the ambiguous relationship that Foucault and the Geneva-based critic maintained throughout their lives.

“Medical Change” (Caws 1973) is one of the first reviews of the English translation of *The Birth of the Clinic*. It was published in November 1973 in the prominent American centre-left political and cultural opinion magazine *The New Republic*. Peter Caws criticises Foucault’s writing in an acerbic manner. He also criticises certain translation choices, notably that of the French term “*regard*” by gaze, whose multiple meanings and various connotations sometimes seem comical to him (gaze would be too close to gawk, according to him). Why didn’t the translator simply keep the French word “*regard*” in English? Caws then remarks with malicious sarcasm that only in Foucault’s book do doctors “gaze at their patients” rather than examine them. However, if it is difficult to avoid Foucault’s “frequent sense of linguistic outrage” (Caws 1973), the blame lies as much with the author as with the translator. For example, Caws considers it unnecessary to form the adjectives “tissual” or “tissular” from the English noun “tissue”, as Sheridan does.⁴ At first glance, the question of Foucault’s style might seem insignificant. This is not the case. The numerous criticisms from English-speaking readers who complain, as Caws does, that “all one can do is grit one’s teeth” reading *The Birth of the Clinic*, attest to its importance. Especially since “there are plenty of reasons to read this book”, he concedes, “but it cannot be recommended as a pure delight to those who are sensitive to English style or care about clarity of expression. Foucault needs more than a translation, he needs editing”, Caws quips. “*Faute de mieux*”, he admits in French, Foucault “is worth having as he is, mainly because of his ingenuity in thinking up new and surprising combinations of topics for investigation. *The Birth of the Clinic* is a case in point”.

In the same vein, the review by Alfred Lars Aronson, published in the autumn of 1973 in the oldest American literary journal, *The Yale Review*, illustrates the ambivalence of the reactions that *The Birth of the Clinic* aroused in the English-speaking readership. Aronson credits Foucault for the novelty of the historiographical enterprise: “It is to Foucault’s credit that *The Birth of the Clinic* attempts a minor revolution in medical-history writing” (Aronson 1973), and also for the benefit he derives from his work as a physician, scientist, and teacher. On the other hand, he expresses certain reservations about the difficulties one encounters when reading the text. Indeed, he finds “Foucault’s book *The Birth of the Clinic* extraordinarily difficult to read. The sentences, the paragraphs even, are sometimes so convoluted that they escape analysis. Aronson’s disagreement with Foucault’s thesis on the

³ Thus, it sometimes happens that one passes from one edition to the other in the same sentence, Stuart Elden notes, regretting that a systematic comparison of the texts of the two French editions has not been undertaken to date. Available in: <https://progressivegeographies.com/2019/02/11/which-edition-of-foucaults-birth-of-the-clinic-did-alan-sheridan-actually-translate/> Consulted October 8, 2019.

⁴ Sheridan returns to the question of Foucault’s style to shed light on it. According to his translator, “it is not so much that Foucault writes well [...]. It is rather that he writes with ostentatious brilliance: his writing betrays a quite shameless delight in his own skill, that calls to mind the sumptuous prose of our own pre-Classical period [in English literature], that of a John Donne or a Thomas Browne. To write in this way is no affectation or self-indulgence. It is, if it requires justification, functional. Like all style, it is both natural and cultivated”. See (Sheridan 1980, 223-224).

problem of perception is not, however, due to the use of terms –admittedly difficult to translate– such as “gaze”, “presence” or “individualities” and “a multitude of others that serve to confuse rather than to clarify”. The difficulty, he argues, lies primarily in Foucault’s vision, a vision that is “essentially foreign” (to not say strange) to the Anglo-Saxon reader, yet one to which this particular language fits adequately. It is less the strangeness of the language than that of a French philosopher proposing to treat the problem of perception from a critical historical point of view, which leaves a doctor and scientist such as Aronson perplexed.⁵ Moreover, the strangeness is due to the general Foucauldian project, which he understands, quite rightly, as an attempt “to structure this history of ideas [those ideas of the eighteenth century which provide the foundations for the modern conception of disease] into a systematic philosophy [founded] in a sea of semantic whirlpools”. The fundamental point of Aronson’s disagreement with the Foucauldian thesis of a “causalist” reversal of perspective is precisely that he is situated at the opposite point of view, as he himself recognises. Indeed, Aronson thinks “it is the application of the scientific method [to the investigation of disease] which enables the new “perception”, and not vice versa” (Aronson 1973).

In 1974, it was Paul J. Korshin’s turn to review *The Birth of the Clinic* in the academic journal of the history of medicine and health *Clio Medica*. The professor of English literature and specialist of the 18th century uses the subtitle “archaeology of medical perception” as a key to reading Foucault’s work, which he rightly considers as an “archaeologist of medical perception”. As such, Korshin expects *The Birth of the Clinic* to provide a “systematic explanation for changes in medical theory and patterns of perceptions that were largely invisible to practitioners at the time” (Korshin 1974). He, therefore, believes that it would be more correct to see Foucault as “a mythographer of the actual”, in his words, “for he strives to give coherent, narrative form to a vast and disparate body of knowledge, much of it now virtually forgotten” (Korshin 1974). In an interesting remark, Korshin values the part of this vast body of knowledge that is limited not only to the clinic or to the evolution of the modern hospital, but also mainly concerns “eighteenth century nosology, changes in medical administration and teaching, and accomplishments in the areas of morbid anatomy and fevers between 1790 and 1830” (Korshin 1974). Just as other authors (Keel 1977, 1985, 2001, Porter 1995, 1999) after him, he criticises the fact that the scope of the inquiry is almost exclusively French medicine and complains that “we hear practically nothing of medical science in any of the other European countries. But the most interesting remark in Korshin’s review is undoubtedly the following one:

Foucault is clearly no medical historian, for he never alludes to modern studies of medical history or to contemporary methodologies of this branch of inquiry. He is interested mainly in modes of discourse and theories of perception; medicine happens to be his subject, just as in later books [*The Order of Things* (*Les mots et les choses*), *Archaeology of Knowledge* (*L’archéologie du savoir*)] he turns to other branches of knowledge, like economics or the science of classification. (Korshin 1974)

If the clinic is an ideal subject for Foucault’s research, Korshin summarises, it is on the one hand that his study aims at establishing the existence of what the French philosopher calls “‘systems’ (others would call them ‘structures’ or ‘epistémès’) of perception, each of them different methodologies whose separateness from the previous bodies of thought is

⁵ On the functionality of Foucault’s style and “Nietzsche’s ‘influence’” on French thought and American thought, where Nietzsche is also “widely read” compared to England, see (Sheridan 1980, 225): “In England, where intellectual life so often appears to be in the grip of a narrow, smug, mentally lazy (il)liberal consensus, threatened on its fringes by a small band of Marxists, it is almost non-existent”.

so clear that no explanation is needed to distinguish among them." (Korshin 1974). And on the other hand, it is that Foucault believes he sees in the clinic, Korshin analyses, "a unit of inquiry characterised mainly by silent empiricism without potentially muddying discourse." The literature professor then asks how the method works in this book. He begins by considering the preface (he is one of the few reviewers to do so) as an important contribution to the methodologies of intellectual history. However, Korshin immediately finds regrettable that the following ten chapters "are uneven and often unclear, sprinkled here and there with arcane dicta and unexplained obscurities, sometimes poetic in imagery, sometimes seemingly unaware of recent medical history" (Korshin 1974). Through these chapters and these obscurities, the professor of literature nevertheless spots a narrative thread, reminding us that "every historian needs a classifying notion to order his thinking". According to this specialist of the Eighteenth Century, the classifying notion implemented by Foucault would therefore be that of the creation of the clinic as "a political act". Namely, the implementation of the new laws enacted in the 1790s to regulate medical practice and teaching. In other words, it is a political act, first and foremost, that will allow the establishment of public health centres in which the "empirical observation of diseases could take place on a broad scale". In this way, the medical "free gaze" can be trained. Until then, it must be recognised that the perceptual structure of the eighteenth century showed little sign of such change. This point seems difficult to contest, if one is willing to consider the medical and political inadequacy of hospitals in the eighteenth century. After five chapters of "politico-medical history, then, Foucault gets down to the revolution in medical perception in two very good methodological studies" that are, in Korshin's opinion, the chapters "Signs and Cases" (ch. VI) and "Seeing and Knowing" (ch. VII). In fact, he only reads the last three chapters (ch. VIII "Open Up a Few Corpses", ch. IX "The Visible Invisible", and ch. X "Crisis in Fevers") as studies in the history of medicine proper. Rightly so, since Foucault does indeed mention at the very end of his book Bichat's contribution to pathological anatomy, Laennec's invention of the stethoscope, and Broussais' study of fevers. Another significant point, in our view, of Korshin's reading of Foucault's archaeology of the medical gaze, is that he considers these last chapters do not bring anything new to medical history, whereas they are "central to Foucault's systems of perception". And especially the last two pages of the chapter "The Visible Invisible" in which the professor of literature finds Foucault's style "at [its] most poetic and arcane". At the same time, he finds these pages "illuminating to Foucault's theories of medical description" up to their outcome in the medical "triumph of the gaze". The quotation of Laennec's description of "the first cirrhotic liver in the history of medical perception" (Foucault 1972, 174, 1973b, 169-170) is undoubtedly linked to this enlightenment, as well as Foucault's accompanying commentary. Indeed, Foucault introduces this description by highlighting Laennec's "extraordinary formal beauty of the text links, writes the author of *The Birth of the Clinic*, in a single movement, the internal work of a language in pursuit of perception with all the strength of its stylistic originality, and the conquest of a hitherto unperceived pathological individuality" (Foucault 1972, 174, 1973b, 170). Despite all the obscurities of Foucault's language, Korshin has grasped the fundamental question of *The Birth of the Clinic*, by situating the methodological problematic in the space of language and its history, as he acutely summarises: "We see language opened up to a new galaxy of perceptions; this is what Foucault's method is all about". Such an observation shows that despite the difficulties of style and beyond the divergences of the Anglo-Saxon and French scientific traditions, it is quite feasible to identify Foucault's objective in *The Birth of the Clinic*. It is still necessary to know how to read – or rather to want to read – as Korshin seems to say at the conclusion of his review. He reminds us that the "bulk of [Foucault's] examples come from medical prefaces, where methods are set forth, not from the bodies of medical texts, where medicine is discussed". The professor of literature thus encourages readers to "plough through its difficult rhetoric" for their perseverance will be rewarded by the significant

discoveries contained in this book, which has a greater logic and continuity than Foucault's previous works.

It was necessary to recall this context of reception in which we see Anglo-Saxon readers swinging between admiration and repulsion when reading the translation of Foucault's book, before being able to show how Jean Starobinski's account differs from those of his English-speaking peers, as we shall see in what follows.

"Gazing at Death. *The Birth of the Clinic. An Archaeology of Medical Perception*" (Starobinski 1976) was published in the young and ambitious *New York Review of Books*, which prided itself on offering a space for deep discussion of contemporary books and issues to the most interesting and qualified minds. In this article, unpublished in French and arriving late compared to the reviews we have just mentioned, Starobinski presents Foucault's book in a review that looks very much like a text explanation. He announces at the outset that he considers the work to be a work of history, while refraining –with difficulty, but not without elegance– from saying what he thinks of its author: "*The Birth of the Clinic* is a description of the changes in the language of medicine, particularly French medicine, between 1794 and 1820". But this work is much more than that. It is "an experiment in a new way of writing the history of science", as the literary critic and historian of ideas will explain. *The Birth of the Clinic* is actually "a testing ground for a radically redefined historical epistemology and methodology." According to Starobinski, therein lies the "double appeal" of this work. It will find readers not only among those who are interested in this "seminal" period in the history of medicine, but also among "those who are dissatisfied with the traditional procedures of intellectual history and who would like to see historians of ideas rethink their objectives and methods". It must be said that in 1976, Starobinski was already able to place *The Birth of the Clinic* in the general panorama of Foucault's work. He can safely say that this book "is an important element in the inquiry, which is the basis of [Foucault's] current theorising." Starobinski believes that the absence of biographies of scientists and the way in which Foucault constructs "impersonal schemes" show very clearly that Foucault's approach is that of a history of science "more interested in systems of thought, their appearance and disappearance, their way of organising scientific discourse and in the conditions which make them possible, than in the individual destiny of their 'inventors'". This is the reason why seeking to characterise the book rather than to classify it, Starobinski insists on the "stylistic" aspect of the book. *The Birth of the Clinic* is an expression of style: "We could call this book a study of the styles of medical knowledge, or more precisely a study of the differences in such styles, an inquiry concerned with the mutations, discontinuities, incompatibilities, and displacements which make the medical discourse of the nineteenth century totally unlike that of preceding centuries". Here we must distinguish between the literal and the literary sense of the term "style". Indeed, Starobinski does not seek by means of such a distinction to highlight the obscurity of Foucault's style or the muddled reading of his book, contrary to Aronson's comments, but also those of Poynter (Poynter 1964), Reiser (Reiser 1976) or Figlio (Figlio 1977), to mention a few. The Geneva critic is attentive to the literary difference in writing style. If Foucault's writing can be very attractive to a French-speaking reader, it can also be difficult to read and sometimes even irritating, Starobinski concedes, but never obscure. If Foucault is disconcerting, it is because his writing is full of "dazzling insights". The difference in style between the "scientific" language of linguistics or semiology, and the specifically philosophical descriptions of *The Birth of the Clinic*, are expressed, in the critic's opinion, in a "splendid literary language, full of figures, dramatic turns of phrases, metaphors, wordplay, allusions and poetic inventions, all of which present an unexpected element in the treatment of such a subject." In this regard, Starobinski does not fail to note the faithful and subtle work of the English translator, Sheridan Smith, mentioned above, who achieves real "*tours de force*" (in French in the text), although he has some

reservations about the translation of certain turns of phrase and about the rendering of Foucault's deliberate insolence. We shall see that this last point is anything but trivial.

From a critical point of view, Starobinski continues, Foucault is interested not only in the "internal rules" that govern a particular corpus of documents, and in their exceptions, but also in the rules that govern the next corpus of documents, because it is at a different stage of scientificity than the first corpus studied. This "structuralist" methodology, as Starobinski calls it and quotes it, leads Foucault to reject both the heroic role attributed to innovative individuals and the traditional evolutionary perspective in the history of ideas. While it is clear to Starobinski that Foucault's "own style, as one might guess, is frequently polemical when he seeks to refute the old historiography", the polemical game of refutation plays only a secondary role in *The Birth of the Clinic*. According to Starobinski, the "essential thing" in Foucault's book is "his description of the different styles of knowledge, the social "space" in which these styles are practically deployed – at home or in a hospital for example – the objects they select or reject, the concepts they use, and the metaphors they favour". The style issue is primordial in Starobinski's eyes, for it implies a distinction between (objective) method and (personal) style, more broadly, a division between science and non-science.⁶ The literary critic and historian of ideas sees in Foucault's simple omission of references to previous studies of clinical medicine not so much a sign of his distrust of traditional scholarship, but rather the mark of "his personal style of interpretation".⁷

The rest of the review is devoted to the medical-historical side of *The Birth of the Clinic*. Starobinski confronts Foucault's historiographical critique with the traditional way of writing the history of medicine. Let us take a closer look, on the one hand, to make O. Temkin (1902-2002) influence on Starobinski's work on the history of medicine felt. Then, on the other hand, to read some of the stylistic criticisms that Starobinski addresses to Foucault through the personalities of other historians.⁸ We want to show how Starobinski compares Foucault's presentation of events with that of three "traditional" historians of medicine: E. H. Ackerknecht (1906-1988), whose way of working is, according to Starobinski, "exactly the opposite of Foucault's autistic and self-sufficient way" (Starobinski 1976); O. Temkin, whose idea of the clinic is essentially taken from that of K. A. Wunderlich (1815-1877), who "knew Parisian medicine very well from his own experience"; and H. E. Sigerist (1891-1957), defender of a "living" history of medicine.⁹ In what follows, we will

⁶ (Trucchio 2016, 114). See also the book based on this Thesis Dissertation (Trucchio 2021, 10).

⁷ A. Trucchio notes that "al centro del pensiero maturo di Starobinski troviamo ancora la questione della distinzione tra scienza e non-scienza, anche se stavolta prendono piuttosto il nome di *methodi e stili*" ["At the center of Starobinski's mature thinking is always the question of the distinction between science and non-science, although this time they are rather called methods and styles", our translation] (Trucchio 2016, 114). The example given by Starobinski and quoted by A. Trucchio to deepen the distinction between method and style, shows the persistence of this question for Starobinski: "I recognize the existence of a Freudian style of interpretation; but I have difficulty seeing in psychoanalysis a method [...]. For Freud proposed (to the point of imposing) his personal style of interpretation, in a field where the precise methods of his time (I am thinking of the anatomical-clinical methods) remained silent: he occupied the ground left vacant". See (Bonnet 1985, 10). What is at stake, in short, is the judgment of knowledge of the living and the beautiful. The question is to know which idea would provide a "foundation of knowledge" (*Erkenntnisgrund*) proper to this type of knowledge and was already the object of Starobinski's reflexion in a speech on the idea of organism pronounced in the 1950s (Starobinski 1956).

⁸ The influence of O. Temkin on Starobinski's work would only be comparable to that of Canguilhem. See (Trucchio 2016, 92-93, 102).

⁹ Sigerist believes that "a lively history of medicine should refer to actual medicine and attempt to bridge the chasm between literary studies and the social and natural sciences" (Mörgeli and Blaser 1989, 53). However, Sigerist recognized that "to know the living, we dissect the dead" (Sigerist 1932, 10).

take the scope of Starobinski's criticism, which is aimed less at the theses of *The Birth of the Clinic* than at the "non-scientific" historiography on which the archaeology of the medical gaze is based. We will see that Foucault's attempt to throw away both bibliographical references and academic deference is received as a snub to the authors and a *bras d'honneur* towards traditional historiography.

For Foucault, it is the changes brought about by the French Revolution in the reorganisation of medical education, its centralisation, its submission to state control, and the establishment of new hierarchies which come first, as Starobinski summarises: "the revolutionary reorganisation of the University was at first no more than a necessary condition for the rise of clinical medicine" (Starobinski 1976). And he quotes Foucault as saying that "what clinical medicine lacked and what it had to create was 'a new coherent and unitary model for the formation of medical objects, perceptions, and concepts'". The Foucauldian version of history thus poses only one necessary condition for the birth of clinical medicine, namely the revolutionary reorganisation of the University. A political act, in a word. Traditional historians, on the other hand, line up a series of factors, the combined effect of which will play a determining role in the birth of the clinic. Starobinski summarises this theoretical viewpoint as follows: "According to them [traditional historians], the rise [of clinical medicine] depended on the decline of dogmatic causal interpretation and the rejection of Galenic, Cartesian and other preconceptions, which had provided a speculative foundation for nonverifiable physiology and pathology." Still, according to the "other historians", in addition to the decline of causal interpretation, the primacy given to unbiased observation also belongs to the series of determining factors in the birth of the clinic. Placed under the patronage of Hippocrates, unprejudiced observation is set up as a non-dogmatic model –thus following in a way the version of a rebirth of the clinic across the centuries, which Foucault virulently criticises as a historiographical myth. Finally, and only at the end of the series of factors, the traditional historiography of medicine gives birth to the clinic from "the suppression of old hierarchies and privileges, which made it possible for the Revolution to unify the domain of medical science and bring together medicine and surgery, enabling them to share their experience and methods." In contrast to Foucault, again according to Starobinski's reading, for the traditional historians of medicine, it was the combined effect of these causes that, in sum, enabled medicine to establish its scientificity. Foucault, on the other hand, mentions these facts only briefly, without using any of them to provide a causal explanation, showing, moreover, as much distrust towards socio-economic "causal attributions" as, towards expressive or psychological ones, Starobinski points out. In the same way, he refuses a Freudian explanation of the "scientific genius" or a Marxist interpretation of science as a superstructure. He proposes instead a theory of the "formation of systems", developed more elaborately in *The Archaeology of Knowledge*, as Starobinski notes. Here he quotes the definition of "system formation" given by Foucault in this book: "by formation system we must therefore understand a complex network of relationships which performs the function of rules", he explains to the English reader. This definition suffices to show the gap between the work of "traditional" historians of medicine and Foucault's attention to "the specific characteristics of the new medical discourse", that is, to the style of language giving form to the expression of a new content. Starobinski comes to compare Foucault's and Th. S. Kuhn's treatment of "the same 'revolutionary' phenomenon in science". Although in a more radical and more abstract way with Foucault, it concerns the appearance of a new paradigm indeed, to put it in terms of Th. S. Kuhn, taken up precisely by Starobinski: "the 'rules' he [Foucault] again and again refers to could best be defined as the patterns of thought which prevail in each dominant paradigm". In Foucault's eyes, Starobinski insists, the principal changes resulting from this "scientific revolution" are, "in the broadest sense, of a stylistic nature".

Finally, the last part of Starobinski's account relates the interest of F. X. Bichat (1771-1802) and his successors in "the structure of tissues, the configuration of diseased organs,

and the visible aspect of morbid conditions”, with Foucault’s stated intention to “describe the structure of the descriptive systems of Bichat and the other Parisian clinicians and anatomo-pathologists of the early nineteenth century”. Structure, configuration, visibility of conditions, this interest that Foucault’s project shares with Bichat, Laennec, and Broussais, manifests a common impatience with the “various causalist forms of historiography, such as existentialism, which looks for the “original project” behind a particular event, or Marxism, which tries to show the interests or relations of production underlying “ideological discourse”, according to Starobinski. This impatience they share, which tends to insolence in Foucault, would be the expression of “the will to set themselves free from the causal interpretations which tradition and even their immediate predecessors have imposed on them [Foucault, Bichat, Laennec, and Broussais]”. Indeed, writes Starobinski, “there is a striking parallel between what Foucault develops as his own method and the method he ascribes to, say, Bichat.” This remark deserves to be considered because this striking parallel leads Starobinski to consider *The Birth of the Clinic* as a projection of the Foucauldian undertaking.

The Swiss critic and historian of ideas, who was also a psychiatrist, points out here what no historian of medicine, to our knowledge at least, has noted. Namely that “Foucault is perhaps depicting in emblematic form his own undertaking, his own break with traditional intellectual history”. The striking parallel that Starobinski establishes between Bichat and Foucault is on the methodological level and concerns “the gaze at death”, an anatomical, analytical glance. On the other hand, when he writes “it is as if Foucault recognised in Bichat something of himself and his own attitude”, Starobinski also situates this parallel on the individual level. As if for him both plans do not go together. For example, when Foucault writes about Bichat’s method in terms of a rupture in relation to the old nosological system or in terms of a reversal in relation to methodological principle, Starobinski wonders if “when Foucault shows how Bichat and Laennec derive medical knowledge from the scrutiny of a corpse, and give priority to the lessons learned from the dead, he is not describing the position of his own archaeology of knowledge, analysing as it does vanished systems which are separated from us by one or more ‘breaks’”. Even more significant in relation to his rejection of Foucauldian mortalism, he asks: “Doesn’t his [Foucault’s] epistemology presuppose the isolation and death of the systems whose rules it studies?”. Bichat’s interest in structures (tissues), configuration (diseased organs), and visibility (morbid conditions) are the three points that allow Starobinski to draw a parallel between the method of 19th-century clinicians and anatomo-pathologists and Foucault’s intention with the archaeological method tested in *The Birth of the Clinic*. He goes on to describe the methodology of Bichat, Laennec and Broussais “which can broadly be described as structuralist”, since like Foucault, these clinicians and anatomo-pathologists sought to break with causal interpretation. With Bichat as with Foucault, the “structuralist” methodology would be the expression of the same impatience towards tradition. For Starobinski, Foucault’s method is a refutation of the “old historiography”, the one written by doctors and medical historians such as K. A. Wunderlich (Wunderlich 1859), E. H. Ackerknecht (Ackerknecht 1953, 1955, Ackerknecht and Wieries 1957, Ackerknecht 1967, 1986) – “whose way of quoting fellow scholars is exactly contrary to Foucault’s autistic and self-sufficient manner”, he adds not hiding his irritation –, O. Temkin (Temkin 1929, 1950, 1977), or H. E. Sigerist (Sigerist 1924, 1932, 1944).

However, between the lines of this striking parallel between Bichat and Foucault, we are also tempted to read the divergence of method in the analysis of texts and in the historiography of ideas that existed between Starobinski and Foucault, and this from their first works in the 1950s. In other words, the impatience one feels while reading “Gazing at Death” is rather that one of Starobinski himself. The critic and historian of ideas does not hide his disapproval of Foucault’s historiographical practices, as we quoted above, nor his

irritation at certain difficulties.¹⁰ On the other hand, he refuses the qualifier of “obscure” attached to Foucault’s writing and takes advantage of it to point out the “bold playfulness and elegant originality” of his prose in *The Birth of the Clinic*, thus recognising the strong attraction that his style can have on the French-speaking reader.

In sum, in addition to the historiographical gap, the divergence in method between Starobinski and Foucault sheds light on the critical view that the historian of ideas takes of the whole Foucauldian undertaking. Indeed, Starobinski presents it to the English-speaking reader as a trilogy of the history of science, of which *Histoire de la Folie* [*Madness and Civilisation*] is the first part, *Naissance de la Clinique* [*The Birth of the Clinic*] the second and *Les mots et les choses* [*The Order of Things*] the third. *L’archéologie du savoir* [*The archaeology of knowledge*] would then be the methodological postscript of this trilogy (Foucault 1972 [1961], 1966, 1969). One could thus see in *The Birth of the Clinic* a Foucault indulging in a historiographical autopsy of the “sujet” [human person], the essay offering the opportunity to its author of a methodological “testing ground” of the death of man, before officially proclaiming it, so to speak, in the following work *The Order of Things*, subtitled *an archaeology of the human sciences*. More than Starobinski’s impatience, let us retain above all his clear-sightedness when he notes that “one cannot fully understand *The Birth of the Clinic* unless we are aware of its position in this series” of works. It is probably necessary to have a thorough knowledge of the French intellectual and philosophical context of the 1950s and 1960s to be able to appreciate Foucault’s enterprise in all its singularity. This is precisely the case with Starobinski. The profound intelligence of Starobinski’s reading should not, however, mask the critical relationship between the two historians of ideas. This critical relationship, betrayed by a decade-long silence, is finally broken by this account in the form of a “living demonstration” of Starobinski’s method – the antithesis of Foucault’s. A critical relationship, tied up around a seemingly superficial disagreement that could almost go unnoticed, but that we nevertheless sense in this remark by Starobinski, where he insists once again on Foucault’s historiographical style, as if to deny the mortalist thesis of *The Birth of the Clinic* and to minimise the paradigmatic change that takes place in it both historically and historiographically: “Having rejected any belief in cumulative progress in medicine, Foucault’s view of “scientific revolution” insists that the principal changes are in the broadest sense, of a stylistic nature”.

To understand what Starobinski means by this, it is necessary to recall that he defines stylistics as the “science of expression” (Starobinski 1970, 55-56). Starobinski here agrees with Leo Spitzer’s (1887-1960) notion of style because of its “balanced” sense, which implies “the revolt of the individual, and his reconciliation through the work” (Starobinski 1970, 56, Spitzer 1970). The work studied according to Spitzerian stylistics is indeed considered as the product of the (psychic) activity of a singular speaking individuality – an artist, an author. Translated into literary language, this means that “the pathological deviation becomes inventive power” (Starobinski 1970, 56). The stylistic gap, explains Starobinski, “if it is the work of singularity, it designates all together an “ineffable” will that wants the gap, and an activity that fills the gap by manifesting it”. The product of such an activity can thus be translated into scientific language, as for example in the concepts forged by the neurobiologist Kurt Goldstein (1878-1965), for whom the essence of biological knowledge is founded “by a creative act” (Goldstein 1951 [1934], 312-313)¹¹. An act, in other

¹⁰ Georges Steiner gives an account of the English translation of *Les mots et les choses* [*The Order of Things*] where he shows himself exasperated by Foucault’s academic inconvenience. See (Steiner 1971a, b). One can read the first “reply” of Foucault to Steiner in (Foucault 1971b) or in (Foucault 2001, n° 97), and the second one in (Foucault 1971a) or in (Foucault 2001, n° 100).

¹¹ Goldstein explains the object of his research in his book *The Structure of the Organism* as follows: “We are not looking for a foundation of reality that founds the being, but we are looking for an idea, a foundation of knowledge that allows us to verify all particularities. We look for an “Idea” from

words, founded by a creative personality. It does not matter whether he is a scientist or an artist. What matters to the author of “Gazing at Death” is that this act is the creative expression of an individuality.

Moreover, Starobinski used a reading procedure similar to the one that allowed him to identify this “striking parallel” between Bichat and Foucault, when he underlined “the striking concordance” (Starobinski 1953, 785-786) between Canguilhem’s assertions and Georges Bataille’s ideas on life. In substance, he retains from it that “a same view on the life can thus impose itself at the end of a reflection on the methodology of the biological sciences as in Canguilhem, and at the bend of an ‘interior experience’”, such as the “paradoxical mystical” experience of which Bataille makes the account in *Le coupable* [*The Guilty*] (Bataille 2021 [1961; 1944], 1988 [1961; 1944]). What Starobinski fails to mention – unless he has decided to forget it– is the point of view from which Bataille looks at life. Yet Bataille explicitly states his point of view in the introduction to the second edition of his book in 1961: Bataille considers life from the point of view of death. And death as a “*départir*” of language. Let’s read it:

Mankind is the only animal that knows just how –heavily– to make his own death an impossibility, since we’re the only animal to die in this constricted sense. Consciousness is the condition of a death that’s *achieved*. I die to the degree I’m aware of dying. And as death takes my consciousness away from me, I’m not just aware that I’m dying: death is also taking away this awareness...
Maybe humankind’s a pinnacle, but only a disastrous one.
[...]

*

To be honest, the language I’m using can’t be complete until my death. Provided that death isn’t confused with the violent, theatrical form, chance gives it. Death is a disappearance. It’s a suppression so perfect that at the pinnacle utter silence is its truth. Words can’t describe it. Here obviously I’m summoning a silence I can only approach from the outside or from a long way away.
[...]

This is how we finally reach the end of language, which is death. Potentially the question’s still one of language, but the meaning of this language (already meaning’s absence) is implicit in words that put a stop to language. But these words acquire meaning only to the extent that they take place immediately before silence –a silence that puts a stop to them. Only *forgotten* [Bataille emphasises] would they take on full meaning, falling suddenly, conclusively, into oblivion. (Bataille 2021 [1961; 1944], 14-15, 1988 [1961; 1944], 7-8)

With this long quote, we wanted to prevent the meaning of the “inner experience” lived by Bataille from falling silently into oblivion. Having done so, we can now return to “Gazing at Death” and to the “striking parallel” that Starobinski sees between Bichat and Foucault, which seems to us ultimately much less striking than the divergence between

which all the particularities become understandable, considering the conditions of their formation. We can only arrive at this idea by a creative act. Biological knowledge is the creative act, always identified, by which the idea of the organism becomes for us more and more a lived event, a kind of “view” in the sense of Goethe, a view that never loses contact with very empirical facts.” For Goldstein, it is from the edifice itself, and not from its keystone, that we must understand the phenomena, that is, “as part of an ordered, relatively constant construction with a definite unity and structure.” (Our translation).

Starobinski and Foucault on the topic of mankind [*l’homme, le sujet*]. These are two antithetical conceptions that we read in the thread of the “Gazing at Death” account. The whole paradox of this non-relationship is indeed illuminated from the point of view that the two historians of ideas pose on the rational and biological human being. On the one hand, Starobinski’s “living eye” insists on seeing an individuality composed of a “consciousness” and a “life”. On the other hand, Foucault’s style of analysis aims at breaking down the idea’s unity in terms of death. The question is not therefore whether one should consider “*le sujet*” from *The Living Eye*, from the synthetic angles of the “global and ‘totalitarian’ view” (Starobinski 1953, 788-789)¹² of biological knowledge, in the manner of Goldstein, Canguilhem and Starobinski, or from the point of view of death, following the localising and isolating analytical view of Bichat and Foucault. Our aim was to shed light on the critical relationship that Foucault and Starobinski maintained throughout their lives by highlighting what allowed the Geneva-based critic to understand the archaeology of the medical gaze as a projection of the Foucauldian methodological originality. And thus, to give to grasp the true subject of this contradiction that the historian of the ideas finds characteristic of *The Birth of the Clinic* and on which he concludes “Gazing at Death”:

Not the least of the attractions of his book’s attraction [*The Birth of the Clinic*] is that it repeatedly allows us, writes Starobinski, to glimpse the face, the personal and distinctive features of a philosopher-historian, whose declared aim is nevertheless to *get rid of* [we emphasise] the subject and subjectivity, to disappear in his own discourse (perhaps to disappear from his discourse), and to leave the way open for a formulation of the anonymous rules which govern human knowledge and behaviour. (Starobinski 1976)

This contradiction finally reveals the fundamental disagreement – visceral as much as intellectual – of the author of *The Living Eye* facing an undertaking deliberately dedicated to the destitution of the rational and biological subjectivity in human knowledge. It also confirms, in the light of a moribund historiography, the profound acuity of a stylistic reading of *The Birth of the Clinic*.

By way of conclusion, I would like to evoke the vagaries of my own reading of “Gazing at Death”. I will therefore switch from *we* to *I* to tell how I personally discovered the existence of “Gazing at Death” and what a surprise it was to find that this text had remained unpublished in French. In writing this article, I just have to copy out the passages I quoted above in English, although they were originally written in French by Starobinski and later translated into English by Peter France¹³. It is another of life’s ironies – which must have to do as much with the subject of my article as with the subject of *The Birth of the Clinic* (*i. e.* the history of the birth and death of the human being [*l’homme, le sujet*] as subject of knowledge and the philosophical problem that this poses for French philosophy) –, that the editors of the journal *Transversal* asked me to translate my own article into English. If the exercise was painful for a French writer like me, it also gave me the opportunity to realise that ideas collide more than they circulate, according to Simone Weil’s (1909-1943) rightful formula (Weil 2014 [1942]). The gesture of translation is indeed

¹² Starobinski details Canguilhem’s vitalism as follows, quoting the book *The knowledge of life* (Canguilhem 2009 [1965; 1952]): “What [Canguilhem] adopts from the vitalist themes is the notion of totality, the idea of the originality of life, the integrative conception of the organism. “The causality is that of a whole on itself and not of a part on another” (Canguilhem 2009 [1965; 1952]). But these are not specifically vitalist ideas. They have been taken up by Goldstein and his school in the sense of a biology of the organic totality”.

¹³ I would like to thank heartily Peter France for sharing with me some of his own memories about his literary relationship with Jean Starobinski.

confronted with the difficult treatment of a material composed of a language and a culture. The translator is faced with the task of transmitting ideas formulated in a certain way of *discourse*, which in itself is the expression of a particular way of *life*.

Finally, in *The Birth of the Clinic*, it is not so much the French language translated into English that causes difficulty for the English-speaking reader. It's Foucault's own language and the ideas he carries that have offended historians of medicine, who are scholars trained in the German-English scientific tradition. In the English-speaking world, the circulation of the ideas contained in *The Birth of the Clinic* will thus have encountered as its main obstacle Foucault's writing style as much as the philosophical and literary questions posed by French intellectuals in the 1950s and 1960s, and whose concerns are soberly summed up by Gilles-Gaston Granger – in stark contrast to Foucault's baroque style: “philosophy, like art and history, but in different senses of the word, is essentially a question of style” (Granger 1968, 302). The most ironic reversal in the history of the reception of *The Birth of the Clinic* is that the diverted reading by the German-Anglo-Saxon academic tradition has made this essay of methods in the history of ideas an unavoidable bibliographical reference for those who are interested in the history of medicine and its historiography.

Conclusion

Foucault's book *The Birth of the Clinic* is an unavoidable bibliographical reference for those who are interested in the history of medicine. However, initially the Foucauldian project was rather a “testing ground” for a new method in the history of ideas. By this mean Foucault virulently criticizes the historiographical myth of the clinical medicine's rebirth across the centuries. In *The Birth of the Clinic*, he proposes instead a history of the idea “Clinic” *grounding* the modern medical system of thought breaking with the causalist interpretation of the “old historiography” and its continuist approach. Starobinski's review “Gazing at Death” comes on the scene as a kind of text explanation intended for English-speaking readers of *The Birth of the Clinic*, who were often taken aback by Foucault's writing style. In so doing, the Swiss critic and historian of ideas points out a “striking parallel” between the historiographical method experimented by Foucault in his work and the method of the Parisian clinicians and anatomo-pathologists of the early nineteenth century, whose formation he describes. According to Starobinski, *The Birth of the Clinic* is a projection of the Foucauldian undertaking that is Foucault's own split with traditional intellectual history. The methodological parallel that Starobinski draws between Bichat and Foucault concerns their analytical approach to observation (of diseased tissues, of texts), which he names “gazing at death”. Far more significant, precisely because Starobinski is silent about it, is the critical relationship between the latter and Foucault, transpiring in this parallel. Starobinski's rejection of Foucauldian mortalism becomes remarkably eloquent because it strikes at the heart of his own historiography of ideas and critical method – the antithesis of Foucault's. This critical relationship, betrayed by a decade-long silence on both sides, is finally broken by Starobinski's account “Gazing at Death”, which is presented as a “living demonstration” of his own method: Starobinski's living eye reads *The Birth of the Clinic* as Foucault's gaze at death, that is to say: the death of the Subject. The issue in this critical relationship is a clash of two antithetical conceptions of mankind, which do not identify themselves, but which become clear thanks to this tacit polemic on the rational and biological subject. On the one hand, Starobinski insists on seeing the individual subject composed of a “consciousness” and a “life” (that is *human life*). On the other hand, Foucault's “mortalist” analysis aims to break down this composite idea of the Subject historically and structurally, in other words by recounting its birth and thus its death. This explains why philosophers and historians of ideas in France, pretending to ignore Foucault's book for at least two decades, have in fact complacently allowed Anglo-Saxon critics to

discuss the medical-historical questions posed by *The Birth of the Clinic*. As if in denial of the crisis that ran through French thought in the 1950s and 1960s, French philosophers and historians of ideas have thus turned their gaze away from the problematic issue raised in Foucault's *archaeology of the medical perception*. "La mort de l'homme" [the death of the Subject] will nevertheless be accomplished in his following book *The Order of Things. An archeology of the Human Sciences*.

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