

Foucault, Eighteenth-Century Medicine, and Children's Health

Dr Vinita Singh

Assistant Professor, PG Dept. of English, A N College, Patliputra University, Patna, Bihar

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Abstract:

The present research paper suggests that eighteenth-century British medical writing on children's health can be studied using Michel Foucault's ideas on human health and its institutional control. In these medical texts, it is not just the *actual* sickness of the child, but the perceived lifestyle mistakes and practices that *lead* to sickness, which become of concern to the professionals. The article is a brief attempt to highlight the usefulness of Foucault's ideas to analyse the pervasive attention on children's health found in eighteenth-century medical texts.

Keywords: Eighteenth Century, Literature and Medicine, Michel Foucault and Medicine, British Romantic Writing and Medicine, History of Paediatrics.

Introduction:

In *Madness and Civilization: A History of Insanity in the Age of Reason* (1965), Foucault upended the liberal history about the birth of modern psychiatry by describing how madness was reinvented within the modern medical discourse as psychopathology to be corrected clinically. Unlike its previous acceptance as a part of human experience and an alternative to reason, madness was reconstructed as a disease from the mid-seventeenth century. Then, madmen were depicted as patients to be contained in 'enormous houses of confinement.'¹ Foucault suggests that if madness was reimagined in the period as pathological deviance from reason, the psychiatric *modus operandi* to cure madness took the shape of a schema to correct dysfunctional madmen using similar technologies of oppression and normalisation that were pervasive in other areas of society. In both *The Birth of the Clinic* and *Discipline and Punish*, Foucault stayed committed to his exploration of how subtle techniques of control remain central to the modern medical and penal systems. If in *The Birth of the Clinic*, he argued that the treatment of sickness leads to a process of constant scrutiny

¹ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. by Richard Howard (New York: Vintage Books, 1965), p. 38.

of civil bodies, in *Discipline and Punish*, he outlined the operation of disciplinary power that makes subjects conform to the utilitarian ends of social regimes.²

In all three texts, Foucault suggests that modern medicine and the modern legal system both normalise a system of oppressive control of actual and potential abnormal subjects. Therefore, he asks us to understand the history of law and human sciences as operating in tandem, as facets of each other — an idea which connects the modern, institutional methodologies of both disciplines, highlighting their similarities. The ‘micro-management’ of bodies, as Gary Gutting notes when summarising Foucault, uses very similar methodologies in modern society.³ These techniques of control operate across hospital rooms, school classrooms, military barracks, and factory floors, among other places.⁴ The discourse of medicine and law has moved in modernity from the more visible methods of control of the past to more subtle and diffused strategies in the present.

Like the penal system, Foucault argues that medical discourse also becomes a way of naming, judging, isolating, and controlling the ‘shadows lurking behind the case itself’ and punishing sick bodies.⁵ What Foucault suggests about legal and medical discourse, especially psychiatry, is evident in the Romantic period’s health manuals on children’s health. In them, it is not just the *actual* sickness of the child, but the perceived lifestyle mistakes and practices that *lead* to sickness, which become of concern to the professionals. The treatment of children in health manuals recalls the modern penal system’s interest in the desires and thoughts of the criminal. Popular health manuals’ pervasive interest in children’s diseases makes modern childhood a subject of interrogation, knowledge, and classification. These texts often define falling sick as a child as evidence of failing human behaviour, if not always for the child, certainly for the parents. The everyday life and biology of the sick child are dissected in these texts in a very similar manner to the criminals or madmen.

Foucault argues that the disappearance of punishment as a public spectacle at the end of the eighteenth century — evidence of the Enlightenment innovation in the penal system — is designed not to liberate but to control more insidiously. The change in the mode of punishing the criminal does not obliterate the punishment or the burden of criminality. Popular health manuals must be understood similarly: not as straightforward improvements but as instruments of control. These texts do not simply offer the democratisation of previously held privileged medical knowledge; instead, they are instruments for

² Gary Gutting, *Foucault: A Very Short Introduction* (Oxford: Oxford University Press, 2005), pp. 68-90.

³ Ibid., p. 82.

⁴ Ibid.

⁵ Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. by Alan Sheridan (New York: Vintage Books, 1995), p. 17.

disseminating knowledge about the child's body that simultaneously solidifies the authority of the modern medical professional. Though physicians claimed to, and indeed did, empower people with the knowledge about children's sicknesses, the norms they prescribed were expected to be internalised by children and their families to maintain health and well-being. The popular health manuals' project of teaching self-control and self-management to children and their families establishes a set of norms in order to maintain the well-being of the child's body and of society more generally. To a great extent, these texts also shifted the blame from external causes to the mismanagement of parents and nurses and often to the dysfunctions of the child's body. These textbooks helped people to see children's bodies, in Foucauldian terms, as 'docile bodies', and as raw materials capable of being sculpted by and for operations of power.⁶ The authority exercised, and the discipline taught, by popular health manuals readied children's bodies for future efficient utilisation. These health manuals were a means of disciplining the child population, much in the same way Foucault describes medical, legal and pedagogical discourse to have functioned in the period more generally. The doctor's gaze, as Foucault argues, 'is not faithful to truth, nor subject to it, without asserting, at the same time, a supreme mastery: the gaze that sees is a gaze that dominates.'⁷ Foucault's arguments about the increased control of patients' bodies in modern medicine have been followed by several scholars working on the concept of medicalisation. Karen Ballard and Mary Elston explain medicalisation as a concept 'strongly associated with medical dominance, involving the extension of medicine's jurisdiction over erstwhile normal life events and experiences.'⁸ This position on the medicalisation of society is very similar to how Foucault explains medical discourse to have worked since the classical age because it emphasises the medical profession's 'imperialistic tendencies' embedded within 'the benefits of medicine.'⁹ Another critic, Peter Conrad, uses this idea of medical dominance and control to suggest how 'the jurisdiction of medicine' has, over time, expanded and new 'problems' are found and medicalised each day.¹⁰ Like the scholarly works on patients' bodies more generally, there is an extended body of critical texts focusing specifically on the medicalisation of the female body in modern medicine. The medical control of women's bodies, and the removal of their agency, is the subject of Julie Roberts and Denis Walsh's

⁶ Gutting., p. 82.

⁷ Michel Foucault, *The Birth of the Clinic* (London: Routledge, 2003), p. 46.

⁸ Karen Ballard and Mary Ann Elston, 'Medicalisation: A Multi-Dimensional Concept', *Social Theory and Health*, 3:3 (2005), 228–41 (p. 228).

⁹ Ibid.

¹⁰ Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: The Johns Hopkins University Press, 2007), p. 4.

recent work on pregnancy and childbirth.¹¹ Roberts and Walsh examine how women's choices to continue their pregnancies beyond the prescribed forty weeks are disregarded and challenged by the medical establishment. In various ways, these scholars demonstrate that medical authorities often get to define what sickness is by using their professional training to their advantage; yet with that authority comes the power to control bodies to the desired ends, making them succumb to preconceived ideas of norms of health.

In the past, this view of a docile lay populace in thrall to expansionist medicine has also been challenged. Most notably, Roy Porter has suggested that Foucault's theory considers doctors and the medical system in 'insidious' lights. Porter warns against this tendency because, according to him, patients also contribute to medicalisation in various ways.¹² The influence of doctors has not always been pervasive, Porter suggests, and their authority has been repeatedly challenged, distrusted, and criticised by laypeople. Though Porter regrets that we do not have enough historical evidence of how the laity acquired information about medicines and treatments for treating themselves, he asks us not to see the medical control of human bodies as an overtly dominant feature of modernity. In contrast to Foucault, Porter explores the different ways that laypeople experienced and expressed sickness and health, often in total negation of medical prescriptions or definitions. Ballard and Elston have also spoken against reading the history of medicine straightforwardly as 'the medical takeover of everyday life' and suggest seeing it as one among the several ways the medical discourse has functioned.¹³ They have also spoken about the positive impacts of medicalisation as well as those instances where various people and self-help groups have demanded more, not less, medicalisation so that their specific problems are addressed and acknowledged. This article does not undermine the reality of resistance that the medical establishment has had to meet during the eighteenth century, and it does not suggest ignoring the nuances that Porter and others raise. The article also acknowledges medicalisation's positive and pro-childhood contributions, as Ballard and Elston remind us.¹⁴ Nonetheless, few scholars have denied that the Foucauldian perspective on the oppressive control of the

¹¹ Julie Roberts and Denis Walsh, "'Babies Come When They Are Ready': Women's Experiences of Resisting the Medicalisation of Prolonged Pregnancy", *Feminism and Psychology*, 29:1 (2019), 40–57.

¹² Roy Porter, 'The Patient's View : Doing Medical History from Below', *Theory and Society*, 14:2 (1985), 175–98 (p. 194).

¹³ Ballard and Elston, p. 231.

¹⁴ The criticism of swaddling found in the Romantic period's popular health manuals illustrate the reform sentiments of the medical authority particularly well. The bundling of a child in a pile of tight clothing was criticized in several of these medical texts using the Enlightenment rhetoric of freedom, reason, and progress. An attempt was also undertaken by physicians to create sympathy, pity, sorrow, and affection for a child distressed under irrational adult beliefs and practices.

medical authority has its own value. This article considers the Romantic period's popular health manuals about children's health using the Foucauldian perspective on the medical establishment's power to define, treat, cure sickness and control patients' bodies.

As both Ruth Perry and Alyssa Levene have shown, the explosion of interest in children's diseases and health during this period was attributable to multiple reasons ranging from the interests of the empire to nationalist policies. For instance, Perry notes: '[the] national interest and morality alike urged that every effort be made to stop the appalling waste of infant life. More hands were needed to hold muskets, weave cloth, and people the empire.'¹⁵ Likewise, Jane Humphries depicts the role of children as 'competitors in the labour market', which promoted de-skilling, and reduced pay further for adults, often their own family members.¹⁶ Besides this, both Humphries and Sara Horrell bring attention to another reason that could have influenced the explosion of interest in children's health during this period, suggesting the complex interplay of several factors at once. They acknowledge that through the nineteenth century, a transition from a family economy in which incomes were democratically secured through the best efforts of all family members gave way to one in which men earned, and wives and children were increasingly given dependent roles.¹⁷ They call it the rise of the male breadwinner family in Britain.¹⁸ These connections made by scholars between the increased importance of a child's health and other political-economic concerns at the turn of the nineteenth century make evident that a Foucauldian framework remains useful for studying the history of paediatric medicine. This framework asks us to read the medical concern for child health not only as a story of welfare and progress but also as an attempt to maximise the efficient utilisation of children's bodies for the benefit of adults, and other economic purposes. In the case of children's disability specifically, Ashley Mathisen has discussed how eighteenth-century institutional concerns were motivated by making the bodies of disabled children somehow 'useful' by intervention.¹⁹ This article, therefore, in its sentiments, is Foucauldian and agrees that the power to cure children's sicknesses and restore their health was not significantly different from the power to correct

¹⁵ Ruth Perry, 'Colonizing the Breast: Sexuality and Maternity in Eighteenth-Century England', *Journal of the History of Sexuality*, 2:2 (1991), 204-234 (p. 207).

¹⁶ Jane Humphries, 'Childhood and Child Labour in the British Industrial Revolution', *Economic History Review*, 66:2 (2013), 395-418 (p. 411).

¹⁷ Sara Horell and Jane Humphries, 'The Origins and Expansion of the Male Breadwinner Family: The case of Nineteenth-Century Britain', *International Review of Social History*, 42: Supplement (1997), 25-64. (p. 25).

¹⁸ Ibid.

¹⁹ Ashley Mathisen, "'So That They May Be Usefull to Themselves and the Community": Charting Childhood Disability in an Eighteenth-Century Institution', *The Journal of the History of Childhood and Youth*, 8:2 (2015), 191-210 (p. 191).

legal and moral offenders, and a similar language of control can be found everywhere in Romantic period's popular health manuals on the management of children's sicknesses.

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