I. Preliminary Remarks
   A. In 18\textsuperscript{th} C we see a reflective "noso-politics" which encompasses both:
      1) "liberal" medicine: focused on individuals and medical market
      2) collective medicine: politics of health
   B. The State was not the central control point
      1) Non-state groups
         a) Religious groups
         b) Philanthropic organizations
         c) Learned societies
      2) Multiple roles of the State
         a) Direct intervention
         b) Established consultant bodies
         c) Sometimes it failed in its organizational plans
         d) Other times it resisted requests that it intervene or control
   C. Summary: "problematization" of politics of health ["noso-politics"] in 18\textsuperscript{th} C:
      1) Multiple emergence of health / sickness as problems for collective action
      2) Not vertical and centralized, but dispersed and multiple

II. "Most striking trait": displacement of health from assistance to poor
   A. Classical Age: health / sickness a question of help to poor
      1) Exception would be the quarantine
      2) Medicine was only one factor of aid
         a) Economics: charity
         b) Institutions: multiple goals
         c) Technical: therapy was not a major goal of hospitals
   B. 18\textsuperscript{th} C: dislocation of mixed functions
      1) Via re-examination of investment
      2) Via new distinctions between "worthy poor" and "lazy poor"
      3) Emergence of politics of health of population: private duty & collective goal

III. Step back for longer view (perspective of changes in power relations)
   A. Middle Ages: power directed to war and peace
   B. Later, in Renaissance: order and enrichment
   C. 18\textsuperscript{th} C: management of society re: physical well-being: ("social body")
      1) optimal health / longevity
      2) the "police": ensure order, riches, and condition for health ("hygiene")

IV. Question of management of "accumulation of men":
   A. population as object of surveillance, analysis, intervention, modification
   B. variables of the "body": individual body and population body or social body
      1) not just numerical measures
      2) but as constituting an object of use, of profitable investment

V. Privilege of childhood [\textit{enfance}] and medicalization of family
   A. Not just number of children [\textit{enfants}] but guiding through childhood [\textit{enfance}]
   B. Change in notion of family
1) No longer just a knot of social relations, but a milieu of corporeal training
2) No longer just a link of different households, but a site joining parent / child
   a) Family [socially] produces an heir for two households
   b) But also [biologically] produces an adult human being, hence focus on
      (1) the health of the child
      (2) clean domestic space
      (3) optimal placement of people, beds, tables, utensils
      (4) organization of "care"
C. Campaign for inoculation and vaccination and treatment of orphans
D. 18th C politics of health explicable only through medicalization of family
   1) Rights and duties of individuals re: health of self and others
   2) Market for medical services
   3) Authoritarian interventions re: hygiene and illness
   4) Institutionalization and defense of private relation to physician
VI. Privilege of hygiene and function of medicine as instance of social control
   A. Objects to be medicalized
      1) Urban space
         a) General variables: climate, topography, etc
         b) Privileged sites of illness: prisons, ships, ports, hospitals, beggars, etc.
      2) Personal life: diet, living space, etc.
   B. The physician becomes inserted in power networks: becoming-expert
   C. Changes in the function of the hospital
      1) Due to emergence of new factors
         a) Emergence of population
         b) Medicalized family
         c) Administration of public hygiene
      2) Poor fit of old hospital with these new demands
      3) 18th C idea to replace hospital by three new mechanisms
         a) Home care
         b) Spread of medical care throughout society
         c) Formation of outpatient clinics
      4) These ideas provoked many experiments
      5) But the hospital would never disappear; it would rather be re-organized
         a) A new fit with urban spaces
         b) A reform of the interior of the hospital to become a "healing machine"
            (1) Medical knowledge
            (2) Therapeutic efficacy
         c) Become site of medical teaching and training