

THE MEDARCHY: MEDICAL DISCIPLINE AND THE PANOPTICON IN *CADUCEUS WILD*

LA MEDARQUÍA: DISCIPLINA MÉDICA Y EL PANÓPTICO EN *CADUCEUS WILD*

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Abstract

This article explores the paradoxical nature of biopower when social, political and economic interests clash with individuality and autonomy. Special emphasis is placed on the Foucauldian concept of the panopticon to examine the mechanisms of (self-) surveillance as the most effective instruments of social control. Taking the recent pandemic as the starting point for critical reflection, this article raises questions about the purview of biopower through the analysis of the speculative novel *Caduceus Wild*, published in 1959 by Ward Moore with Robert Bradford. This analysis first focuses on the panopticon as the main instrument of discipline to contain the global health crisis provoked by the coronavirus. Secondly, it examines the particularities of healthcare dystopias. Finally, it explores the potential of the discourses of biopower to transform the institutional authority of medicine acting in the name of public health into an oppressive system of social control by adopting the form of a totalitarian medical regime, as described in the fictional world imagined by Moore and Bradford.

Keywords: medicine, Panopticon, power, speculative fiction, discipline.

Resumen

El presente artículo explora la naturaleza paradójica del biopoder cuando los intereses sociales, políticos y económicos entran en conflicto con la individualidad

y la autonomía. Se presta especial atención al concepto foucaultiano del panóptico para contemplar los mecanismos de (auto)supervisión como los instrumentos más efectivos de control social. Tomando la reciente pandemia como punto de partida para una reflexión crítica, este estudio plantea cuestiones sobre los límites y jurisdicción del biopoder mediante el análisis de la novela especulativa *Caduceus Wild*, publicada en 1959 por Ward Moore junto con Robert Bradford. El presente análisis se centra, en primer lugar, en el panóptico como el instrumento disciplinario más importante para atajar la crisis de salud global provocada por el coronavirus. En segundo lugar, se examinan las particularidades del género de distopía sanitaria. Finalmente, se explora el potencial de los discursos del biopoder para transformar la autoridad institucional de la medicina para actuar en nombre de la salud pública en un sistema opresivo de control social que adopta la forma de un régimen médico totalitario, como el descrito en el mundo ficticio imaginado por Moore y Bradford.

Palabras clave: medicina, panóptico, poder, ficción especulativa, disciplina.

1. Introduction: Discipline and Illness

Amidst the unprecedented global crisis posed by the COVID-19 pandemic, governments worldwide took urgent action to protect their citizens and responded with homogenous security policies, ranging from lockdowns and travel restrictions to vaccination and testing campaigns (Holst and van de Pas 2023). Yet this consensus reaction was not purely political, but rather guided by a single voice, that is, the voice of the “biomedical empire”, as Barbara Katz Rothman puts it (2021: 2). During this public health catastrophe, medicine reinforced its status as an institution of power, influencing societal norms and behaviours. The new health policies, albeit urgent and necessary, cannot be considered neutral or exceptional protocols. This conflation of medicine and control seems to invoke the Foucauldian concept of biopower, which extends beyond hospitals to target individual bodies and the general population (Foucault 1978: 139). As this public health catastrophe proved, the implementation of biopower is intimately linked to the principle of panopticism, which sees constant surveillance as a characteristic of modern societies aiming to incite individual or collective self-discipline. The concept of the panopticon is not new. Yet in the face of modern health crises, of which COVID-19 is one in a series of such catastrophic diseases that include malaria, Ebola or mpox, it is necessary to explore the implications of the control and regulation of everyday life by biopower. This authority exerts control over fundamental aspects of human life—including birth, fertility and death—and is manifested in various policies and regulations, like the legalisation of abortion and euthanasia or the implementation of one-child policies.

Oscillating between the enforcement of authority and the intention to protect the citizenry, the ambivalence of biopower has inspired the creation of fictional worlds where medicine becomes systematic to the point in which it adopts a dystopic tenor. The nature of the control performed by biopower becomes even more complicated when we consider literary expressions that provide a critical perspective to explore the power relationships and factors that regulate societies and individuals. Representations of biopolitics and the panopticon in speculative and science fiction include works like Margaret Atwood's *The Handmaid's Tale* (1998) and *The Heart Goes Last* (2015), Kazuo Ishiguro's *Never Let Me Go* (2005), or Ninni Holmqvist's *The Unit* (2008), among others. However, a lesser known novel that imagines a world under an explicit medical totalitarianism needs to be considered for critical examination to understand the relationship between biopower, the panopticon and health. Although lacking the literary quality of mainstream speculative literature, *Caduceus Wild*, first published in 1959, offers a space to investigate the discipline and normalisation exercised by medicine as an institution of power. This article therefore aims to establish a correlation between the meaning of medicine in both our (post-)pandemic reality and the fictional world of *Caduceus Wild*, addressing the mechanisms and discourses used by biomedical power to enact panoptic measures that restrict individuality and freedom. Considering the recent pandemic as the starting point for critical reflection, this analysis focuses firstly on the history of the panopticon as the main instrument of biopower; secondly, on the particularities of the speculative genre of healthcare dystopias and stories about medical totalitarianism; and finally, on the potential of the discourses of biopower to transform the institutional authority of medicine acting in the name of public health into an oppressive form of social control as Moore and Bradford depict in their novel. This critical analysis of *Caduceus Wild* aims to explore the onset of this fictional dystopic world controlled by medical power, paying special attention to the forces that constitute the panoptic system of control of the public body, as well as the counterforces that struggle to reclaim the individuality and autonomy of citizens.

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2. Panopticism and Medicine

In *Discipline and Punish*, Michel Foucault abstracted the substance of the panopticon devised by Jeremy Bentham and used it as a metaphor of “a mechanism of power reduced to its ideal form” (1995: 205), that is, the disciplinary authority that governs modern societies. This utilitarian model was originally designed to instil a feeling of being under constant surveillance, even if such surveillance does not actually occur, encouraging self-discipline and self-regulation as a result of the

internalisation of the mechanisms of external control. Inspired by Bentham's work, Foucault adopted the principle of panopticism, which was especially relevant in the clinical context, explaining that the medical eye inherently has a ubiquitous power to control individuals: "The medical gaze is a controlling, dissecting gaze and it is made possible by an institution — the clinic" (Svenaeus 2000: 26-27). The birth of the clinic, in Foucault's historical archaeology, is intimately related to the transformation of the medical knowledge and the prioritisation of the gaze in clinical practice, allowing a new level of control of individuals and populations favoured by biopower, defined as the "power over life", which is articulated around "*the anatomo-politics of the human body*" and the "*biopolitics of the population*" (1978: 139, emphasis in the original). In other words, biopower demands the "precise control and comprehensive regulations" of both the individual body and the population (1978: 137). Historically, the emergence of biopower coincided with "the multiplication —and expansion— of the human sciences, which are made to serve as the legitimating discourses of this new form of power" (Cisney and Morar 2015: 4). Biomedical sciences have been particularly pivotal in the articulation of biopower in the individual and collective regulations and normalisations.

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Irving Kenneth Zola noted the increasing consolidation of modern medicine as an institution of social control achieved by "'medicalizing' much of daily living, by making medicine and the labels 'healthy' and 'ill' relevant to an ever increasing part of human existence" (1976: 210). In this context, Marshall Marinker's article "Why Make People Patients?" is relevant to the discussion about medical authority, revealing the opposition between personhood and patienthood and the implication that "patients are created by doctors" (1975: 81). The doctor's ability to create patients also indicates that diseases are creations of the medical practice, or, as Foucault states, "fabricated" by medical discourse: "The sign [symptom] [...] assumes shape and value only within the questions posed by medical investigation. There is nothing, therefore, to prevent it being solicited and almost fabricated by medical investigation" (2003: 162). In a way, medicine has become a producer of healthy bodies, enabling individuals to adhere to the social and moral standards of well-being. As Zola also claims, the institutionalisation of medicine has become an instrument of transformation of social practices and attitudes: "Medicine has become an institution of social control and has led to increasing application of the labels 'health' and 'illness' to social problems, as well as to widening areas of everyday life" (1986: 213). The institution of medicine in fact imposes a disciplinary power over the body:

Sickness is a threat to rationality, for it threatens social life and erodes self-control [...]. Western medicine is thus directed towards controlling the body, keeping it

from subsiding into the chaos and disorder threatened by illness and disease.
(Lupton 2012: 24)

In the medical paradigm, the transformation of the ill subject into a patient involves the creation of the medicalised body, understanding medicalisation as any treatment or remedy, invasive or not, that entails prescriptive instruction by a health professional. However, medicalisation has been extended to several practices, even those that are not even pathological nor a threat to the social order.

By presenting itself as objective, rational and beneficial to the well-being of the population, the biopower embodied by the institution of medicine reinforces its own legitimacy. Biopower, in this sense, reflects the Foucauldian concept of power/knowledge, that is, the dynamic process of mutual legitimation, where knowledge is not simply used by power but is also the means through which power is exercised and maintained. According to Cisney and Morar, “No longer does power emphasize the law as the product of an arbitrary dictate of the sovereign”, but rather “functions under a different type of rule, one located in the natural realm, a *norm*, legitimated by the sciences” (2015: 4, emphasis in the original). Medicine, in this sense, is regarded as a “repository of truth” (Zola 1976: 210), for it creates its own body of knowledge in order to justify its intervention in the way individuals approach their bodies, health and habits. Biopower is normally implicit and unobtrusive in everyday life, as it operates through norms, practices and institutions without overtly appearing as a form of control. Yet, during the COVID-19 health crisis, the biopower enacted by the medical institution implemented an explicit system of control over individual bodies through exceptional public health measures based on the surveillance of the general population.

As Danielle L. Couch, Priscilla Robinson and Paul A. Komesarof argue, the COVID-19 crisis precipitated the establishment of a *disciplinary regime* to ensure compliance with the restrictions by the implementation of new surveillance methods—namely smartphone apps—to improve “symptom tracking and contact tracing” (2020: 810), which, together with the law enforcement, aimed to protect the public order for the sake of public health. These surveillance measures were quickly internalised by the population, who started to show “self-disciplinary practices” like “handwashing, the maintenance of physical distance, new ways of in-person greeting, a sense of revulsion or danger associated with personal contact, mask-wearing and the protocols and good manners associated with Zoom meetings, virtual parties, and on-line professional conference”, among many others (Couch et al. 2020: 812). This power to dictate the response to the global crisis was reinforced by the new knowledge continually produced by the biomedical sciences since the outbreak of the pandemic, as the main awareness-raising measure

among the general population was persistently spreading information about the particularities of the coronavirus, routes of infection, symptoms, recovery and self-isolation periods or the sequelae of the disease. The influence of biopower on individual and public behaviour proved the ubiquity of the gaze and control of institutions of power, including medicine. For that reason, this situation raises questions about the limits and extent of biopower not only in the scenario of a pandemic, but in everyday individual and collective life. Is it possible to imagine a world where biopower is the main form of power and medicine is the only institution of social control?

3. The Healthcare Dystopia

No pandemic or global health crisis, regardless of its severity, could ever precipitate a world governed exclusively by biopower. However, despite the improbability of this scenario, it is worth exploring the implementation of a disciplinary regime of social control based on this form of power, where the authority of the medical institution to act for the common good is regarded as unquestionable and supreme. In speculative and science fiction, the subgenre of healthcare dystopias opens a space to question the limits of individual freedom, rights and privacy as the price for health. As in other dystopic stories, authors pessimistically imagine “the very worst of social alternatives” as a reflection of the current situation in the contemporary world (Baccolini and Moylan 2003: 6). Additionally, from a rhetorical perspective, as Rob McAlear explains, new critical dystopias rely on a “fear appeal” in an attempt to persuade their readers of the necessity of intervention in the present to avoid the possible horrors of the future” (2010: 24). Most dystopias describe a disciplinary society where the body is under constant control and regulation, like Yevgeny Zamyatin’s *We* (1924) or Aldous Huxley’s *Brave New World* (1932), which reflect “pronatalist and eugenic” concerns related to the mechanisms of biopower to exert such control in a more explicit or oblique way (Falcus 2020: 68). Health has been a major theme in dystopian literature, especially in those stories where health has been used as a means of societal control. Health dystopias, especially those that describe health dictatorships, provide new perspectives on the balance between public health and personal freedom. In this context, the concept of “healthism” —coined by Robert Crawford— gains importance, as it works “as dominant ideology, contributing to the protection of the social order from the examination, critique, and restructuring which would threaten those who benefit from the malaise, misery, and deaths of others” (1980: 369). This healthist scheme has a strong social component, since “like racism or sexism”, it is based on “the idea that one’s health is a measure of one’s value”

(Welsh 2022: 12). Although the concept of healthism emphasises individual responsibility for one's health, it also encourages blaming individuals whose choices go against what is considered acceptable healthy behaviours according to medical and social expectations. From this viewpoint, the idea that subjects are empowered to decide over their own health is illusory.

Either by blaming individuals for their health-related “choices” or imposing prescriptive models of health, healthism shows that health can be used as a tool for social control. Healthism can lose its individualistic nature in situations like the COVID-19 pandemic, which illustrates how collective health can override individual choice. This is precisely the premise of *Corpus Delicti* (2009) by the German writer Juli Zeh —translated into English as *The Method*— the story of a totalitarian health dictatorship called “Methode” established in Germany in an unspecified future. In this fictional world, every aspect of citizens' bodily and private life is controlled, “from the regulation of fitness to the criminalisation of alcohol, caffeine, or tobacco consumption to the administration of a compulsory dating service based on immunological compatibility” (Smith-Prei 2012: 110). This novel portrays the interrelationship between the panopticon, medical authority, healthism and social control, that is, concepts that have been the object of critical inquiry in the last five decades. Healthcare dictatorship, albeit uncommon, is not a new topic in dystopian literature. Even before Foucault's panopticism, Zola's medicalisation or Crawford's healthism, a speculative novel written in the late 1950s questioned the social control exerted by medical power over individual bodies.

Written by Ward Moore with Robert Bradford and originally published in four instalments in *The Original Science Fiction Stories* magazine in 1959, *Caduceus Wild* redefined the concept of “Big Brother” conceived by George Orwell in *Nineteen Eighty-Four* (1949) by describing a totalitarian medical regime. Following the tradition of dystopic fiction that “opens *in media res* within the nightmarish society” (Baccolini and Moylan 2003: 5), *Caduceus Wild* is set in an alienating world governed by the “medarchy”, described as the ruling of the “sane and healthful society where the doctor's prescription was the law” (Moore and Bradford 1959a: 6). The novel follows the story of three rebels, Cyrus (a fifty-year-old man), Victoria (a twenty-four-year-old woman) and Henry (Victoria's younger brother), who consider the medarchy an oppressive system and struggle to escape the U.S. for England, where falling ill or not conforming to the normative model of well-being is not a crime. Along their journey these characters face several obstacles imposed by the medical dictatorship that enforces constant control on citizens, who must carry their medical records with them at all times to prove their compliance with health edicts. The novel juxtaposes the law of the caduceus dictated by the medarchy and this group of “mallies”, or maladjusted, a minority

committed to overturning this “cradle-to-grave regulation of a person’s life, in the name of ‘health’” (Moore and Bradford 1959a: 6). Thus, instead of a welfare state, the world described in *Caduceus Wild* is a “healthfare” state that prioritises health and well-being as a central aspect of governance. It is important to note, however, that the medarchy was not actually a political system:

It [the medarchy] governed, but it was not government. The 86 States of the Pan-American Union were still sovereign. Legislators still enacted laws; policemen arrested, courts tried, jailers executed sentences. Only now there was something above the law, above the government, and aside from it. Laws were laws but medical regulations were paramount. (Moore and Bradford 1959c: 83)

The medarchy is institutionalised in “the Ama” (a term that goes unexplained in the novel, but which may stand for the American Medical Association (AMA), an institution founded in 1847), whose rulings govern not only life and death, but also more mundane affairs, such as approving marriage licenses or procreation.

It is important to note that *Caduceus Wild* was revised and re-published as a book by Moore in 1978. The original story and the novel should be considered two different texts. As Moore explains in the foreword to the book, given the new expectations about the future arising in the almost two decades since the publication of the initial story, “an effort has been made to build the new novel upon the ideological armature of the original, and to use, wherever possible, material conceived for the original work” (1978, Author’s Note). Re-written after the publication of Foucault’s *The Birth of the Clinic* in 1963, the novel may be interpreted as a response to the growing interest in exploring the societal concerns of its era regarding authority, power and the loss of autonomy, which historically coincided with the proliferation of the civil rights movements in the U.S. In medical and sociological contexts, Foucault’s archaeological work also opened up a critical space for new discourses regarding medical knowledge and practice. Published in 1975, Ivan Illich’s *Medical Nemesis* examines the limitations and legitimacy of medical practice, exploring “what happened socially and culturally to communities when their previous independence in matters of suffering and healing is transformed to dependence on the medical system” (Downing 2011: 53). The anti-psychiatry movement also gained prominence during the heyday of American counterculture in the 1960s for denouncing paternalistic medicine as a manifestation of patriarchal control, expressed through the medicalisation of non-medical aspects of life that have social origins or the imposition of psychiatric treatments against the patient’s will (Gere 2017: 197). It seems that in Moore’s second novel these fears and anxieties were decisive in recreating his nightmarish vision of a future ruled by an oppressive medical authority. In terms of the quality of its social critique, therefore, the novel may be considered more mature than the

original stories. Yet, although the differences between both texts call for a comparative study, the purpose of this analysis is to explore the genesis of the world initially imagined by this author, paying close attention to the agents and institutions that make up the panoptic system of this healthcare dystopia.

Since the original stories of *Caduceus Wild* predate the formulation of the concepts discussed in the first sections of this essay, an asynchronous interpretation will be presented in order to engage critically with this text, for it can be considered a fictional precursor to the critical discourses that emerged in the subsequent decades, proving the prescience of speculative fiction. Therefore, instead of focusing on the critical and theoretical discourses that may have influenced *Caduceus Wild*, it is pertinent to contextualise the interpretation of this novel within the specific sociopolitical situation in which it was written. The implicit reference to the American Medical Association reflects the power wielded by the institution during the 1940s and 1950s to suppress “those who questioned American medicine’s status quo”, as these decades saw the rise of activism among medical students defending a nationwide system of government-funded health insurance as well as demands for training on the socioeconomic dimensions of medical care (Chowkwanyun 2019: 127). During the period, the AMA was the most influential institution in national health politics, a situation that is mirrored in the world of *Caduceus Wild*. This health dystopia exemplifies the dangers of weaponising health by paradoxically creating a universal healthcare system in which all citizens become patients with no power, but the obligation to comply with the prescriptions of the State, represented in the centralised control of the Ama. This universalisation involves the homogenisation of the population and the creation of a discriminatory system that punishes those who do not fit the normative (physical and ideological) model of health. The dystopian tone of the novel establishes a correlation between reality and a hypothetical dictatorial future, using fear to warn about the importance of resistance and change. Unlike *Corpus Delicti*, which initially presents the “Methode” in a utopic light as a benevolent dictatorship but is later contested by the main character driven by an opposing utopian “impulse for corporeal freedom” (Smith-Prei 2012: 114), the “ideal” society created by the medarchy in *Caduceus Wild* is seen as unequivocally oppressive by the main characters. Nonetheless, it is necessary to emphasise that both dystopic and utopic stories work under the same principle, as both imagine “a future space within the text in an attempt to negate the status quo and open critique” (McAlear 2010: 32). The three protagonists of *Caduceus Wild* offer a counter-narrative that challenges the status quo of the contemporary reality of the text, representing the struggle to resist authoritarianism and reclaim freedom and autonomy. However, as will be seen in the following section, this confrontation is only discursive, for the main characters do not bring about change in the society they want to escape.

4. The Rule of the Caduceus

The medarchy, as the expression of biopower, emerged out of the consolidation of the sciences, which favoured the transformation of medicine from a “healing art” into a discipline with unlimited potential:

‘Science’ in upper case, ‘The Age Of’, pulling medicine to its pinnacle. If science could invent a breechloading rifle to kill a man a mile away, the Science could save his life. If Science could wipe out whole cities, it established a right to rule those spared. The doctor could perform a caesarean section and rip MacDuff untimely from his mother’s womb; didn’t this give him authority to prescribe which wombs should bear, and whose seed was unfit for procreation? (Moore and Bradford 1959a: 15-16)

Knowledge is the basis of the medarchy, as it served to legitimise the ubiquitous medical authority. This system thus points to a change in the paradigm of power, as Cyrus ponders: “*A few hundred years ago, all you needed was numbers or muskets. Now you needed knowledge. Lack of it keeps us under their [the health professionals’] thumbs. More than that, it makes it ever harder to convince Patients that the Ama could ever be wrong about anything*” (Moore and Bradford 1959a: 13, emphasis in the original). Under the rule of medicine, knowledge, rather than military force, becomes critical in shaping power. The control of knowledge therefore conveys the power to control everything else, for only medicine can determine what is accepted as truth. A branch of science based on the assumption that valid knowledge can only be acquired by means of empirical methods, medicine constructs the reality of disease, which is accepted as the only valid way to regard human experience, as Michael Bury argues: “Modern medicine’s ‘positive knowledge’ about disease is merely the product of the power which the medical profession has to determine what is, and what is not, ‘true’ about disease” (2005: 20). This power/knowledge binomial sustains the myth of the infallibility of medicine that characterises modern medical culture, as the systems of knowledge of medicine and its operations of power are co-constructed and mutually legitimised. Additionally, the monopolisation of knowledge by the medical establishment reinforces the hierarchical nature of the doctor-patient relationship, as it is based on the intellectual superiority of the healthcare professional, as Cyrus suggests: “The philosophy of the Ama has only one: its subjects must be made and kept physically healthy, intellectually quiet [...] and socially adjusted. We are here now because we’ve rejected those concepts” (Moore and Bradford 1959d: 93). Paternalism in clinical practice is expressed in the dominance of the doctor imposing therapeutic intervention over the patient, who is expected to be silent, passive and compliant, showing blind trust in the doctor’s expertise. This fictional account manifests the essence of the culture of modern medicine, which circulates

not only in the hospital, but also in the social discourses of sickness, reinforcing the superiority of the doctor's knowledge over the patient's voice. Yet this dominance is enacted in acknowledgment of the good intentions of medicine: to cure the patient and restore health.

The nature of modern medicine reflects the foundation of the medarchy in *Caduceus Wild*, where the supremacy of this disciplinary regime was based “on the acquiescence of the Patients, on acquiescence based on the assumption that the Ama was purely benevolent — that those who opposed it were hurting themselves” (Moore and Bradford 1959a: 27). This statement reflects the essence of Marinker's intention when investigating why doctors make people patients since, as the author concluded, ill subjects transform themselves into patients to “establish a healing relationship with another [the doctor] who articulates society's willingness and capability to help” (1975: 84). Yet, a clarification is required here, for, although ill subjects voluntarily enter the medical paradigm and become patients, they do not always consent to becoming a passive and depersonalised object of the medical gaze and surveillance. In this sense, it is important to note that being ill is a mode of experience, while being a patient is the role assigned in a specific context. In this sense, the answer to Marinker's question about “why make people patients?” relies on the fact that the doctor's authority and knowledge are elicited by the patient's need for help to restore health. In fact, when describing the origins of the medarchy, Moore and Bradford picture a setting where only medicine could save humanity in the aftermath of a global disaster:

Most people like to be doctored, to be told what to do and what not to do. Saves thinking. Like the army used to be. Remember, that's how the Medarchy happened in the first place: we begged them to take over when responsibility got too much for us, with all the radiation sickness and bacteriological warfare. (1959a: 41)

The passivity inherent to patienthood indicates that patients, in some way, are “expected to give up his or her jurisdiction of the body over to the doctor”, who by means of their knowledge about diseases make decisions to cure and fix the diseased body, imposing diets, medication or new habits (Lupton 2012: 24). The priority of medicine, thus, is to restore health and well-being, two notions that are regarded strictly in biopsychosocial terms, as “something which could be *produced* by a fully developed technology in a perfect society” (Mordacci 1998: 28, emphasis in the original). In *Caduceus Wild* medicine is the enabler of that utopian society, as it acts as a technology aimed at improving health and producing healthy bodies. However, as the novel reflects, there is ambiguity regarding what constitutes the “good” pursued by medicine:

only for the good of mankind, of course — only to make people healthier, happier, longer-lived. If in the process the doctor became an object of veneration [...], no

harm was done; patients recovered more quickly when they had perfect faith in the physician. So who took fright or even noticed when the kindly, overworked healer became priest and despot? (Moore and Bradford 1959a: 16)

In the disciplinary regime imposed by the medarchy, personal freedom and the role of the individual in facing illness is suppressed, proving the risks of reducing the experience of illness to a purely clinical event. The power of medicine to control the body is oriented to the production of medicalised bodies that are no longer perceived as a threat to social stability. Preventive and protective health behaviours, thus, are promoted by both medicine and society to encourage bodily control and surveillance. In *Caduceus Wild* these measures reflect not only the role of medicine in the conservation of health, but also the social and cultural models of corporeality, such as the prohibition of “all hair below the eyelashes as unsanitary”, enforcing “the use of depilatories on the entire body” (Moore and Bradford 1959a: 30). The duty of the medarchy is to both force and help citizens accommodate to the norms of this utopian society also by using medicine to impose social control:

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Performing ‘indicated’ hysterectomies, sterilizations, abortions. Adjusting Patients to a society that may not be to their taste, conditions they might improve, handicaps they could overcome. Quieting the indignant with psycho-pharmacology and the outraged with electro-tranquilization. Forcing the dissident to testify against themselves with parapentathol. Killing those who have ‘outlived their social usefulness’, or suffer prolonged pain — or perhaps have maladies they are incompetent to diagnose. (Moore and Bradford 1959a: 37)

It is necessary to note that in this medical regime medical knowledge and power is restricted, despite the social expectations regarding the biomedical sciences as infallible and unambiguous. Yet, regardless of the extent of the social control medicine can exert, even in fiction, this form of power presents structural limits, for, despite modern medicine’s pursuit of “technical-scientific approach to illness”, the belief of unending progress and the promise of perfection is only a myth (Mordacci 1998: 28).

In *Caduceus Wild*, medicine promises health, but in exchange patients must accept control by medical rule. However, it is important to note that despite the dominance of the medical sciences over society, in the medarchy the medical profession seems to be decentralised, for the actual control of the population is exercised by different disciplinary agents:

When the doctors took over, it was just because they were needed. But you can’t run a society with just doctors and nurses and laboratories. You have to have discipline, if only to keep the Patients in line. Hence the orderlies. But the orderlies were no good for checking charts, spotting non-cooperative individuals, cranks. So we got the trained Medical Police. But what could MPs do about mallies who conspired,

propagandized, actively resisted? Answer: the subcutes. (Moore and Bradford 1959a: 39)

The healthcare state depicted in the novel certainly retains the original connotations of the panopticon described by Bentham in the context of the penal institution, where disciplinary officers were responsible for the surveillance and control of prisoners. Thus, “those who become orderlies, MPs or subcutes — they’d have been cops or prison guards” (1959a: 38). The “orderlies” were the forces in charge of maintaining the social order by inspecting and identifying those suspected of non-compliance with medical laws. The Medical Police were agents identified by wearing a black pin with a caduceus. The term “subcute” is an acronym of “Surgical - Bactericidal - Custodial Technicians”, described as “more dangerous than orderlies”, for they act undercover agents of sorts, as they do not wear uniforms or pins, as their name suggests —probably referring to the medical term “subcutaneous”— meaning that they are beneath the surface of the medarchical system. With these representatives of the medarchy, the panopticon becomes tangible for the Citizen-Patient. As Cyrus notes, “[n]ot *caduceus*, but the *ophthalmoscope* ought to be the ubiquitous symbol of the medarchy. Sees all, knows everything, peers into insides. *Big Brother, MD*” (1959a: 8, emphasis in the original). The ophthalmoscope, however, does not solely represent the everywhere-ness of the clinical gaze, but also knowledge, control and the ability to see hidden truths.

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Despite the parallelism with the penal panopticon mentioned above, the medical panopticon in *Caduceus Wild* has its own particularities. Unlike the penitentiary system, the medarchy is depicted as a form of dictatorship where the rights of patients were restricted, as their only obligation was to get well and remain healthy:

Laws were laws, but the lawbreaker was no longer a criminal, able to hold some remnant of pride, to pay a debt to society by serving a sentence. Now he was just another maladjusted individual, protected by no legal presumption of innocence, but having testimony wrenched from him by a medical examiner whose opinion carried the ultimate weight with judges and juries, even in the face of old-fashioned evidence. (Moore and Bradford 1959c: 83)

The aim of the medarchy, thus, is to produce socially useful subjects. This approach echoes Talcott Parsons’ structural-functionalist model of health developed in the 1950s. According to this model, illness is conceived as a social deviance in which subjects temporarily adopt the “sick role”, a status that exempts them from social obligations and expectations regarding normal roles (Williams 2005: 124). The normative expectations related to the sick role are a form of social control, since ill subjects are forced to abandon their other roles in order to focus on the goal of re-establishing health. Following Varul’s ideas, “substituting the multiplicity of everyday roles, the sick role bridges periods of incapability by establishing a single

role that enabled conformity within the deviance of illness” (2010: 76). In the medarchy, the adoption of the patient role, not as negotiated between the individual and society but as imposed by the medical establishment, ensures that subjects accommodate to the social expectations and behaviours as a preventive mechanism to maintain social stability. This necessarily involves the loss of individuality and autonomy of patients, tipping the scales in favour of public health over personal freedom. Additionally, in contrast to the sick role, which is only a transitory status before the restitution of normality, the patient role in *Caduceus Wild* is actually the representation of the Parsonian “health role”, which is ongoing, for the healthy person is expected to be “adhering to a regime and deferring to competent authority for the definition of that regime” (Frank 1991: 208). From a contextual perspective, it is also important to remark that Parsons constructed the notion of the sick role upon the coalescence of the Calvinist and capitalist North American scheme of thought that emerged at the turn of the 21st century, which is also tangible in Moore and Bradford’s novel. The characters live in a society where “youthfulness, activism, and independence” are the most valued attributes of citizenship (Turner 2001: 261). This model thus conjures an archetype of normality and health as the foundation of “the world of strength, the positive (valued) body, performance and production, the non-disabled, and young adults” (Wendell 1996: 40). Since the world is made bearing in mind an able-bodied, male, young subject, it can be said that deviations from health are certainly social constructions. In other words, it is society which produces maladjusted individuals. In the medarchy this is expressed in the pathologisation of behaviours considered as deviant. As Dr Tree, defender of the medarchy, explains to Cyrus, the Ama has the moral obligation to protect collective well-being by controlling and guiding every aspect of the individual’s life:

You can’t afford to let the sentimentalist keep his deformed child, or grieve excessively over his poor old mother who ought to have been euthanized years ago, or worry himself into a breakdown over the possibility of being cuckolded — because every one of these ‘private’ concerns touches the general welfare somewhere. Suffering, discontent, maladjustment, can be spread as surely as typhoid or smallpox. And carriers must be isolated and cured. Or at least have his malady arrested. It’s the only ultimately humane course. (Moore and Bradford 1959a: 69)

Patients are in a constant state of control, as the main task of the orderlies, subcutes and MPs is to identify, capture and cure the maladjusted, that is, “those who refused to adjust themselves to the sane and sanitary regimen of the medarchy” (Moore and Bradford 1959b: 62). The three main characters, Cyrus, Victoria and Henry, were part of the subgroup of mallies, who “could do little more than rebel, and try to convince the majority that the rule of caduceus wild robbed man of all dignity” (Moore and Bradford 1959b: 62). Yet, apart from the mallies, another

group named “mercifuls” are also targeted by the medarchy. The mercifuls were always “on the lookout for suffering people they could ‘help’”, as they believed that euthanasia was the only way to relieve some patients of their misery, a stance that they regarded as a way to oppose the Ama, but which in reality only reflected the acceptance of the actions of the medarchy by only “palliating it, instead of removing the cause” (Moore and Bradford 1959c: 102). The mercifuls, in a certain sense, consider that subjects can recover their dignity through death, seen as a way of escaping the disciplinary medical system. The mallies, in contrast, aimed to destroy the medarchy by not complying with its rules and prescriptions. Despite their ideological differences, however, if captured by the forces of order, both mercifuls and mallies were not jailed but “cured, robbed of their memories and individualities” (Moore and Bradford 1959a: 6). In this sense, like other forms of dictatorial regimes, the medarchy, by imposing a normative model of behaviour and health, has the power to depersonalise citizens:

Angers, passions, ideals, hopes, determinations, fears. All urgency, all the inner burning, all caring wiped out by an impersonal current carried in an impersonal electrode manipulated by an impersonal technician employed by a benevolent and compassionate society. Because you were part of that society, and if you were diseased the entire body was afflicted. (Moore and Bradford 1959a: 26)

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In this dystopic world, to be cured, necessarily involves being stripped of one’s individuality, something not different from the situation undergone by patients in modern medical practices. The hierarchical relationship in the clinical setting provokes the anonymisation, or even the dehumanisation, of the patient, regarded not as a subject, but rather as a body needing treatment. As authors of the positivist medical discourse, doctors are able to establish a relationship of power with patients, which is clearly reflected in the symbolism in the clinical context noted by Erving Goffman in his essays on the medical practice in mental institutions: “First, you can certainly tell the players by the uniforms they wear, with varying insignia (some subtle, like in certain institutions the not wearing of a uniform) distinguishing the ranks. Patients, on the other hand, are, in all senses of the word, often stripped of their identity”, which is hidden under a hospital gown (Zola 1986: 214). This dichotomy between the identifiable roles of the staff and the anonymised status of patients is mirrored in *Caduceus Wild*, where the agents of the Ama are recognised by their uniforms or their pinned caduceus, whose colours indicate their rank. Like in the reality of modern medical practice, this visual differentiation helps to identify the agents within the system, fostering a sense of order and hierarchy and reinforcing the subordination of the patient to medical power.

The medical panopticon in *Caduceus Wild* also reproduces the religious connotations of the original panopticon penitentiary. Bentham’s surveillance

system was based on a “hierarchy of three stages” with “a secular simile of God, angels and man” (Evans 1971: 22). In the medarchy, the same hierarchical system is tangible, with medical professionals being considered demigods; the MPs, subcuties and orderlies as guardians (a title the mercifuls aimed to supplant by being “compassionate” to patients in suffering); and the patients as mortals needing guidance and salvation after a global catastrophe. In fact, the medarchy is grounded in the same principle of Bentham’s ideation of the panopticon, defined as a “system that provides the basis for a rational order of things in a situation that, without such careful circumscriptions, was often rendered into a diabolical chaos by the irrationally disposed passions of men” (Evans 1971: 22). The mallies and their rebelliousness against the medical establishment, thus, were not considered “merely subversive — they were virtually blasphemous” (Moore and Bradford 1959a: 14). In the fictional world ruled by the Ama, the medarchy transcends the system of power to become the object of religious devotion with the foundation of the “Church of the Caduceus”, a consequence of the idolisation of the medical profession by patients who “had been enamored of medicine as an ultimate end and implemented their worship by annoying doctors beyond normal expectation” (Moore and Bradford 1959a: 25). The transformation of this hierarchical social and political system into a theological system reflects the internalisation of the discipline or dogmas of the Ama in a fraction of the population, the self-proclaimed “Caduceans”. Thus, “[w]ith spiritual strength added to the medarchy’s material appeals, the healthfare state would be just about invincible” (Moore and Bradford 1959a: 25). The supreme object of worship for this congregation was the spiritual, immortal and unchanging figure of the “Great Physician”, to whom Caduceans prayed. This veneration of the medical profession is clearly a projection of the imprint that religion has left on modern medical culture, for “Great Physician” is, in fact, a title popularly attributed to Jesus by Christians to praise his role as a healer of both physical and spiritual sickness. More recently, fictional religious discourses have been articulated around doctors, who are seen as the only providers of health and well-being. This sense of devotion is the subject of religious hymns about the myth of infallibility and unlimited knowledge of the medical practice: “*There is only one way,/ There is only one way/ To be healthy and happy:/ ‘See the doctor’, we say*” (Moore and Bradford 1959a: 48, emphasis in the original); “*Rock the surg’ry prescribed for me/ Heal me like the Great MD;/ Heal my bone and insides;/ All health in Medicine resides*” (Moore and Bradford 1959a: 49, emphasis in the original). These hymns also served to reinforce the indisputability of the power of the medarchy: “*When the charts are read up yonder, I’ll be there;/ Vaccines, antitoxins, x-rays everywhere./ When my chart is read up yonder, let the Great Physician ponder./ I’ll be healthy, I’ll be happy*” (Moore and Bradford 1959a: 52, emphasis in the original). Additionally, these chants aimed to reflect the very

nature of the disciplinary power of the medical profession, whose actions were justified by their authority to act in the name of health: “*Shots will help me, this I know,/ Because the doctor tells me so;/ He is wise and kind and strong;/ He will cure me all life long./ Shots will help me,/ Checks will guard me,/ Pills will cure me —/ Doctor tells me so*” (Moore and Bradford 1959a: 65, emphasis in the original). *Caduceus Wild* highlights the connection between medicine and religion; even today the medical profession is believed to be a response to a “calling” like clergymen’s vocation — or nuns’ vocation in the case of nurses. Considering doctors as objects of worship, in this sense, may point to a change in the perception of medical practice, confronting the pragmatic vision of medicine as a purely mechanical or technical science and the belief that “medical treatment should entail a nearly mystical bond of healing accompanied by exalted human sentiments” (Osmond 1980: 555). Yet, in *Caduceus Wild*, the deification of doctors, the devotion for their workings and the reverence paid to their tools to heal are not contradictory or incompatible, as the hymns quoted above express. The idealisation and idolisation of the medical profession fuelled by the myth of infallibility seems to be based on the patient’s blind trust or, as this novel suggests, *faith* in healers.

Contemplating these forms of social control and (self-)discipline that transcend the clinical space, the three main characters struggle to elude the rule of the caduceus in a world where the line between healing and control becomes ambiguous. The ending of the story, however, fails to encourage real social change in the real world, as the three main characters reclaim their freedom by fleeing the medarchical system rather than dismantling it. Yet, despite its straightforward plot, *Caduceus Wild* encourages readers to question the extent of surveillance necessary for societal well-being or the cost of enforcing biopower. This story invites readers to reflect on the balance between authority and individual agency, echoing Foucault’s timeless theorisations about power dynamics. More importantly, this work of fiction questions the meaning of the role of the patient, traditionally regarded as a passive recipient of medical decisions. The determination of the main characters to reject this system by not trusting medicine blindly points to the importance of the re-humanisation of medical practice, which should regard patients as individuals rather than as sites of (social) control.

5. Conclusions: Speculative Realities

Caduceus Wild encourages readers to question the nature of biomedical authority by imagining a world where medical prescriptions are law. The counter-narrative presented by the main characters, particularly Cyrus, challenges the conceptualisation of medicine as a supreme science and the idealisation of the

medical profession, pointing to the potential dangers of a system governed by an unruly or wild—as the title of the novel suggests— medical power. As part of the dystopic genre, this speculative novel relies on the power of fear to encourage resistance to the status quo. Yet, although this fictional story portrays Moore's interpretation of the anxieties that dominated North American society in the late 1950s, the reading of this text in the post-pandemic era reveals that the essence of those tensions rooted in biopower are ever-present.

In this context, the genre of speculative fiction serves as an instrument to explore alternative realities where societal norms are subverted by characters who reveal the injustice and oppression exerted by power structures presented as normalised and beneficial. As seen in this critical analysis, Moore captures this collision between utopianism and dystopian resistance, two stances embodied, respectively, by the defenders of the medarchy as the ideal form of government, and the main characters who rebel against this system. Readers navigate the world of the medarchy through the eyes of three mallies who represent the disruption of order and stability in a society that fears individuality. This novel, in this regard, confirms the value of the dystopian genre, as the view of the rebellious main characters counterbalances the utopian reality presented as benign and inoffensive. Dystopia, as McAlear notes, “prevents Utopia from becoming totalitarian spatially”, for it creates “the possibility of redescribing any system as fearful” (2010: 37). *Caduceus Wild* certainly accomplishes its dystopian purpose, situating a fictional utopian system in America, where dystopian resistances emerge within a totalitarian regime that transforms the mallies into marginalised insiders that threaten the dominant ideology. Despite its lack of popularity and influence in the literary and academic world, *Caduceus Wild* ignites a debate about the impact and limits of biopower, proving that dystopian fictions function as political allegories that forewarn of darker futures and call for action and agency.

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