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THE BIRTH OF PATHOLOGIZING DISCOURSE OF OBESITY

O NASCIMENTO DO DISCURSO PATOLOGIZANTE DA OBESIDADE

EL NACIMIENTO DEL DISCURSO PATOLOGIZANTE DE LA OBESIDAD

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Keywords

Obesity.
History.
Pathology.

Abstract: In order to explore the emergence of the concept of obesity, this historical study is theoretically and methodologically referenced on Michel Foucault's archaeo-genealogical discourse analysis, focusing on the aesthetic, ethical, moral, religious and biological inflections in the early pathologization of excess body fat. From the mid-17th century to the 19th century, medical discourses invested in pathologizing ugliness of the corpulent, gluttony of sinners and the vices of the intemperant. From enunciation of ugliness as disease to medicalization of discourse, pathologization of that condition is a relatively recent development in the West, differently from some historians' views.

Palavras-chave

Obesidade.
História.
Patologia.

Resumo: Com o intuito de explorar a emergência do conceito de obesidade, o presente estudo histórico teve como referência teórico-metodológica a análise de discurso arqueo-genealógica de Michel Foucault, concentrando-se nas inflexões estéticas, ético-morais, religiosas e biológicas nos primórdios da patologização do excesso de gordura corporal. De meados do século XVII ao XIX, os discursos médicos investiram na patologização da feiura dos corpulentos, da gula dos pecadores e do vício dos intemperantes. Desde a enunciação como doença da feiura até a medicalização do discurso, a patologização da condição caracteriza-se como um acontecimento relativamente recente no Ocidente, diferentemente do que alguns historiadores propõem.

Palabras clave

Obesidad.
Historia.
Patología.

Resumen: Con el fin de explorar la aparición del concepto de la obesidad, este estudio histórico tuvo referencia teórico-metodológica el análisis de discurso arqueológico y genealógico de Michel Foucault, concentrándose en las inflexiones estéticas, éticas, morales, religiosas y biológicas en los inicios de la patologización del exceso de grasa corporal. Desde mediados del siglo XVII y hasta el siglo XIX, los discursos médicos invirtieron en la patologización de la fealdad de los corpulentos, de la glotonería de los pecadores y de los vicios de los intemperados. Desde la enunciación de la fealdad como una enfermedad hasta la medicalización del discurso, la patologización de la condición se caracteriza como algo relativamente reciente en Occidente, a diferencia de lo que proponen algunos historiadores.

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1. INTRODUCTION

Immersed in a lipophobic present, with a limited socio-cultural and historical perspective, many contemporary Westerners would struggle to imagine a world in which the notion of an ideal amount of fat or body mass simply did not exist. It would be even more difficult to imagine the absence of the notions of adipose tissue or body mass. Nevertheless, these ideas have not always existed and some cultures still do not hold such concepts (KULICK; MENELEY, 2005).

Although some obesity historians such as Bray (2009), (2007) and Repetto (1998) speculate that the concept of "excess body fat" did exist in the Middle Ages, in Antiquity and even in prehistorical times, our investigations based on historical sources indicate a much more recent date for the emergence of the concept in the West, especially for seeing that condition as a disease.

This article shows the partial findings of research on obesity history that investigated the period of emergence of statements claiming that "excess body fat" would be a disease. During that period – here called the birth of obesity, and which the sources placed between the mid-seventeenth century and the mid-nineteenth century – discourses that pathologically discussed excess body fat did not have today's theoretical underpinning: population statistics, quantified normality, body mass index (BMI), the concepts of risk and life expectancy. Thus, the rationale for pathologization is based on moral, ethical, aesthetic and religious principles from previous historical periods. Generally, people seemed to accept such types of arguments at the time – partly because the scientific criteria of the era were quite different from today's views.

Absorption of those views by medicine and their inclusion in an anatomo-physiological framework corresponds to what Foucault (2001) called medicalization of discourse and this work calls pathologizing discourse.[1] To the features presented by the philosopher – symptoms, nosography, classification and taxonomy – we add: 1) enunciation by specific agents, according to which subjects with certain characteristics are ill; 2) the proposition or imposition of a treatment – that is the time for effective exercise of power-knowledge understood as submission, whether voluntary or not, of the patient to the therapist or the "therapeutic industrial complex" (OLIVER, 2006). Practices that claim therapeutic status require a pathologizing discourse that justifies and legitimize them for the establishment of such a knowledge-power relationship.

This study is mainly justified by the biopolitical relevance[2] (PELBART, 2003; FOUCAULT, 2008, 2008b) acquired by obesity in the 19th and 20th centuries, from the perspective of studies such as Gomes (2006); Rigo and Santolin (2012); Palma *et al*. (2012); Seixas and Birman (2012). We assume that investigating the emergence of that concept is a strategy to discuss discursive and non-discursive practices that currently challenge us and govern us.

2 THEORETICAL AND METHODOLOGICAL REMARKS

This was a historical research that employed both primary and secondary historical sources. According to Struna (2007, p. 191), secondary historical sources are books, articles and other

1 This change took place because such discourses are not limited to physicians, as can be mistakenly inferred from the word "medicalization".

2 In his main work on the subject, Foucault (2008b, p. 431) presents the following definition for biopolitics: "the way we have tried, since the 18th century, to rationalize problems posed to government practice by the phenomena typical of group of people constituted as a population: health, hygiene, birth, longevity, races, ...". Even though Foucault does not provide a definition for biopower, it is understood as the exercise of power from a biopolitical perspective.

ways in which other researchers tell stories about the same subject and that serve as a starting point for research on primary sources, which would be the "real indications" produced in the past.

In the case of this research, after a literature review and a search for keywords on the Internet[3] in materials in Portuguese and English, the authors found a total of three articles/book chapters (REPETTO, 1998; HASLAM, 2007; BRAY, 2009) about the history of obesity, which served as secondary historical sources when assembling the bibliographic sample for this research and which, as such, were the starting point for research on primary sources.

Due to the difficulties of access to primary sources of past centuries, we resorted to historical materials digitized by Project Gutenberg, Google, and offered free of charge on the Google Books database. The fact that those sources are accessible to all researchers allows the study to be replicated in its methodology – one of the characteristics desirable for scientific research according to Thomas, Nelson and Silverman (2007).

The search was conducted first on the Portuguese keyword "*obesidade*", followed by its contemporary English (obesity) and French (*obésité*) variations. Search engines available on the website were used to establish specific chronological periods in order to verify the number of occurrences per century. Since the purpose of the research was to investigate the conceptual construction of the pathologizing discourse, the choice of sources focused on medical-scientific works, using the titles in the search result to select, for more detailed examination of their content, those that included terms related to medicine, such as "*tratado*", "*medicina*" (*médecine*, *medicine*), "*patologia*" and "*nosologia*" (*nosologie*).

After we started reading primary source texts and our research progressed, a greater variety of terms was found for different conditions that could be confused with the contemporary concept of obesity, technically defined by the Organization World Health Organization (WHO). Thus, it was necessary to expand the list of keywords searched to include "corpulence", *corpulence*, *embonpoint*, fatness and "*polisarquia*" – whose meaning will be provided later in the text.

As for selection of sources, however, note that some works and authors were sought based on a reference made to them in primary or secondary sources. The recurrence of citations of certain works and authors in primary sources can be interpreted as indication of historical relevance, since they are carriers of knowledge-power that are supposedly different from laypeople's knowledge.

A final selection criterion used was the establishment of historical significance from historiographical sources that could be classified as tertiary, since they do not specifically address the topic of history of obesity, as in the case of Magner (2005) – a historian of medicine. In addition to this tertiary source, well established historical relevance was used as a criterion for selection of sources, as in the case of Enlightenment encyclopedias whose impact and historical significance in opinion formation and knowledge dissemination in the late 18th century are uncontested.

Thus, by crossing secondary sources, medical and scientific primary sources, related primary and secondary sources, and tertiary sources, we sought to produce a network that allowed the development of a historical narrative. However, the narrative built and presented here – like all histories – is and will remain open to new historical sources and/or interpretations of sources that reconfigure, modify, supplement, reduce, delegitimize or challenge it.

3 Keywords searched were "*história*" and "*obesidade*", both in Portuguese and in their English versions.

Although we used a number of historical sources, an internal description was also made of each of the sources used. Foucault (2008a) calls this procedure internal description of the monument. Note, however, that this internal analysis, as if finalized in itself, is relative, since a discursive analysis of a text completely finalized in itself is impossible.

This methodology allowed the establishment of similarities and differences between the systems of thought found in different sources, from the content of the concepts employed and the argumentative core, in order to support a pathologizing discussion of the condition presented.

Methodologically, in addition to these procedures towards sources, which Foucault (2008a) calls archeology of knowledge, a way of dealing with historical sources – including literature – as monuments or archaeological pieces that are used to construct a narrative about the past, we also conducted an analysis from the perspective used by Michel Foucault (2008a; 1996) on the discursive practices that worked in the process of pathologizing obesity.

3 THE ENCYCLOPEDIC LIGHTS

Given the historical importance of encyclopaedism in the eighteenth century, we tried to reconstruct the thinking that is considered as representative of the period from the mid-seventeenth century to the mid-eighteenth century,[4] from the texts that make up two entries – *obésité/obesity* and *corpulence/fatness*[5] (DIDEROT, 1777, p. 537; CHOMEL, 1743, p. 214; CHAMBERS, 2012, 2012a) in the French and British encyclopedias respectively, and authors mentioned in these and other medical compendia.

In addition to the entries, three works cited in encyclopedias were found: Ettmuller[6] (1699), Allen[7] (1728) and Boerhaave[8] (1746). The conceptions of the themes present in those texts, especially in the French encyclopedia, cover almost the total content of the entries. In addition to the same discursive formation, those physicians had a significant impact during the period in question and thus on the birth of the pathologizing discourse on obesity.

First, it is necessary to clarify what *corpulence* and *obésité*, which were used as synonyms, meant or how they were employed in those discourses. Both Allen (1728) and Chomel (1743) present the same definition as Ettmuller (1699), which simply put would be "excessive *embonpoint*". Therefore, we should explore the meaning of this lexical construction through juxtaposition, in French, of the term "in good point" (ETYMONLINE, 2014), that:

> [...] occurs when all parts are abundantly watered by the nourishing juice, bodies are soft and plump [rounded] – in a word, full of juice; bodies in such a state are called square bodies; what we mean is that those parties are nourished in all their dimensions, which give the body its strength, beauty and the required consistency. (ETTMULLER, 1699, p. 608-609)

4 Representativeness pointed out here was established from the rest of the historical research undertaken, where the duration – about a century – of a certain argumentative and conceptual standard was found for the discussion of the body considered too large and of hunger seen as exaggerated.

5 These entries were chosen because no others were found that were directly or indirectly related to the theme, suggesting that these would be the only or the main nouns used to describe such conditions in English and French.

6 Michael Ettmuller (1644-1683) was a German doctor who would have traveled through France, Italy and England – which would explain the inclusion of his concepts in the Encyclopedia. Ettmuller (1699, p. 607) includes a small chapter on "the great corpulence" related to "nutrition of parts", referring to blood distribution, which is now called major circulation. This process could be "muddled" in three ways, among which the *obésité*.

7 The text only mentions J. Allen, who has a PhD in English medicine. No more information was found about it.

8 Herman Boerhaave (1668-1738) was a Dutch physician considered the founder of clinical teaching and the modern academic hospital. His main achievement would have been to demonstrate the relationship of symptoms with injuries.

The adjective takes a positive evaluative role as a counterpoint to the negativity of *corpulence* or *obésité* – which, under this definition, are not related to BMI, body mass or fat. Being "in good point" is mainly an aesthetic issue[9] – what really matters is that body appearance has a (square) shape and has developed its dimensions proportionally. Because of this, as suggested by this physician, the "diagnosis" would be easy since it would be visual.

The qualities for being "in good point" – strength, beauty and consistency – are "required" in the above passage by a hidden or indeterminate subject, but which possibly speaks for males. Also in the mid-nineteenth century, being soft, plump or *embonpoint* were considered feminine qualities – demands that were directed almost exclusively to women and that could only be met by a small, socioeconomically privileged portion of them (GRAHAM, 1827; THE SPECTATOR, 1865).

The *embonpoint* body is juicy, keeping an analogy with meat cooked "*in point*" ("medium rare", in Portuguese) – that is, tasty. The woman who loses too much weight is dry, losing its "delicious *embonpoint*" (BRILLAT-SAVARIN, 1854, p. 269), and those who accumulate too much juice become *obèse*.

Thus, "*obésité* or excessive *embonpoint*, which we also call *corpulence*, occurs when the whole body swells – both the abdomen and other members" (CHOMEL, 1743, p. 214) or "when the body is increased is in its circumference, in relation to both the stomach and other members" (ETTMULLER, 1699, p. 609).

That is, therefore, a discussion of a condition based on aesthetic parameters: volume, circumference, shape and beauty. This aspect can also be found in other definitions presented. Ettmuller (1699, p. 608), for example, states that "*obésité* is when fat fills and encrusts in the membranes of the parts, especially those under the skin". It explains that in people with major corpulence, in addition to muscles, fat can be found attached to organs and other body parts. In this case, the unwanted substance appears as a discursive object related to the loss of the aesthetic characteristics of *embonpoint*, because it is not about any crusted fat, but that which is underneath the skin, which distorts, disfigures, uglufies the body shape, taking its square appearance – considered beautiful.

The entries also have other facets showing that the concept allowed readings beyond volume, circumference and crusted subcutaneous fat considered excessive. For instance, "*obésité* or *corpulence* is not an increase in solids, but their extraordinary expansion caused by the abundance of humors they contain" (BOERHAAVE cited by DIDEROT, 1777, p. 537). Excess humors – plethora[10] – cause a remarkable expansion of the solid components of the body, which would appear to be the definition of obesity or corpulence. We say *apparently* because it refers to an etiological aspect rather than the essence of the pathologized condition, which would still be the issue of volume, circumference, format, and body beauty.

In the encyclopedia entries analyzed, there is no comment about the parameter for considering excessive volume, circumference, crusted grease, solids, *embonpoint* or body mass.

9 The term "aesthetics" is used in this article to refer to value judgments concerning what is beautiful and certain patterns of physical beauty, rather than tastes, sensory sensations, as used in some areas of Philosophy.

10 In the humoralist view, the human body is a kind of container in which there are four fluid humors: blood, phlegm, black bile and yellow bile. Every humor would be present in each person at a certain proportion, and the balance between them would ensure health, which justified the medical prescription of bleeding (blood extraction), diuretics, purges and vomiting, since they were intended to draw excess from any of those humors, reestablishing the right proportion that guaranteed health. Thus, the plethora was described as a condition in which there was excess of humors – without specifying precisely which of the four humors would be in excess (MAGNER, 2005).

The terms *average* or *normal* are not used, neither are measures suggested. What, then, would be the problem with those characteristics? Despite the fact that discussion on corpulence results from moral and aesthetic convictions, it is difficult to sustain normativity and legitimately include those conditions among diseases. Boerhaave (1746), for instance, does not include it as a disease, but as the cause of a symptom – exacerbated appetite – i. e., the opposite of what is believed today: that corpulence would cause disturbance in appetite rather than opposite. In this case, the condition comes in a doubly secondary way, by being the cause of a symptom and by being cited as less important than reduced appetite.

Ettmuller (1699, p. 609), in turn, justifies the discussion of excessive circumferences and volumes by the fact that "actions are considerably hindered and it hurts all those who observe the movement" – a reason also presented in the *Enciclopédie* (CHOMEL, 1743; DIDEROT, 1777). Aesthetic claims: circumferences of the stomach, limbs and body hinder movements, which does not bother their executor, but it does bother others – those who observe them. It is a matter of body shape and beauty of movement – in short, proto-pathologization of ugliness.

To escape this difficulty to justify a pathological discussion of aesthetic and/or moral attributes, we will appeal to causal explanations – the etiology, the plot of anatomical and physiological causes and effects, which still lie mainly within humoralism, but already with some mechanistic and chemistry-based influence (MAGNER, 2005). Medicine was not yet quantitative, and measures that appear are records of absolute body mass values, as curiosity (ETTMULLER, 1699; CHOMEL, 1743; DIDEROT, 1777; ALLEN, 1728).

The condition was nevertheless included in an almost fantastic discursive chain of causalities with a frightening outcome – sudden death. Although the concept of sudden death did not have the same meaning as it has in contemporary times, there was risk of death and its power of intimidation. Experts also included treatments based mainly on food issues that were justified from humoral causalities.

Additionally, activities to stimulate perspiration are also recommended, so we should not only ride horses, hunt and run, but also rise "in carriages that sway and shake" (CHOMEL, 1743, p. 214). Finally, avoiding an indolent and carefree life, too much sleep, passions, concerns and sorrows is recommended. At this moment, the treatment assumes a double aspect: for body and soul full of asceticism, as if it were not a treatment but a punishment for their "vices" (FOUCAULT, 1998a). Therefore, it presupposes a cause arising from some excessive behavior in relation to what would be considered ideal and proper. That excess would be caused by a moral or character deviation, which indicates the emergence of a sense of guilt in the subject, typical of that time. So transformation was preached to achieve a condition that would be more satisfying (CANGUILHEM, 1995).

4 PATHOLOGIZATION OF UGLINESS

Historical research occasionally finds impressive discourses, which would be unlikely to be delivered in the present, and this is precisely one of the reasons why this type of approach is essential to understanding a contemporary socio-cultural phenomenon. In the work of Sauvages[11] (1772) one can find some statements of that sort.

11 François Boussier de Sauvages de Lacroix (1706-1767) was a French doctor and botanist; his nosography was based on Thomas Sydenham's system (1624-1689).

Although this work has not been cited in the *Enciclopédie*, the text shares almost all nosography with that present in the entries. So why not add this discourse to the previous discursive formation? What is impressive in this discourse and differentiates it from the others? The surprise and difference come mainly from the explicit character of appropriation of what is considered ugly and transformed into disease. Thereby the object being pathologized is explicitly declared as ugliness.

As the botanical system, Sauvages's (1772) nosography divides diseases into classes, orders and subclasses or species. Corpulence or polisarchy[12] – terms that are used interchangeably – is included in the tenth class called cachectic diseases or cachexias, which mean ugliness.[13]

The main symptom of cachectic diseases "is a deformity or a substantial change in one's natural shape" (SAUVAGES, 1772, p. 31), and:

> [...] shape or beauty is a combination of sensible qualities such as appearance, volume, name, proportion of parts, hair, color, consistency, etc. as we see in people considered beautiful; it follows that the absence of one of those qualities constitutes ugliness, which, however, is not morbid unless it is constant and remarkable, and accompanied by other symptoms, as is quite common. (SAUVAGES, 1772, p. 31-33)

This is why corpulence was included among cachectic disease – a disease of ugliness. The condition is:

> [...] excess *embonpoint* that disfigures bodies [...] this disease differs from the gigantic but well proportioned size, which does not diminish beauty and whose forces are proportional to the volume of bodies. This disease differs from edema and swelling in which the tissue is not filled with serous liquid or flatus, but fat, so that the color is not changed by exposure. (SAUVAGES, 1772, p. 106-107)

Therefore, subjects are not the ones who consider themselves ill and see their existence hindered in any way, such as Canguilhem's (1995) definition of health; others classify them as sick. Therefore, if ugliness can be[14] pathologized to some degree – albeit narrowly – this process can only occur by comparison to a socially established standard of beauty – historical and culturally situated.

In order to link aesthetics to anatomo-physiology, the body is compared to a machine so that when organs fail by having a "vicious" physiology and by not fulfilling their functions, they cause deformity or cachexia. With this argument, ugliness can be legitimately pathologized and placed under a therapist/patient, knowledge-power relationship. Thus, being ugly enters a significant relationship as a sign or symptom that the body-machine is not running smoothly and, therefore, the doctor must exercise his or her power of intervention to correct its mechanics under a therapeutic claim, aimed at restoring natural order.

12 Etymologically, the term polisarchy comes from Greek and results from juxtaposition of the prefix *poli-*, meaning many, and the noun *sarcos*, which is related to muscles in the sense of "flesh" (ETYMONLINE, 2014). In Physical Education, words derived from the latter term can be seen in the study of the physiology of skeletal muscle, as in the nouns *sarcomere*, *sarcoplasm* and *sarcolemma*. Theoretically, the condition described by the noun polisarchy would be "many muscles or many fleshes", however, the term was used by Sauvages (1772) with a meaning that did not take body composition into account, only pointing out that the individual with this condition had a great, bulky, "fleshy" body – regardless of being made of fat or muscle. Just as the word corpulence/*corpulence* was used in a slightly different way from the concept of obesity, which is defined as "excessive body fat".

13 The meaning presented is based on the author's own definition, which will be described below. Currently, the term means "state of profound malnutrition produced by various causes; general weakening" (FERREIRA, 1984, p. 346).

14 "Quality of ugly" (FERREIRA, 1984, p. 764)

The medical eye scans the body from the inside to the outside, from the smallest molecule to body shape, judging what is and what is not natural. It is granted knowledge of the essence of nature, of life, of the biological – their ends and their means – and the power to determine whether appearance or body shape is natural or not – which, interestingly, would equal beauty. Finally, we notice how aesthetics can be linked to biological "functions" and placed in a pathologizing discourse that makes it susceptible to medicalization. The "natural" also takes – before the "normal" – the place of ideal in discourse and doctors put themselves in a privileged position of bearers of knowledge that allows them to know the naturalness of everything. Therefore, they must have the legitimate right to define and judge what is or what is not natural and who should be submitted to the intervention of their power (FOUCAULT, 1998).

The disgust and intolerance felt towards ugliness can be transmuted into something that is morally acceptable, such as the honorable therapeutic task of healing. Instead of stigmatizing an "ugly fat man", one has the compassionate concern for a patient's health: from coercive relationship to the right to treatment.[15]

Symptoms can only be built after this "diagnosis" of body "deformity", cachexia or ugliness. Thus, polisarchy "decreases agility, [...] muscles do not become strong, the body becomes slow and lazy, and it is impossible to do anything without breathing problems" (SAUVAGES, 1772, p. 107).

Similarly, the perception of danger can only be built after the aesthetic judgment to determine who joins the group of subjects who will be called corpulent. An identity constituted from aesthetic parameters is the condition of possibility for the doctor to state that "corpulent people live, as expected, less time than others, and are infinitely more subject to apoplexy[16] and orthopnea"[17] (SAUVAGES, 1772, p. 107).

Such etiology also reveals some moral judgments, just like the encyclopedists: "a copious and succulent diet, loose habits, the passage from a cold country to a warm country, recovering from a malignant *synoque*,[18] joy, abundance , idleness" (SAUVAGES, 1772, p. 107-108). Not only joy fattens, but also sorrow, worries, emotions and passions that fatigue the docile body (FOUCAULT, 2002).

The causal principle would be located in the stomach and maintains a relationship of analogy with cooking and treatment. Healing requires also "that one does not sleep too much, exercise, has the spirit moving, [...] eat less and use less nutritious foods; that excretions are increased, especially sweating by exercise, hunting, running, legitimate use of women" (SAUVAGES, 1772, p. 108-109). An infinitely useful body is necessary, which should always be active it (FOUCAULT, 2002).

Finally, that historical source is the first statement about excessive corpulence and body fat as diseases (CHAMBERS, 1851). The statement shows very crudely that these conditions were considered as such because of beauty. Only after setting this aesthetic parameter – ca-

15 For further consideration on the biopolitics and legal links with economic interests that are often intertwined in discourses which call for the right to treatment, see Jungers (2009).

16 The condition called apoplexy referred to what is currently called vascular encephalic accident or popularly called a stroke.

17 Currently, orthopnea is described as a condition where the person has difficulty breathing (FERREIRA, 1984). No definition was found for that condition in Sauvages's (1772) text, but the passage suggests that the current meaning was possibly used.

18 There was no more information about this condition in Sauvages's (1772) text or in other materials, including dictionaries of that time or contemporary etymological dictionaries. Nevertheless, it is possible to assume, from the passage in which he was employed, that it referred to a pathological condition.

chexia or ugliness – is that Sauvages (1772) built a nosography, seeking associate symptoms to such conditions.

This source is so important to the history of obesity that historians consider essential the fact that the first statement of pathologization was driven by an aesthetic judgment rather than scientific, epidemiological, laboratory, empirical evidence. It is known that both the former and the latter can be equivalent legitimating devices, operating distinct discourses of normality. However, the obesity histories found, such as Repetto (1998), Haslam (2007) and Bray (2009), emphasize the latter, resorting to higher scientific legitimacy before the contemporary judgment. Thus, we emphasize here the aesthetic legitimacy device as a counterpoint to such historiographies, in order to make explicit what was implicit – as a result of forgetfulness, omission or deliberate concealment. Thus, it is shown that we, moderns, dared pathologizing – i. e. "devaluing an existence" (CANGUILHEM, 1995) – through a process that began predominantly with aesthetic, culturally constructed and historically situated devaluation.

5 DISCURSIVE DISINFECTION

The two statements discussed in this section – Flemyng's[19] (1760) and Brown's[20] (1788) – differ from the previous ones in that they do not contain adjectives with aesthetic connotations such as *embonpoint*. Medicalization of discourse already operates, albeit subtly, to perform what may be called asepsis, i. e., a cleaning of the terms used to transform aesthetic and moral discourse into a biological issue.

Even though doctors had already been working on building a pathologizing discourse since the late 18th century, only from the second half of the 19th century on, with works such as Banting (1864), pathologization of fat became a more popular discourse.

In addition to de-aestheticization and demoralization, the discourses of that discursive formation are characterized by no longer speaking of bodily humors and juices, i. e. of remnants of humoralism so present in previous discourses. Even the conceptual confusion is undone, which emphasizes that the disease described as "an increased amount of fat rather than blood or any other substance" and that would be "so clear and evident that we do not need to bother proving it. Butcher shops show enough evidence of this truth, and the common sense of mankind confirms it" (FLEMYNG, 1760, p. 1-2). Brown (1788) also states that obesity is an accumulation of fat.

Despite these differences in the discourses of the time, many similarities can be found, for example, the lack of discourses that appropriate population statistics, BMI, or the current concepts of normality, risk and life expectancy.

How was that discussion justified, then? To state that the condition is pathological, Brown (1788, p. 1) refers to his own definition of disease, which includes the term "poor health" and that "consists in a difficult and disturbed exercise of all or some functions"; while Flemyng (1760, p. 1) states that "corpulence, when extraordinary, can be recognized as a disease, since it obstructs to some degree the free exercise of animal functions". In addition to these claims,

19 Malcolm Flemyng (1700-1764) was a Scottish physiologist. Although Flemyng's (1760) material was read before the British Royal Society in 1757, the importance that his speech had in the medical community of the time is unknown. Moreover, his theory seems to have been strongly influenced by his tutor Herman Boerhaave.

20 John Brown (1735-1788) was a Scottish physician tutored by William Cullen. Brown's (1788) theory on obesity apparently had little or no repercussion, considering that there were no other works that used the same system of thought and concepts.

Flemyng (1760) and Brown (1788) state that "extraordinary" corpulence or body fat would "tend to shorten life" (FLEMYNG, 1760, p. 1) or leave the affected person "predisposed to other diseases" (BROWN, 1788, p. 117), similarly to the other discursive formations analyzed. Without any scientific support similar to today's, which would be acceptable in contemporary times, such statements are close to Christian discourses as can be seen in one of the dangers suggested: "paving the way for dangerous intemperance" (FLEMYNG, 1760, p. 1). Beyond the notion of temperance, there is a parallel to the Christian argument, in that the sin of gluttony could lead to other more serious ones such as fornication, so it was necessary to avoid it (AQUINO, 1984; CORNARO, 2011).

Continuing with physiological explanations, Flemyng (1760) adds that fat would be secreted by blood but would not remain mixed to it. He is one of the few to suggest some positive functions for such an infamous substance, as lubrication, prevention of bone thinning, filling cracks and interstices, contributing to bile matter, and acquisition of glossy beauty for skin. Mechanics becomes a reference to understand the roles that fat would play in the body.

Etiology and suggested treatments follow the trend of the previous discursive formations, focusing on excess food and indicating restrictions, as well as vigorous walking, playing tennis, physical work, bathroom, etc. to increase sweating since it contains oil. All explanations and suggestions are pervaded by a background of ethical, moral and religious condemnation, although not as explicit as in Cornaro (2011).

Brown's (1788), in turn, differs considerably from any other etiology presented. The origin of any violent disease would start with a unique stimulus which would hit a part of the body and spread to the rest, unless another stimulus applied to other parts interrupted this operation and prevented the whole body from being affected.

Thus, obesity would integrate the class of diseases named "sthenic apirexy"[21], which means absence of fever (apyrexia), with a state of heightened activity in the stomach (sthenic). Digestive powers, which produce strength and stamina, would function more perfectly in fat persons, making such powers excessive, harmful, leading to a waste of excitability with a high degree of disorder and body exhaustion. Consequently, passions or sexual desires would be less exciting for those people and it would be:

> [...] visible that fat people are averse to thinking, since it is a major stimulus. They feel aversion to body movement, in which all functions and especially blood vessels are very excited and perspiration is proportionally promoted; and they have a good reason for this since all motion is more stressful for them than for others. (BROWN, 1788, p. 123)

As to causes, that physician says that the emergence would be "due to an excess of health, wealthy life, especially in food items and an easy and sedentary way of life" (BROWN, 1788, p. 117).

It appears, finally, that in both Flemyng (1760) and in Brown (1788), the conceptual core "excessive body fat" was already clearly outlined in the definitions presented. There was also an effort to disinfect the pathologizing discourse of its original, mainly aesthetic and moral features. It is about transforming an aesthetic and/or moral discourse into a bio-pathologizing one.

21 Brown (1788) describes a range of sthenic diseases and he places those causing fever and inflammation above what he called perfect health, whereas mania, *pervigilium* and obesity were below that level, such as apyrexial diseases, i. e. not causing fever and inflammation. In sthenic apyrexia, stimulant powers would be kept to a degree of force that would waste part of the stimulus. Because of the mediocrity of the stimulus, excitability would never be completely consumed and would always produce more excitement.

Despite the difficulties, we tried to point out how this discursive object was treated, mainly through aesthetic, moral and religious evaluative assumptions. The aim could be "disinfecting" normative discourses, but they resist to be fully sterilized, keeping incubated and latent aesthetic, moral, religious and political "micro-organisms", so that in times of low immunity, they can proliferate and manifest as what they are – fundamentally aesthetic, moral, religious or political discourses.

6 DISCUSSION, CONCLUSIONS AND FINAL REMARKS

Based on Foucault's discourse analysis and an archeo-genealogical exercise, our research pointed out that the emergence of the concept of obesity and pathologization of that condition took place in relatively recent historical moments in the West, that is, from the late eighteenth century on – differently from discourses in health historiography that try to locate it in earlier times.

Also, instead of an object that is scientifically constituted from the beginning, as some authors suggest (REPETTO, 1998; HASLAM, 2007; BRAY, 2009), we observe propositions impregnated of aesthetic, ethical-moral and religious values. Therefore, it is concluded that the medical claims of that period were investments by knowledge-power in a discursive displacement of noble blood (humoralism) to the bourgeois body, where intimidation is characterized as a special propaganda strategy demanded by the constitution of a new scientific object (FEYERABEND, 1989), and quantification is a suitable tool to develop a notion of health anchored in normality (CANGUILHEM, 1995).

After the establishment of the body mass measurement, bio-political foundations of population statistics[22] developed throughout the nineteenth century, (PELBART, 2003; FOUCAULT, 2008, 2008b). Especially after the 2nd World War, it is based on a policy of governmentality (FOUCAULT, 2006) and draws its legitimacy from concepts such as risk and life expectancy.

Even though this research focused on medical discourses, pathologization of obesity was not limited to the medical field; it is a political and sociocultural emergence that took place on several fronts, and there were even discourses of resistance to that event. Since that was beyond the scope of this research, we chose to limit our research and we hope to present the other results in another article.

Given the polisemy and discursive redundancy that currently highlight the evils of obesity, sometimes it can be difficult for some people to accept that, along with the pathological discourses there are moral and political values (RIGO, SANTOLIN, 2012; PALMA *et al.* 2012; SEIXAS; BIRMAN 2012; GOMES, 2006). Therefore, to situate ourselves in biopolitics and biopower games (PELPART, 2003; FOUCAULT, 1996, 2006, 2008b) of which pathological obesity is part, we need to return to its starting point – not in order to seek its origins or deny its bad consequences, but mainly to show the genealogical relationships that enabled obesity to be classified as a disease.

22 The main tool in this regard remains the normal curve by calculating BMI (developed by Lambert Adolphe Jacques Quetelet [1796-1874] in the second half of the 19th century), which was related to the concepts of risk and life expectancy throughout the twentieth century.

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