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THE *HUMAN BEING* IN CONTEMPORARY MEDICAL DISCOURSE: CONTROVERSIAL GOINGS-ON AT HAMBURG'S UNIVERSITYHOSPITAL IN EPPENDORF*

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Synopsis–The article is based on an analysis of the expertise submitted by the Faculty of Medicine to the Academic Senate of Hamburg University in support of the incorporation of a privately run Institute for Hormone and Reproductive Research into the university. It shows that, taken to their logical conclusion, the arguments outlined in this expertise end up by conjuring the human being and woman out of existence. They also specify norms and sexuality, reproductivity, and femininity/ womanhood and make of reproduction a medical activity that is geared to social demand, that is, stopped in the so-called Third World and encouraged in the so-called First World. These issues, however, are obscured by constant reference to women's emancipation, self-determination, and freedom.

Synopsis – Der Aufsatz geht aus von der Analyse eines Gutachtens der Medizinischen Fakultät an den Akademischen Senat der Universität Hamburg, das die Eingliederung eines privatwirts-chaftlich betriebenen Instituts für Hormon- und Fortpflanzungsforschung unterstützt. Der Aufsatz zeigt, daß die Argumentationen des Gutachtens darauf hinauslaufen, "den Menschen" und "die Frau" auszulöschen. Die Argumentationen legen überdies die Normen der Sexualität fest: Weiblich-keit wird an die Reproduktionsfunktion gebunden. Die Reproduktion wird zu einer Angelegenheit der Medizin, die eng verknüpft ist mit gesellschaftlichen Anforderungen: sie soll gestoppt werden in der sog. "Dritten Welt" und befördert werden in her sog. "Ersten Welt". Diese Intentionen aber bleiben versteckt hinter dem beständigen Bezug auf die Emazipation, die Selbstbestimmung und die Freiheit der Frauen.

What is the cause of the controversy? In June 1988, Dr. Freimut Leidenberger submitted an application to the Medical Faculty of the University of Hamburg requesting that his privately run Institute for Hormone and Reproductive Research (IHF) be incorporated into the university as a scientific institution. The application was submitted upon the express wish of the Medical Faculty. However, at the time of this writing (January 1991) it still has to clear a final hurdle and gain the approval of the Academic Senate. The decision of the Academic Senate has been delayed for two reasons. First, the Academic Senate required an expertise from the Medical Faculty stating its official opinion concerning reproductive medicine," " and, second, student protests.[1] Yet these are by no means having become a case of controversy, a medical controversy. Indeed, the controversy goes even It is this controversy I am concerned with here.

Where shall I begin? The best thing to do is to begin by analysing the "Statement in Answer to the Inquiry of the Academic Senate Concerning Reproductive Medicine" submitted by the Faculty of Medicine in January 1990. This official statement was endorsed by the Medical Faculty by a unanimous vote. It can thus be said to reflect the consensus of opinion at the University Hospital. As an official statement it also reflects the standards of medical science. In other words, we are dealing with a document that is by all means an accurate reflection and representation of the general understanding of medical science and medical practice.[2]

REPRODUCTIVE MEDICINE AND THE REPRODUCTION OF NORMS

The statement begins with a "Definition of Reproductive Medicine," according to which

*Translated by Helen Petzold.

> reproductive medicine is concerned with the reproductive functions of the human being, its disorders and the consequences of these disorders as well as with reproductive behaviour. Medical-clinical and scientific research is focussed on the physiological and psychological relationship between the woman and the man who constitute a couple and their involuntary childlessness, (p. 2)

A clear and straightforward definition of the subject area covered by reproductive medicine, it would seem. It is concerned with disorders of the reproductive functions. But then there is that unobstrusive addition tacked on at the end of the sentence claiming not only the reproductive functions but "reproductive behaviour" as the subject of medical research too. What is *reproductive behaviour?* It remains undefined. We can glean no more than that reproductive medicine lays claim not only to the physiological, but also to the sociosymbolical aspects of behaviour. What appears on the surface to be a clear and straightforward definition is revealed to have a submerged and subliminal meaning. Reproductive medicine goes whole hog and appropriates the whole human being.

But how is the whole human being defined? In the form of a *couple.* Let us look again, what was it that reproductive medicine was concerned with? "The woman and the man that constitute a couple."

So we see that reproductive medicine is founded on a sociocultural construct that functions as *the norm.* By inconspicuously, almost unnoticeably, introducing this construct at the beginning of the medical discourse *medical parlance* reiterates and stabilizes a *fundamental social norm.* Obviously *the human being* is the entity formed by a heterosexual *couple.* Reproductive medicine commences with the reproduction of a social norm. That is to say, reproductive medicine commences with the reproduction of the *normal.*

Is not reproduction of the species normal? Is not woman's normal purpose the reproduction of the species? At any rate, according to the official statement, reproduction is a "component of health." Yet what conclusion does this definition lead us to? That *childlessness* is an illness or disease. Behold, the definition of reproductive medicine also presents us with a definition of *illness* and *health.* What is *healthy* is *normal,* while the abnormal is connected with disease.

Couples

Yet it is not quite as simple at that, for even reproductive medicine does not content itself with giving easy answers. After all, the statement does allude to the "complexity of the task" (p. 2) which calls for an "interdisciplinary" approach to the subject. And it overflows with humanistic reminiscences:

> The help required with regard to problems relating to sexual interaction between woman and man invariably means we have to treat a *couple.* The challenge this task poses calls for cooperation between clinical practice and basic research and the combination of a variety of examination, treatment, and research methods, thereby opening up a new approach to the holistic view of the human being and the couple, in particular, (p. 2)

A holistic view of the human being? The expression is borrowed from alternative medicine. The human being as the couple? The seemingly insignificant relative clause identifying the human being in the form of a couple is not so insignificant after all. But why conjure up this holistic view of the utterly normal human being that is the couple? For at least two reasons. First, if anything is reduced to nothing by reproductive medicine and its counterpart, genetic engineering, it is the concept of the human being as a holistic entity. Second, if anything is subjected to research and clinical treatment in reproductive medicine it is women. We see, *medical science's* reiteration and determination of the *couple* as a *social norm* has a hidden purpose that has to be pieced together. Here, medical parlance assigns the woman to a fixed position in the structurally hierarchical relationship to the man. It is this relationship that endows her with an ostensibly natural sex role that is equally naturally expressed by first desiring to have children and then having them. Without explicitly saying so medical parlance puts women in their biological place. However, medical science takes numerous precautions to avoid admitting plain truths of this kind. Another couple is brought into the argument for example. This new couple is actually getting on in years but according to our

official statement it is still going strong. We're talking about the doctor-patient relationship. In the words of the official statement it is ideally seen as follows: "Due respect must be given to the compassionate respect for the suffering couple's plea for help that emerges in the doctor-patient relationship" (p. 3).

I don't intend to argue about questions of style here. Why fret about "due respect" being given to "compassionate respect"? After all, stale sentimental scenarios do tend to sag stylistically from time to time. The more important question is, why introduce this soppy stuff about "compassion" and "respect" between the new doctor-patient twosome so reminiscent of the erotically tinged vocabulary with which the doctor-patient love affair is so often described.

Medical science and the role of humanities

There is reason behind this sentimentality. The more the human is robbed of its human qualities (and where is this more so the case than in the pursuance of reproductive and genetic engineering), the more it becomes necessary to trot out our humanistic heritage. For what is the logical conclusion of reproductive medicine? In vitro fertilization. And what does the medical expert have to say about this? Here an excerpt from the official statement:

> In the case of *in vitro fertilization* ova and spermata are brought together in a test tube. The fertilized ova are then transferred into the uterus or, if *intrafallopian embryo transfer* is being carried out, into the Fallopian tube. . . . In the case of gamete intrafallopian tube transfer follicle puncture is always effected by laparoscopy. The ova that are collected in this process are then transferred into the fallopian tube together with the spermata. Fertilization then takes place within the maternal organism, (pp. 3-4)

Oh, it's as simple as that, is it?

In that case, what is it that makes the discourse on reproductive medicine presented to us by medical science so different? Its unintelligibility. Were it intelligible, it would become all too apparent that in vitro fertilization is the final step or caesura that liquidates the "unity and integrity of the human being" once and for all. For if any two concepts were inherent to the unity and integrity of the individual–the undivided–they were the concept of unity of body and soul and, equally and intrinsically, the concept of physical integrity. However, it is this physical integrity that is utterly and completely disintegrated by reproductive and genetic engineering. It's the fulfillment of the age-old dream of medicine. Not only are the innermost parts of the body turned inside out, the innermost of its interior processes, those within the ovum, are removed from the body and placed in a third environment that is completely separate from the human entity. Once displaced in this way, they are no longer the innermost processes, the ovum no longer an integral cell structure. It becomes redefined by its new location detached from the human body. A field of research that itself still awaits definition. For where is it now? In the laboratory. The site of experimental research. It now resides in the test tube or petri dish, the very place in which genetic material can be subjected to surgery. The very place for manipulation of the genetic codes. Homunculus. Homuncula.

We see, medicine's disassembly of the human being is complete. The more advances in reproductive and genetic engineering prove it to be a *dividual,* the more medical discourse is at pains to conjure up the unique, unalterable individual. And it does so page after page. Here is an example from the official statement in question:

> The overriding principle of ethical medical practice is the recognition of each and every human being as an irreplaceable, independent and unique individual and, as such, as a subject: the subject of its own life. The dignity of the individual is unconditional and inviolable. Each and every human being bears unique importance. Each must be respected and acknowledged by the other. No-one has the right to treat another as an object in a manner that renders the other incapable of being a subject, (p. 13)

These are no longer the foundations of a philosophy. They lack all foundation altogether. Indeed, this sophistic flirtation with untenable philosophical concepts with regard to the subject proves hard to uphold. Despite all its humanistic fervour our official statement lapses into an economic-technological line of argument:

> As more and more becomes technically feasible there is a growing need and necessity for responsibility. All medical practice aims to render or restore a person to a state in which that person is capable of being a subject. Medical ethics must acknowledge these considerations and make them a yardstick for responsible conduct. (pp. 13-14)

And how is lack of responsibility to be avoided? By seizing the watchword that is so popular in academic circles – *reflection.* ". . . (Medical) conduct and research must be subjected to continual reflection. This applies to reproductive medicine as much as any other branch of medicine, indeed especially so" (p. 14).

What may we conclude from this? Reproductive medicine claims to fully cover the demand for responsibility towards the bearer of unique importance, the human being, simply by continually reflecting upon medical conduct and research.

So we see that this discourse is not merely conducted in the terms of medical science. It also borrows from philosophy. Indeed, it goes even further. In projecting reproductive medicine as a interdisciplinary area of study it aims to incorporate the human sciences, in particular, sociology and psychology, with the latter even advancing to the status of "specialist psychology" in the course of the official statement. What are the tasks assigned to the human sciences within medicine and the specialist field of reproductive medicine? The official statement names some examples. The task of deciding what is healthy and what is sick or what is normal and what is pathological, for example. Even desires are subjected to this categorization. Particularly the desire that supposedly justifies the existence of reproductive medicine in the first place–the desire to have a child. All desires are not equal. Oh no, according to the reproductive experts in the medical profession, one has to distinguish between the natural and the pathological desire to have a child, as the following quote explains:

> The justification for commencing treatment of sterility is a couple's natural desire to have a child. The diagnostic distinction between a natural and pathological desire to have a child is difficult in practice since no clear-cut line can be drawn, but it is essential to the doctor's understanding of his [sic] role and his [sic] dealings with the couple. (p. 8)

Now, how does the doctor's so essential understanding of his role operate if there are no clear-cut distinctions to be made? Through the "intermediate agency" of "a psychologist or therapist". This,

> . . . however, does not release the doctor from his own responsibility to concern himself with the psyche of his patients in a highly qualified and understanding manner nor does it release him from his duty to acquire the sensibility required for interactional processes with the couple and utilizes it both diagnostically and therapeutically in the course of treatment. (p. 8)

It appears that the couple, this normative entity, may be doubly ill. On one hand, it has failed to produce a child. On the other, its desire to have a child may in itself be neurotic. Who knows? The official statement does. It knows that the doctor knows, ideally in collaboration with a psychologist. Without batting an eyelid, without any scruples and without a single reference to the difficulty of drawing a clear-cut line, the official statement wields its authority and formulates a definition:

> The natural desire to have a child develops out of a couple's relationship. It is the desire to love and experience the child in its development as a third party. The pathological (neurotic) desire to have children does not want the child for its own sake but as a functional object for unsolved personal problems. Consultants are of the opinion that the couple must be brought to recognize the pathological nature of their desire and, if necessary, treatment will be refused to protect the child from abuse of this kind. (p. 9)

Reflection? Sensibility? Involvement and the inviolable dignity of the human being? It's nothing but a human-scientific and humanistic masquerade on the part of medicine with a view to enforcing its imperial intentions of social management and institutionalized normality. One of its most effective mechanisms is the formulation of a discourse on selection based on the poles of the healthy and the sick in which the healthy is equated with the natural, and the

natural with the normal. And the normal with the healthy and so on. On and on in circles. In a closed circuit. Medical discourse is an automatic selection machine. In the name of Good – the natural, the normal, the healthy. It's enough to give one the creeps. There's no way you can argue against what's good. This discourse has a pervasive influence, primarily because there's nothing so special in talking about normality and normalisation. This discourse is in itself so normal coming as it does from the seat of power, the university as the seat of institutionalized knowledge. The normality projected by this discourse obscures all view of the other lifestyles people choose, of other concepts of sexuality or other desires. And what happens if these emerge from obscurity? They are already stigmatized. They are unnatural, abnormal, sick. Indeed, the normality of this medical discourse also obscures the incisive change in society brought about by the introduction of reproductive and genetic engineering. The decisive function of this normality is that, once it is established, the *caesura* brought about by reproductive and genetic engineering becomes inconceivable within what has become the established frame of reference.

But how does medical discourse institute normality and normalization in the light of what reproductive and genetic engineering actually do? Above all, by perpetuating the discourse of the human sciences and humanities. It is here that the nature of the human being is discussed. It is also here that the concept of self-determination enlisted by reproductive medicine is brought into the discussion. And in what connection does reproductive medicine come up with self-determination, women's self-determination in particular? In connection with the use of genetic engineering in prenatal diagnosis. The official statement has the following to say on this subject:

> The question of the ethical justification of prenatal diagnosis and individual cases of prenatal selection is a problem that is not specific to reproductive medicine, it is a question of the acceptability of the high-risk indication, that is to say the acceptability of women's right to self-determination. The assumption that it is too great a burden for pregnant women to cope with the situation of conflict brought about by prenatal diagnosis, an argument that is repeatedly put forward in discussions, presupposes that pregnant women are incompetent to exercise their right to decide for themselves . . . At all events reproductive medicine and human genetics firmly reject any outside attempts to influence personal decisions. (p. 11-12)

Up to here our medical discourse may not have tired of wooing and quoting the human sciences, but at this point we can suddenly discern a note of irritation:

> It would be advisable for the human sciences to acknowledge the change in paradigms (patient autonomy instead of "health policy," however it may be defined) that has taken place in the family and prenatal advisory services run by the medical profession during the last decade, not least as a result of the discoveries of molecular genetics. (p. 12)

What is the reason for his sudden note of irritation? Is it conceivable that there is opposition, and in the human sciences at that? Can someone have raised objections? Can someone have put two and two together to reveal what is masquerading behind the terms *human being, couple, woman* and thus undermine their effectiveness as legitimation?

Be that as it may, "women's self-determination" is brought into play whenever medical science finds legitimation particularly difficult. For despite all its professions it is not the human being nor is it the couple that is subjected to reproductive and genetic engineering, but women. Women? Let us be more precise. It is the female body, dissected into parts that are relevant to research, that is the real subject of this branch of medicine. And this is where the postulation of the woman as the counterpart to the human being and all the talk about women's right to self-determination play an all-important role. No emphasis is too great.

The reference to "self-determination" as it appears here is nothing if it is not cynical. For it denies that the concept of self-determination is in itself a philosophical-legal norm of bourgeois patriarchal society which lends the subject the illusion of being an autonomous self. It denies that the norms that have been formulated or adopted not only, but significantly, by the medical

profession have a powerful influence. It denies the authority the doctor embodies for the patient both in the living and in the imagination. And is not the authoritativeness with which our official statement formulates its definitions itself striking evidence against self-determination? Wherever it is *in fact* arguing against self-determination it claims to be defending it. It is nothing but a cynical concession on the part of the authorities. Again in the guise of Good.

Women's self-determination and population policy

You think I'm exaggerating? But perhaps this insistence on women's right to self-determination in connection with genetic engineering means even more and something quite different than is actually stated. It will lose all its inflated, albeit slightly ruffled, virtuousness once we return to the context of our controversy, namely the application to incorporate the Institute for Hormone and Reproductive Research in Hamburg University submitted by Freimut Leidenberger in 1988.[3] Here, we are told the following:

> The founders of the institute understand the work of the scientists employed at the institute and their own scientific and clinical research as a contribution to a branch of research, the current and future importance of which becomes apparent once due consideration is given to the worldwide political and social implications of overpopulation, on the one hand, and the increasing incidence of involuntary childlessness, on the other. It can only be a question of time until research in reproductive medicine will become a political necessity to help solve the above-mentioned problems, (p. 2)

Women's self-determination? Fiddlesticks. This is quite a different kettle of fish. We're concerned with population policies on a worldwide scale now. For what is meant when the subject of overpopulation is raised? The so-called Third World, of course. And what is the flipside of overpopulation there? Underpopulation here. A problem that also has to be solved. But how? By increasing the population. The programme: genetic engineering to reduce the population in the Third World and genetic engineering to increase the population in the First World. Our world. What does this programme mean in detail? Promote the self-determined desire to have children, promote women who increase the population density, that is, promote Leidenberger–to the University of Hamburg, for instance.

You still think I am exaggerating? After all, this population policy argument for incorporating the Institute for Hormone and Reproductive Research is *not* put forward in the expertise drawn up by the Medical Faculty? After all, the emphasis here is on women's self-determination? That's just it. The one argument has been replaced by another. It is there in lieu of the other. It wouldn't do to admit to the naked truth in this day and age. After all, we do have a past.

And is it exaggerating to draw the reader's attention to another connection between genetic and reproductive engineering and population policy in the so-called Third World. I'm referring here to the society operating in Hamburg under the name of Godparents and Partners, Society for the Promotion of Family Health in the Developing Countries.[4] (In German the name is Paten und Partner. . . , the abbreviation being "PaPa" which is the German for Daddy! In 1988. its chairman described the goals of this society in an official letter. The society has set itself the task of fighting poverty in the Third World. The organization, in which a number of "personalities have joined forces – most of them belonging to the faculties of medicine and science",[5] describes poverty in the Third World in a tragic tone: "The depressing cycle of hunger and poverty, abortive attempts at foreign aid and flight ending in failure, again followed by hunger and poverty (and sometimes even worse) – this depressing cycle must be stopped (p. 1). But how?

It is high time we struck at the roots of the evil. And what are the roots of the evil according to PaPa? Too many children. And therefore ". . . we must prevent so many children from being born in future" (p. 2).

How? By introducing genetic engineering. Is this help for the poor? Or is it not the opening up of a field of experimentation for medical research under the guise of help for the poor? Experiments on living human beings. On women in the Third World. A recent report in the Hamburg edition of the daily newspaper *die tageszeitung*[6] on PaPa's *Cameroon Project* of genetic engineering rightly

states: "A project of this kind also offers opportunities for scientific research that can only be conducted in a country of this kind" (p. 23).

But why bring up PaPa in this context? The answer is simple. PaPa's chairman gives it us in his letter:

> The members of PATEN UND PARTNER and its trustees guarantee that we will tackle our task not only with utmost professional care but also with high professional qualifications. Our founding member Prof. Dr. med. Freimut Leidenberger is the director of a renowned institute for hormone and reproductive research in Hamburg, (p. 2)

That's why I bring up PaPa in this context.

Medical research in the light of aesthetic norms

The fact that the "opportunities for scientific research" are rather more restricted in our part of the world is something Freimut Leidenberger was only recently forced to acknowledge. To his great dissatisfaction. His institute's research project at Finkenwerder grammar school in Hamburg had all begun so nicely. The subject of research: diagnosing the early stages of the PCO Syndrome. And what, if you please, is the PCO Syndrome? (Polycystic Ovarian Disease.) Research was conducted on "girls between the ages of roughly 8/9 to 18/19." It was projected to run for a duration of some 10 years. An "Information Leaflet Describing the Research Project" distributed in 1989[7] begins with the following words:

> In early puberty, during the transition to adulthood (so-called adolescence) and in the early stages of adulthood many girls and women not only experience problems with their monthly cycle but also suffer from a more or less severe form of the skin disease known as acne, resulting in some cases of permanent scars. Acne may be so pronounced that adolescents may suffer not only psychologically, their social life may also be affected because they no longer dare appear in public. In addition to this, the growth of hair on various parts of their body is also experienced by a significant number of young girls and women as distressing for cosmetic reasons, especially when it appears on the legs, stomach, breasts or face, ultimately causing them to suffer from feelings of insecurity in much the same way as acne, especially in summer when bathing or in similar situations. Pronounced body hair may also lead to insecurity with regard to partnerships, (p. 7)

Where, may one ask, does this explanatory leaflet begin? By explaining the mysterious abbreviation PCO, perhaps? No way. It begins by enumerating the social *norms* that may cause individuals to experience distress of a traumatic order. These are *aesthetic norms* to which especially women are expected to conform whether they like it or not. To be even more precise, they are *aesthetic norms* that define *gender* by external appearances. For increasing body hair signifies the male body. In other words, any woman who does not conform to this *aesthetic norm* does not conform to the *generally accepted image of femininity.* The female appears to be a male. An Amazon. What could be worse? Especially in the summer when bathing or, as the leaflet adds with obscene innuendo, in similar situations. What is the hidden threat behind the leaflet of our Dr. Leidenberger? That *she,* a girl from Finkenwerder, won't be eligible. This medical document conveys in concentrated form the norms of femininity that women are still being forced to conform to even today. So we discover that this medical document coming from Leidenberger's institute actually kindles and adds nourishment to the suffering he promises to cure.

However, the grammar school in Finkenwerder is not a school in one of the so-called Third World countries and it takes more than the "Information Leaflet" to prepare the ground. There's the comic, for instance. Its title, "Investigating the PCO Syndrome at the Finkentown High School." It describes the elaborate research procedures to which the girls and women are subjected in a way that spotlights Leidenberger's research institute as a place of fun and games. Of course, this fun comic also plays on the erotically tinged doctor-pupil/patient relationship but, more importantly, it obscures the fact that girls and women are being turned into the guinea pigs of a branch of medical research that exists in a realm beyond the human being. Indeed, it has created this realm beyond. So

it's all the easier to model it according to its own norms and women, for example, to the pattern specified by the ruling norms of femininity. The socially efficient normal woman. In the abstract. Normal, that is, aesthetically and with regard to the reproduction of the species – the normed woman. What about the others? They must be sick. (According to a statement issued by the headmaster in March 1989 the research project has been discontinued on account of objections raised by the staff and a number of parents. Much to the regret of Freimut Leidenberger. Cameroon is a better bet.)

Alliances between medical science and the human sciences

In some respects the statements coming from the direction of the private Institute for Hormone and Reproductive Research are more outspoken. In comparison, the expertise drawn up by the University Hospital in Eppendorf appears to be less controversial. More traditional and, as a result, more normalized, one might say. One of the main reasons it gives this impression is that it is only a variation of an age-old medical theme. To quote the philosopher and theoretician Michel Foucault,[8] this impression takes us back to the original grounds for the "birth of the clinic" in the early 19th century (1973). In other words, it is among the initial reasons why medical knowledge of the human being was institutionalized round about 1800.

From these beginnings medicine was confronted with a dilemma, unaware of it though it may have been, for in medical discourse the individual and his/her body constitute an object devoid of life or desire. There's no two ways about it, systematized medical knowledge of the individual and his/ her body is based on a death, a corpse. All the more reason for medicine's proclivity to borrow from the human sciences, which were also emerging round about 1800. The human sciences are not concerned with what the human being is by nature. As Foucault says,[9] they are concerned with what lies *between* the human being in its factuality as a living being and that which allows this same being to *know* what *life* is (1971). Thus, the human sciences are constituted in the field that opens up once the human being appears as an empirical-transcendental duality, both the object and originator of knowledge. The task of the human sciences is to bridge this gap. And, as our official statement on reproductive medicine shows, it is for precisely this purpose that medical science still needs to fall back on them today.

Yet the very fact of this *continuity* gives us food for thought. For each time this age-worn theme of medical discourse is plugged again it is used to serve a different purpose. In this case, this *continuity with its resulting normative effect* is used to gloss over the *fundamental break with the past* brought about by the introduction of reproductive and genetic engineering. For genetic engineering and reproductive medicine strike at the roots of what makes up the human being, destroying it completely. And, inherently, they also totally redefine the codes governing the management of society. Our codes of behaviour mutate because it has become possible to manipulate the genetic code and model it to any *notional concept* that might come to mind. This is where the *norms* that govern our behaviour come to play a new role. Indeed, these norms are potentially even more important for it is they that determine where genetic manipulation is heading.

So we see, in this respect, that the *continuity* of medical discourse throws all second thoughts to the wind. It serves to obscure the crucial problems raised by genetic and reproductive engineering. And it is to this end that medical science finds it necessary to borrow from the so-called human sciences. The Medical Faculty's statement is a perfect illustration of this. The precise function of sociology and psychology in this document is to uphold the chimera of the human being, this neuter construct, thus causing the empirical individual to vanish completely. And here, in this context, it is above all the individual woman who is conjured out of existence.

However, the problem is so acute that medical discourse has difficulty in spelling out its normative message. The traces can be seen clearly in the official statement presented by the Medical Faculty. In what form does it appropriate the humanistic idiom of the human sciences? In the form of scientific kitsch which is strikingly at variance with the advanced state of the art represented by reproductive medicine and genetic research. There must be a reason for this discrepancy between the lamentable rhetorical embellishments borrowed from the human sciences

and the advanced state of knowledge in the fields of medicine and technology. It is of no mean significance for it implies that basically the human being has long since disappeared from the province of medicine. Dismissed never to be seen again. That is why all attempts to conjure up the human being are nothing but empty platitudes. Being such, they are in no way appropriate to formulate the limits to which medicine and science may go and no further. In this respect it is also significant that there is not a single reference to post-Freudian psychoanalysis. It would burst the whole argument supporting the imperial omnipotence of medicine together with all that theoretical gibberish about natural/normal desires and the natural character/normality of male and female characteristics. But theoretical gibberish becomes dangerous when it is propounded from the seat of authority.

Interdisciplinary study – the universal remedy?

All the talk of interdisciplinary study does not solve the problem either, however much it tries. On the contrary, interdisciplinary study *can* itself contribute to harmonizing the problems that genetic and reproductive engineering have raised and will go on raising in the future. For this is what happens as soon as the different disciplines are cast into the same mould, alloyed, and their differences and disputes become blurred. This is what happens when the pooling of forces under the banner of interdisciplinary cooperation in fact defuses *a. fundamental problem of our modern day and age,* namely the *problem* arising out of the discrepancy between *technological science* and its *communicability.* We now have more than Edgar Snow's "two cultures," the natural sciences and the so-called humanities. And the discrepancies between them demand something quite different from harmonization. To this extent this symptomatic analysis of the Medical Faculty's official statement on the Leidenberger Case places the onus on those of us who are at home in the human sciences. Maybe it is our task to call a halt and stop the practice of using the human sciences as an instrument of harmonization and normalization. Maybe it is time for us to set about drawing up a theory of the human sciences that would dissolve the spectre of the human being and thus enable the finite subject to emerge in all its potential variety.

What is to be done?

As far as Leidenberger's case is concerned? Drop it. Here and everywhere else. Women inside and outside the university must raise their voices, name the problems that are becoming more and more urgent and discuss them in full. Medical science, all proponents of genetic and reproductive engineering have reason to fear public discussion. So let us set their knees knocking!

ENDNOTES

1. The head of the Department of Medical Sociology at the Hamburg University Hospital in Eppendorf, Prof. Dr. Heidrun Kaupen-Haas formulated counter-opinions in 1989 (15-XII-89) and in 1990 (15-1-90) to the Medical Faculty's expertise which was also submitted to the Academic Senate. I would like to express my thanks to Heidrun Kaupen-Haas for our discussions. They were of great help to me in writing this article. In the meantime there is published a great and very well done documentation about the whole Leidenberger Story: *Leidenberger. Schwarz-Weiss-Buch 1988-90. Gen-und Reproduktion-stechnologie in Hamburg,* edited by 'Reproviren' c/o ASTA Uni Hamburg, Von-Melle-Park 5, 2000 Hamburg 13; in the following text I will quote in two ways: firstly the original document and secondly according the *Black-White-Book* (numeration of the document and page).

2. Expertise submitted by the Faculty of Medicine in support of Dr. Leidenberger's application concerning the incorporation of his Institute for Hormone and Reproductive Research into Hamburg's University Hospital in Eppendorf. Leidenberger's application is dated 1-XI-1988: the expertise, which I quote in the following is dated Jan. 1990/ Doc. Faculty of Medicine Nr. XI/14/1421, 14 pages [in *Black-White-Book,* Doc.Nr.II,6, p.61-67]

3. Leidenberger's application concerning the incorporation of hist Institute for Hormone and Reproductive Research into Hamburg's University Hospital in Eppendorf dated l-XI-1988/ Doc. Faculty of Medicine. Nr. X/25/1224 [in *Black-White-Book,* Doc.Nr.II,1, p.44].

4. The important documents of "Godparents and Partners" are published in *Black-White-Book,* Doc.Nrs VI,1/VI,2/VI,3/VI,4, pp. 121-129.

5. Letter of Petition for contribution to "Godparents and Partners" dated September 1988 [also in *Black-White-Book,* "Leidenberger Goes South," pp. 123-124]

6. "die tageszeitung," dated 13-III-90, p. 23 [in *Black-White-Book,* Doc.Nr. VI,6, p. 134].

7. The leaflet containing information on the PCO Syndrome and the comic on the work of Dr. Leidenberger's institute was published under the title "Untersuchung über das Pco-Syndrom am Gynasium Finkentown" without reference to the year or place of publication. It was distributed at Finkenwerder grammar school, Hamburg 1989 [in *Black-White-Book,* Doc.Nrs V,2/ V,3, pp. 104-109].

8. Michel Foucault, *Die Geburt der Klinik, Eine Archäologie des ärztlichen Blicks,* München, 1973.

9. Michel Foucault, *Die Ordnung der Dinge, EineArchäologie der Humanwissenschaften,* Frankfurt, 1971, S. 413-462.