

Fig. 1—Thursday April 25<sup>th</sup> 2024 (8 am) a pre-operative sequence of different examinations were conducted at Martine Hansens Hospital (MHH). They were in preparation for a surgical intervention the day after (Friday April 26<sup>th</sup> at 7am). The first day is modelled as 2D montage of steps. The second day a 3D construction: a montage of a different sort (Fig. 2).

Why do I think that an altered *mathematical* concept may help to a better knowledge of what Freud (and Lacan) called *compartmentalisation*? I am not asking this question from the therapeutic vantage point of psychoanalysis, but for a *cartographic update* on the anthropocene. Here, the kind of compartmentalisation we are currently dealing with is the footprint of technologies that are conceived as *eco-friendly*, insofar they are *not* based on the exploration/exploitation of e.g. fossil fuels: because the business-model is part of the problem, and not merely the energy-source as such.

Between **a)** the real state of the world—in escalating crisis—and **b)** our cultural/commercial awareness of it, Bruno Latour calls on **c)** the creation and acting of well-conceived *institutions* in the between-space (**a-b**). To this sociological account, we may need to add an anthropological one. If the ‘business-model’ of e.g. historical research in environmental humanities resembles the one above, that causes trouble (e.g. when researchers work in environmental humanities simply as it is funded), it *may not* appear in the sociological account, as they contribute to foundation-studies.

While in the anthropological account it will appear, since compartmentalisation is also part of our *culture* (as much as our institutions). Building institutions might have a corrective impact on culture, but not likely in a deterministic way.

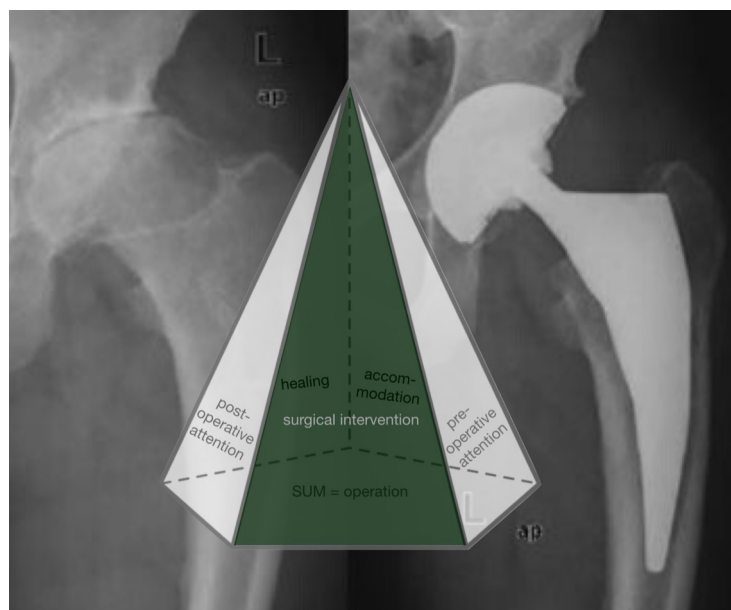


Fig. 2—Healing and growing a material memory from the interstice between 2D montage (distribution of preliminary examinations) and 3D montage (surgical operation extended by post-operative recovery). Margaret Mead said that the first sign of civilisation in an ancient culture was a femur (thighbone) that had been broken and then healed. The story related with more detail on [Goodreads](#).

When it goes the other way, as cultural entrepreneurs work on institutions, we can call it design. Bruno Latour did not really address this. But why should he?

If we move from *science in action* (Latour’s starting point), to *science in edition*, we are clearly moving towards the design-field: i.e. what appears in public space as *research*, is shaped by a variety of regimes either governed by assumption (i.e. the variety of educated *doxa*); alternatively they can shaped by *assignment*, not committing to direct to already existing research, but tasking the author to determine where the contact-points might be, even if the impact of the research will be devastating to the current state of the research. *Margaret Mead* considered a broken and healed femur to be the first sign of civilisation.

So why not start here? Is care the broken chain in the environmental order? The missing link?

**Fig. 1** features a 2D-montage in a series of distributed steps. For the patient who travels through (of which I have first hand experience) this does *not* simply feature the encounter with an institutional structure, but one that takes the patient through different professional aspects of a coming surgical intervention. If the *filmic* term ‘montage’ is used, this is because the principle of *connection through chronological succession* is [similar](#). And the outcome is accordingly a *summary narrative*, where the editorial work of what connects and doesn’t, generates a narrative of the *team*. A sum.

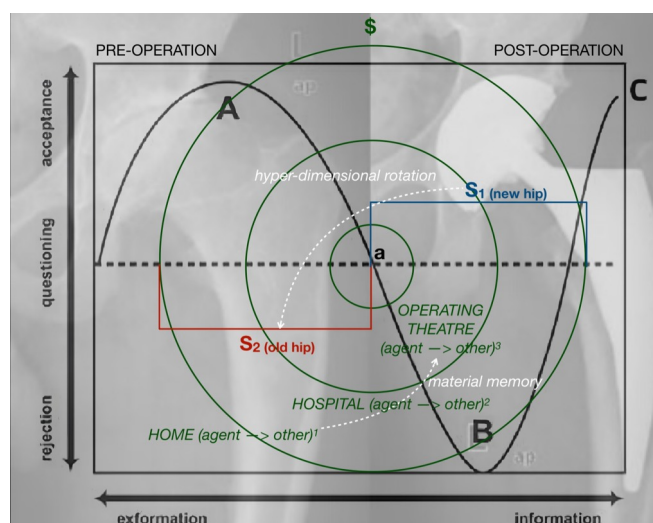
**Fig. 2** features a 3-D montage in a constructed ensemble: featuring the variety of knowing hands and instruments assisting the process before, during and after the intervention. If measured by the standards of the patient’s experience, this too forms an editorial compound. But of a different kind because of magnitude of *physical alteration* a patient goes through, which extended by the post-operative process of embodiment: that is, healing as process as the creation of a *material memory*. Having an ailing hip, cutting the top of the femur, replacing and hinging it to cup attached to the hip.

The post-operative phases of sadness, fury and closure may seem out of scope to some, but from the vantage point of the patient clearly not. The memory of these feelings is embodied & thereby inseparable from the *external* intervention, and the *interactive* context of human expertise before, during and after the intervention. It will determine how the patient *re/members* the intervention—through the extended phase of *healing*—of which his first encounter with the hospital (November 28<sup>th</sup> 2023) was but a “skeletal” version. As it concerns the body, this example commands [attention](#).

However, it is an example because **1)** it is *specific*; **2)** it points to something *more* general. What happens in **Fig. 1** derives from defining the patient as an *agent* in the specific encounters with the variety of specialised *others* conducting the examinations, with a truth of the *context* emerging: an impression of a milieu of professionals with loose but *real* ties (that have been shaped through multiple editions). Seen in this way, the team does *not* come together as in an industrial chain-production, but instead comes through as a kind of (lesser understood) “industrial editing”.

The actual intervention may shed light on this because it proposes a different sort of *mapping*: where the **1<sup>st</sup> day** maps the patient in *agent-other* relationships—in aspects with an impact on what one holds to be true about the hospital and its team—the **2<sup>nd</sup> day** maps the relation between first and second *signifiers* ( $S_1$  and  $S_2$ ): the damaged hip ( $S_1$ ) and the prosthesis ( $S_2$ ). We realise that the subject  $S$  that has gone through the examination and the operation is *not* exactly the same subject. That is, the subject that *gets a grasp* of the hospital/team (**Fig. 1**) and the subject that undergoes a *physical change* (**Fig. 2**). Hence the subject  $S$  is split ( $\$$ ). NB! This is *not* a dollar-symbol ([Lacan](#)).

If indeed the work of growing a *material memory* goes on in this between-space—moving back and forth—it corresponds to the notion which in Greek is called *anaptúxis* (**a**): growth, development, explanation, or flowering. It results from a mathematical *problem* rather than a mathematical solution. Namely, the gap between numbers in *ordinal* sequence (**Fig. 1**), and numbers in *cardinal* consequence (**Fig. 2**).



**Fig. 3**—In this diagram the *agent* → *other* mapping features a road-map including the home, the hospital and the operating theatre. The 2<sup>nd</sup> signifier  $S_2$  is the *damaged hip* (memory). The first signifier  $S_1$  is the *prosthesis* (current hip). They are elements in a semiotics of *material memory*. The low-case *a* is *anaptúxis* (Gr. growth, development, explanation, flowering) in which all the elements of the 3 concentric circles are involved. *Hypothesis*: the growth of material memory of the intervention/healing perimeters do not proceed by substitution and erasure, but by interception and reframing with a change in the ratio of ordinal/cardinal numbering. This is what is meant by a hyper-dimensional rotation.

Though as different we have shown them to be, these two modes of ‘counting what counts’ *alternate*: ultimately producing a new *ratio* of ordinal/cardinal numbering. The mathematical problem relating to this difference is called *homomorphism*. That is, the mapping of the sum of the elements (**Fig. 1**) to the elements of the sum (**Fig. 2**). What results from this mapping is called a map. It articulates in there range of the *same*, the *similar*, the *different* and the *other*. The difficulty lies not in the abstraction, but in accepting material re/membrance within and beyond identity and difference.