

Translating the Body: Medical Education in Southeast Asia, by Hans Pols, C. Michele Thompson & John Harley Warner (eds.)

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Hans Pols, C. Michele Thompson & John Harley Warner (eds.)

Translating the Body: Medical Education in Southeast Asia. Singapore: NUS Press, 2017, vii + 370 pp. ISBN 9789814722056, price: SGD 38.00 (paperback).

This collection of essays examines deep cultural change in Southeast Asia between roughly 1890 and 1960 through the lens of medical education. Adopting and transforming 'Western' medicine during those decades in present-day Indonesia, Vietnam, Korea, the Philippines, Malaysia, Laos, Cambodia, and Thailand involved the learning of several new languages, new understandings of the human body, and changing the role of the state in providing health services. Drawing attention to the multiple layers of change with regard to bodily practices, epistemologies, and health involved in these processes, the editors frame it as an act of 'translation' (p. 2). A useful concept they employ is 'Health Citizenship' (p. 17), which serves to uncover the agency of populations spanning across the region in building a modern medical culture that is simultaneously global and marked by distinctive particularities rooted in regional histories. The contributions follow a loosely chronological pattern.

Lisbeth Hesselink focuses on the Dutch pediatrician Nel Stokvis-Cohen Stuart (1881–1964). During the period of the Dutch Civilizing Mission ("ethical policy") in the early 1900s, she received government support in her efforts to train young women on Java to become nurses or midwives. While Stockvis-Cohen Stuart managed to systematize education through building schools, her graduates nevertheless needed to find ways of applying their skills alongside traditional midwives (*dukun bayi*), whose services have remained in strong demand to this day.

Rosemary Wall and Anne Marie Rafferty examine how British and American approaches to educating nurses competed with each other in British Malaya. While the British scheme demanded subordination from Asian nurses to British ones, the American approach focused more on technology and developing local leadership. This led to a comparative advantage of American-educated nursing systems over British dominated ones after decolonization. While formerly American trained areas (most notably in the Philippines) experienced relatively smooth transitions to independence, the British medical legacy in Malaysia resulted in a new dependency on aid from the World Health Organization.

Annick Guénel's contribution highlights the role of French-trained Vietnamese veterinarians in Indochina. They were pivotal in building a system to prevent animal disease and increase livestock to meet growing demands for meat consumption in the colony. As Guénel shows, the Vietnamese veteri-

narians were allowed to occupy auxiliary positions only within the French veterinary system. Yet, the profound transformation of rural animal farming practices during the 1960s was still largely their achievement, because change was only possible thanks to their reconciliation between French 'scientific' methods and local farming practices and cosmologies.

Kathryn Sweet offers a historical explanation for poor women's health conditions in present-day Laos. As she convincingly argues, various rulers attempted to modernize Laos' nursing and midwifery systems during the twentieth century. The French colonial schemes failed, among other reasons, due to linguistic barriers. The subsequent generations of modernizers adopted competing ideas during the Cold War, and recommendations from International Organizations more recently. They all fell short, partly due to a lack of historical consciousness, as Sweet argues. Instead of learning from past mistakes, new regimes persistently started from scratch and thereby repeated their predecessors' mistakes.

Aso Michitake provides a kind of collective biography of a generation of medical doctors in Indochina (present-day Vietnam) who graduated in 1950 and turned 'Western medicine' against their colonial oppressors. They applied what they learned in medical school to support the war efforts against France. By so doing, they also helped the Viet Minh to gain legitimacy among the people. Yet, the strong focus on the needs of the anticolonial war produced mixed benefits, as Michitake implies. Namely, it led to a relative neglect of local healing practices.

Vivek Neelakantan looks at how the newly independent Republic of Indonesia tried to build a new national Medical Education System in the 1950s that would end the notorious shortage of physicians inherited from the Dutch colonial period. Indonesia's two main medical schools in Jakarta and Surabaya adopted an American system by entering an affiliation with the school of medicine in San Francisco. However, fear of too much American influence among Indonesian politicians and a lack of resources impeded success.

In a similar vein, Jenna Grant examines the transformation from a French colonial medical system into an independent national system in Cambodia during the 1960s. By focusing on the first independent medical journal, Grant reconstructs the optimism and utopias among the first generation of Cambodian physicians, who simultaneously needed to adapt to more orthodox models introduced by the Soviet Union during the Cold War period.

Francis A. Gealogo examines Filipino responses to American public health education campaigns launched during the 1918 influenza pandemic. While the Americans used the crisis not only to try to contain the disease but to change hygienic belief and behavior in general, the people in the Philippines saw American efforts as the actual causes of their suffering.

Laurence Monnais starts with a striking observation on Vietnamese medical behavior: before World War I, Vietnamese largely rejected vaccinations, quinine, and other Western medicine. After the war, however, they started to embrace these treatments. Monnais explains this shift as the result of creative cultural adaption. While advertisers translated Western therapies and medicine into local languages, traditional Sino-Vietnamese doctors reacted to growing demands for Western remedies among their clients by adding new techniques and practices to their healing repertoire.

The last two articles shed light on Southeast Asian alternative models to Western medicine, namely the “invention” of “Traditional Thai Medicine”. As Junka Iida shows, medicine and massaging in Thailand became “traditional” only in reaction to the introduction of Western medicine in 1887. In the decades that followed, “traditional” healers compiled and systematized texts that would eventually become canonical. Buddhist temples and newly created schools began providing systematic training. Supported by the Thai Government, these institutions produced a new set of knowledge, institutions and practitioners of “Traditional Thai Medicine”. C. Pierce Salguero’s contribution is ethnographical in nature. He visited the annual ceremony for ‘Traditional Thai Medicine’ in Chiang Mai in 2012. Salguero’s reading of the event highlights how it enabled today’s practitioners to reinforce their genealogical links to their predecessors, as well as to their students, the staff, their clients, and to the wider region. ‘Traditional Thai Medicine’ thus serves to reassure Thai people of their place in history and within a changing world.

Taken together, the articles offer an empirically rich panorama of how Southeast Asian societies did not passively adopt competing and contradicting brands of ‘Western medicine’, but rather forged new medical cultures under conditions of limited resources and ongoing interventions from Western powers during the Cold War. All essays thus give substance and depth to the editors’ notion of ‘Medical Citizenship’. Yet, two aspects of this ‘citizenship’ remain rather underexposed. Firstly, as becomes evident in many contributions, bodily practices and medical systems are always gendered—a phenomenon that is, however, rarely addressed analytically. Thus, the question of how medical education in twentieth-century Southeast Asia built on, interrupted, and transformed various regional gender-regimes, remains unanswered. Secondly, the critique of the Eurocentric legacies in the historiographies of medicine, alluded to on p. 10, could have gone a step further. How did Southeast Asian agency not only shape medical education in the region itself, but also force European and American health experts to reconsider *their* strategies? And how did it eventually persuade American and European societies to include ‘traditional’ Southeast Asian medicine into their own health systems? These questions are

less a criticism than an expression of hope that they might be taken up by others building on the achievements of this excellent volume.

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