Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital by Alice Street.

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John Cox

Australian National University

Biomedicine in an Unstable Place is a remarkable study of biomedical institutions and practices in a severely underresourced environment. The book is based on author Alice Street's long-term ethnographic fieldwork at Madang hospital, one of the better-functioning provincial hospitals in Papua New Guinea. Street's astute observations of the day-to-day practices of hospital administrators, clinicians, patients, and their relatives provide fresh insights into medical anthropology, the anthropology of development, Christianity, and personhood. The book is grounded in its Papua New Guinean case study, but it will appeal to anyone interested in the workings of institutions and the delivery of basic services.

Street begins with the colonial history of Papua New Guinea and the efforts made by the Australian colonial administration to establish health services across the country. These intensified in the 1960s and 70s, leading to the rebuilding of Madang hospital as a crucial hub of biomedical practice for Madang Province and an exemplary site of developmental ambition in anticipation of the independent nation of Papua New Guinea. The book documents the gradual neglect of the late colonial hospital and the ongoing efforts made by hospital staff and patients to make it an efficacious place for medical treatment. In doing so, it contests the nostalgic remembrances popular within Papua New Guinea that construct an

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effective developmental colonial state run by white Australians as a counterpoint to postcolonial state failure, poverty, and corruption.

The ethnographic chapters chart the ways in which curative practices at Madang hospital diverge from standard biomedical models. Doctors in Papua New Guinea are well trained in Western medicine at their universities but have to improvise in the Madang context. Inadequate supplies of drugs, lack of access to appropriate testing equipment, and so forth do not allow the replication of the ideal biomedical model of practice. Therefore, the diagnostic techniques that doctors are trained to use in treating patients must be adapted to the reality of the hospital setting in which they find themselves. This context means that diagnoses are rarely conclusive and patients are often admitted as “generally sick.”

Street provides a compelling account of these dynamics, showing how relationships between doctors and nurses or between patients and clinicians reconstruct the therapeutic environment. Hospitals are not enclaves of a universal biomedicine but reflect the social, economic, and cultural worlds they are situated in. The failings of the biomedical infrastructure in Madang mean that the workplace hierarchies that make biomedicine effective elsewhere are subverted by local ideologies of Melanesian egalitarianism: doctors acquiesce to nurses, who ignore requests for tests and are told not to act like “white doctors.”

The nonstandard biomedical practices of Madang hospital reflect the rise of fundamentalist Christianity in Melanesia as nurses exercise Christian disciplines of pastoral care, offering moral direction and exhortations to faith and prayer. These spiritual approaches to healing assemble a range of techniques and mobilize various powers. Nurses may tolerate visits from the *glasman*, a diviner thought to be able to identify those who cause illness in patients’ bodies by the use of malicious sorcery. Fearing that their illness is a product of jealousy from their kinfolk, patients give attention to maintaining or restoring relationships with people back in their village homes well beyond the boundaries of the hospital

compound. In so doing, they make the hospital a site of the reworking of Melanesian relationships and personhood, even as the staff struggles to practice the best biomedicine that they can.

Where Foucauldian accounts of biopower typically imagine a biomedical therapeutic gaze that imposes itself efficaciously onto spaces and practices of healing, *Biomedicine in an Unstable Place* provides a highly perceptive account of how incompletely this has occurred in Papua New Guinea. With an innovative tweak of James Scott's ideas of legibility, Street shows how patients strive to make themselves visible to doctors in the hope of attracting the attention they need to receive effective care. Clinical staff too try to bring patients' complaints into a form that is visible to their biomedical gaze and can be stabilized in a diagnosis that is treatable. Street argues that these attempts to "make the state see" (p. 224) reveal a profoundly uncertain project of making biomedicine in the postcolonial state.

This excellent book is a compelling and often moving ethnography. It makes an original contribution to medical anthropology and the anthropology of the state, institutions, and infrastructure. *Biomedicine in an Unstable Place* also advances the anthropological study of personhood, Christianity, race, and class. The elegance of Street's prose together with her satisfying and succinct analysis of so many complex and urgent issues will make *Biomedicine in an Unstable Place* an outstanding teaching resource.

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Author/s:

Cox, J

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