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Preface

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What can colonial postcards tell us about the people, the activities, the landscapes and the objects they portray? Are they trustworthy guides to a past that seems so distant, in time, geography and culture? In a little known essay about the sociological study of novels, the Dutch sociologist Goudsblom¹ argues – rightly in my view – that a novel is bound to be related to experiences of the author. He calls this “a continuation of his/her experience of the world.” To put it in negative terms: an author cannot write anything that is totally unrelated to his/her experiences. Therefore, when anthropologists search for the meaning of experience, as they tend to do, novels could be fruitful entry-points. The problem, however, is to determine the character of that relation or continuation of experience. Goudsblom speaks of four types of ‘images’ (*beelden*): *voorbeeld*, *wensbeeld*, *schrikbeeld* en *droombeeld*. The terms cannot be neatly translated into English without losing their common denominator of ‘image’. By *voorbeeld* (literally: ‘example’) he means an image that – more or less – represents the ‘objective reality’ it portrays. The other three terms mean respectively: ‘image of desire’, ‘image of fear’ (or: ‘spectre’, ‘phantom’), and ‘image of dream’. It requires intense, contextualizing, research to reach a plausible conclusion as to how one should interpret the image that an author is presenting to the reader. One could think of texts such as *The Iliad*, *Don Quixote*, *Moby Dick*, or *The Trial*. What do they teach us about the people and their culture they describe? Photographs, the images in this book, share the same lot as literary texts: do they show what the photographer ‘really’ saw, or do they portray his/her desires, fears or dreams?

It is anathema today to take stories, novels, poems, pictures or movies at face value, as unproblematic representations of an existing reality. Said’s² *Orientalism* in particular has made social scientists and historians for ever uneasy and suspicious of naively believing in the objective representation of an existing world by literary or visual images. Said’s book sets out to demonstrate that ‘Western’ artists and scholars constructed an image of the East to create their own identity in contrast to that construction. Nearly every study I am aware of that deals with images of ‘other cultures’ takes this orientalist critique as its starting point.

One example is Corbey’s³ study of African postcards that show erotic pictures of women, symbolizing the wild – but desirable – world of imagined Africa versus civilized Europe. Another example is a recent issue of the IIAS Newsletter on colonial photography⁴ which argues that those photographs were prominent tools of the “colonial gaze’. Peter De Smet hurries to reassure his readers that he is aware of the constructed state of the world that the postcards in this book portray. They tell as much about the makers and collectors of these cards as about the people that appear in the photograph.

Our own present-day experience of buying and sending postcards from tourist destinations confirm how right this caveat is. Choosing postcards during our holidays to send to friends or relatives is mostly directed by aesthetic taste and the wish to impress those at home that our holidays is really exciting. Sending a card that shows the dreariness of everyday will not do; moreover, such postcards are not available. Only the most popular local attractions figure on the postcards. Our choice will be a selection from a selection.

Or, from the opposite perspective: walking along the tourist shops in Amsterdam I see that the pictures which visitors will send home do not show my country or town as I know

them. They confirm the cliché image of the tulips, windmills, cows and naughty women that the tourists want to see (but – perhaps – did not see at all) and show to those at home.

Yet, we should not lead ourselves to the other extreme and believe that images of photographs and stories are nothing but subjective or commercial constructions, unrelated to the world they portray. After all, the ingredients or elements of the construction *are* taken from the locality and not from ‘Nowhere’. However ‘fantastic’ Kafka’s story *Die Verwandlung* may be, the author does use actors and settings that are unmistakably bits of life in the city of Prague at the beginning of the previous century. The Dutch sociologist and anthropologist Lily Clerckx⁵ used this insight for her study a family life as portrayed in fairy-tales: step-mothers, abandoned children, hunger, wolves and thick woods where one could get lost *were* a reality in the period when these stories came into being. Apart from sociological, psycho-analytical and symbolic meanings that they may have, fairy-tales also open a window on a society in a more mundane sense.

Tanner⁶ urges anthropologists to pay more attention to the rich ethnographic information that can be deduced from postcards and mentions things such as streets and houses, natural scenery, human appearances (dress, hairstyle and decoration), work activities and ceremonies.

Similarly, the photographs that Peter De Smet presents and discusses in this volume reveal to us *some* features of the world where they were taken. They are rare and precious documents and bring to us glimpses of a lost world in an uncannily realistic way. Many of them will undoubtedly be ethnocentric and exoticist, but not necessarily exceptional or unrealistic. In an almost ironic twist of exoticism, we may assume that some everyday scenes in Africa, Asia and South America were sufficiently strange and exciting for the colonial visitor to be captured on a postcard.

Peter De Smet has done an astounding job bringing these largely unknown illustrations about health and health care to us, often with new, reflective captions and explanatory information. The result has encyclopaedic proportions.

This, finally, brings me to the subject matter of this publication: medical institutions and practices. Clearly, the postcards, at their time, served an ‘orientalist’ purpose of ‘othering’; they were to show those at home – and remind those who traveled – how different people ‘over there’ were in dealing with sickness and sanitation. The collector/author of this book, however, did not want to be caught in that web of exoticising and hastens to tell the reader that he also included some pictures of Europe. Over-cautious, it seems to me. There is nothing wrong in showing European perceptions of local medical practices in colonized societies. ‘Othering’, after all, is an unavoidable tool for identity awareness in all cultures and societies. The rare images, for example, that Africans made of their colonial superiors confirm the reciprocal character of ‘othering’. No culture can exist without some measure of ethnocentrism and chauvinism.

The terms that we use to refer to *our* and *their* medical practice illustrate the inherently ethnocentric nature of all our speaking about ‘others’. No term exists that allows us to speak without implicit value judgment. One of the most common terminologies to differentiate is ‘traditional’ versus ‘modern’ or ‘bio-medicine’. Elsewhere⁷ I have discussed how misleading, embarrassing and naïve the term ‘traditional’ is. It is misleading because it suggests that there is a more or less homogeneous body of medical thought and practice, which can be put together under one name. Such a body does not exist, of course. If one examines the type of medical practitioners which are designated by the term ‘traditional’, one will find an extreme diversity both in theories and practices. The only thing these practitioners have in common - along with ‘alternative’ practitioners in Europe and North America - is that they are non-biomedical. That is why the term is embarrassing. Lumping together everything which is not ‘ours’ and treating it as if it were one type is a school example of ethnocentric ignorance. Finally, the term is naive

because it suggests that *our* medical system is not ‘traditional’, meaning: ‘handed over’, for example, from generation to generation. Clearly, biomedicine *is* being handed over all the time, in medical schools, in hospitals, in books and articles, in conferences and through the media. Biomedicine, therefore, is as traditional as any other medical tradition.

Peter De Smet explores several other terminologies and finally settles with one term that – in his perception – overcomes the ‘othering’ gap and trap: ‘ethnomedicine’. He rightly points out that all medical systems, including ‘bio-medicine’, are ‘ethnic’ in the sense that they are part of culture. So, ‘ethnomedicine’ seems the liberating word. Unfortunately, however, the term is widely – almost universally – used to refer to ‘non-western’ medical systems and is, therefore, as ethnocentrically tainted as all other terms that passed in review. But if we go along with him and accept his recoinage of the term (covering any medical system) we are caught in a perfect pleonasm. If any type of medicine is ‘ethnic’, we may as well drop the prefix and just speak of ‘medicine’. We also do not speak of ‘ethno-chairs’ and ‘ethno-tables’.

Indeed, we are sometimes condemned to use words that miss the point or that we detest. The difference between ‘us’ and ‘them’ is so engrained in our experience and self-awareness that we cannot and should not (try to) abolish it by finding a new word. It already is an achievement if we are conscious of the ‘othering’ we practice and subject it to critical reflection. That is what this rich collection and annotation of postcards is doing. The author pays respect to the medical practices of ‘others’. His conclusion is the ‘discovery’ that each medical practice makes sense in the light of the theory that lies at its basis. In other words: people all over the world are rational in their dealing with sickness and health. It is only our cultural blinkers that prevent us from seeing their rationality. It is a conclusion that sounds familiar to anthropologists; it is the same conclusion that Evans-Pritchard⁸ reached in his classic study of witchcraft among the Azande people in Sudan in the 1920s. I am afraid, however, that he grants both the others and ourselves too much respect, attributing them and us too much ‘rationality’. What appears as rationality is often the result of rationalisation or reduction of rational dissonance. Much of what we and they were (and are) doing for our health is based on not-knowing and not knowing that we do not know. The charm of this ‘discovery’ is that they *and* we also share ignorance.

¹ J. Goudsblom (1979) Problemen bij de sociologische studie van romans. In: J. van Bremen et al. *Romanthropologie: Essays over antropologie en literatuur*. Amsterdam: Cansa, Uva, pp. 1-18.

² E.W. Said (1978) *Orientalism*. Harmondsworth: Penguin Books.

³ R. Corbey (1989) *Wildheid en beschaving: De Europese verbeelding van Afrika*. Baarn: Ambo.

⁴ IIAS Newsletter (2007) #44, Summer.

⁵ L.E. Clerkx (1992) *En ze leefden nog lang en gelukkig. Familieleven in sprookjes: Een historisch-sociologische benadering*. Amsterdam: Bert Bakker.

⁶ R.E.S. Tanner (2004) Postcards: A neglected source of anthropological data. *Anthropologist* 6(3): 215-218.

⁷ S. van der Geest (1997) Is there a role for traditional medicine in basic health services in Africa? A plea for a community perspective. *Tropical Medicine & International Health* 2 (9): 903-911.

⁸ E.E. Evans-Pritchard (1937) *Witchcraft, oracles and magic among the Azande*. Oxford: At Clarendon.