Global Movements, Local Concerns

Medicine and Health in Southeast Asia

Edited by
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CHAPTER 6

Dokter Djawa and *Dukun*: Perceptions of Indigenous Western-Trained Doctors about Traditional Healers in the Dutch East Indies around 1900[1]

Liesbeth Hesselink

Introduction

"It goes without saying that their knowledge of the illnesses they treat is very inadequate, with the consequence that they massage in an incoherent fashion without carefully assessing if there are medical reasons to do so."[2] In this way, Soeriadarma, a locally-born and Western-trained physician (*dokter djawa*), voiced his opinion about traditional healers, the so called *dukun*, in his article "The Application of Massage by Natives."[3] It is clearly one-sided, but it does allow us to gain some insight into the relationships between the two groups of practitioners. Knowing how the *dukun* viewed the *dokter djawa* would be as interesting, but unfortunately little information is available. There are no sources at all in which the *dukun* speak for themselves, since almost all of them were illiterate, like most of the Indonesian people at the time, making it impossible to get to know their view of the *dokter djawa*. For the *dokter djawa*, however, the *Tijdschrift voor Inlandsche Geneeskundigen* (*Journal for Native Doctors*, published from 1893 to 1922) allows us some insight. In this journal, some of them published about their profession, including comments about the *dukun*; a close analysis can offer a glimpse into the relationships among the indigenous practitioners around 1900 in parts of what is now Indonesia.

The *Dukun* and the *Dokter Djawa*

When Indonesians wished to consult a medical practitioner, they turned to the *dukun*. Although Javanese natives were predominantly Muslim, their understanding of issues of health and disease were influenced by animist notions. This prompted them to view illness as a disruption of their physical equilibrium due to a loss of spiritual potency which, in turn, was caused by either evil spirits or excessive emotions. Personal harmony might be returned with magical incantations and/or medicinal herbs. Given these beliefs, it made perfect sense to consult a *dukun* as a medical provider capable of restoring spiritual potency, and thus, health and equanimity as well.[4] These traditional medicine men and women obtained their medical knowledge by learning from an experienced *dukun*, often an elder, and through hands-on experience; while some indigenous medical texts existed, they were relatively unimportant (what with almost all *dukun* being illiterate).[5] Their medical knowledge encompassed not only practical-technical know-how, but also various methods to invoke cosmic, spiritual powers that they could influence with magical incantations and ritual transactions. The expertise of the *dukun* hinged on using the proper incantations at the right moment. While the supernatural usually played an important role in the practice of *dukun*, the importance of using magic varied from one type of *dukun* to another. *Dukun* displayed a certain degree of specialization: some were dedicated exclusively to internal illnesses, some were skillful in massage (*dukun pijit*) and others were experts in circumcision (*dukun sunat*). Very important among the *dukun* were those who applied their skills to childbirth. They were nearly all women (*dukun bayi*). In addition to the medical *dukun*, there were some *dukun* specialized in predicting the future, setting proper days to marry, pointing out wrongdoers, etc.[6]

The Dutch colonial government and most Dutch doctors held a low opinion of the *dukun*; especially of the *dukun bayi*. In the beginning of the 19th century, they received some degree of recognition. However, as Western medicine became increasingly scientific over the years, appreciation for *dukun* dwindled.[7] The Europeans thought the *dukun* knowledge of anatomy and physiology appalling.[8] The magical part of their treatment was seen as pure superstition. Only someone like Pieter Bleeker, the first director of the *dokter djawa* school, was able to put this in perspective when he remarked that such superstition could also be seen in the Netherlands.[9] Many European doctors were interested in indigenous medicinal herbs and some, therefore, in the expertise of the *dukun* in this regard.[10] Of course, there was a practical — or opportunistic — reason, as these herbs could replace medicines from

the Netherlands, which because of the long journey were expensive and sometimes decayed when they arrived in the Indies.

In 1851, to introduce Western medicine to the local population, the Dutch colonial government established a medical school for indigenous young men, the so-called *dokter djawa* school, in Batavia (the capital of the Dutch East Indies, now known as Jakarta).[11] It was a two-year boarding school where the students received both theoretical education and experience in the nearby military hospital. The school's purpose was to offer medical training to indigenous students who, upon graduation, would provide Western medical care to the native population. In this manner, the colonial government hoped to reduce what they perceived to be the nefarious influence of *dukun*, who constituted the primary caregivers among the indigenous population.

During the first decades after the establishment of the school, most students served as vaccinators upon graduation. In due course, many of them secured positions in hospitals. Because they proved to be a valuable addition to the colonial government's medical service, it was decided in 1875 that the curriculum of the *dokter djawa* school would be more elaborate and that the training would be extended to seven years. In the same year, the annual number of enrolments was doubled from 50 to 100, while Dutch was introduced as the official language of education. Another shift at the *dokter djawa* school occurred around 1900, and it was intimately connected to major changes in Dutch colonial politics. Until then, the colony was merely viewed as a profitable possession. Under the colonial policy of the time, there was no attention to the welfare and well-being of the indigenous people as a whole. The Indonesians were under the supervision of indigenous leaders and were governed by indirect rule. Therefore, the colonial government itself provided healthcare only for the Indonesians in the colonial army and the colonial administration; education was mainly meant to train future indigenous administrators. The new so-called *Ethische Politiek* (Ethical Policy), which was officially announced in 1901, "implied a novel dedication on the part of the Dutch colonial administration to the development of schools and medical services, transportation and other infrastructural improvements for the native population."[12] The idea that indigenous physicians could also work as general practitioners was an outgrowth of, and in accordance with, the new Ethical Policy. Hence, the colonial government implemented further extensive changes at the *dokter djawa* school in 1902. The training of *dokter djawa* was prolonged to nine years. At the same time, a full-time director and a number of full-time teachers received regular appointments at the medical school. In addition, gynecology and obstetrics were added to the curriculum.[13] The number of students grew from 100 to 200, while a new

building with better facilities was erected. The salary prospects for graduates were raised to a more reasonable level. A new name was expected to reflect the school's new status: STOVIA, an abbreviation of *School Tot Opleiding Van Inlandsche Artsen* (School for the Education of Native Doctors). Later, in 1913, it became an abbreviation of *School tot opleiding van Indische Artsen* (School for the Education of "Indische" Doctors).[14] The curriculum was even further extended to ten years. Parallel changes were made to the status of the *dokter djawa*; since the turn of the century, many of them had established private practices in addition to their governmental service, visiting fee-paying patients at home. In general, these patients were the more affluent residents of the Dutch East Indies, and they often belonged to the Chinese or Indo-Dutch communities.

While the colonial government's main argument for establishing the *dokter djawa* school was that they hoped to replace the incompetent *dukun* by Western-trained indigenous doctors, the *dokter djawa* never became a serious medical alternative for the indigenous population. First, their numbers were too few. Between 1877 and 1926, a total of 382 *dokter djawa* graduated.[15] This tiny number was a drop in the bucket compared to the archipelago's population of more than 37 million inhabitants in the beginning of the 20th century.[16] At the same time, approximately 33,000 *dukun* were estimated to be living and practicing on the islands of Java and Madura alone, which in those days had about 30 million inhabitants.[17] Not only were the *dokter djawa* outnumbered by the *dukun*, but there were also cultural barriers which prevented ordinary Indonesians from consulting them.

Tijdschrift voor Inlandsche Geneeskundigen

To assist with the advancement of the *dokter djawa*, the then director of the school, Christiaan Eijkman, initiated the *Tijdschrift voor Inlandsche Geneeskundigen* (*Journal for Native Doctors*, hereafter *Tijdschrift*) in 1893.[18] In an editorial to the first issue, Eijkman specified that the goal of the *Tijdschrift* was to meet the need of the average *dokter djawa* who wanted to enhance his professional knowledge. The teachers of the school were to serve as responsible guardians for the content of the *Tijdschrift*, sometimes incorporating contributions written by the previous years' students. Eijkman hoped that the *dokter djawa* would send in reports about case studies that were based on their daily practical work. He anticipated that the *Tijdschrift* would become a forum for professional exchange, and his hopes were fulfilled: during the 30 years the *Tijdschrift* existed, the *dokter djawa* published a total of about 200 articles. The vast majority of the articles,

however, were written by the teachers to brush up the medical knowledge of their former pupils, who were now practicing all over the archipelago.

Of course, one has to wonder whether the *dokter djawa* were free to write whatever they wanted in the *Tijdschrift*. In the beginning, the editors of the *Tijdschrift* were also the school's directors, so it would have been possible for them to carefully select, censor and edit the *dokter djawa*'s articles. Indications are, however, that this did not happen. For instance, there is the answer the editors gave to a *dokter djawa* who asked them for advice on a case he wanted to submit to the journal in 1893: the editors answered that everything related to medicine, including superstitions as to the origin and treatment of illnesses, would be regarded as relevant and publishable.[19] Five years later, the editors raised an objection to articles submitted by the *dokter djawa* Abdul Rivai.[20] His reports were refused because they dealt solely with the social interests of the *dokter djawa*; according to the editors, the *Tijdschrift* was designed exclusively for furthering knowledge.[21] Their editorial interventions are clear and in the language in which the articles were written, which is excellent Dutch. Because there was a never-ending litany of complaints about the students' insufficient mastery of the Dutch language, it is likely that the editors were scrupulous in correcting the language of the articles before publication. Already in the first issue, Eijkman reassured the *dokter djawa* that their contributions would be checked in terms of substance and, if necessary, their language would be edited. This message of reassurance was repeated in 1898.

Before actually examining what *dokter djawa* wrote about the *dukun*, it is important to note that of the approximately 200 articles written by the *dokter djawa*, *dukun* are mentioned in only 22, which is little more than ten percent of the total written by the *dokter djawa*.[22] Some of the 18 authors were pupils in their last year, while others were *dokter djawa* who worked as assistant teachers at the school. Thus, they were men who were still under the school's influence. It is easy to assume that the school's director — who also served as editor — encouraged them to publish in the *Tijdschrift*. The other authors were *dokter djawa* at work somewhere in the archipelago. The 22 articles have just one thing in common — they mention *dukun*. For clarity's sake, I have grouped them partly chronologically and partly thematically around certain diseases and childbirth.

Dukun and Skin Diseases and on Massage

In the first volume of the *Tijdschrift*, the *dokter djawa* Renong gave two indigenous prescriptions for treating skin diseases. Both served to cure

scabies and other types of eczema. As he mentioned in a footnote, Renong had borrowed the second prescription from an old *dukun*. It was a mixture of herbs, rice, and lemon juice.[23] After the patient had bathed in a concoction of jasmine leaves and flowers, the mixture was put on the clean wound.[24] Renong is one of the few *dokter djawa* about whom we have substantial information. He had graduated the year before, and when he wrote his article, he was working as an assistant teacher at the *dokter djawa* school. Given his 11 contributions to the *Tijdschrift*, we can call Renong a prolific writer; these magazine articles can be viewed as a sign of ambition. Another sign was his request to become a member of the *Vereeniging tot Bevordering der Geneeskundige Wetenschappen in Nederlandsch-Indië* (Society for the Encouragement of Medical Sciences in the Dutch East Indies).[25] He also inquired about obtaining a subscription to the *Geneeskundig Tijdschrift voor Nederlandsch-Indië* (*Medical Journal for the Dutch Indies*).[26] We cannot judge his professional opinion about the expertise of the *dukun* solely on the basis of his positive reference to *dukun* in a footnote. On one hand, it is striking that a doctor as ambitious as Renong — who worked in a Western environment at the time of his publication and who had a positive attitude toward Western medicine and its organizations — considered it worthwhile to mention the method of preparation of an ointment obtained from a *dukun*. On the other hand, with this opinion, he stayed in line with many European doctors who, as we have seen, valued indigenous medicines.

Other examples of the way *dukun* treated eczema are provided by E. Moehali and Mohammad Dagrim. Moehali reported that *dukun* used chewed or finely-scraped *pinang* nuts, apparently with good results.[27] Dagrim once received the suggestion from a *dukun* to apply rat poison as a method of treating psoriasis, a skin disease. As *dokter djawa*, he prescribed this remedy with success to a European woman as well as some Chinese and native patients. He did emphasize, though, that he did not spit and murmur like a *dukun* when applying this remedy.[28] These two *dokter djawa* offered — like Renong — a positive opinion of the expertise of *dukun* regarding the substances used for skin diseases such as eczema and psoriasis, although not their rituals.

At the end of the 19th century, several European physicians were interested in massage. C.H. Stratz, the first obstetrician in the Dutch Indies, frankly admitted to having learned a lot in this field from the *dukun bayi*, whom he referred to as his brown female colleagues.[29] The director of the Pasteur Institute, L.J. Eilerts de Haan, had a pronounced interest in massage, which definitely did not result from his function.[30] In 1893, he published a rather technical article on massage in the *Tijdschrift* with meticulous

instructions on how to massage, how long, where, etc. He concluded his article with an appeal to the *dokter djawa* to investigate accurately how massage was practiced in the archipelago's various regions.[31] His appeal elicited three reactions.

One of them came about cautiously. Before submitting his article, Sm, a *dokter djawa* from Sawahlunto (West coast of Sumatra) first asked the editor whether issues involving superstition were fit to be incorporated in the journal. As we have seen before, the editors answered that everything regarding medicine, including supernatural beliefs, was suitable for publication. Sm then submitted his piece, which appeared in the next issue. By asking the editor whether observations about superstitions were appropriate for publication, Sm implicitly made two points; namely, that he considered massage by *dukun* to be superstitious, and that he doubted whether magical beliefs should have a place in a serious, scientific journal like the *Tijdschrift*. In a sense, he drew a line between Western and Eastern medical knowledge. He seemed to position himself as part of the Western medical world, in which there was no place for the *dukun*'s supernatural practices. It appeared that the editor of the *Tijdschrift* also harbored the opinion that Eastern medicine was full of superstitions, but for him, the boundary between Western and Eastern medical knowledge was more fluid: everything that had to do with medicine, including charms, spells and other magical beliefs, were welcome topics in the *Tijdschrift*. Knowing that Sm viewed massage as superstition, his tone was less negative than one should expect; he was not overly critical of the *dukun*. Rather diffidently he wrote that the *dukun*, before starting the massage, very softly uttered an incantation and in most cases began the massage without any examination of the body.[32]

Soeriadarma wrote two articles on massage. In the first, he was extremely negative as to the method used by *dukun* in West Java. In most cases, they were old women and seldom men. Subsequently, he accurately depicted the many applications of massage. Hereby he utilized an order, "which is not made by the *dukun* themselves, but which I will use to give a structured description of what I observed." The *dukun* mumble incantations, "but generally they refrain from this when treating more civilized, non-believing patients." As an example of superstition, he mentioned that sometimes the *dukun* would, instead of rubbing the sore limb, massage an object of roughly the same length or shape while murmuring spiritual incantations.[33] It was, in fact, a lengthy indictment of the *dukun*: their knowledge is poor, they massage without rhyme or reason and without any justification as to whether it is necessary. For backaches, they massage the rib of a leaf from a banana tree with the same diligent effort. Soeriadarma

reinforced the impression of their haphazard practices by underlining that he was in favor of a certain order that should be created for the purpose of giving a structured description of the *dukun*'s disorderly healing practices. Though probably unintentionally, he "praised" the *dukun* for their judgment of human character because they refrained from murmuring incantations in the case of more educated patients. For the rest, it was clear that Soeriadarma did not think much of the expertise of *dukun* in massage. His second article dealt exclusively with pregnancy and delivery, which I will discuss below.

Further Submissions

In another article, Soekirman portrayed an event in which a man had fallen from a tree. A surgical *dukun* had done the repositioning of what was probably the man's broken neck. When Soekirman was called in somewhat later, he decided to refrain from action for fear of causing further damage as he surmised that the second cervical vertebra (*axis*) was dislocated. In the end, the man died.[34] In this case, neither Soekirman nor the *dukun* was capable of treating the man. Both were powerless to do anything about it. The article of Si Moro rather cynically described the way Malay *dukun* treated spasms and epileptic fits in children.[35] He started with the following comment: "Spasms, which as we know, can originate from various causes, are treated in a very peculiar fashion by Malay *dukun*." According to the *dukun*, children with a predisposition for spasms had a small blue vein at the top of their noses, and that this blue vein was especially visible among European children. A *dukun* did a bleeding (*venaesection*) on that particular spot, not during an attack of spasms but when the child was in good health. The drops of blood were collected on a wad of cotton wool, which was carefully wrapped in cloth along with a small piece of gold, after which the package was thrown into the river.[36] At the start of his article, Si Moro presented himself as part of the Western medical world, with its superior knowledge, by using the words "as we *know*" and the Latin term "*venaesection*." This scientific expression sounds rather pompous when we realize it described a *dukun* who, with a simple implement such as a thorn, pricked a child's nose merely to get a few drops of blood. In his short article — it was not even a full page — Si Moro clearly demonstrated that he had no faith whatsoever in this treatment by the *dukun*. Note his last sarcastic remark, that after the dubious gesture of throwing a package containing drops of blood and a small piece of precious metal into the river, "now the child is freed of the illness!" It is obvious he did not believe one syllable of the *dukun*'s story.

Others, however, had more positive views. Kardjo, who was then still a student at the *dokter djawa* school, identified an indigenous medication, *daon simbukan*, that was used by the *dukun* for stomach and intestinal disorders.[37] As a recommendation, he told the reader that he himself was once cured by it.[38] Partly because of his personal experience, Kardjo spoke in a positive manner about this *dukun* medication. In the same issue, the aforementioned Soeriadarma wrote that *dukun* were competent in treating an intoxication caused by an overdose of *jengkol* seeds.[39] In this case, the *dukun* gave a diluted extract of *kacang cina* seeds (Chinese beans, pods). According to Soeriadarma, intoxication with *jengkol* caused an acute inflammation of the kidney.[40] When the seeds did not work, he prescribed a milk diet as was recommended in his medical manuals as an additional counter measure.[41] In other words, when the East fails, one can always fall back on the West. Soeriadarma's first contribution came early in his medical career (he passed his exam in January 1896, the year his first article was published), but after passing his examinations, he took up a position in the civic hospital in Batavia for a short while. There, Soeriadarma wrote his second article, in which he reported being pleased with a medication called *babakan turi* (*Cortex agati grandiflorae*). The *dukun* often used its bark and roots together with various herbs. After changing the way *babakan turi* was prepared and administered, Soeriadarma found it helpful in cases of chronic intestinal disorders coupled with bloody diarrhea. He successfully treated chronic malaria sufferers who also had diarrhea at Batavia's civic hospital. At the end of his article, he asked for his colleagues' cooperation: "When my colleagues are willing to use this medication if the opportunity presents itself and will convey the results to the *Tijdschrift*, maybe this remedy will get a place in our pharmacy."[42] As we saw in the case of Renong, it was possible for a newly-graduated *dokter djawa* working in a civic hospital to use the medications of a *dukun*. These young doctors apparently felt no need to oppose the use of *dukun*'s medications. Instead, they mentioned them openly and favorably in the *Tijdschrift*. They did not encounter resistance from European doctors in the hospital, probably because they had mostly positive views on indigenous medicines. Soeriadarma was so enthusiastic about his own version of *babakan turi* that he asked for support from his colleagues to make it available in the hospital pharmacy. In short, we see that both Kardjo and Soeriadarma were in favor of medications used by the *dukun*. Kardjo went even so far as to use it himself, while Soeriadarma was willing to promote one of them.

On the other hand, there is Abdul Kadir's account of a woman who became blind in one eye during childhood. After some time, her eye became inflamed again. The woman blamed this on a treatment she received from

a *dukun*, a decoction of *daon kecubung* (the leaf of *Datura fastuosa*, a plant with poisonous seeds). In the article, it is not clear why she got these from the *dukun*. The woman turned to Abdul Kadir, who removed the festering blind eye. In the beginning, the woman resisted, but Abdul Kadir convinced her that otherwise there was a risk that her good eye might become affected as well. After two weeks, Abdul Kadir was able to implant an artificial eye, which the woman could tolerate without complications.[43] At first, it seemed as though Abdul Kadir was not judging the *dukun*. But in his short article (only one and a half pages), he gave full credence to his patient and her accusation that the *dukun* was responsible for the re-inflammation of her eye. He allowed the woman to blame the *dukun*. Because Abdul Kadir did not dispute the woman's accusation, he indirectly depicted the *dukun* as incompetent. Also writing on blindness, a student named Tjipto chronicled the case of a young man who, accompanied by his mother, appeared at the schools' outpatient clinic.[44] Four years before, the man had had an inflammation, first in his right eye and then in his left eye. As a consequence, he went blind after one or two years. He was then treated by a *dukun*. Tjipto assumed that it had been *conjunctivitis gonorrhoïca*, or pink eye, an inflammation caused by gonorrhea. "From *conjunctivitis gonorrhoea* to *ulcus corneae* is only a short step regarding the insufficient help the patient got from the *dukun*."[45] The patient demurred at Tjipto's diagnosis of gonorrhea. The fact that Tjipto quite straightforwardly diagnosed (seemingly without further examination or research) and labeled gonorrhea as the cause of the blindness shows that he was still a student. An older and more experienced doctor might have been more prudent in mentioning a delicate matter like a venereal disease to a patient. At the same time, by using Latin (*conjunctivitis gonorrhoïca, ulcus corneae*), Tjipto emphasized the distance between himself and the *dukun*, clearly placing himself in the world of Western medicine.

Circumcision was also a topic of discussion, although not a major one. Since all Muslim boys were expected to be circumcised, it was an act performed hundreds of thousands of times per year. Nonetheless, there were only two articles in the *Tijdschrift* that focused on this medical procedure, and they appeared in the later volumes in 1909 and 1915. Soemodirdjo wrote: "It is for us medical professionals easy to feel and understand how dreadful the circumcision, performed by *dukun*, is." The "feeling" probably referred to the fact that almost all *dokter djawa*, being Muslims, may have remembered their own experience of circumcision. He knew of a few cases in which circumcision resulted in a fatality. In one case, the head of the penis was accidentally cut off, causing a mutilation that was much bigger than planned. The *dukun* in question was punished with three months of

forced labor. In another case, the *dukun* luckily could not do the operation, as he was unable to get the tube through the end of the foreskin of the penis because a framboesia growth obstructed the way.[46] "Luckily I say because otherwise the framboesia infection certainly would have spread enormously." At the end of his article, Soemodirdjo compared the working methods of the *dukun* to those of a *dokter djawa*. He indicated that the *dukun* worked with non-sterile instruments and did not disinfect the parts of the body to be operated upon (penis, scrotum). In some instances, immediately after the circumcision, the wound was treated with alcohol and then dipped in a raw chicken egg mixed with pulverized earth or stone. "That this treatment facilitates the conveyance of syphilis, framboesia and other illnesses is clear."[47] Soemodirdjo drew the attention of his compatriots to this miserable situation and stressed that for a small financial contribution they could spare their children much misery. He added that circumcision ceremonies anyway always entailed high costs.[48]

In his article, Soemodirdjo very clearly contrasted the skill of the *dokter djawa* with the bungling of the *dukun*. We see the expressed disdain for working with non-disinfected instruments (except the use of alcohol). However, the positive effect of alcohol was immediately neutralized by the mixture of raw egg and fine earth. He stressed that the mistakes of the *dukun* could have serious consequences. One might contract syphilis or framboesia, sometimes with fatal consequences due to their inferior ministrations. All these arguments were directed at his compatriots to persuade them to leave circumcision to a professional such as himself or one of his colleagues. In other words, Soemodirdjo considered the *dukun* as competitors, however elementary their medical skills may have been, and he pulled out all the stops to convince his compatriots that they would be better off with him and his colleagues. The second article on circumcision was written by Permadi. In 1915, he argued that many civilized natives had their sons circumcised by a medical professional or by a *dukun* under the supervision of a medical professional. However, the tradition to have the *dukun* utter the necessary incantations still prevailed. He described in detail the two methods available in performing a circumcision; doctors knew both methods, whereas few *dukun* did. He described a case in which he had to correct a faulty circumcision performed by a *dukun*. In conclusion, he instructed his colleagues to always check whether the hands of the *dukun* and the operating table were clean.[49]

It is not likely that in the short time between both publications on circumcision (only six years), Soemodirdjo's plea to his compatriots for circumcisions by *dokter djawa* was accepted. Perhaps differences between

the two articles illuminate the differences between the authors: Soemodirdjo graduated in 1898 and Permadi in 1905. In the meantime, in 1902, important improvements were implemented in the medical training. Maybe, because of his better education, Permadi had a different view of medical customs in the indigenous society. Perhaps he had more confidence that the population in the near future would resort to Western medicine and its professionals. His opinion of the *dukun* can be gathered from his choice of words. In speaking of medical professionals and the *dukun*, he made a clear distinction between the indigenous doctors — his colleagues — and the *dukun*, whom he clearly did not view as medical professionals. Because of his choice of the words "hocus pocus," and the superior tone he used in his article, I am inclined to conclude that Permadi looked down on the *dukun* and their magic.

Obstetrics and Gynecology: A Different Story

There are several reasons to deal with the articles in the *Tijdschrift* by *dokter djawa* on obstetrics and gynecology in a separate section. The first is that deliveries always took place in the home of the pregnant woman, thus a place in the private sphere, a totally different environment from public medical institutions such as hospitals and outpatient clinics, which were the usual working places of the *dokter djawa*. Moreover, as a man, the *dokter djawa* was a strange presence at a delivery, an activity where, aside from the father-to-be, only women were present. Those usually in attendance in addition to the pregnant woman and the *dukun bayi* were women from the family and the neighborhood. In the cases described above, a *dokter djawa* never had face-to-face contact with a *dukun*, he only saw patients who had — unsuccessfully — been previously treated by a *dukun*. However, in case of deliveries, the doctors would often encounter a female *dukun* who specialized in this procedure, i.e., the *dukun bayi*, the indigenous midwife. The *dokter djawa* was only called in when the *dukun bayi* were at a loss as to what to do. In many cases the pregnant women had been in labor for several days with no result. In other cases, the child had already been born, sometimes even days before, but there was retention of the placenta. The indigenous customs and traditions in every aspect of life, the *adat*, prescribed that the umbilical cord was only to be cut once the afterbirth was expelled. So it could happen that mother and child remained tied to each other for days, a situation which often ended with the death of the mother, the child or both. The *dokter djawa* probably did not realize that their view of the *dukun bayi* was solely based on their handling of complicated deliveries, because only then did they ask

for the *dokter*'s help. The great majority of the deliveries attended by *dukun bayi* went smoothly.

Soeriadarma, an author mentioned earlier, submitted an article on massage in the context of abortion, pregnancy and delivery. He described how *dukun* claimed to produce infertility through massage, although Soeriadarma doubted this was possible. He observed that the endeavors of the *dukun* to produce an abortion were not always successful. Sometimes, a woman lost so much blood because of the massage that she was in peril of death. More objectively, he tried to detail how the *dukun* were able to alter the position of a child by massage just before the delivery and how they could put the uterus back into its former position after the delivery.[50] Presumably, he considered the *dukun* skillful in the latter activities, but for the rest he thought little of their competence in obstetrics. Soeriadarma had not yet graduated when he wrote his article. We also should consider that in those days, obstetrics as a subject was not yet included in the school curriculum. So Soeriadarma himself had no experience at all in obstetrics. In other words, his findings probably relied on hearsay and definitely not on anything he had learned in the classroom or had seen in practice.

As we have seen, many European doctors were interested in indigenous herbs and remedies. One of them was A.A. Van der Scheer, a teacher at the *dokter djawa* school between 1891 and 1895.[51] He asked his students whether they could inform him about abortives used by the *dukun*. As justification for this request, it was stated that until then, European medicine had not yet been able to find an abortive that was effective under all circumstances. Asharie, one of the students, responded to Van der Scheer's request and described in the *Tijdschrift* the abortives used by the *dukun*.[52] Unfortunately, the original text of Van der Scheer's request is not available.[53] Therefore, it is not possible to know whether the choice of words in Asharie's article was his or Van der Scheer's. The argument used for the request hinted at an equal relation between European and indigenous medicine. European medical practice did not comprise safe abortion yet, but perhaps (who knows?) indigenous healers did.

In his article, Asharie named abortives like nanas and massage, which were accepted treatments in those days. Others, like the drinking of brandy or an extract made from the skin of a smelly fruit (*durian*), were not mentioned by his contemporaries; common sense suggests that they are completely ineffective. Asharie himself offered no comment whatsoever on the means used by the *dukun*. The fact that he included these in his article suggests that he took them seriously. Moreover, at the end, he announced that in the future, he hoped to publicize the combined use of the various means

of inducing abortion mentioned by the *dukun*. This announcement suggests that he may have thought that using a combination of methods would render the treatment more effective. In another essay, there was the story of the safety pin that was found in a vagina. In the beginning, the woman had difficulty urinating, but after some days, it became totally impossible. When all the therapies of a *dukun* brought no relief, J.E. Tehupeiory was called in. He succeeded not only in solving the urinary problems and removing the safety pin, but he also discovered how the pin became lodged in the vagina. After several visits, Tehupeiory, who admitted he was rather curious, gained the confidence of the young woman, who confessed she used to masturbate with a safety pin.[54] This case is a clear example of a doctor who harbored the opinion that he had done a good job where a *dukun* had failed.

Four doctors elaborately recorded experiences with obstetric cases ranging from abortion to premature birth, the delay of the placenta, puerperal fever and other birth-related complications. These four doctors were taught obstetrics when they began their studies after 1902. Among them are the two brothers Tehupeiory, who after graduating and writing these articles, went to the Netherlands to complete a medical degree in Amsterdam. The elder brother, J.E. Tehupeiory, described a total of 38 cases in three articles. In the beginning of his first article, Tehupeiory stated that of all his patients, he was only able to examine two European women during their pregnancies. In all other cases, his help was only requested when the assisting *dukun* or the patients' family thought more qualified assistance was necessary. Overall, Tehupeiory contrasted the incompetence of the *dukun* with his own competence. Next to the well-known custom of the *dukun*, who tended to wait too long for the placenta to come (and thus, often causing the death of mother and child), he described a *dukun* who made a tampon from leaves and placed it in the vagina to stop the bleeding after an abortion. As a result, the woman died from an infection.[55] He made few favorable remarks. One such remark pertained to the *dukun* whose prescription of a palliative against vomiting worked.[56]

At the end of his third and last article, Tehupeiory made some remarkable pronouncements. He concluded that the indigenous population asked for more professional obstetric intervention only in pathological cases when a *dukun* had conceded she was not able to help anymore. He implored his colleagues not to despair because the scarce demand for their professional obstetric help only resulted from people being unfamiliar with *dokter djawa*'s knowledge of obstetrics. He also pointed to the fact that indigenous women did not like to be examined by a man except in cases of emergency. It was his experience, however, that once the help of a *dokter djawa* was called in,

he would seldom find any resistance against even an internal examination. Tehupeiory counseled his colleagues to respect the *adat*'s edicts, such as cutting the umbilical cord only after the placenta has been expelled — unless this put the life of mother or child in danger. His last advice was as follows: "One takes care not to behave too modern because this alienates the population."[57]

In my view, Tehupeiory probably considered the *dukun bayi* as a competitor. This can be deduced from his remark that he was convinced that the population would request the help of the *dokter djawa* more often once they were better informed of their competence. Until then, the doctors would be wise to respect the *adat*, as long as it did not endanger the life of mother or child. He was aware that some of the opposition, such as indigenous women's reluctance to submit to an internal examination by a male doctor, was difficult to overcome. Hence, he advised his colleagues not to garner unnecessary resistance: indigenous doctors could put some water in the wine, as per the *adat*, unless it was medically unsound.

His brother W.K. Tehupeiory, who was only one year younger, also published on his obstetrical practice.[58] In four cases, he portrayed the same image of the incompetent *dukun*. One woman died in childbirth because two *dukun* were not able to bring about the delivery. After her death, Tehupeiory observed that a full bladder had complicated the birth. Furthermore, by burrowing into the vagina with their bare hands, the *dukun* had caused an infection that proved to be deadly for the mother and her child. Because of his choice of words, Tehupeiory can be accused of hyperbole. Paraphrasing the famous phrase by Julius Caesar, he uttered, "I came, saw, and gave the squatting *dukun* a strong cuff on the ear."[59] Another example is the way he introduced one of the cases: "Sometimes the untrained helpers were at their wits' end even in cases that were easy to remedy." And a third and last example is the mischievous delight with which he forced a *dukun* to hold a child although the afterbirth had not yet been expelled. He knew that by doing so, she was (according to her own beliefs) guilty of violating the *adat*. Some years later, Djalaloedin described some cases of the artificial expulsion of the afterbirth. Three times a *dukun* had acted erroneously; in the third case, he referred to W.K. Tehupeiory's article.[60] The stories told by Djalaloedin were analogous to those by the two brothers Tehupeiory, because he also reported cases where incompetent *dukun* caused much blood and misery. But where W.K. Tehupeiory and Djalaloedin showed only deep contempt for the *dukun bayi*, J.E. Tehupeiory had an eye for nuance.

Abdul Hakim described 16 cases from his obstetrical practice. Strikingly, a *dukun bayi* was only mentioned in two cases involving the same

pregnant woman and *dukun*. In the eyes of Abdul Hakim, the *dukun* made the same error twice. Both times, she severed the umbilical cord with a sharp piece of bamboo and both children died because of neonatal tetanus caused by a navel infection. At the time of the first baby's birth, Hakim warned the father and the *dukun* about the danger to the child's life when using unsterilized instruments.[61] It is curious that he did not warn the mother as well, as it was near-term women who sought the services of the *dukun bayi*. The *dukun bayi* were not mentioned in any of Hakim's other cases. They seemed to be totally absent, and yet the situations in which Hakim's help was sought were not essentially different from those mentioned by both Tehupeiorys and Djalaloedin. How can this difference be explained? It is impossible that in the short time between the appearances of the various published articles, the *dukun* has disappeared from the delivery room, if only because in modern Indonesia, a considerable number of the deliveries still take place under the supervision of a *dukun*.[62] Probably Abdul Hakim accepted the presence of the *dukun* at deliveries as a *fait accompli* and did not consider it necessary to mention them.

Samir's article was on puerperal fever. He summarized a case from a Dutch medical journal (*Nederlandsch Tijdschrift voor Geneeskunde*) published in 1907 in which a woman recovered from a puerperal fever after one month. The Dutch physician had given her a lot of alcohol to drink, administered powders with camphor and given an injection. Almost triumphantly, Samir reported that he had achieved the same splendid result just by letting his patient drink much alcohol. This was his story: an indigenous woman who four days before had had an abnormal delivery sought his help. He did not elaborate on the delivery, but we can infer that a *dukun bayi* was involved as he wrote, "as nowadays even in maternity clinics with perfect equipment there are still cases of puerperal fever, it is no wonder that *dukun* with their hocus pocus and especially with their undisinfected fingers cause much damage to their sisters." We can surmise that Samir ascribed the puerperal fever of his patient to the unhygienic practices of a *dukun*. The woman refused to allow him to examine her genitals; even her husband was not able to persuade her. Samir was uncertain: should he just leave the patient to her own devices or should he treat her at the risk of losing his reputation? As Samir knew the husband could pay for it, he advised the woman to drink a lot of alcohol and after three weeks, she recovered.[63]

In his article, Samir presented himself as an educated man. He read Dutch medical journals and related them to his own experience. But the situation in the Netherlands was not perfect to him, because in a sense, Samir was teasing his Dutch colleague when he stated that he had achieved

the same result with less means. Incidentally, treating a puerperal fever with alcohol seems quite curious, especially with Islamic patients. His attitude toward *dukun* went along the following lines. On one hand, he depicted them as sorcerers with their hocus pocus and as incompetent with their unhygienic fingers; this opinion is grounded in his superior knowledge and his familiarity with Dutch medical journals. On the other hand, he mitigated the role of the *dukun* by pointing out that even in delivery hospitals with perfect equipment (I presume he hinted at the hospitals in the Netherlands as mentioned in the article in the Dutch medical journal), paradise was not yet achieved for pregnant women.[64] Thus, Samir accepted the *dukun* with their incantations as belonging to indigenous society, which did not appear to bother him. In short, he did not seem to view them as his competitors.

Colleagues, Competitors or Charlatans?

Having read the 22 articles in the *Tijdschrift*, we can conclude that they show a wide range of opinions on *dukun*, varying from rather positive to extremely negative, although a majority of the writers express a negative opinion. One *dokter djawa*, Soeriadarma, showed in his articles a series of judgments about *dukun* that are both positive and negative. The articles on obstetrics contained the most highly critical assertions. With the *dukun bayi*, the negative dominated not only in quantity but also in quality. An explanation may be that the *dokter djawa* were inculcated with these ideas during their medical training. Their teachers, reflecting the judgments of the great majority of all the doctors in the Netherlands in the period from the 1850s to the 1920s, had a negative view of midwives, a view they undoubtedly transmitted to their students in the Indies.[65] As a consequence, the students later echoed and reproduced these negative views in their articles in the *Tijdschrift*.

In describing the *dokter djawa*'s views regarding the *dukun*, we can discern three positions: the *dukun* as colleague, as a competitor and as a charlatan. We have seen that some *dokter djawa* used prescriptions from a *dukun* (Renong, Moehali, Kardjo) or considered the *dukun* competent in special fields like turning the fetus in the uterus (Soeriadarma) or in handling abortives (Asharie). The fact that they recognized the competence of the *dukun* in one special field does not necessarily mean, however, that they valued the *dukun* overall or considered them even remotely as colleagues. In a few articles, the *dukun* is positioned as a competitor. J.E. Tehupeiory underscored this in his series of articles. He advised his confreres to act as the *dukun bayi*, namely by respecting the *adat* unless doing so endangered

the mother or the child. The two who wrote on circumcision (Soemodirdjo, Permadi) portrayed the *dukun* as more of a competitor. They explicitly articulated their opinion that their compatriots should let their children be circumcised by a professional, thus by one of the *dokter djawa*. We see that the *dukun* was considered a competitor in cases of deliveries and circumcision, neither being diseases but rites of passage with strong ties to religion and tradition. Hence, with regard to religion and tradition, the position of the *dukun* was stronger than that of the modern, Western-trained *dokter djawa*.

The representation of the *dukun* as a charlatan is encountered in varying degrees. In this category, I combine all the contributions in which the *dokter djawa* place their own competence in opposition to the incompetence of the *dukun*: some did this by articulating harsh criticism, others used more measured words and one doctor (Abdul Kadir) used his patient as his spokeswoman. The most critical expressions can be found in the articles on obstetrics. Every now and then, we find phrases from which we can infer that the *dokter djawa* considered themselves part of the Western medical world by positioning themselves as opposites to the magic and hocus pocus of the *dukun* (Dagrim, Permadi, Samir). Other hints that point in this direction are sentences such as: "we know spasms can have various causes," in which the author, Si Moro, put his scientific learning on display.

After 1915, the *dukun* seem to have died out as a subject in the publications of the *dokter djawa* in the *Tijdschrift*, although in reality they continue to be an important healer for the Indonesian population at large. Let us assume that after 1915, the *dokter djawa* no longer considered it necessary to clarify their position vis-à-vis the *dukun* and that at that time, they had accepted the existence of the *dukun* as a fact of life, whereas their own position in the society was now strong and well-defined. The *dokter djawa*'s articles in the *Tijdschrift* reflected the opinions of the Dutch physicians of their time: a rather positive appreciation of indigenous medicines and of some specific expertise of *dukun bayi*, like the turning of the fetus, and for the rest, a low opinion on the expertise of the *dukun*. In their judgment, the *dokter djawa* differed very much from their compatriots who, as we have seen, first went to the *dukun* and only rarely — when the *dukun*'s treatment did not produce the desired result — resorted to a *dokter djawa* or a European doctor. Overall, we ought also to remember that the *dokter djawa* who published in the *Tijdschrift* constituted a small minority (18 of the 382 graduates). It is probable that the more Western-minded *dokter* published in the journal and therefore their opinion may not have represented that of the entire group.

The development in the positioning of the *dokter djawa* as to the *dukun* is mirrored in the Samir's 1920 article. Samir positioned the *dukun* as sorcerers wielding hocus pocus, but he lessened his criticism of their incompetence by stating that even in the most modern clinics in the Western world, the situation was not perfect for pregnant women either. Samir accepted the *dukun*; he felt himself not in the least bit threatened by them because their magical practices belonged to a universe far removed from his Westernized medical worldview. His world, in contrast, was that of medical science and the scholarship contained in Dutch medical journals.

Conclusion

The *dokter djawa* school and subsequently the STOVIA constituted a solitary institution of higher learning in the Dutch East Indies in this period. The STOVIA was the one and only venue of Western academic instruction in the Dutch East Indies. Many students stopped their education before receiving their degree, often landing good jobs in the colonial service. STOVIA doctors' burgeoning intellectual stature, in some cases culminating in successful academic medical training in the Netherlands, produced tensions. Some Dutch physicians were deliberate in their attempts to humiliate their indigenous fellow doctors because they remained convinced that native medical practitioners were incapable of working autonomously and responsibly without Dutch supervision. Although Dutch was the language of instruction at the medical school since 1875, many Dutch civil servants refused to speak Dutch with them. They would often address them in poor Malay or incompetent Javanese, which the STOVIA doctors perceived as an insult. In 1902, they were excluded from full membership in the Society for the Encouragement of Medical Sciences in the Dutch East Indies. All in all, the position of native doctors in the Dutch East Indies around 1915 was controversial and personally frustrating. Perhaps it is no surprise that the first nationalist organization, Boedi Oetomo (Beautiful Endeavor), was founded at STOVIA in 1908 and that many of the prominent members of the nationalist movement had a STOVIA affiliation.[66]

Notes

1. I would like to thank Hal Cook, Frances Gouda, and Gary Price for their comments.
2. Soeriadarma, "De Toepassing der Massage door Inlanders," *Tijdschrift voor Inlandsche Geneeskundigen* 3, 6 (1895): 94.

3. I use the contemporary spelling for Indonesian words and geographical names. There is no plural form in the Indonesian language, so it is one *dukun* and two *dukun*. For the sake of convenience, I only use Javanese terms and leave out the terms in Malay, Sundanese, etc. In other parts of the archipelago, other words are used, such as *tabib, bomoh, pawing* and *sengsai* to speak of native healers.
4. Liesbeth Hesselink, *Healers on the Colonial Market: Native Doctors and Midwives in the Dutch East Indies* (Leiden: KITLV Press, 2011), pp. 10–1, 16–7.
5. J. Samest Paulus *et al.*, eds., *Encyclopaedie van Nederlandsch-Indië*, 2nd edition, 8 vols. (Gravenhage and Leiden: Martinus Nijhoff and N.V. v/h E.J. Brill, 1917–1939) 8: 141 mentions Balinese manuscripts (*oesada darma*) and a Javanese recipe book. There were many old Javanese texts (*oesada* or *wisoeda*); Koentjaraningrat, "Javanese Magic, Sorcery, and Numerology," *Masyarakat Indonesia* 6, 1 (1979): 37, 43. According to H.C. Klinkert, "Iets over de Geneeskunde bij de Maleiers," *Tijdschrift voor Nederlandsch-Indië* 1 (1869): 182, there were medical "books," the so-called *soerat thib*, but the healers were not inclined to part with them, not even for money.
6. For an overview of the different types of *dukun*, see Clifford Geertz, *The Religion of Java* (Glencoe: The Free Press of Glencoe, 1960).
7. F.A.C. Waitz, *Praktische Waarnemingen over Eenige Javaansche Geneesmiddelen* (Amsterdam: Sulpke, 1829); C.G.C.F. Greiner, *Over Land en Zee. Herinneringen Uit Mijn Verblijf in Indië* (Leiden: Noothoven van Goor, 1875).
8. Waitz, *Praktische Waarnemingen over Eenige Javaansche Geneesmiddelen*, 1; J.G.X. Broekmeyer, "Geneeskundige Plaatsbeschrijving der Residentie Passaroeang," *Geneeskundig Tijdschrift voor Nederlandsch-Indië* 4 (1856): 39; Paulus *et al.*, *Encyclopaedie van Nederlandsch-Indië* 1: 768.
9. Pieter Bleeker, "Bijdrage tot de Geneeskundige Topographie van Batavia," *Tijdschrift voor Nederlandsch-Indië* 6, 1 (1844): 474–5.
10. Waitz, *Praktische Waarnemingen over Eenige Javaansche Geneesmiddelen*; G. Wassink, "Onderzoekingen naar de Geneeskrachten van Inlandsche Geneesmiddelen," *Geneeskundig Tijdschrift voor Nederlandsch-Indië* 2 (1854): 431–45; 3 (1855): 225–35, 520–4; 4 (1856): 569–75, 749–51; 5 (1857): 813 et seq.; Cornelis Leendert van der Burg, *De Geneesheer in Nederlandsch-Indië, III, Materia indica* (Batavia: Ernst & Co, 1885); Hans Pols, "European Physicians and Botanists, Indigenous Herbal Medicine in the Dutch East Indies, and Colonial Networks of Mediation," *EASTS. East Asia Science, Technology and Society: an International Journal* 3, 2 (2009): 184–5, 188.
11. The official name was *De School tot Opleiding van Inlandsche Geneeskundigen* (The School for the Education of Indigenous Doctors). In the same year, a midwifery school for indigenous girls was established. For more information on this school, see Hesselink, *Healers on the Colonial Market*.
12. Frances Gouda, *Dutch Culture Overseas, Colonial Practice in the Netherlands Indies, 1900–1942* (Amsterdam: Amsterdam University Press, 1995), p. 24.
13. Although gynecology and obstetrics were on the curriculum from the beginning, these subjects were not actually taught until 1902, J.A. de Waard, ed., *Ontwikkeling van het Geneeskundig Onderwijs te Weltevreden 1851–1926*

Uitgegeven ter Herdenking van het 75-Jarig Bestaan van de School tot Opleiding van Indische Artsen (S.T.O.V.I.A.) (Weltevreden: G. Kolff & Co, 1926), p. 3.

14. In 1913, students from all the ethnic groups and from both sexes were admitted to the school. The word "*Indische*" included all people with a European status born in the Indies whether they were "white," Eurasian or "equalized" Indonesians.
15. De Waart, *Ontwikkeling van het Geneeskundig*, pp. 349–59.
16. Numbers of the 1905 census, Paulus *et al.*, *Encyclopaedie van Nederlandsch-Indië* 1: 298.
17. J.A. Verdoorn, *Verloskundige Hulp voor de Inheemse Bevolking van Nederlandsch-Indië* (Gravenhage: Boekencentrum N.V., 1941), p. 120.
18. In 1898, Christiaan Eijkman became a professor at Utrecht University and in 1929, he received the Nobel prize for physiology and medicine, together with Sir Frederick Gowland Hopkins.
19. *Tijdschrift* 1, 5 (1893), inside back flap.
20. Later, Abdul Rivai became a journalist and member of the *Volksraad* (the Peoples Council in the Dutch Indies).
21. *Tijdschrift* 6, 1–2 (1898), inside front flap.
22. In general, when I speak of the authors of the *Tijdschrift*, I will use the title *dokter djawa*. This title was in use until the Second World War, although the official title of those who graduated after 1902 and 1923 was respectively *Inlandsche arts* and *Indische arts*.
23. Mixture of *matakunyit* (*Mata* = eye; *kunyit* = curcuma; probably the knobs on the curcuma root were indicated), *daon pacar* (= the leaves of henna), *menir* (= broken rice) and *ayar jeruk nipis* (= lemon juice).
24. Renong, "Een paar Inlandsche Recepten Tegen Huidziekten," *Tijdschrift* 1, 5 (1893): 73.
25. The *dokter djawa* became associate members: the first was A.L. Karamoij in 1891; Renong was mentioned as an associate member only in 1905.
26. *Tijdschrift* 2, 5 (1894), back flap, Correspondentie.
27. *Pinang* = *Areca Catechu L.*; E. Moehali, "Inlandsche Geneesmiddelen," *Tijdschrift* 3, 1 (1895): 12–3. Paulus *et al.*, *Encyclopaedie van Nederlandsch-Indië*, 1917, 3: 409 also mentions this way of using the *pinang*-nut.
28. Mohammad Dagrim, "Een Middel Tegen Psorias," *Tijdschrift* 7, 2 (1899): 22–4; Liesbeth Hesselink, "Crossing Colonial and Medical Boundaries: Plural Medicine on Java, 1850–1910," in *Crossing Colonial Historiographies: Histories of Colonial and Indigenous Medicines in Transnational Perspective*, eds. Anne Digby, Waltraud Ernst, and Projit B. Muhkartji (Newcastle Upon Tyne: Cambridge Scholars Publishing, 2010), pp. 123–4.
29. Carl Heinrich Stratz, *De Vrouwen op Java: Eene Gynaecologische Studie* (Amsterdam: Scheltema & Holkema, 1897), pp. 27–30. C.H. Stratz was a German physician who served as a health officer in the Dutch Indies from 1887 till 1892; after that period, he had a private practice in The Hague.
30. Later on, he became the director of an institute for massage and mechanotherapy located at the military hospital in Batavia; L.J. Eilerts de Haan,

"Verslag Omtrent de Werkzaamheden aan de Inrichting voor Massage en Mechanotherapie, Verbonden aan het Groot Militair Hospitaal te Weltevreden, in het Jaar 1897," *Geneeskundig Tijdschrift voor Nederlandsch-Indië* 38 (1898): 288.

31. L.J. Eilerts de Haan, "Iets over Massage," *Tijdschrift* 1, 3 (1893): 33–43.
32. Sm, "Iets over de Massage in Sommige Streken der Padangsche Bovenlanden," *Tijdschrift* 1, 6 (1893): 89–91.
33. Soeriadarma, "De Toepassing der Massage Door Inlanders," pp. 94–6.
34. Soekirman, "Luxatio Epistrophei," *Tijdschrift* 2, 2 (1894): 28–30.
35. His full name was Si Moro galar Soetan Besar. He undersigned his articles as Si Moro. In this case, "Si" is part of his title of nobility and not the meaningless prefix used in the vernacular like "Si Ahmed."
36. Si Moro, "Venaesectie Beschouwd als Radicale Geneesmethode Tegen Stuipen Bij Kleine Kinderen," *Tijdschrift* 2, 2 (1894): 32.
37. The translation for *Daon simbukan* is the "smelly leaf of a climber" (*Tylophora asthmatica*).
38. Kardjo, "Therapeutische Aanwending van 'Dahoen Simboekan'," *Tijdschrift* 4, 5 (1896): 78–9.
39. The seeds of the *jengkol* tree (*Pithecolobium bigeminum* or *Pithecolobium lobatum*) were considered as a delicacy by the indigenous people, Paulus *et al.*, *Encyclopaedie van Nederlandsch-Indië* 3 (1917): 413.
40. Ibid.
41. Soeriadarma, "Intoxicatie met Djengkol-Zaden," *Tijdschrift* 4, 3 (1896b): 44–7.
42. Soeriadarma, "Therapeutische Aanwending van Babakan Toeri," *Tijdschrift* 5, 1 (1897): 12–6.
43. R.M. Abdul Kadir, "Geval van Panophthalmie en Hare Behandeling," *Tijdschrift* 8, 4 (1900): 73–4; Hesselink, "Crossing Colonial and Medical Boundaries," pp. 123–4. *Panophthalmie* is a festering inflammation of the whole eye which usually leads to the loss of the eye.
44. Later, his name was changed into Mas Tjipto Mangoenkoesomo; the big hospital in central modern Jakarta is named after him.
45. Tjipto, "Een Zeldzaam Geval van Ciliair-Staphyloom," *Tijdschrift* 13, 9–10 (1905): 139–43.
46. Framboesia is a tropical and contagious skin disease which looks like syphilis and is accompanied by lumps under the skin especially in the face, arms and legs, genitals and anus.
47. Of course this treatment will encourage infections, but not syphilis and framboesia.
48. Soemodirdjo, "De Besnijdenis," *Tijdschrift* 17, 1–2 (1909): 15–9.
49. Permadi, "Verkregen Phymosis na een Besnijdenis en de Gevolgen," *Tijdschrift* 23, 5 (1915): 9–15.
50. Soeriadarma, "De Toepassing der Massage door Inlanders," *Tijdschrift* 4, 1 (1896): 10–2.
51. In 1907, he was one of the founders of the *Nederlandse Vereeniging voor Tropische Geneeskunde* (Dutch Association for Tropical Medicine).

52. Asharie, "Inlandsche Abortiva," *Tijdschrift* 4, 2 (1896): 31–2; Asharie graduated in 1896.
53. Such requests were generally printed on the front or back flap of the *Tijdschrift*. The front and back flaps are only saved in the copies, which are in the possession of the KITLV (Royal Netherlands Institute of Southeast Asian and Caribbean Studies), Leiden; unfortunately, this collection is incomplete. The KIT (Royal Tropical Institute) in Amsterdam possesses a bound copy of the *Tijdschrift*, thus without front and back flaps.
54. J.E. Tehupeiory, "Een Veiligheidsspeld als Corpus Alienum in het Weefsel van Portio Vaginalis Uteri, Vaginalen en Rectalenwand," *Tijdschrift* 11, 6 (1903): 89–96.
55. J.E. Tehupeiory, "Enkele Mededeelingen Uit Mijne Verloskundige Practijk," *Tijdschrift* 11, 7–10 (1903): 102.
56. Ibid., p. 98.
57. J.E. Tehupeiory, "Enkele Mededeelingen Uit Mijne Verloskundige Practijk," *Tijdschrift* 11, 7–8 (1905): 105–7.
58. W.K. Tehupeiory, "Enkele Grepen Uit Mijn Verloskundige Praktijk," *Tijdschrift* 15, 5–6 (1907): 84–95.
59. Ibid., p. 88.
60. Djalaloedin, "Een Paar Gevallen van Kunstmatige Uitdrijving der Nageboorte," *Tijdschrift* 18, 3–4 (1910): 58–61.
61. Abdul Hakim, "Herinneringen Uit Mijn Driejarige Dessa-Praktijk," *Tijdschrift* 19, 3–4 (1911): 60–77.
62. In 2005, around 40 percent of the births were attended by skilled health personnel or skilled attendants. Anke Niehof, "De Veranderende rol van Traditionele Verloskundigen in Indonesië," in *Milde Regen, Liber Amicorum voor Hans Teeuw Bij Zijn Vijfentachtigste Verjaardag op 12 Augustus 2006*, eds. W. van der Molen and Roy E. Jordaan (Nijmegen: Wolf Legal Publishers, 2006), p. 169.
63. Samir, "Alcohol en Febris Puerperalis," *Tijdschrift* 17, 1–2 (1909): 19–21.
64. We must not forget that in 1847, the Hungarian obstetrician Ignaz Semmelweis demonstrated that hand-washing significantly reduced maternal morbidity and that his views have only been accepted since 1890.
65. Helena Adelheid van der Borg, *Vroedvrouwen: Beeld en Beroep: Ontwikkelingen in Het Vroedvrouwschap in Leiden, Arnhem, Hertogenbosch en Leeuwarden, 1650–1865* (Wageningen: Wageningen Academic Press, 1992), pp. 131–9.
66. Hesselink, *Healers on the Colonial Market*, p. 204.

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