

# The Anatomical Perspective: Epistemology and Ethics in a Colonial Missionary Clinic

KEVIN E. KO

*Department of History, Yale University*

In the summer of 1892, a controversy that had been simmering for over a decade in the Protestant mission field of Central Java came to an end. The Dutch Calvinist missionaries had finally broken ties with Sadrach, a charismatic convert who had emerged as the leader of the largest indigenous Christian community in Java.<sup>1</sup> Stories of Sadrach's heterodox teachings and intractability towards missionaries piled on the desks of mission board members and littered the pages of mission journals over the course of the 1880s. In the end, missionaries deemed the Sadrach experiment, in which they attempted to incorporate and steer his homegrown movement in a conservative Calvinist direction, to be a failure. To people like F. Lion Cachet, a former missionary to South Africa who had been sent by the Netherlands Reformed Churches<sup>2</sup> in 1891 to investigate the state of Javanese Christianity and the character of its undisputed leader, Sadrach was merely the most recent in a long line of false prophets who had subjugated the minds, hearts, and bodies of the Javanese through apocryphal tales and mystical performance.

For missionaries, the most blatant of Sadrach's false teachings revolved around the nature of his body. Sadrach was purported to possess a magical and mystical body whose radiance, power, and prophetic imagery beckoned

Acknowledgments: I would like to thank Ben Kiernan, John Warner, Nancy Florida, Alan Mikhail, Rudolf Mrázek, Mary Brazelton, Antoine Lentacker, Assef Ashraf, participants of the Holmes Workshop Series at Yale, and the staff and reviewers of *CSSH* for their contributions to this article. I am also grateful to the Yale Graduate School and the Andrew F. Mellon Foundation for their generous support of this research. All translations from Dutch are my own.

<sup>1</sup> For more accounts of Sadrach and the missionary controversy surrounding him, see L. Adriaanse, *Sadrach's Kring* (Leiden: D. Donner, 1899); Sutarmas Soediman Partonadi, *Sadrach's Community and Its Contextual Roots: A Nineteenth-Century Javanese Expression of Christianity* (Amsterdam: Rodopi, 1990); and Claude Guillot, *L'affaire Sadrach: un essai de christianisation à Java au XIXe siècle* (Paris: Maison des sciences de l'homme, 1981).

<sup>2</sup> De Nederduitsche Gereformeerde Kerken, or NGK, which was soon to be renamed De Gereformeerde Kerken in Nederland (The Reformed Churches in the Netherlands), or GKN.

his followers to self-relinquishing fear and devotion. Recounting the worst of Sadrach's false teachings, Lion Cachet wrote:

The light of humanity emanates from Kidul, the South, namely from Karangdjosa, in the person of Sadrach Soerapranata. He is manifest, not born; he does not age, does not become ill, does not die. Others perish ... but he remains. All attempts to oppose him are thwarted; he possesses supernatural powers to bless and to curse. The true Gospel comes from him.... [T]hose who oppose him are punished and those who follow him are led on the right path and protected. He is the *Goesti*, the Lord Christ, a revelation of Christ; everything revolves around his person and dwelling place (Karangdjosa is the true Mecca).<sup>3</sup>

Just as important, Lion Cachet ended with the final judgment that Sadrach was not a deranged prophet but a charlatan: "In my opinion, based upon thorough research, Sadrach is no zealot, no prophet of a new religious doctrine, not someone who acts out of spiritual convictions, but rather a sly, opportunistic Javanese, who uses Christianity to enrich and aggrandize himself."<sup>4</sup>

This was thus as much of an indictment of the Javanese in general, as it was of Sadrach. According to missionary observers, the Javanese needed not only to be liberated from such tricksters as Sadrach, but from the "heathenistic" customs and habits of mind that these "charlatans" exploited for their own gain. As a result, what may initially have seemed peculiar and idiosyncratic soon magnified into a robust discourse on the religious and social obstacles to true conversion posed by what missionaries termed Javanese animism, or more simply, Javanisme. They came to locate the problem of Javanese Christianity not at an elevated academic level—with doctrinal misturns, for instance (though they noted many)—but at the most basic level, that is with how Javanese Christians conceptualized and practiced their own being as bodies and souls and how they perceived and situated their own moral and practical agency within landscapes of the sacred and the mundane.

At the center of it all stood Sadrach's body. Missionaries cringed at claims that magical power, mystical knowledge, and messianic deliverance were embedded in Sadrach's body just as they marveled at how effective such narratives and performances were at beckoning his followers to, in their estimation, blind reverence and devotion. In fact, this paradox of Sadrach's body—an auratic, sublime, and magical body with mysterious charisma and elusive meanings that, upon closer observation, proved hollow and inauthentic on the inside—came to exemplify for missionary observers the alleged inner spiritual and moral bankruptcy of the Javanese in general.

<sup>3</sup> F. Lion Cachet, "Dwaalleeraar in Bagelen," in H. Reenders, ed., *De Gereformeerde Zending in Midden-Java: Een Bronnenpublicatie, 1859–1931* (Zoetermeer: Uitgeverij Boekencentrum, 2001), 228.

<sup>4</sup> *Ibid.*, 229.

It furthermore brought a distinctly *anatomical* dimension to missionary moral and religious critiques of Sadrach and his brand of Christianity. Most notably, an image of hollowness—with its suggestions of showy exteriors and vacuous interiors, of an emptiness of meaning and will—became a common trope in missionary accounts of the Javanese. Their preoccupation with magic and mysticism had left them empty, devoid of any sense of their own religious and moral agency. Dispirited and despirited, the Javanese were easy prey for unscrupulous charlatans who knew how to play their tune.

Missionaries, in turn, imagined their task largely as the “opening up” and “filling in” of Javanese bodies, the substantiating and enriching of the interiors of the body—the mind, heart, and soul—and, through this process, the rehabilitation of Javanese religious and moral selfhood (*ik-zijn*). The missionary project in Java was at its core a lesson in anatomy.

This article is composed of two parts. The first attempts to trace a missionary exegesis of the Javanese body—primarily the human body but also the material “bodies” of religious forms (sacred words, modes of worship, forms of knowledge, etc.)—that profoundly impacted the structure and ideology of the Protestant mission in the early twentieth century. In doing so, it outlines a social, theological, and anatomical context for understanding why a modern clinic, established in the late 1890s in the city of Yogyakarta, would emerge as the flagship institution of the Dutch Calvinist mission to Central Java starting at the century’s turn. As we will see, the materiality of bodies and the materiality of linguistic, representational, or what Webb Keane calls “semiotic” forms posed parallel ethical and epistemological problems and thus often stood together in missionary ethnographic critiques of the Javanese.<sup>5</sup> Dutch Calvinist missionaries were just as quick to dismiss Javanese bodies as “hollow” as they were Javanese words.

I use the term exegesis—traditionally understood as the critical interpretation of texts, and particularly religious texts—to suggest a particular mode of observation and interpretation that presumed to “read” Javanese social realities for the underlying religious and moral principles and narratives that organized them and gave them meaning. Missionaries to Central Java focused intently on embodied postures and actions such as the stillness and silence of a mystical guru or the warding off of malicious spirits with smoke and prickly grass. This was both an ethnographic choice and a practical exigency. Javanese Christians often frustrated missionaries with their own reluctance to privilege words over embodied practices and material objects.

As I will show, much was indeed at stake in contending with local conceptions and practices of the body. A missionary exegesis of the Javanese body had come to the conclusion that an ill-conceived anatomy was at the core of a

<sup>5</sup> Webb Keane, *Christian Moderns: Freedom and Fetish in the Mission Encounter* (Berkeley: University of California Press, 2007).

presumed social, religious, and moral languor. An animistic and superstitious understanding of health and disease had led to a crisis of moral uncertainty and a diminished sense of individual agency and responsibility. A belief in the fluidity of the body and precariousness of the vital spirit had led to a listlessness of the true soul. And finally a religious and political culture of mystical embodiment, ascetic discipline, and esoteric truth had led to a “hollow” ritualism of devotion, a tyranny of false prophets, and an emptiness of individual meaning and will. In the missionary narrative of liberation, then, anatomical depth and clarity would be crucial to both religious and social reform.

The article's second half explores the missionaries' main solution to the problem of Javanese anatomical confusion: the building of modern hospitals and clinics. I focus in particular on the early years of the Central Java medical mission while under the directorship of its first missionary doctor, J. G. Scheurer (1897–1906). The medical mission formed a key pedagogical and disciplinary tool for the disamalgamation of an unwieldy alchemy of the mundane and the sacred, the secular and the religious, and for the recasting of the body and the soul as separate elements. The process would amount to an anatomical reordering of the individual and social body, to map out clearly the spaces, roles, and relationships of its anatomical and social parts.

This article will approach the medical mission as a body itself, a built anatomy in which bodies and souls and their relationships to one another were fashioned and enacted.<sup>6</sup> Following this process involves tracing a complex choreography in which bodies and souls fade or come into stark relief at different moments and places. By tracing these patterns, we can observe how bodies and souls figured in each other's development, or more specifically, how bodies and souls emerged in each other's absence. A bracketing of the body in religious activity through bodily compartments and practices that fashioned a notional denial of the body, particularly the folding of the hands and the closing of the eyes, mirrored a reverse bracketing of the soul in spaces of medical treatment. Touch, cut, and gaze as they may, doctors and nurses could never reach the soul.

What proves most striking in such an analysis, then, is the complementarity of modern religious and medical practice. The practices that helped to construct the body as a dense biomedical object helped also to construct the soul as

<sup>6</sup> In describing the emergence of a new ontology of body and soul as a process of enactment, I am drawing inspiration from Annamarie Mol's *The Body Multiple: Ontology in Medical Practice* (Durham: Duke University Press, 2002), as well as recent literature on the role of bodily practice and performance in the making of religious, ethical, and scientific subjectivities. For religious and ethical subjectivities, see Talal Asad, *Genealogies of Religion: Discipline and Reasons of Power in Christianity and Islam* (Baltimore: Johns Hopkins University Press, 1993); Saba Mahmood, *Politics of Piety: The Islamic Revival and the Feminist Subject* (Princeton: Princeton University Press, 2005); and Charles Hirschkind, *The Ethical Soundscape: Cassette Sermons and Islamic Counterpublics* (New York: Columbia University Press, 2006). For scientific subjectivities, see Lorraine J. Daston and Peter Louis Galison, *Objectivity* (New York: Zone Books, 2007).

a disembodied spiritual subject. Thus, despite their own valorization of the soul as an entity distinct from and prior to the body, it was only through the performance of various *embodied* practices—or “body techniques,” to use Mauss’s term<sup>7</sup>—that this very notion of the soul as separate from the body could come into being.

In all, the medical mission would serve as the key institutional space for a radical reordering of a vocabulary and syntax of bodies and souls, a grammar of religious and social expression: that bodies and souls were wholly separate, mutually discrete entities and, furthermore, that the body was an *object* through which meanings were expressed and wills were exercised by individual *souls*, or *subjects*, through plainly spoken words. As such, the missionary clinic would play a prominent role in the education of a modern notion of “religion” as a matter of subjective beliefs and personal devotion rather than external “material disciplines or ritual practices.”<sup>8</sup> While the clinic may seem like the least spiritually uplifting space imaginable, nothing could be further from the truth.

#### THE BODIES OF SPIRITS

Sickness and healing figured prominently in missionary accounts of the ethical and epistemological problems posed by Sadrach and his “heterodox” movement. In his 1896 book, *Een Jaar op Reis in Dienst der Zending* (A year traveling in service of the mission), Lion Cachet suggested that Sadrach’s power and authority over his followers rested primarily upon his purported power over their bodily fate: “To him is attributed the power to heal the sick, but whoever comes too close to him without permission falls ill.... Himself *digdaja*, invulnerable, blessed with supernatural powers, the fate of his faithful followers is forever in his hands.”<sup>9</sup>

According to the missionary Adriaanse, Sadrach’s therapeutic practice involved rubbing afflicted body parts with various objects while reciting these words: “God the Father, God the Son, God the Holy Spirit, may the poisons of plants and those of men be powerless, harmless; may the ground that is *songgar* [dangerous, threatening] and the forest that is *angker* [haunted] lose the power to strike (with disease); may the blessings of the Lord Jesus Christ keep you well throughout your years. Amen.” Adriaanse then concluded: “You see, through such things Sadrach quickly became regarded as a guru, who was *koewasa* [mighty], who received extraordinary power from Jesus Christ. And this perception has certainly helped earn him honor and authority despite the fact that he is not yet old.”<sup>10</sup>

<sup>7</sup> Marcel Mauss, “Body Techniques,” *Economy and Society* 2 (1973 [1933]): 70–88.

<sup>8</sup> Keane, *Christian Moderns*, 67. See also Asad, *Genealogies*, ch. 1.

<sup>9</sup> Lion Cachet, *Een Jaar op Reis in Dienst der Zending* (Amsterdam: J. A. Worsmer, 1896), 367 (my emphasis).

<sup>10</sup> Adriaanse, *Sadrach’s Kring*, 69–70.

Missionary observers fixated upon these healing practices and pondered intently over their religious and cultural significance, especially the barriers they might pose to what they saw to be authentic Christian conversion. In doing so, they relied upon a burgeoning missionary literature on Javanese therapeutics that focused upon the same elements of superstition, animism, and amorality epitomized by Sadrach. Like narratives of Sadrach, missionary narratives of Javanese therapeutics emphasized how a culture of spirit devotion had stripped the Javanese of a sense of individual agency and meaning.

To its inhabitants, Central Java was an enchanted landscape teeming with powerful spirits. As the missionary Pol explained, “Allah is far away, but the spirit-gods are nearby, in the immediate vicinity; alongside the rigid monotheism of Islam, the Javanese religion recognizes hundreds of spirits who control all aspects of daily life. These spirits are in nature: in forests and trees, in mountains and valleys, in rivers and lakes, in the villages and cities, etc.”<sup>11</sup> At any moment, a malicious spirit might strike an individual with disease or a village with pestilence. The missionary Schuurmans noted that local Javanese attributed the coming of a cholera epidemic in the late nineteenth century to a cholera-*setan* (a name for local malicious spirits borrowed from Arabic) who could be seen and heard and often took the form of a human stranger. Because of the embodied and personified nature of the cholera-*setan*, villagers used smoke, chili peppers, and prickly grass to ward off its deadly visits.<sup>12</sup>

Yet the spirit world could also be fickle and easily offended and thus its propitiation was a neverending and always uncertain endeavor. After all, elaborated one author in the missionary journal *De Macedoniër*, “The spirits appear not always to be content, since calamity and sickness persist and new offerings must be brought forth.”<sup>13</sup> Missionaries considered the arbitrariness and capriciousness of spirit behavior to be the basis for an all-pervasive crisis of moral uncertainty. The missionary Bakker, for instance, explained: “According to animists, the spirits do indeed have a will, but their will is completely arbitrary. There is no moral bond between spirits and spirit worshipers, only a relationship of dominance. If the latter do not meet the arbitrary desires of their gods, then they are pursued constantly by plagues and horrors and must anxiously await their wrath at every moment.”<sup>14</sup> It was no surprise, then, that “swindlers” like Sadrach who boasted of their powers to tame and harness the spirit world would thrive in such a desperate and overeager medical and spiritual marketplace. To missionary observers, Sadrach’s healing touch signaled both the unscrupulous personal ambition of an opportunistic trickster

<sup>11</sup> D. Pol, *Midden Java ten Zuiden*, 2d ed. (Hoenderloo: Zendingstudie-raad, 1939), 88.

<sup>12</sup> N. A. Schuurmans, “Javaansche Middelen tegen de Cholera,” *De Macedoniër* 9 (1891): 22–33.

<sup>13</sup> R., “Tets over Javaansch Bijgeloof,” *De Macedoniër* 8 (1890): 68–73.

<sup>14</sup> D. Bakker, “Het Schuldbesef van den Javaan,” *De Macedoniër* 15 (1911): 242–43.

and the overzealous and unbridled religious imagination of the Javanese masses that made them easy prey for such charlatans.

Yet this tyranny of wayward spirits was only the tip of the iceberg. At the heart of the Javanese's alleged moral despair was their conception of body and soul. According to missionaries, the Javanese had mistakenly conflated the two: the soul did not inhabit the body as a separate entity, but rather was *itself* body. As the missionary Bakker explained, "The word 'soul' for the primitive man has an entirely different meaning than it does for us. In our understanding, the soul is a completely invisible, spiritual substance, wholly distinct from the material and the visible, but to the primitive man it is nothing more than a finer *body*, a sort of ethereal, transparent thing that permeates the entire tangible body. Every creature is thus made of two bodies that are not essentially different, but differ only in texture from one another."<sup>15</sup> Putting it more succinctly, Bakker added, "For the animist, all that exists is stuff, albeit ensouled stuff."<sup>16</sup>

In theorizing Javanese religion, Bakker relied upon the work of the missionary-ethnographer Albert Kruijt, most notably his 1906 book *Animisme in den Indischen Archipel* (Animism in the Indies Archipelago). Kruijt popularized the use of the term *zielestof* (literally "soul-stuff") to make sense of the animist's understanding of the soul. Common to the indigenous people of the Indies, Kruijt contended, was a belief in the soul as "a fine, ethereal thing, that animates all of nature, gives it life, and therefore we choose to label it *zielestof*, in contrast to the spirits of the deceased, which we call *ziel*."<sup>17</sup>

According to missionaries, an economy of *zielestof* determined the state of one's health, as sickness was understood as the result of a diminishment of *zielestof*. In Kruijt's words, "The *zielestof* of an individual can decrease, but one can strengthen and augment it with the *zielestof* of other people, animals, or plants. From this principle arises a whole series of practices among primitive men to strengthen diminished *zielestof*."<sup>18</sup> Herbal remedies worked by augmenting these deficiencies in the body.<sup>19</sup> In similar fashion, missionaries noted that the Javanese frequently attributed healing powers to the bodies

<sup>15</sup> D. Bakker, "Java: Animisme," *De Macedoniër* 12 (1908): 289–98, 290 (my emphasis).

<sup>16</sup> *Ibid.*, 296.

<sup>17</sup> A. C. Kruijt, *Animisme in den Indischen Archipel* ('s-Gravenhage: M. Nijhoff, 1906), 2. Kruijt posited a four-stage evolutionary framework involving four distinct types of religion: pre-animism, animism, spiritism, and Christianity. In missionary accounts of Java, however, animism often came to function as a general term that encompassed both the animism and spiritism of Kruijt's original framework. Kruijt himself suggested that animism and spiritism blended together in real life (4–5). For more on Kruijt's theory of animism, see Albert Schrauwers, *Colonial 'Reformation' in the Highlands of Central Sulawesi, Indonesia, 1892–1995* (Toronto: University of Toronto Press, 2000), 54–58; and Keane, *Christian Moderns*, 96–99.

<sup>18</sup> Kruijt, *Animisme*, 2.

<sup>19</sup> *Ibid.*, 1–2. See also J. Kreemer, Jr., "Volksheekunde in den Indischen-Archipel," *Bijdragen tot de Taal-, Land-, en Volkenkunde van Nederlandsch-Indië* 70 (1915): 1–112.

and bodily effluvia of Javanese religious teachers (*guru* or *kyai*) on account of their exceptional spiritual accumulation.<sup>20</sup> They were especially horrified by reports that Sadrach sold his urine as a remedy for illnesses and as a means of obtaining worldly blessings.<sup>21</sup> The urine and feces of the rare white water buffalo likewise possessed powerful healing qualities due to the holiness of the rare creature either as an incarnation of a god or as a favored creature of the gods.<sup>22</sup>

Missionaries were thus quick to connect Javanese medical ideas to deeper issues of moral, religious, and social agency. In their view, false understandings of bodies and souls led to meager conceptions of the self and of the divine. Bakker, for instance, remarked that the animist “has become entirely carnal and therefore loses the ability to contemplate God, who is a Spirit and therefore must be worshipped in spirit and in truth.... He is even incapable of distinguishing the spiritual element from the material element in his own self.”<sup>23</sup>

This had to do largely with *zielestof*'s encouragement of a diffuse anatomy of the self. The spirit *pervaded* the body. It was not a specific component of a larger anatomy—like Christian souls and hearts to which a strong, stable, and discrete conception of the self could be anchored—but was diffusely embedded in human flesh: “*Zielestof* fills the entire human body: *zielestof* is in the blood, in the hair, in the nails, in all of the extremities of the body.”<sup>24</sup> Consequently, the missionary doctor H. S. Pruijs urged his readers to imagine the unnecessary anxiety that could result when a simple haircut could mean the diminishment of one's vital spirit: “The study of animism teaches [the missionary] that a person's soul-stuff (*zielestof*) or life-spirit lies in large part in his hair and that a haircut is often the cause of a loss of ‘*zielestof*,’ which is very dangerous to one's health.”<sup>25</sup> Kruijt went a step further to suggest that this diffuse spiritual imagination led to an uncertainty of selfhood (*ik-zijn*), since the pervasiveness of *zielestof* in all of creation undermined any sense of the uniqueness, stability, and integrity of the human soul (*ziel*) and thus obscured any clear distinction between human and nonhuman identity and agency and between the inner self and the outer world.<sup>26</sup>

Both located somewhere in between the density of matter and the ethereality of spirit, but never quite reaching those proper ends, Javanese bodies and souls could thus operate in shared social and material planes. Local spirits were

<sup>20</sup> Adriaanse, *Sadrach's Kring*, 408. See also J. Kreemer, “Hoe de Javaan zijne zieken verzorgt,” *Mededeelingen vanwege het Nederlandsche Zendelinggenootschap* (1892): 109–27, 120; and J. Kreemer, “Behandeling van zieken in het Malangsche, uit het verslag over 1891,” *Mededeelingen vanwege het Nederlandsche Zendelinggenootschap* (1893): 68–80, 75.

<sup>21</sup> F. Lion Cachet, “Dwaalleeraar in Bagelen,” 228; and Adriaanse, *Sadrach's Kring*, 406.

<sup>22</sup> Schuurmans, “Javaansche,” 33–40.

<sup>23</sup> Bakker, “Java: Animisme,” 292.

<sup>24</sup> Kruijt, *Animisme*, 2.

<sup>25</sup> H. S. Pruijs, “De studie van de Missionaire Arts over Volksgeloof en Tropischeziekte,” *De Macedoniër* 15 (1911): 8–16, 9.

<sup>26</sup> Kruijt, *Animisme*, 2–3.



thicker and more weighted down, and the bodies of mystical gurus lighter and more ethereal, than they each ought to be. Over or under their proper weight they could sink down or float up to places where they did not belong. This disordering fluidity of the body and soul was the basis for a vision of the auratic and enchanted. In response, a new clinical discipline and imagination would confer an ultimate density to the body, a body hardened, thickened, weighted down by the clinician's touch and gaze.

#### BODIES AND WORDS

In his essay, "The Work of Art in the Age of Mechanical Reproduction," Walter Benjamin famously defined aura as an object's corporeal "presence in time and space, its unique existence at the place where it happens to be."<sup>27</sup> Benjamin further likened aura to a shell that keeps the human observer at a distance from the object ("however close it may be"), unable to possess or abstract it.<sup>28</sup> Unlike scriptural truths, the auratic object is not reproducible mechanically or discursively; its ineffable power and truth is embedded in its material presence.

In Java, the bodies of mystical gurus were auratic objects par excellence. And like Benjamin's auratic objects, missionaries struggled to extract an articulable meaning from Sadrach's auratic presence. Lion Cachet gave this description of his first impression of Sadrach which underscored the perverse but pervasive social power of his silence and inaction: "Of great stature; a good fifty years old; with sharp features; eyes that seem to take in everything without needing to focus on anything, and a mouth that was so resolutely shut that it seemed as if it could not speak; very simply clothed but in finer clothes and a more expensive sarong than the ordinary villager would wear" (see figure 1).<sup>29</sup> Refined and stoic, epitomizing the princely virtue of *halus*, which Clifford Geertz defined as "pure, refined, polished, polite, exquisite, ethereal, subtle, civilized, smooth,"<sup>30</sup> Sadrach was "in appearance, in demeanor, and in manners, precisely the sort of figure who would inspire awe among the Javanese."<sup>31</sup> Missionaries thus marveled at the signifying ruse of Sadrach's body, whose aura and charisma came chiefly from the *surfaces* of his body (his behavior, dress) rather than its *interiors* (his heart, mind, or soul). Like Benjamin's auratic shell, there was no point to prying Sadrach open.

Missionaries identified images of the mystical hermit in Sadrach's bodily performance.<sup>32</sup> An article in the missionary journal *De Macedoniër* outlined

<sup>27</sup> Walter Benjamin, "The Work of Art in the Age of Mechanical Reproduction," in H. Arendt, ed., *Illuminations* (New York: Schocken, 1969), 220.

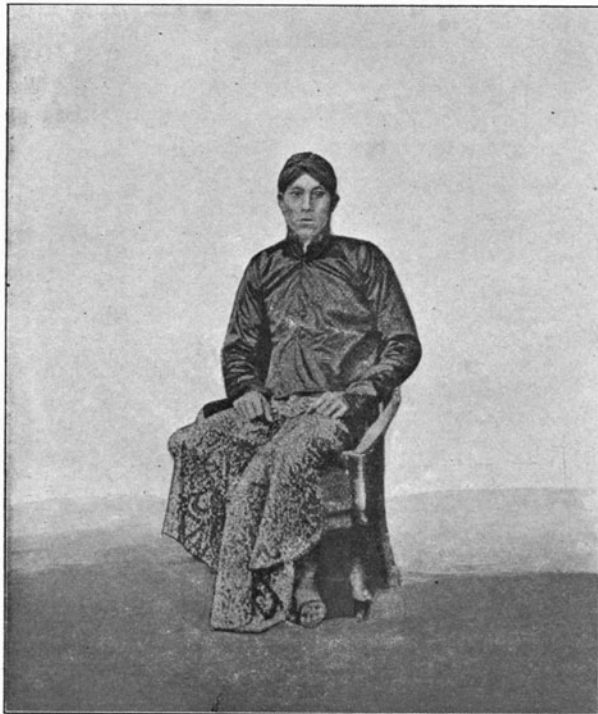
<sup>28</sup> *Ibid.*, 222.

<sup>29</sup> Lion Cachet, *Een Jaar op Reis in Dienst der Zending*, 339.

<sup>30</sup> Clifford Geertz, *The Religion of Java* (Glencoe, Ill.: Free Press, 1964), 239.

<sup>31</sup> Lion Cachet, *Een Jaar op Reis in Dienst der Zending*, 339.

<sup>32</sup> For a discussion of the role of asceticism in the accumulation of power in traditional Javanese society, see Benedict Anderson, "The Idea of Power in Javanese Culture," in *Language and*



SADRACH.

FIGURE 1 Sadrach, c. 1890. L. Adriaanse, *Sadrach's Kring* (Leiden: D. Donner, 1899).

the processes of seclusion and self-emptying by which the hermit attained divine status: “The hermit eats, drinks, and sleeps as little as possible and does nothing but meditate and stare, in order to kill all flesh, sensuality, and humanness within him so that he may reach the point of thinking without thinking, hearing without hearing, and thus, as a totally different being, ennobled and exalted through this dying of the flesh, reach a state of full glory.”

In the article’s final judgment, however, the divine mystic proves to be an illusion: “How wretched, sensual, carnal, completely devoid of any spiritual or religious meaning does this approach seem to us.”<sup>33</sup> What promises at first to

*Power: Exploring Political Cultures in Indonesia* (Ithaca: Cornell University Press, 1990 [1972]), 23–27.

<sup>33</sup> “Het geloof aan een leven hiernaals in onze Oost,” *De Macedoniër* 6 (1888): 96–105, 102.

be sublime and intensely spiritual proves pitifully to be the opposite: wretched, sensual, *carnal*, devoid of spiritual and religious meaning. All that was left was body—signifying nothing but nonetheless compelling the masses to worship through the illusory promise of mysterious powers and divine revelation. According to the missionary Pol, ascetic practice “suppresses the mind and cripples the will and is mostly harmful.”<sup>34</sup> Instead of strengthening the soul, it caused it to atrophy.

Sadrach’s auratic body posed not only significant devotional and ethical challenges but epistemological ones as well. According to Lion Cachet, Sadrach and his followers claimed to possess a mystical, esoteric knowledge based not upon the study of Christian scripture and theology, but upon divine inspiration “by the power of the Holy Spirit.”<sup>35</sup> Many further suspected that Sadrach’s self-promotion as a magical healer and prophetic mystic was part of a larger process of messianic apotheosis. These narratives focused again upon the surfaces of Sadrach’s body. Missionaries were outraged upon hearing stories that even the most sacrosanct of Christian images—those of the Passion and Resurrection—manifested themselves on Sadrach’s body. Lion Cachet, for instance, reported that “the worst” of the allegations against Sadrach were “[t]hat he displays on both his hands the scars of Christ’s Passion, that on one particular morning he immediately made himself invisible, supernaturally disappeared, in order to reappear three days later”—and, as if these images were somehow subtle—“that he himself was the Christ.”<sup>36</sup>

The impact of this presumed ethical and epistemological superficiality and opacity extended beyond mystical gurus and divinely inspired prophets to ordinary men and women as well. An 1892 report to the Netherlands Reformed Churches stated that Javanese converts were all too happy with “hollow” words; that is, with participating in worship services without understanding the “meaning” of the words that were read and sung. It seemed that the material words, just like Sadrach’s body, radiated a mysterious power that needed no elucidation, and perhaps could not attain one: “All of this happens in general mechanically, without any comprehension of what is read, without there even being a need for understanding; without the presider being able to, or even just trying to, give a statement or explanation about the words; without any noticeable impression being made upon the *hearts* of those gathered ... during this ‘religious service.’”<sup>37</sup> In missionary narratives, the native heart

<sup>34</sup> Pol, *Midden Java ten Zuden*, 34.

<sup>35</sup> F. Lion Cachet, “Dwaalleeraar in Bagelen,” 229.

<sup>36</sup> *Ibid.*, 227.

<sup>37</sup> “Rapport van de deputaten op Midden-Java aan de voorlopige synode van de Nederduits Geref. Kerken te Amsterdam (June 1892),” in H. Reenders, ed., *De Gereformeerde Zending in Midden-Java: Een Bronnenpublicatie, 1859–1931* (Zoetermeer: Uitgeverij Boekencentrum, 2001), 212 (my emphasis).

thus emerged as a space of spiritual emptiness and moral languor, an inner void that made the native body ring hollow.

This image of hollowness centered in particular on the Javanese concept of *ngelmu*—usually translated as “science” or “knowledge.” Missionaries underscored two key features of *ngelmu*: first, its fixed material form as incantation or ritual, without which it would be ineffective, and second, its lack of articulable meaning and its ambiguous moral status which allowed its practitioners to be effective without understanding how it worked or worrying about the virtue of its actions or outcomes. In other words, *ngelmu*, like Sadrach’s mystical body, was hollow. An article in *De Macedoniër* in 1888 evoked precisely this image when it declared: “These *ngelmoes* were originally lessons from proverbs and prayers, whose preservation and practice were recommended by priests and wise men; but now only the *sound* [*klank*] of words remain from these lessons, while the blinded Javanese remain under the delusion that the knowledge of and frequent repetition of these words bring with them promised blessings.”<sup>38</sup>

As the first half of this article has attempted to show, the story of Sadrach that circulated among the Dutch missionaries was a parable of failed conversion, or better yet, of a failed liberation from the bondage of Javanese misconstructions of body and soul, matter and meaning. The only remedy for this state of bondage was a radical and thorough Christian conversion that would have as its foundations a new anatomy of the self. The Javanese needed to be “born again” as much in flesh as in spirit. What followed would be several decades of reform that sought to reconfigure the social and sacred landscapes and anatomies of Central Java. The medical mission became a key space for this project. If bodies were at the heart of the problem, they needed to be at the heart of the solution as well.

#### THE ANATOMICAL CLARITY OF THE NEW MISSION

The Central Java mission’s attempt to foster anatomical clarity began with a separation of medicine and religion into two distinct professional spheres: those who ministered to the body would be different from those who ministered to the soul. This was a new departure in the history of missionary medicine and one driven by a desire to facilitate a deeper and more focused cultivation in both realms. Freed from the distractions of the body, the soul could deepen in faith and knowledge, protected from the threats of superstition and hollow ritual. Freed from the bounds of religion, the body could emerge as the proper field of expertise of a medical profession that was growing in prestige and cultural authority in both metropolitan and colonial society.

<sup>38</sup> “Het geloof aan een leven hiernamaals in onze Oost,” *De Macedoniër* 6 (1888): 96–105, 102–3 (my emphasis).

In observing nineteenth-century missionary medical practice, it is easy to see what made a new generation of missionary reformers squeamish. In this period the Dutch missionary was a generalist, a jack-of-all-trades who ministered to body and soul in often ambiguous ways. The chief mode of medicine among these missionaries was the dispensing of medicines. The missionary Adriaanse, for instance, reported that it was customary for missionaries in Central Java late in the century to dole out government-supplied medicines like quinine and castor oil to eager patients.<sup>39</sup> Writing two decades earlier, the missionary Bieger mentioned a particularly high demand for painkillers and dysentery powder among the native population. To give an example of his medical practice, Bieger reported helping a man recover from a venomous snakebite by administering painkillers (he did not specify what sort) and tobacco juice.<sup>40</sup>

The dispensing of medicines proved problematic, however, for it left both the medicines and the processes and spaces within which they worked upon the body underdetermined, and thus open to heterodox, “superstitious” interpretation. In fact, in its anatomical vagueness the healing practices of the nineteenth-century missionaries overlapped greatly with those of the *dukun*, or local shaman, the foremost violator of medical and religious clarity in missionary eyes.<sup>41</sup> Neither the missionary nor the *dukun* touched the body in any precise or penetrating way and thus the patient’s body remained largely a black box within which a wide range of material and spiritual process could be imagined to work.

Most missionaries described *dukuns* as charlatans who exploited Javanese ignorance and credulity and fueled their superstition and animism. The missionary Schuurmans, for instance, wrote, “Nowadays there is a certain class of people among the Javanese, who have a stake in maintaining, inciting, and spreading this false view of things, this superstition. I am speaking of the ‘*dukuns*,’ native healers, or more accurately stated, wizards, charlatans, exorcists.” Schuurmans then gave a very standard description of the *dukun*’s

<sup>39</sup> L. Adriaanse to de synodale deputaten voor de zending, 3 August 1896, in H. Reenders, ed., *De Gereformeerde Zending in Midden-Java: Een Bronnenpublicatie, 1859–1931* (Zoetermeer: Uitgeverij Boekencentrum, 2001), 250.

<sup>40</sup> Bieger to het hoofdbestuur van de NGZV, 4 March 1875, in H. Reenders, ed., *De Gereformeerde Zending in Midden-Java: Een Bronnenpublicatie, 1859–1931* (Zoetermeer: Uitgeverij Boekencentrum, 2001), 138.

<sup>41</sup> According to the Colonial Report (*Het Koloniaal Verslag*) of 1884, there were roughly eleven and a half thousand *dukuns* operating in Java and the nearby island of Madura, and their numbers were increasing. Turn of the century figures vary from roughly eighteen thousand in the Colonial Report of 1894 to thirty-three thousand in a regional survey conducted in 1902 that assumed one *dukun* per village (Liesbeth Hesseling, *Healers on the Colonial Market: Native Doctors and Midwives in the Dutch East Indies* [Leiden: KITLV Press, 2011], 13, 265). The missionary J. Kreemer reported that there was such a multitude of *dukuns* that a sick villager could visit four or five in a single day (“Hoe de Javaan zijne zieken verzorgt,” *Mededeelingen vanwege het Nederlandsche Zendelinggenootschap* [1892]: 5).

practice, one that familiarly foregrounded the use of mundane, often vile, things—spells, talismans, herbs, and water, as well as breath, spit, bathwater, urine, and feces—in presenting the image of a medical ontology and etiology gone terribly awry: “These exorcisms occur through the reciting of magic spells; through blowing on the head; through screaming in the sufferer’s ear; through spitting and licking his face; though splashing some ordinary water accompanied with a blessing; most of all through the provision of *djimats*, or talismans, which are used as often for the prevention of illness as they are for the healing of them; and also through a myriad of other clandestine practices and strange things that are too many to name here.”<sup>42</sup>

It was precisely the *dukuns*’ conflation of the sacred and the mundane that troubled missionary observers. The church leader N. A. De Gaay Fortman, for instance, condensed the danger of the *dukun* to the very fact that he or she was both doctor and priest, a professional arrangement made possible only within a warped environment where diseases were the products of divine wrath or a local spirit’s mischief. Because “sickness is the result of the wrath of a god or of the vicious influence of a sorcerer,” a Javanese’s “doctor must therefore simultaneously be his priest.” For this reason, De Gaay Fortman concluded, “Superstition is the most cunning and tenacious enemy of Christianity.” The power of the modern medical mission thus lay in its ability to undermine the “the sorcerer and the soothsayer,” “to make clear how unnecessary the fear of them is and how frivolous their work is.”<sup>43</sup>

According to a new generation of missionary reformers, however, earlier missionaries were guilty of similar enchantments. F. Lion Cachet, for instance, reported with grave consternation that the missionary Wilhelm had doled out medicines to native churchgoers immediately after a church service, evidence of a careless disregard for—or, worse, a pandering to—Javanese superstition.<sup>44</sup> Similarly, an 1890 article in *De Macedoniër* condemned older missionaries’ tolerance of the use of Christian symbols like the sign of the cross to protect Javanese from illness or injury.<sup>45</sup>

In 1896, the theologian-statesman Abraham Kuyper, a towering figure in conservative Dutch Calvinism at the time, issued a clarion call for a new professionalization of missionary medicine. According to Kuyper, there was no longer place in the modern mission for “a single person who does two things simultaneously, a person who is both a doctor and a minister, and even less still a sort of hybrid creature, half doctor and half minister.”<sup>46</sup> The Reformed

<sup>42</sup> Schuurmans, “Javaansche Middelen tegen de Cholera,” 22–23.

<sup>43</sup> N. A. De Gaay Fortman, *De Geschiedenis der Medische Zending* (Nijkerk: G. F. Callenbach, 1908), 27.

<sup>44</sup> F. Lion Cachet, *Een Jaar op Reis in Dienst der Zending*, 458.

<sup>45</sup> R., “Jets over Javaansch Bijgeloof,” 72–73.

<sup>46</sup> Abraham Kuyper, “Medische Zending,” *De Heraut van de Gereformeerde Kerken in Nederland* (Amsterdam), 20 Dec. 1896.

Churches in the Netherlands (De Gereformeerde Kerken in Nederland, or GKN), which would quickly establish itself as the leading organization for medical missions in the Indies, soon heeded such calls for reform by mandating at its Synod of Middelburg in 1896 the complete separation of the work of medicine from the work of religion. Both positions, furthermore, were to be thoroughly professionalized: only ordained ministers and licensed physicians and nurses could occupy positions of spiritual and bodily ministry, respectively. It was no coincidence that the doctor and the minister appeared as the two archetypal professions at this stage in missionary reform, since they reflected the foundational binary of body and soul.

To be sure, missionary doctors and nurses could, and in fact were expected to evangelize to their patients. However, this would be done in an explicitly non-clerical fashion, through a simple prayer or encouragement to faith, as all Christians were expected to bear witness to their faith. The title of true missionary (*zendeling*) would be reserved for the *Dienaren des Woords* (Ministers of the Word) who alone could perform the acts of preaching the scriptures, administering the sacraments, and disciplining (*tucht*) the congregation (which generally took the form of withholding the Lord's Supper, or Eucharist, to unrepentant sinners).

Those who ministered to the body were now to be different from those who ministered to the soul. This institutional separation would come to structure fundamentally the spatial and temporal experience of the new mission. The missionary and the doctor were now to function in different social spheres (religion and medicine), using different sets of objects (holy scriptures and medical instruments), and making contact with different parts of the person (soul and body). The new clinic would also involve a complex choreography of doctor and minister in which the two professionals were rarely present and active in the same place and at the same time.

A properly signifying medical practice would, furthermore, be an exercise in religious restraint, a reigning in of the spiritual imagination: sober scientific explanations were better than lofty theological ones, simple medicines were better than elaborate compounds, routinized practice was better than carefully timed ritual, and narratives of abstract monotheistic grace were better than those of immanent spiritual powers. The missionary doctor Puijs, for instance, asked rhetorically: "Wouldn't a frequently repeated education (given first to our native assistants) about the true causes of diseases as we understand them gradually help combat the teachings of Animism?" Puijs then added: "And if we give simple powders and pills, without the pomp and circumstance of the *dukuns*, without giving credence to auspicious and inauspicious days when performing operations, would not all of this, paired with the teaching that only the grace of God gives us our powers, offer indirect support for the pedagogical task of the mission?"<sup>47</sup>

<sup>47</sup> Puijs, "De studie van de Missionaire Arts," 9.

## THE DENSITY OF BODIES

On a Monday morning in March of 1905, Dr. J. G. Scheurer and his staff of nurses and medical assistants welcomed a special visitor to Petronella Hospital: the crown prince of the Yogyakarta sultanate upon whose land the hospital stood. The prince and his royal entourage were likely impressed with much of what they saw, since the court donated a much-needed gas service system to the mission soon after the prince's visit.<sup>48</sup> It seems that what struck their curiosity the most were the strange new contraptions and bodily figures they encountered in the hospital. As Jacqueline Rutgers, one of the hospital's two head nurses, observed, "In the laboratory, the microscope especially caught their eye, and in the operating room our guests wished to see in particular the instruments *'with which the doctor cuts off arms and legs.'* Some were even disappointed that there wasn't an operation going on, so they could see how it happens."<sup>49</sup>

And it was more than just the strange new instruments and their promises of severed body parts lying still on a table or flat on a glass slide that sparked their fascination; the strange postures of whole bodies did so as well. The visitors marveled at the figure of a man lying still with his leg elevated above his head: "Then came the infirmaries.... A man whose leg lay in a cast also caught their eye: one cannot fathom how he managed to lay so still with the foot of the bed higher than the head of the bed."<sup>50</sup>

In such accounts of the early clinic, established in 1897, we get a glimpse of a new figure of the body, one that could elicit the strange wonder of the Javanese. This was an anatomical body of dense matter, of manipulable flesh and bones, and one that could be separated, sometimes literally, from the observing subject. It was certainly a radically different figure than the Javanese body encountered beyond those walls. That body, fluid in texture, remained intimately connected to a landscape in which spirits and bodies folded into one another, aura and power radiated outward from particular people, places, and things, and mystical truths manifested themselves on the surfaces of things in often opaque and inarticulable ways.

Through modern clinical experiences, the Javanese body, which stood suspended somewhere between the density of matter and the ethereality of spirit, had new opportunities to become denser, harder, more weighted down, and bounded. As we see in Nurse Rutgers' account of the crown prince and his entourage, it was precisely the extremities of these new bodies—suspended legs, severed arms, microscopic samples—that elicited the visitors' awe and fantasy, but *not* for their presumed radiance, fluidity, or extension. Instead, it was for

<sup>48</sup> Jacqueline Rutgers, untitled entry, *Jaarverslag der Vereeniging "Dr. Scheurer's Hospitaal"* (Petronella-Hospitaal) 9 (1 Sept. 1904–31 Aug. 1905), 17.

<sup>49</sup> *Ibid.*, 15–16 (my emphasis).

<sup>50</sup> *Ibid.*, 16.



their discrete stillness, boundedness, even deadness, for the ways in which they pointed to the body's limits. Biological contagion, analogous as it was to bodily enchantment or mystical radiance, was meticulously and heroically suppressed. Unlike the bodily relics of holy saints, which extended the saints' embodied presence and power beyond the limits of the body proper, these body parts just lay there—and nowhere else. The clinical body thus provided a radical counterfigure to the radiating and expansive body of the mystical guru. It also proved a potent optic for an intensely subjectival perspective, for seeing one's body and the bodies of others as *objects* separate from one's inner self as *subject*, precisely what missionaries deemed missing in Javanese conflation of bodies and souls.

In an 1898 letter to the Semarang-based *Locomotief*, the most widely circulated daily in the colony, a local physician named Groneman gave an account of patients' experiences in Scheurer's newly established missionary clinic. Patients entered the clinic five by five, although in keeping with the ideal of individual bodily discreteness (as opposed to fluidity and permeability) Groneman assured his readers that the clinic would have preferred "if it were one by one, but one must reckon with practical limitations and the great number of those seeking help."<sup>51</sup> Awaiting them was the mission's medical staff: "Scheurer and his assistants sit in chairs next to a table full of instruments, dressings, and other useful things and the patients sit right in front of them on a bench or stool."<sup>52</sup> Weighted down and enclosed in its skin, this new Javanese body, which fit neatly on a bench or stool in front of Scheurer and his native staff, demonstrated none of the airiness and luminescence of the Javanese mystical body.

Any analogues to mystical radiance or bodily extension, such as germs, blood, or grime, were washed away. Treatment began with a round of disinfection, a process by which the boundary of the body—its skin—was carefully delineated through the vigorous touch of water, hands, and chemicals. As Groneman observed, "They arrive first by one of the assistants who cleans off their afflicted body parts and disinfests them with an emulsion of creolin, and irrigates their wounds and sores with sublimate solution." Open wounds were then carefully and aseptically redressed, thus reinforcing vulnerable areas along the body's boundary. Lastly the soiled dressings, unlike the relics of a mystical body, were explicitly denied a life of their own, a chance to extend the presence of the body beyond its apparent limits: "[The assistant] takes the old dressings off and tosses them in a large clay vat of disinfecting solution, to be incinerated later. Bandages are never washed and reused."<sup>53</sup>

<sup>51</sup> J. Groneman, "De Kliniek van den Zendeling-arts Scheurer te Jogjakarta," *De Locomotief*, 21 Jan. 1898.

<sup>52</sup> *Ibid.*

<sup>53</sup> *Ibid.*

Thus, unlike Sadrach's auratic body, whose relics were embraced for their potential to extend—to “rub off”<sup>54</sup>—Sadrach's bodily-spiritual presence into the world, similar narratives of bodily extension at the mission clinic were vigilantly suppressed. In this context, sterility was disenchantment.

This sterility extended to the clinical environment itself, a radical departure from local visions of bodies firmly situated in environments to whose influence they were always vulnerable from indefinite angles. Groneman stated confidently, “Every day, at the end of the session, the operation room and everything in it is carefully disinfected. And since the room is also well ventilated, there is no concern about those frightening hospital infections that plagued earlier times.”<sup>55</sup> In the new mission the body could, therefore, be imagined as bounded and discrete in ways that still seemed impossible outside its walls.

In fact, this sterilization of space began even earlier, at reception. The mission clinic was open to the vast majority of the native population free of charge, with only a few telling exceptions: the mentally ill, those suffering from infectious diseases, criminals, and prostitutes.<sup>56</sup> The clinic was, in other words, no place for morally or medically contagious individuals (or both, in the case of prostitutes). Those who suffered from infectious diseases were either visited in their homes or, in the case of lepers, housed in separate facilities.

Having had the boundaries of their bodies washed and reinforced with clean dressings, the patients moved onto examination and treatment. There, another round of manipulation brought the body into clearer view. On the floor of the missionary clinic, the native body was broken down, disaggregated into multiple ailments organized anatomically: “By the eye table stands one of the head nurses, while the bandage boy [*sic*] stands at his own post and Dr. Scheurer stands somewhere else. Just like at a market, they each beckon their customers from their stalls” (see [figure 2](#)).<sup>57</sup>

The clinic treated 15,267 people in its first six months of operation. Among those patients were 6,076 eye illnesses, 4,156 wounds, and 5,035 “other illnesses.”<sup>58</sup> With a rapid increase in daily visitors to the clinic, Scheurer soon switched from a spatial separation of illnesses to a temporal one. On a

<sup>54</sup> Nancy Florida uses this phrase to describe the process by which extraordinary powers are transferred from sacred objects (*pusaka*) to persons in possession of them, in *Writing the Past, Inscripting the Future: History as Prophecy in Colonial Java* (Durham: Duke University Press, 1995), 35.

<sup>55</sup> Groneman, “De Kliniek,” 17.

<sup>56</sup> “Huishoudelijk Reglement van het Zendings-Hospitaal ‘Petronella’ te Jogjakarta, Article 4,” in *Jaarverslag der Vereeniging ‘Dr. Scheurer’s Hospitaal’ (Petronella-Hospitaal)* 8 (1 Sept. 1903–31 Aug. 1904), 37.

<sup>57</sup> *Jaarverslag der Vereeniging ‘Dr. Scheurer’s Hospitaal’ (Petronella-Hospitaal)* 5 (1 Sept. 1900–31 Aug. 1901), 58.

<sup>58</sup> *Jaarverslag der Vereeniging ‘Dr. Scheurer’s Hospitaal’ (Petronella-Hospitaal)* 3 (1 Sept. 1898–31 Aug. 1899), 27.



FIGURE 2 Clinic and pharmacy at Petronella Hospital, Yogyakarta, ca. 1900. *Jaarverslag der Vereeniging 'Dr. Scheurer's Hospitaal'* 5 (1 Sept. 1900–31 Aug. 1901), 1.

six-day work schedule, Mondays and Thursdays were reserved for eye ailments, Tuesdays and Fridays for wounds, and Wednesdays and Saturdays for internal diseases.<sup>59</sup> A sign along the way to the clinic outlined this schedule to passers by.<sup>60</sup>

After 1900, the anatomical lessons of the clinic extended into the newly built inpatient wards as well. Individual iron beds were chosen over other options as a matter of moral and medical hygiene, of fashioning biologically and morally discrete bodies. As Scheurer explained, “Bamboo beds break down quickly, are difficult to disinfect and quickly become infested with bedbugs and other pests. Wooden beds are inadvisable for the same reason, and their price is only slightly cheaper than iron beds. Wooden *bridsen* (a wide bed upon which up to five people lay next to each other) are stringently disapproved. It is not good for several people to sleep together, because it offers people easy opportunities for immoral behavior. Iron beds are preferable in all these areas.”<sup>61</sup>

<sup>59</sup> J. G. Scheurer to Deputaten tot den Medischen Dienst, 7 Sept. 1897, fol. 112, Archief van de Zendende Kerk van Amsterdam (toegangsnr. 357), Utrecht Archives (henceforth AZK).

<sup>60</sup> J. Donk, letter to the editor, *Het Centrum* (Solo), 15 Dec. 1897, in *Jaarverslag der Vereeniging 'Dr. Scheurer's Hospitaal' (Petronella-Hospitaal)* 2 (1 Oct. 1897–1 Oct. 1898), 8.

<sup>61</sup> J. G. Scheurer to Deputaten tot den Medischen Dienst, 18 Apr. 1898, fol. 112, AZK.

If we pay close attention, we may perhaps make out a stutter as Scheurer transitions from bamboo and wooden beds to wooden *bridsen*. Despite their single occupancy, bamboo and wooden beds were dangerous for their potential to serve as vectors for germs and parasites, which could threaten the physical body. Yet, strangely, Scheurer attributes the dangers of the multi-person bed to something else, beyond the body, to an idealized, disembodied moral realm. Why at precisely the moment that bodies actually touch does the focus switch from bodily “hygiene” to moral “purity”?

For a clue, let us consider an actual case of fornication. In October of 1901, the missionary-preacher C. Zwaan reported on a troubling disciplinary case involving two of his native assistants:

The oldest assistant of the Medical Mission, Samuel, has violated the 7th commandment. He had sexual relations with the assistant Mina before the consecration of their marriage.... You know, like I do, how gravely this besmirches the Name of the Lord. I have reprimanded them severely and pointed out their sins. They feel remorse over their sins. Nevertheless, I deemed it necessary to have them do a public confession to the congregation, either before the next Eucharist service or during a baptism service.<sup>62</sup>

As we see, the space of moral transgression was the convergence of two unmarried bodies, but the site of pollution was somewhere else, displaced to a different realm altogether. Fornication besmirched the “Name of the Lord,” a nonbodily entity. Likewise, its space of redemption was also nonmedical and nonbodily: it took place in the sublimated space of the church, where the heartfelt words of repentant sinners atoned for their sinful bodily actions.

What is notable about Scheurer’s rationale for purchasing individual iron beds, therefore, is its usefulness not simply for maintaining moral and medical hygiene, but also for avoiding a potential ambiguity or disordering of the two realms. Sexual promiscuity led to *both* polluted bodies *and* besmirched souls, yet left the relationship between the two indefinite and thus threatened to collapse the distinction altogether, analogous in this way to enchantment or mystical practice. It was thus best not to confuse the matter, and iron beds—a prophylactic in two realms—was useful precisely in this regard.<sup>63</sup>

Nothing, however, likely foregrounded the separation of body and soul in both space and texture in the medical mission like surgery, which had as an underlying moral narrative that no matter how the surgeon cut or decreased the body, the soul remained intact, in its full integrity, as an immaterial entity that stood apart from the dense substance of human flesh and bones. This constituted a dramatic departure from local conceptions of the body-soul

<sup>62</sup> Zwaan to Kerkenraad Amsterdam, 28 Oct. 1901, fol. 115, AZK.

<sup>63</sup> It should be noted that celibacy itself was not a necessary virtue, nor was sexual vigor problematic among monogamous married people. The missionary Zwaan was himself a paragon of vigor. Like the changing of the winds, the coming of every rainy season was met with the arrival of a new Zwaan, every one of them male.

relationship in which the two were fused together, and thus the hair or other parts of an individual carried with it a sum of a person's vital spirit.

Surgery was a taboo practice in Java and many colonial observers mentioned a keen reluctance among the Javanese to submit their bodies to the surgeon's scalpel.<sup>64</sup> Considering Scheurer's quick success in gaining willing surgical patients, however, such observations may have been overblown. Scheurer noted soon after opening his clinic in 1897 that surgery had become a regular part of his daily routine: "I perform operations in the afternoons. Hardly a day goes by in which there is nothing to do in this field."<sup>65</sup> The clinic's first six months of operation saw forty-one operations, thirty-two of which involved the "removal of swellings." Among the other surgeries were one amputation and six eye surgeries, including two cataract removals.<sup>66</sup> The rate of surgical cases increased steadily over Scheurer's ten years in Yogyakarta. The mission, for instance, performed 104 surgeries in 1903 and four hundred in 1905.<sup>67</sup> Surgery became such an important aspect of the medical mission that Pruijs stated in 1911, "The main success of our hospital, from a medical standpoint, lies precisely in the fields of surgery and ophthalmology" (see figure 3).<sup>68</sup>

It played a significant role in the mission's moral imagination as well. Bodily reduction and mortality were prominent themes in missionary writing and preaching and served as key foils that placed the figure of the soul in sharp relief. In these narratives, the body and the soul came into being as separate, potentially opposing parts of the person. The soul emerged and blossomed as the body faded, quite literally in some cases, because an image of the soul's invigoration underlied narratives of bodily diminishment and death. The body was an object, a thing to endure, and perhaps ultimately to shed like excess weight, in a journey towards self-transformation that took place primarily in the inner space of the soul.

The case of a convert who had both of his arms surgically amputated during the hospital's early years proved particularly inspiring. Scheurer relayed this story to his superiors in Amsterdam in 1904:

Many were baptized this year, and if you ever get a chance to visit the infirmaries . . . you would encounter among the patients a young man, who was mutilated during an accident

<sup>64</sup> L. Th. Mayer, *De Javaan als doekoen: een ethnografische bijdrage* (Weltevreden: G. Kolff, 1918), 5; Offringa, *Amsterdamsche Kerkbode*, in *Jaarverslag der Vereeniging 'Dr. Scheurer's Hospitaal'* 17 (1 Sept. 1912–1 Sept. 1913), 5; Hesselinck, *Healers on the Colonial Market*, ch. 2.

<sup>65</sup> J. G. Scheurer to Deputaten tot den Medischen Dienst, 7 Sept. 1897, fol. 112, AZK.

<sup>66</sup> J. Groneman, "De Kliniek," 16–17.

<sup>67</sup> *Jaarverslag van de Vereeniging 'Dr. Scheurer's Hospitaal' (Petronella-Hospitaal)* 8 (1 Sept. 1903–31 Aug. 1904): 10; J. G. Scheurer, "De Getuige (Batavia), in *Amsterdamsche Kerkbode*, 27 May 1906," in *Jaarverslag der Vereeniging 'Dr. Scheurer's Hospitaal' (Petronella-Hospitaal)* 10 (1 Sept. 1905–31 Aug. 1906): 17.

<sup>68</sup> H. S. Pruijs, "Concessies van den Missionaire Arts aan de belangen der Zending," *De Mace-doniër* 15 (1911): 42–52, 46.



FIGURE 3 Drs. Scheurer and van Marle performing surgery, ca. 1905. *Het Zendingsblad van de Gereformeerde Kerken van Nederland* (Jan. 1906), 16.

that required us to amputate both his arms.... It is hard enough to lose an arm; but to lose both pains even the doctor's heart.... However, it is uplifting to see that it is precisely this same unfortunate person who expresses the most interest in the Gospel. One naturally begins to wonder if perhaps it was God's plan all along to bring him to everlasting salvation through the loss of his two arms.<sup>69</sup>

These narratives of bodily brokenness were devotionally and morally encouraging for the able-bodied as well. Citing the case of the same amputee, Scheurer wrote, "For this reason, I would love for all grumblers and malcontents to spend some time here with us. I think that seeing such bodily and spiritual suffering would be an excellent remedy for the soul."<sup>70</sup>

Lastly, dying bodies proved equally inspiring. A nurse at the Central Java mission found inspiration in the story of a newly baptized dying convert, withering in his body but reborn in his soul: "This morning we witnessed the

<sup>69</sup> J. G. Scheurer to Kerkenraad van Amsterdam, 18 January 1904, in H. Reenders, ed., *De Gereformeerde Zending in Midden-Java: Een Bronnenpublicatie, 1859–1931* (Zoetermeer: Uitgeverij Boekencentrum, 2001), 368.

<sup>70</sup> J. G. Scheurer, letter to editors, *Jaarverslag van de Vereniging 'Dr. Scheurer's Hospitaal'* 8 (1 Sept. 1903–31 Aug. 1904), 8.

baptism of a young man in the infirmary, who had been here a long time because of a very enlarged spleen.... It was so moving to witness the emaciated body, with those beautiful large eyes, and that valiant ‘yes’ in response to the [baptismal] questions. I hope that the Lord takes him soon; his body oppresses him greatly.”<sup>71</sup> As the body withers, the soul embraces the opportunity to assert itself, to speak its valiant “yes.” It was thus precisely in the fading of the body that the soul comes to life. As these images came to suggest, the subject could “speak” only after acknowledging the body’s existence as a mere object in which the subjective soul finds its dwelling and its means of expression. Newly bounded and tamed, the body becomes the medium, like language, through which the soul “speaks.”

#### THE ANATOMY OF MEANING

Having explored the ways in which the body became weighted down as dense matter, newly separated from the immaterial substance of the soul, let us now consider how a certain anatomy of meaning became inscribed upon social space and upon the body at the mission clinic. Meaning surrounding the body became split in half between an increasingly specific and penetrating clinical objectivity and a proliferating and increasingly disembodied and open-ended subjectivity that could occupy an indefinite number of religious, social, and political positions.

As Foucault has suggested, medical knowledge came in the modern clinic from the exacting and encompassing gaze of the clinician upon a medical body that gained in density as the object of medical knowledge. In Foucault’s vivid imagery, clinical knowledge “plunges into the *marvelous density of perception*, offering the grain of things as the first face of truth, with their colours, their spots, their hardness, their adherence. The breadth of the experiment seems to be identified with the domain of the careful gaze, and of an empirical vigilance receptive only to the evidence of visible contents.”<sup>72</sup> Foucault describes this as a new objectivity toward the clinical body: “By acquiring the status of object, its particular quality, its impalpable colour, its unique, transitory form took weight and solidity. No light could now dissolve them in ideal truths; but the gaze directed upon them would, in turn, awaken them and make them stand out against a background of objectivity.”<sup>73</sup>

Unlike clinical “objective” knowledge, higher “subjective” meanings—by which I mean moral meanings, religious meanings, social meanings, political meanings, and so on—were *not* legible on the surfaces of bodies and things.

<sup>71</sup> [Johanna Kuyper or Jacqueline Rutgers], *Jaarverslag van de Vereeniging ‘Dr. Scheurer’s Hospitaal’* 7 (1 Sept. 1902–31 Aug. 1903), 11–12.

<sup>72</sup> Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Vintage, 1994 [1963]), xiii (my emphasis).

<sup>73</sup> *Ibid.*, xiv.

Hence the trouble with Sadrach's body which seemed to gesture toward divine truths that remained nonetheless inarticulable and unabstractable, "stuck" as they were to the body itself. Higher meanings now came to stand *beyond* an external, weighted-down objective reality, in the realm of religious, social, and political discourse, of *words* spoken and written. They were made light and mobile.

Anatomical images figured prominently in Dutch Calvinist theological formulations of meaning and perception. According to Abraham Kuyper, at the most basic, empirical level *all* eyes, both Christian and "heathen," worked the same in observing a common objective reality. As Kuyper explained in 1905, "So far as conclusions are governed by sensory observation and acquired by weighing, measuring, and counting, all investigators are alike." If the body was common, what made one different was how one regarded and used it; that is, how one perceived it morally and theologically, rather than empirically. It was therefore only *after* "one climbs up from this lower level to higher science [i.e., philosophy or theology], that the *subject* comes into play...."<sup>74</sup> Revealed truth thus played a role in this common objective world as something *extra*, something *extrinsic* to the material world itself. The Bible, for instance, functioned, to quote Calvin, as "spectacles" for seeing *beyond* a stable and universally apparent material reality towards higher metaphysical and moral truths.<sup>75</sup>

This was a mode of perception wholly different from the Javanese epistemological notion of *semu*, which Nancy Florida glosses as "the merely glimpsed perceptible (often visible) dimension of the concealed." True and profound knowledge in Java came about through a disordering of common perception, particularly depth perception—things were other than what they seemed, truths were "hidden" in plain view, and not all saw or were seen in commensurable fashion. As Florida explains, "*Semu* is a subtle sign which points to something other than that which it is—but not necessarily to something else.... Persons of excellence, those who are 'never lacking in subtlety' (*tan kuciwa ing semu*), can read from these glimpsed perceptible signs toward their

<sup>74</sup> Abraham Kuyper, excerpt from *De Gemeene Gratie in Wetenschap en Kunst* (Amsterdam: Höveker & Wormser, 1905), in James D. Bratt, ed., *Abraham Kuyper: A Centennial Reader* (Grand Rapids, Mich.: W. B. Eerdmans, 1998), 458 (my emphasis). Kuyper was unaware of the historical specificity of this view of scientific observation. Daston and Galison have shown that the view of the scientist as passive observer was specific to the late nineteenth and early twentieth centuries, the age of "mechanical objectivity" in which any imprint of the subjective (now tied mostly to the individual's will) tainted the assumed purity of an objective scientific truth. Prior to this period, the excellent scientist was understood as a person with a particular skill or genius for seeing past material particularities to more general and idealized truths in nature. Lorraine J. Daston and Peter Louis Galison, *Objectivity* (New York: Zone Books, 2007).

<sup>75</sup> Randall C. Zachman, *John Calvin as Teacher, Pastor, and Theologian: The Shape of His Writings and Thought* (Grand Rapids, Mich.: Baker, 2006), 181.



‘inside,’ toward an understanding of their (only partially) hidden truth.”<sup>76</sup> Thus, whereas Calvin’s spectacles read past material reality towards displaced and abstract meanings, *semu* cleaved to it as a sign latent on its surface. The medical mission’s new clinical objectivity towards the body attempted to counter this mystical disordering by promoting a universalized, concretized, and objectified epistemology. As common bodies, *all* see and are seen in commensurable fashion. What differed, then, was how one regarded and used the stable and universally perceptible material reality around oneself.

In the geography of the medical mission, meaning did indeed begin to stand *beyond* the objective body. Higher meanings were newly displaced outside of the clinical spaces, most prominently in the waiting room where Dutch preachers and their native assistants proclaimed the higher meanings of medicine and the body to those awaiting treatment. This spatial separation also marked a shift in embodied experience. Nonmedical moments and spaces in the medical mission were distinguished by the prominence of *words* rather than the hard “stuff” of bodies, medical instruments, and clinical touch. The alleged void of meaning and inner piety in Javanese devotion was thus filled with an onrush of words that permeated the air and covered the walls within the new mission. On the back wall of the waiting room stood the words “The Lord Jesus Christ is truly the Savior” in Javanese (see figure 4).<sup>77</sup> Moreover, these were not ritualistic or mystical words, which were materially “thick” with aura or tinged with veiled meanings, but *plain* words—straightforward prayers, hymns, sermons, and Scripture readings—which presumed to cut through flesh to speak to and be spoken by souls. They were abstract and discursive where the clinical experience seemed concrete and dense.<sup>78</sup> This was precisely the morphology of meaning that seemed so elusive in observations of Sadrach’s body.

Assigned their own specific spaces and times separate from their medical counterparts, missionary-preachers and their native assistants punctuated patients’ experiences of the missionary clinic. Scheurer outlined in 1897 a precise pattern of religious and medical separation in the daily routine of his newly opened clinic which involved spatial, temporal, and social fragmentations: “The clinic opens its doors from 7 to 8. At 8, one of us reads a short excerpt from the Bible, followed by a few words and a prayer. And then,

<sup>76</sup> Florida, *Writing the Past*, 276.

<sup>77</sup> *Jaarverslag der Vereeniging ‘Dr. Scheurer’s Hospitaal’ (Petronella-Hospitaal)* 3 (1 Sept. 1898–31 Aug. 1899), 36.

<sup>78</sup> To be sure, as Webb Keane has shown, *all* words due to their materiality as “semiotic forms” possess the potential to become ritual objects. Missionary accounts of Sadrach and his followers’ ritualistic use of biblical and liturgical language bears this out. Yet, as Keane writes, “If words are bodily forms for meanings, they are nonetheless superior to other nonlinguistic matter... [I]t is language’s capacity for conveying immaterial meanings that renders it the most suitable medium between merely material things and that which is fully divine” (67).



FIGURE 4 Waiting room at the Yogyakarta clinic, 1898. *Jaarverslag der Vereeniging 'Dr. Scheurer's Hospitaal'* 3 (1 Sept. 1898–31 Aug. 1899).

treatment begins.... Joram stays with the patients in the waiting room and tries in private conversations to elucidate what was spoken earlier.”<sup>79</sup>

These fragmentations of space, time, and social roles mapped also onto a binary of body and soul. Proper listening in the waiting room involved a repertoire of bodily actions and postures which effected a notional fading of the body and invigorating of the soul akin to the idealized image of the crippled or dying believer discussed earlier. In the early days of the clinic, Scheurer celebrated having correctly taught his patients the correct postures for bodily sublimation and focused spiritual attention: “It is so difficult to get the Javanese to understand that prayer is not the reciting of some formula and preaching is not the pattering of unintelligible words. Now it brings us joy to see how every morning in the clinic the patients have learned to behave orderly, to sit quietly and not to speak when someone is praying, and many now close their eyes and fold their hands during prayers just like faithful churchgoers.”<sup>80</sup> Unlike the dense body of the examination or operating room, the body situated within the waiting room was made ideally transparent. By shedding its density,

<sup>79</sup> J. G. Scheurer to Deputaten tot den Medischen Dienst, 7 Sept. 1897, fol. 112, AZK.

<sup>80</sup> J. G. Scheurer to Deputaten tot den Medischen Dienst, 19 Dec. 1898, fol. 112, AZK.

its materiality, it became permeable to religious discourse and even to divine inspiration.

These anatomical and moral lessons extended to the newly built hospital wards after 1900. With the patient fairly stationary, the mission found other techniques to properly separate the religious from the medical at the bedside. The choreography shifted heavily towards a fragmentation of time. Bible lessons were delivered by Rev. Zwaan or one of his assistants in the evenings, between the hours of 5:00 and 6:00.<sup>81</sup> In a letter to Amsterdam in 1901, Zwaan summarized the hospital's program of spiritual education: "Education in the hospital wards takes place regularly.... Several also attend catechism. There lies in every room a Javanese New Testament and, because it is customary that someone reads aloud from it, they all hear the Gospel of grace frequently."<sup>82</sup>

As in the case of the lame or dying convert, whose fading body contrasted with his or her invigorated soul, a clear bracketing of the body from the soul in the geography of the mission fostered a heightened individual spiritual self-awareness and self-assertion among many patients (though far from all, as we will soon see). In those clearly marked nonmedical moments and spaces, the patient as willful subject came to the fore. Individual self-assertion became a heroic virtue, as patients were celebrated for their "valiant yeses" (see above) in giving individual assent to Christian truths. Likewise, in his letters to Amsterdam, Scheurer often told stories of the slow and deliberate conversions of *hadjis* (those who had completed the Hajj to Mecca) which emphasized the mission's ideal of individual conversion through autonomous, willful deliberation and choice. Scheurer wrote in January of 1900, "There is a *hadji* here. He attends the gatherings with the greatest interest and is busy reading the Scriptures daily. 'I have long believed,' he said to me several days ago, 'that the Islamic religion was the true religion, but only now have I truly heard what it means to serve God.' He wants to remain in Yogyakarta in order to receive further teaching in the Bible."<sup>83</sup>

In fact, it was often simply the act of meaningful and willful speech itself, of the exercise of the individual "voice," that satisfied missionary aspirations. The mission was thus less a space of moral, social, and theological uniformity than an education in a particular mode of meaningful speech and action based upon a new anatomy of meaning and devotion. In August of 1902, Zwaan told the story of a congregation member who had recently chosen to abstain from the Eucharist. As Zwaan reported, "Only one brother was missing from the Holy Communion, an assistant in the medical mission. He had recently received an earnest reprimanding for some negligence in his work. For that

<sup>81</sup> J. G. Scheurer to Kerkenraad van Amsterdam, 18 May 1903, fol. 112, AZK.

<sup>82</sup> Zwaan to Kerkenraad van Amsterdam, 23 Nov. 1901, fol. 115, AZK.

<sup>83</sup> J. G. Scheurer to Deputaten tot den Medischen Dienst, 1 Jan. 1900, in *Jaarverslag der Vereniging 'Dr. Scheurer's Hospitaal'* 4 (1 Sept. 1899–31 Aug. 1900): 10–12.

reason he was still upset and therefore did not want to be admitted to the Holy Communion.”<sup>84</sup>

What was the “meaning” of this demurrer? Was this an act of personal shame or righteous protest? Was he upset at himself or others? Considering his vigilance, it is hard to imagine that Zwaan had not formed an opinion of his own. One gets the sense, then, that Zwaan intentionally left it ambiguous. Unlike the theologically and morally “vacuous” silence and inaction of the hollow mystic, this act was presumed to be purposeful and meaningful—to be an act of the individual heart—and that, it seems, was enough to satisfy Zwaan. Despite a lingering uncertainty, he moved onto a new subject right away: the need for a separate church building. It seemed, in any case, not worth the trouble to say more.

#### CONCLUSION: FRACTURES AND FRAGMENTATIONS

While Scheurer, Zwaan, and the staff went to great efforts to communicate specific meanings, it seems that the medical mission was hardly a totalizing curriculum. It ultimately had little control over native meaning. In fact, even the most basic lessons proved problematic. Zwaan, for instance, reported to his superiors in January of 1902 that despite all of their efforts, Javanese often failed to distinguish not only doctors from ministers, but even missionaries from government officials: “Recently I had a long conversation with some Javanese who came for medical help.... They thought that I was also a doctor. This gave me the chance to explain to them what my work actually was and why the Christians in Holland sent us here. They thought that we were all employees of the government (most Javanese think that), and that the government paid for everything and required us to care for the sick.”<sup>85</sup> As Zwaan’s words suggest, the best that the missionaries could do was to address misinterpretations when they noticed them, in moments of personal dialogue.

Distinguishing the realms of bodies and souls proved equally difficult despite the best laid plans of mission reformers. Zwaan reported in June of 1902 that many Javanese viewed their participation in the mission’s devotional activities as part of the healing process itself. He relayed a story told to him by Moesa, his most trusted native assistant: “If a Javanese becomes sick and asks Moesa for medicine, he oftentimes makes a silent oath to attend the gatherings for two or three weeks if the medicine works. Out of fear of getting sick again, they do not dare break this promise.”<sup>86</sup> Similarly, the missionary Bakker noted that many Javanese who entered the hospital often sought out baptism, assuming that it was a means to healing.<sup>87</sup>

<sup>84</sup> Zwaan to Kerkenraad Amsterdam, 1 Aug. 1902, fol. 115, AZK.

<sup>85</sup> Zwaan to Kerkenraad Amsterdam, 30 Jan. 1902, fol. 115, AZK.

<sup>86</sup> Zwaan to Kerkenraad Amsterdam, 14 June 1902, fol. 115, AZK.

<sup>87</sup> Bakker, “Het Schuldbesef,” 243.

Even the missionaries themselves had trouble agreeing on the precise meanings of medical care. Up until now, we have observed an institutional structure which, while recasting body and soul as separate parts of an anatomy of the self, insisted upon the importance of *both* in the social and devotional lives of individuals. Organic images of souls inhabiting and propelling bodies toward meaningful action and speech expressed the ideal harmony of the morally and anatomically correct body. Other processes, however, undermined this harmony by turning the body-soul distinction into a fault line. Ordinary tensions and ambivalences between the religious and medical branches of the mission revealed a certain moral disjointedness within the mission and demonstrated the precariousness of any attempt at harmony and control over the relationships between medicine and religion. While a vocabulary of bodies and souls, medicine and religion was indeed stabilizing, the normative values and higher meanings that connected them were increasingly vulnerable to fragmentation.

It seems that among both medical and religious personnel, the Yogyakarta mission had become primarily associated with medical care, to the embarrassment of missionary doctors like Scheurer and to the jealousy of missionary preachers like Adriaanse and Zwaan. In the early, pre-hospital years of the medical mission, Scheurer complained incessantly to his superiors in Amsterdam of the reluctance of the Poerworedjo-based missionary Adriaanse to perform his pastoral duties in Yogyakarta, accusing him multiple times of willful neglect. He complained to his superiors in May of 1898, "I have already been in Yogyakarta for over a year. Only once did I see the missionary preacher..."<sup>88</sup>

Zwaan, who arrived in Yogyakarta in 1901 to relieve the apathetic Adriaanse, perceived a similar tension between religious and medical branches. Yet what Scheurer interpreted as an underemphasis on religious ministry, Zwaan interpreted as an overemphasis on medical care. Zwaan anxiously reminded his superiors in Amsterdam in December of 1900 that the central purpose of the mission lay in spiritual restoration, *not* bodily care: "The priority is not the healing of the sick body but the healing of spiritual sicknesses."<sup>89</sup>

Though regretful of any dissonance in the relationship between religion and medicine, missionary doctors nonetheless stood their ground, asserting the moral legitimacy of their own work. For instance, Scheurer stated confidently that medical care was "in itself already a sort of preaching of the Word... [T]hrough the work of the Medical Mission, Christ is preached as the merciful and compassionate High Priest who is also the Great Physician for all poor sinners..."<sup>90</sup> The missionary doctor Offringa, who arrived at

<sup>88</sup> J. G. Scheurer to Deputaten tot den Medischen Dienst, 5 May 1898, fol. 112, AZK.

<sup>89</sup> Zwaan to Kerkenraad Amsterdam, 21 Dec. 1900, fol. 115, AZK.

<sup>90</sup> J. G. Scheurer, "Preface," in N. A. De Gaay Fortman, *De Geschiedenis der Medische Zending* (Nijkerk: G. F. Callenbach, 1908), vii–viii.

Petronella in 1912, similarly insisted on the legitimacy of his own professional field: “[O]ne should not assume that if both of these obstacles [i.e., time limitations and language differences] were taken away, we would readily assume the work of the minister and his assistants. Spiritual care must remain for us a side issue.”<sup>91</sup>

These inner tensions and fissures speak to the openness and indeterminacy of social and religious meaning at the site of the new medical mission. Not only that, they also point to the very construction of a new notion of “meaning” itself as personal, discursive, and “subjective,” a radical departure from local visions in which meaning was grounded, “stuck,” on the surfaces of things in often opaque and ineffable ways.

Indeed, one of the most significant features of the modern medical mission was its remarkable *pluralism* of religious and social meanings. Although the medical mission represented a small religious minority—Dutch Calvinist missionaries and their native converts—it brought together a very wide and diverse public within its walls, its patronage networks, and its spheres of discourse, most notably the many thousands of Javanese patients who visited the mission each year but remained indifferent to and unperturbed by the proselytization they encountered in the waiting room or at the bedside.<sup>92</sup> This fragmentation was no mere coincidence but a fundamental effect of the mission’s thorough institutional and conceptual separation of medicine and religion, body and soul, matter and meaning, a process that took place largely in the space of the clinic.

Like it or not, medicine and religion, just like the bodies and souls that grounded them, were drifting apart. And Sadrach, whose body made a mockery of such distinctions, was fading ever further into the distance.

---

<sup>91</sup> J. Offringa, in H. Dijkstra, “Hospitaal-Dienst op Java,” *De Macedoniër* 17 (1913): 333–34.

<sup>92</sup> According to the mission’s reports, the hospital’s polyclinic served roughly thirty thousand patients a year in its first decade of operation, an average of roughly one hundred visitors a day. The hospital also served another 125 patients a day in its inpatient wards (J. G. Scheurer to Governor General, 5 Oct. 1905; and J. G. Scheurer to Kerkenraad Amsterdam, 24 Sept. 1900, fol. 112, AZK). By contrast, a roster of all official members of the Yogyakarta congregation in January of 1904 counted a mere 180 adults and children, a number that included ten Dutch missionaries and spouses and their eleven children (Zwaan, “Statistiek overzicht van den toestand op ’t Zendingsterrein v/d Geref. Kerk van Amsterdam,” Jan. 1904, fol. 115, AZK).

Abstract: For Dutch Calvinist missionaries in Central Java, two events book-ended the radically transformative decade of the 1890s. The first, at the start of the decade, was the severing of relations with a charismatic Javanese leader named Sadrach, a decision that marked a redoubled commitment to suppress local Christian syncretism and to promote Calvinist orthodoxy in its stead. The second, at the decade's end, was the establishment of a modern clinic to serve as the flagship institution of a reformulated and reinvigorated missionary project. This article considers how these two seemingly disparate events are related. It suggests that much of what was troubling to missionaries about Sadrach and his indigenous Christian movement involved their understandings and uses of the body. I then consider how the mission attempted to use modern clinical experience and the anatomical perspective to address a range of ethical and epistemological problems posed by Sadrach and his followers' understandings of the body. The modern clinic would serve as a key pedagogical and disciplinary tool for the reordering of a vocabulary and syntax of bodies and souls, a grammar of religious and social expression.