

# Sexualizing and pathologizing the Other

## Reading Doctor Julius Karel Jacobs's travel account to Bali in the nineteenth century

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### ABSTRACT

Since their arrival in the seventeenth century, through the nature of their calling – from the examination of the sick and efforts to acquire knowledge of local medicines – European physicians in the Netherlands East Indies inevitably encountered the local people and their customs. When contact intensified with more frequent journeys into the hinterland, these physicians produced knowledge of the natural world, the culture, and the customs of the region. However, when reading the travel account of Doctor Julius Karel Jacobs, a Dutch colonial official physician to Bali in 1881, we are offered another perspective. This article discusses how the colonial authorities attempted to consolidate the territory through the expedient of public health issues, conditioning the colonial body for integration, in this case through a vaccination programme. It also analyses the extent the medical vocabularies were used as a strategy for sexual and pathological differentiation. Lastly, examining this travel account underlines the important role of physicians in the colonial biopolitics project.

### KEYWORDS

Biopolitics, colonial knowledge, physician, travel account, Bali.

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## INTRODUCTION

In August 1881, Doctor Julius Jacobs received an invitation from the Resident of Banyuwangi, a colonial official overseeing the administration of Bali and Lombok, to accompany him on an official visit to the two islands. The invitation was also intended to allow Doctor Jacobs to make a preliminary inspection to assess the possibility of setting up a vaccination programme. It was also a follow-up to Doctor Jacobs's earlier survey of the urgent need of vaccination, unachievable without government intervention. As the trip progressed, Doctor Jacobs noted a much bigger problem in indigenous health practices (Julius Karel Jacobs 1883: i).

It is important to situate Doctor Jacobs' work in the context with what contemporary physicians generally did. This included an investigation of the natural history, which entailed collecting, classifying, and analysing plant materials, a not uncommon activity for those trained in medicine. It was set up to train doctors to write prescriptions in which local natural products contributed to healing and maintaining health. Besides being trained in medicine, doctors were also instructed in rhetoric to enable them to convince people of the efficacy of health care (Harold J. Cook 1991). This educational background endowed doctors with the ability to examine problems in society in general. Therefore, it is not surprising that, since the Middle Ages, many European doctors have made historical breakthroughs in their shared humanistic approaches (Nancy G. Siraisi 2000). Within this framework, a court physician entrusted with the king's health, for example, often extended his diagnosis of the ruler's ailments to the people in making decisions to ensure public health (Jacobs Soll 2002). As part of the diagnosis, the nature of their profession, required these medical experts to come into direct contact with other human beings which produced numerous anthropological studies (D.J.H. Nijessen 1927).<sup>1</sup>

In the nineteenth century, after the Industrial Revolution had resulted in a decline in public health conditions, doctors also began to pay more attention to the social and economic aspects of health. The consciousness dawned that an individual's health was also affected to some extent by their class and wealth (George Rosen 1974). Therefore, during the era of European exploration, physicians in the field authored works about the people they had encountered during their service in the colonies. Their writings provided information about the people and their customs as well as detailing the natural resources in their areas and, by degrees, formed what came to be called colonial knowledge of the country. Their works on natural history and population formed the background for the emergence of the ethnography (C.R. Boxer 1963; Cook 2005; Iris Bruijn 2009).

Encounters during travel presuppose contact between opposing cultural backgrounds. In the European narratives, this contact produced descriptions

<sup>1</sup> In Indonesian historiography, John Crawfurd's *History of the Indian Archipelago* (1820) and Andries de Wilde's *De Preanger regentschappen op Java gelegen* (1830) are the two best-known works.

and designations of these encounters riddled with negative prejudice. These condescending statements were not confined to the people, but extended to the tropical environment, considered uninhabitable and dangerous, especially injurious to health (David Arnold 1996, 2000). These travel accounts divulge how the medical experts scientifically pathologized what they considered as the "Other". They stigmatized tropical areas as hotbeds of disease and the inhabitants as carriers of these illnesses; therefore, contact with them was not something to be undertaken lightly. To reduce the hazards, they concluded that the people needed European health guidance (Megan Vaughan 1991).

Among the European physicians making their diagnoses in the Netherlands Indies was Doctor Julius Karel Jacobs, a Dutch physician who had studied medicine in Groningen. In 1874, he earned a doctorate in obstetrics. He was appointed a physician second class on 28 August 1876, and stationed in Surabaya. Later he continued to work in other places like Borneo (October 1877) and Aceh (December 1878), before being reassigned to Surabaya in February 1880. After being promoted to physician first-class on 26 May 1883, he moved to Cilacap in December 1883, then to Sumatra's Westkust in December 1884, and Serang in May 1886. In March 1891, he returned to work in Aceh (Peter Antonie Lith, A. J. Spaan, and F. Fokkens 1897a, 2: 97).<sup>2</sup> Doctor Jacobs followed the general trend of his contemporaries as revealed in his 1881 travel account of Bali and Lombok which records the history of the health in these two islands. Nordholt, for example, refers to Jacobs' notes for his description of Balinese society (Henk Schulte Nordholt 1996), while Vickers gives ample space to Jacobs's travel account which helped contribute to the erotic image of Bali (Adrian Vickers 2012: 124-127). In the history of medicine, Boomgaard alludes to Jacobs's account in his article on smallpox and vaccination, while Lovric consulted this note for her survey of Balinese therapeutic practices (Peter Boomgaard 2003; Barbara Lovric 1987).

While the previous studies have focused only on a certain part of his account, the travelogue as a whole reveals how the colonial authorities attempted to consolidate the region by conditioning the colonial body through the medium of a vaccination programme. Moreover, by following Sander Gilman's framework of difference and pathology a thorough reading shows to what extent medical vocabulary was used as a strategy of differentiation – as a tool to pathologize the Other (Sander L. Gilman 1985). I also want to discuss at some length how this account nurtured the local population as part of the colonial project in the framework of biopolitics as "a new modality of producing, circulating, and enacting power that subjects and governs individuals through a set of disciplines that normalize bodies and pleasures and regulations that target political agents as members of a living species" (Eduardo Mendieta 2014: 37). Since the mid-nineteenth century, the colonial government had been campaigning intensively for health services, especially vaccinations, principally by opening

<sup>2</sup> Besides Bali, Jacobs published two other important ethnographic works, one on the Badui, co-authored with Meijer, and the other on Aceh. See Julius Karel Jacobs and J.J. Meijer (1891) and Jacobs (1894).

a medical school in Java to train vaccinators. This policy was influenced by the rise of liberalism in Europe. Its main idea was to minimize the state's role in the economy by ensuring the availability of a strong and healthy workforce for private businesses (Jaelani 2023).

Alongside their medical duties, doctors in Europe also played a political role in promoting welfare in the nineteenth century through promoting community development, political boards, and decision making (Jacques Léonard 1981; Ian F. McNeely 2002). Hence, they were no longer solely concerned with individual patients, but with society in general as the precondition for good public health. However, despite being based on the same principles, conditions in Europe differed slightly from those in the colonies. Doctors Jacobs' travel notes reflect not only his visit to "another world", but also his desire to make improvements through a diagnosis of the ills of that world and offering a subsequent solution to its problems which, in a sense, was an expression of *mission civilisatrice*. I argue that Jacobs's entry emphasized pathologizing differences and securing the availability of a healthy labour force, so that they would not pose a threat once the area was integrated into the Netherlands East Indies. To explicate my argument, I divide this article into three parts. In the first two sections, I deliberate the process of "Othering" in two different categories: sexualization and pathology. Both classifications are always intertwined in a medical framework, thereby justifying Jacobs's physician role in the discourse of sexuality. The last part is intended to extend knowledge of how vaccination was absorbed into a colonial state project to which colonial bodies were subjected. As a starting point, I provide an overview of the doctors on board during expeditions in the Netherlands East Indies and Bali, in particular at the time Jacobs arrived in the colony.

#### PHYSICIANS' TRAVEL ACCOUNTS AND THE UNEXPLORED REGIONS

Until the early-nineteenth century, as part of their research on natural history, European physicians paid more attention to botany and *materia medica* in their travel accounts. Among the oldest and most notable examples is that by Jacobus Bontius describing the Netherlands East Indies in the seventeenth century. When the exploration of Java began, naturalist physicians from different national backgrounds travelled to the interior of the island and recorded the wealth of botanical material, concentrating particularly on plants with medicinal properties. As the colonial state took shape and the exploration of Java and the Cultivation System (*Cultuurstelsel*) generated profits, travelogues changed course in tandem with the colonial government's shift to the "Outer Islands". To achieve its goal, the government employed military expeditions to conquer and map the new lands. Doctors also joined the expedition team and they recorded their first-hand experiences in travel accounts, to which the many articles published in *Geneeskundig Tijdschrift voor Nederlandsch-Indië* bear witness.<sup>3</sup>

<sup>3</sup> Articles recounting military expeditions written by physicians appeared between 1850 and 1875. They explored areas such as Palembang, Southern Borneo, North Seram, and Aceh. See C.A.M.M.M. von Ellenrieder (1859), M. van Andringa (1862), J.F. Buning (1862), J. Semmelink

Their primary purpose was to ensure the health of expedition members, as the long journey into the hinterland made them susceptible to diseases. This duty was a continuation of their presence on board the ships bound for the Netherlands East Indies since the seventeenth century (Bruijn 2009). Besides the threat of disease, physical confrontation with the indigenous inhabitants often resulted in injuries and in their professional capacity the doctors came in handy (Bas Mochtar 2019).

In their accounts, the doctors recorded not only the geography but also the people's physical conditions, which included an overview of infectious diseases. To some extent, their work was similar to the practice of medical topography, widely practised at that time (Jaelani 2017: 37-46). The difference relied on the narrative description in the accounts in which the sequence of the events was specifically described. To a certain extent, this expresses both strengths and weaknesses of the military expeditions. They tell the story of a powerful colonial army with its sights set on conquest, also recording the defencelessness of the soldiers injured and dead in the confrontation. However, Anton Willem Nieuwenhuis's scientific expedition in the late-nineteenth century took another form. Sponsored by the Natural History Society of the Netherlands East Indies, he travelled to Central Borneo to carry out scientific research with the geologists and botanists. Nieuwenhuis himself was a doctor, who also participated as a physical anthropologist providing an ethnographic description of the wealthy people. Later, he was better known as an anthropologist rather than as a doctor (Jurrien van Goor 1995). Jacobs's involvement in the colonial expedition was also part of his assignment to conduct vaccination survey in Bali and Lombok. Seconded to an official visitation, to some extent, Jacobs's notes represent the voice of colonial political agenda on health issues. In his capacity as a doctor, he also recorded local cultural practices, especially the therapeutic procedures. As he states in his Introduction, wielding an extensive technical medical vocabulary, this work was intended for colleague physicians, not for the general public. In other words, the account uses technical terms which might not be familiar for non-medical reader.

During Jacobs' trip, most of Bali still consisted of independent kingdoms. In the mid-nineteenth century, attempts at colonial conquest had not resulted in much success, except for two kingdoms, Buleleng and Jembrana - out of the approximately nine kingdoms (Bangli, Gianyar, Tabanan, Klungkung, Karangasem, Badung, and Mengwi). Among these kingdoms, enmity was also common. In the latter half of the nineteenth century, Klungkung continued to wage war with both Karangasem and Gianyar. Likewise, Buleleng and Bangli were in constant in conflict, and, in 1849, Bangli even assisted the Dutch in a military expedition against Buleleng. The kingdoms of Jembrana and Buleleng also experienced the shock of domestic rebellions in the second half of the nineteenth century. In 1891, Mengwi was conquered and its territory

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(1862), C.F.W. Hunnius (1863), G. Luchtmans (1863), J.M.C.E. Rutte (1864), B.E.J.H. Becking (1874), and N.P. van der Stok (1874).



was divided between Gianyar, Badung, and Tabanan. After 1893, Gianyar was disrupted by an alliance of Badung, Bangli, and Karangasem (Geoffrey Robinson 2006: 36). The context of this hostility can be read in Jacobs's narrative when he recounts how he was treated with respect in one place, and with great suspicion in another.

Since the early-nineteenth century, travellers had invariably been unsettled by the "strange" lives of the Balinese. One of the most frequently recorded practices was the immolation of a widow as her final sacrifice for her deceased husband. The ceremony itself created a majestic impression but, to Western eyes, the sacrificial procession was horrifying (Alfons van der Kraan 1985). The Balinese practice of supplying slaves to major markets like Batavia where kings would sell enemy soldiers or criminals as slaves was another example. The Balinese slaves were known for their strength, making them a highly marketable commodity. The kings, seeing the huge profits from the sales, could even expand their supply by selling anyone who had no relatives. The colonial government realized this, and used the cloak of humanity to justify the conquest of the independent kingdoms of Bali. Opium addiction had also become a concern as this led to poverty, making the Balinese an unproductive population. Finally, in the early-twentieth century, under G.F. de Bruyn Kops, Resident of Bali and Lombok (1905-1909), who delivered a lecture on military intervention in 1909, the Dutch government proclaimed its success in overcoming the problems of "chronic conditions of war, extreme randomness of the authorities, absolutely no legal certainty for ordinary people, burning widows, slavery, usury, massive smuggling with Java, and so on" (cited in Robinson 2006: 39-40). In its defence, it pointed out that all these abuses only benefited royalty, therefore it was its moral responsibility to release the people from the oppression of these authoritarian kings.

Morality, as echoed in the spirit of Liberalism, was made the foundation of the colonial government's project in Bali. Although it would refer to the prevailing conditions as "savagery", military intervention was part and parcel of the colonial government's expansion mission. It began to collect taxes, previously restricted to opium, and provided legal certainty for property, peace, and order. Nevertheless, above all, the colonial government "wanted to exercise direct control over these fierce Balinese who show such disrespect to colonial law and economic interest" (Vickers 2012: 50). This was the context under which Jacobs's vaccination assignment was integrated into this major project. His duties included the collection of population data, and his notes and descriptions later contributed to the image of the uncivilized Balinese to boost a rationale for government's intervention.

#### SEXUALIZING THE OTHER

Of the various topics discussed in his account, Jacobs began with a detailed description of reproductive health. This might have been related to his formal education as a gynaecologist and the fact that he faced this problem from the very moment he landed on the island. When he arrived in Buleleng from

Banyuwangi, he was welcomed by the scream of a man who just lost his wife and their new-born son after delivery. Jacobs could not refuse the request to examine them. He found that the poor woman was physically healthy and in her first pregnancy at the age of twenty but she had passed her due date. That morning, after she had her first contractions, she called a *balyan manakan*, a traditional midwife. The delivery went smoothly, and the baby, though he later died, emerged without any problem. The *dukun* later tied a piece of cloth pressing it tightly above the woman's navel, resulting in a haemorrhage. From his medical perspective, Jacobs argued that Balinese childbirth practices, combined with mantras and offerings, were insanitary. He also believed that the abdominal massage usually given to accelerate the delivery often caused high maternal and child mortality (Jacobs 1883: 5).

Jacobs's comments on the inherent dangers of traditional childbirth practices had been voiced by other European physicians before him. They described the experience of witnessing a childbirth attended by a traditional healer as something horrifying. In a similar tone, Doctor E.W.A. Ludeking recalled that he "[...] saw the woman in a small room which looked messy, no air, blood splattered on the floor, surrounded by four indigenous women, one of whom was named Sarina, a maid in the house of an indigenous soldier" (Ludeking 1855: 546). These reports later prompted the establishment of the first midwifery school in Java in 1851 (Liesbeth Hesselink 2011). Thirty years after its founding, the role of the traditional healers was still quite dominant in assisting the delivery process, as Jacobs had observed earlier.

This birth seems to have been a preface to his concern about the Balinese women's common practice of abortion. At this point, Jacobs inferred that Balinese women were casually sensual and sexual which resulted in unwanted pregnancies. Nevertheless, having an illegitimate child also meant a disgrace, and they resorted to abortion to save face. They commonly used a cold infusion of finely ground *kepoh* bark (*Sterculia foetida* L. nat. fam. *der Sterculiaceae*) and Kaweni mango (*mangifera foetida*) skin (in Java [Banjoewangi] the unripe fruit of this tree). To supplement the efficacy of this abortive, they compressed the abdomen to terminate the pregnancy.

Besides abortion, Jacobs also deplored infanticide. The Balinese considered having twins shameful; they believed that the babies had indulged in incest *in utero* and were born with disabilities, therefore also did not deserve the chance to survive. European observers seemed intrigued by this superstition as proven by the large amount of literature on this subject and abortion (J.P. Kleiweg de Zwaan 1925; 1928a; 1928b). Kleiweg de Zwaan, for example, published a survey of *kindermoord* (infanticide) and abortion, mostly provoked by fear of incest and family dishonour, in various ethnic groups in the Indonesian Archipelago. The purpose of this attention was to draw an even clearer line of distinction between the Europeans and the indigenous people of the Indonesian Islands.

The prevalence of infanticide contradicted the idea of the Balinese desire for many children, with priority for having sons. Paradoxically, they

also worshipped the god of fertility and considered infertility a shame. Newlyweds would usually pray to Dewa Boetoehaja or Dewa Sambangan, the god represented as a phallic symbol in *stadia erectionis*, like Priapus in Greece or Freyr among the ancient Germans. Jacobs admitted that he witnessed young women place themselves on the phallic stone beseeching fertility. Anthony Reid points out that the obsession with the phallus in the Archipelago indicates that sex was just part of their everyday life (Reid 2014: 167-174).

The Balinese sexuality did indeed impress Jacobs as he paid great attention to it in his account. After commencing his notes with the childbirth story, he went on to discuss indigenous sexuality more explicitly. He recalled his experience in Buleleng as he watched a *gandroeng*, a dance performed by boys aged ten to twelve in women's clothing. The performance, according to Jacobs, showcased femininity both in their attire and in their coquettish movements to the accompaniment of the *gamelan*. The adult men would join them in the dance and throw them money. In his confession, Jacobs says he was repulsed by the fact that, after hours of dancing, the young dancers were forced to engage in a *horizontale manoeuvre* with the highest bidder. Before submitting, the bidders plied them with caresses and kisses. He stated that even though this custom was so obscene, it was done openly in variance to any religious values. As a result, many of the *gandroeng* were infected with *rhagades* (lesions) causing them to languish and die at an early age (Jacobs 1883: 13-14).

The performing arts linked to obscenity and danger to sexual health also turn up in his description of Klungkung. When Jacobs arrived in the kingdom, that night he and the rest of the European team were entertained by a *ronggeng*, a famous welcoming dance performed by young women. He described the *ronggeng* "[...] danced gracefully and coquettishly towards us, like an accomplished *cocotte* who habitually walks among Parisian *demi-mondes*" (Jacobs 1883: 101). The use of the word "*cocotte*" directly associates the *ronggeng* with European prostitutes. T.S. Raffles in *The history of Java* makes a similar statement about *ronggeng*, which was later institutionalized in the entry *Prostitutie* in the *Encyclopedie van Nederlandsch-Indie* in which the *ronggeng* is associated with prostitution (Raffles 1830: 382; Arsip Nasional Republik Indonesia 2001: 8; Lith, Spaan, and Fokkens 1897b: 3, 342).

His experiences of being offered a woman's company as part of Balinese hospitality led to the conclusion that the people were sexually free. Nevertheless, he also thought that "[they] must also take into account the degree to which morality and civilization, always according to Western concepts, coincide with the Balinese and, above all, not lose sight of the fact that [they] are dealing with a very passionate and sensual person, the very attributes [they] loathe and condemn as lawful and natural to the princes" (Jacobs 1883: 124). Within the bounds Western morality, the erotic nature of the Balinese as the Other was considered beneath contempt. Meanwhile, for their part, sexuality was as inconsequential as eating and drinking (Onghokham 1991; Frances Gouda 2008; Ann L. Stoler 2010). Despite expressing this moral judgement, Jacobs seems reserved in explaining Balinese sexual practices. Before conducting



a more detailed discussion of their sexuality, he commences by justifying his occupational rights and obligation as a physician. Therefore, he warns that “[...] readers must clearly understand that, in these pages, I have written down the impressions I received on my trip in Bali, especially with my colleagues in mind, as has been said in the foreword, a situation which gives me the right, [to discuss] matters relating to the narrower field of medicine, but considered less refined in everyday life” (Jacobs 1883: 133).

His first concern was the commencement of overtly performed sexual intercourse at a very young age, even with the knowledge of the parents. Jacobs also describes same-sex relationships but confined to women and women’s interactions. Unlike his reticence in his story about *gandroeng*, Jacobs provides a detailed description of sapphic sexual engagements in which the women sought pleasure by rubbing their clitoris against each other. He described this act as *mentjèngtjèng djoeok*, to hit cymbals against each other without making a sound. In Malay, it was called *tampoeh laboe*; *tampoeh* meant ‘the crown of fruit’, perhaps ‘a game with the clitoris’. Masturbation, or as the people called it *njoktjok*, was also common. As with sexual intercourse, he focuses only on female masturbation for which phallic-shaped vegetables and fruits such as cucumbers were used (Jacobs 1883: 134-135). The Balinese were also familiar with traditional recipes for aphrodisiacs, such as those for prolonged erection and narrower vagina. Likewise, in the use of sex toys to enhance coital pleasure or to find various comfortable positions, the Balinese were in no way inferior to the Parisian *demi-monde*. It should be highlighted how often Jacobs compares the indigenous sexual practices to putative Parisian sensuality (Jacobs 1883: 101). Despite the women’s active sexual routines, their social position remained inferior, as the sometimes painful procedures were intended more to enhance their male partner’s pleasures (compare Reid 2014: 170-173).

Jacobs also notes that Balinese sensuality was common to all social strata, including those in higher, more respected ranks. In his account of his visit to Koebu-Tambaan, Jacobs describes the room assigned him in the village head’s home. Upon arriving at the room, he noticed that

On closer inspection it was found to contain hundreds of different representations of how the libido can be satisfied, as well as many different positions for sexual intercourse. Most of the space is devoted to masturbation, pederasty, lesbian love, nymphomaniac outbursts. Every conceivable form of zoophilia is also seen, some taking the male role, some the female; whatever the most perfervid imagination in this field can create is represented there. Such neat *kalambo* must be found on many Balinese beds. But enough! (Jacobs 1883: 136-137).

Although a tone of embarrassment oddly seems to creep into his description, he soon realized – by saying “enough” – that he should remain aloof and adhere to the great European values.

As common in pre-colonial tradition, at that time the Balinese women still walked around with bare breasts.<sup>4</sup> Jacobs observed this custom citing

<sup>4</sup> Stories of bare-breasted Balinese woman were popularized by Gregor Krause, a German

his occupational justification “to enquire into secrets which would otherwise scarcely go beyond the walls of the boudoir” (Jacobs 1883: 74). He metaphorically invites his readers to enter the boudoir of a Balinese lady. As his readers followed him, he states that, if they looked closely at the Balinese women’s breasts, they will find that “the *mammae* (and this applies to more than half of the Balinese women) form a distinct elevation from the *mammilla* to about a finger’s breadth behind the areola. It is as if the firm, beautifully curvaceous mamma consists of two halves, namely a smaller front and a larger rear” (Jacobs 1883: 74). Using erotic terms, like “boudoir”, he presents anatomical descriptions under the guise of scientific evidence but at the same time riddled with racist and sexual prejudices. Discreetly excused as medical justification, breasts as the object of examination also avoid accusations of European obscenity. Moreover, his purpose was solely to show that Balinese women were different, sexual, and endowed with special characteristics (Jacobs 1883: 74-75).

These descriptions of the Balinese women’s anatomy resembled European medical and scientific analyses in the nineteenth century. In Europe, as well as the colonies, women’s bodies were observed, analysed, and used as objects of medical study to discriminate against them. This practice became even more uninhibited when the body was of another race, and a scientific justification of sexual and racial differences could be provided to boot. The differentiation was further weighted by European morality which claimed that women of different races were sexually uncivilized, a trait they shared with European sex-workers (Gilman 1985; Londa Schiebinger 1990). Hence, by showing differences in anatomical structures, Jacobs aimed to provide a scientific basis for the “obscene” behaviour of Balinese women.

#### PATHOLOGIZING THE OTHER

Jacobs’s focus on Balinese sexuality also seemed to explain the spread of venereal disease, particularly syphilis. In his observations in Klungkung, Jacobs relates syphilis to the sexually uninhibited practices. The issuing of the 1852 Prostitution Law in the Netherlands East Indies, which included regulating *ronggeng*, for example, was the result of this obsession with indigenous morality and sexuality (Jaelani 2013). Except in his discussion of the *gandroeng*, Jacobs treats this disease as a purely medical condition. For instance, he thought that opium addiction leading to impotence contributed to the spread of syphilis in Bali. He made this link when he was summoned to visit a *rijksbestierder* (government administrator) in Klungkung who suffered

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doctor who served in Bali in 1912. During his stay of approximately 18 months, he documented the daily lives of the Balinese people in around 4,000 photographs. As he took the pictures unposed, they present the lives of the people as they were lived. In his collection, we find many photographs of topless Balinese women. These photographs were later published in 1920 and Krause himself penned the accompanying notes of these photographs (Krause 1988). This description of the semi-clothed Balinese woman had probably been written about as extensively as by Jacobs, but Krause’s work popularized the image through a more visual depiction.

from impotence. Besides opium, *abusus in venere* or “sexual abuse” also played a part in susceptibility to syphilis. To cure their disease, the Balinese, as the *rijksbestierder* told Jacobs, used Bugis medicine imported by travellers and vigorously rubbed “silver liquid” (mercury) onto the infected area. It might have cured the syphilis, but it also caused impotency. Impotency and sexual disease shamed the virility of Balinese men.

To the *rijksbestierder*'s sorrow, Jacobs suggested that he went travelling for a time, leaving behind his harem, taking frequent cold baths, and drinking fine wine. Hard-headedly, Jacobs believed that his patient would only follow his advice if the remedy involved a supply of alcohol. In other words, Jacobs doubted that the *rijksbestierder* would give up his sexual pleasure for the sake of a cure (Jacobs 1883: 110).

Jacobs observed that opium addiction had indeed become a serious problem for the Balinese. Men were addicted almost without exception, but this abuse was more common among the upper classes. The upshot was that Balinese men were weak, flabby, lethargic, and even more prone to disease leading to a decline in the male population. A few months before Jacobs left on his trip to Bali, a great epidemic of fever engulfed Djëmbrana. Upon arrival, when he conducted an on-site investigation, he established most of the victims were men. He argued that this contradicted the assumption that Balinese men were strong and fearless on the battlefield (Jacobs 1883: 114-115). The declining number of productive Balinese brought low by opium addiction, also in Java, became Jacobs's colonial concern. Although people initially smoked opium to relieve fatigue and increase energy, the addiction eventually diminished their productivity. Opium was indeed a friend, but a deceitful, sinister friend (James R. Rush 1985, 2007: 26-42).

Opium addiction was exacerbated by the spread of diseases caused by unhygienic environmental conditions. Bangli, for example, was a highly contaminated town. When Jacobs and his entourage arrived in this kingdom, they were assigned three dirty huts which he thought he “should at least have cleaned and white-washed before using them as a goat-shed” (Jacobs 1883: 32). In fact, even after cleaning, Jacobs still thought the huts more suitable for goat-pens. The people he met were slothful, feeble, dirty, and lethargic, as if they weighed down by the weariness of life or spending their nights in opium dens. He advised “anyone who is allowed to come to Bangli and is not yet tired of life to stay out of trouble, because he is in danger from the many potholes in the roads or from dirt blocking him from going about, being involved in an accident, or being knocked over by the pigs (*tjèlèng*) and dogs (*tjitjing*) which roam about freely” (Jacobs 1883: 49). Turning to housing (*oemah*), Jacobs described residences as “[...] a gathering place for excrement, an insanitary and inhospitable stall, a veritable Augean stable, in which the health committee would have to fight an uphill battle. Fortunately, the Balinese often lived outside or sat and slept in a pavilion (Bal: *balé*) situated in the yard, many even spending the night there” (Jacobs 1883: 87).

The use of insanitary vocabulary and metaphors is frequent in “Othering” a group of people. It becomes a differentiator between us and those from lower status. In Europe, the words were used to label those of rural origin, to distinguish them from city-dwellers, as can be seen in medical topographical investigations (Jean-Pierre Peter 1989). At the height of European civilization, hygiene was a symbol of *civilité*, and failure to meet its standards was considered uncivilized (Norbert Elias 2000; Georges Vigarello 1987; Virginia Smith 2008). This internal category-shift later moved into the context of colonialism. Dirty was a label attached to the indigenous people of the colonial countries as a differentiating strategy aimed to give a sense of power and justifying domination (Léonard 1992). Within this framework, Jacobs’ description of Bali as an insanitary place was an Othering strategy associated with the emergence of disease.

The relationship between the geographical landscape and the occurrence of disease can be seen more clearly in Jacobs’ account of goitre. In the mountainous area of Buleleng, he found many cases of goitre, mostly affecting women, and, in Kintamani, nearly half the population was afflicted. The higher the area above sea level, the greater the number of these cases. In the last village, which was even higher, he found that almost all the young women he met suffered from goitre. However, cretinism, as commonly believed in the period, was not the result of mumps.<sup>5</sup> He concluded that the steep mountainous roads on which the Balinese walked caused the high number of goitre cases. The women were particularly vulnerable because of walking on these roads and the custom of carrying heavy objects on their heads (Jacobs 1883: 23-24). Therefore, the Balinese goitre was a unique medical case preconditioned by the landscape.

His observations about hygiene applied not only to the living but also to the dead. The Balinese Hindus held large-scale cremation ceremonies. A funeral required a large amount of money and the family would postpone it until they could afford it. While waiting, the body of the deceased would be kept with the surviving family. For some time, the body would decompose releasing harmful compounds which mixed in the air and led to a serious hygiene problem. Another issue was, as Jacobs observed, that the Balinese were unaware that they should not cremate bodies of those who died from smallpox and leprosy. The bereaved family should, as he suggested, not live in the same space with the deceased for a long time (Jacobs 1883: 49-50). This suggestion worked on the ontological principle of the nineteenth-century European bourgeoisie: elements in one ecosystem must move constantly, certain groups of individuals belong in their designated places – sex-workers in brothels, soldiers in barracks, and

<sup>5</sup> When saying this, Jacobs was referring to François Emmanuel Fodéré, a professor of medical jurisprudence at the Université de Strasbourg from 1814 to 1834. Born on 8 January 1764, and died on 12 April 1834, Fodéré published his first work entitled *Traité du goître et du cretinisme, précédé d’un discours sur l’influence de l’air humide sur l’entendement humain*, in 1890. Two years later, he published another work on this theme entitled *Essai sur le goître et le crétinisme*, a work which later became a reference for researchers who argued for a link between mumps and cretinism. It is this latter work to which Jacobs refers in his travel account, with a slight difference in the title (Jacobs has crétinisme, while the cover says crétinisme). See *Nature* (1935).

patients in hospitals – and the living must be separated from the dead. Violating these hygiene rules would result in the spread of disease (Gérard Jorland 2010).

Discussing traditional therapeutic practices, Jacobs points out that the Balinese recorded their medical knowledge on *lontar* (palm-leaf) manuscripts, as confirmed by other European observers (R. Goris 1937). However, in his notes, instead of discussing this knowledge, Jacobs focuses on nonsensical medical practices, like the story about the efficacy of an albino bull revered as a gift from gods for medicine. The bull was carefully tended and forbidden from mixing with their herd. The owner of the bull would even be certified, in Jacobs' words, as a "pharmacist" by selling its urine and faeces. Many people would come from miles around to purchase the "medicine" for all kinds of ailments. Because of their difference, albino animals were held in awe in traditional communities for their supernatural abilities. The Balinese also shared the same belief in albino horses (Jacobs 1883: 70-71). The story of the albino bull, and other strange medical beliefs, however, does not mean that the Balinese distrusted Western medicine completely. In the following description, Jacobs explains that the Balinese also resorted to Western treatments (*obat blanda*), and they were familiar with seeking treatment from European doctors. He experienced first-hand that, as the news about his presence spread, the people visited him for examination. He would also visit them and treat constipation from opium addiction with *ol ricini* (castor oil). Jacobs was later optimistic that the European doctors would replace Balinese healers. Such optimism prompted him to invite and involve other European doctors to work in Bali to cure specific diseases like malaria, leg ulcers, intestinal worms, cataracts, and paralysis.

### CURING THE "OTHER"

The main purpose of Jacobs' assignment to Bali and Lombok operated within the common nineteenth-century paradigm of contagion and prevention. Smallpox, in the European experience, was known for its virulent transmission. The creation of a *cordon sanitaire* was one of the preventive measures to separate the infected from the clean, was also used in the treatment of other contagious diseases like cholera and yellow fever. In the case of smallpox, vaccination also functioned within this same framework but, instead of isolation, as Alison Bashford notes, it deliberately planted the disease in a healthy body (Bashford 2004). Such a novel procedure caused a heated debate among doctors who doubted the logic of infecting a body for prevention. Moreover, the rationale behind weakened germs transferred using a technique called arm-to-arm also raised concerns about the transmission of other diseases via intermediaries. They also showed similar apprehension in the case of using lymphatic secretions from a calf.

Despite the debate raging around it, the colonial government proceeded with the vaccination programme to eradicate the transmission of smallpox (Boomgaard 1989). After 1850, the programme was intensified and made more systematic which was marked by two events: the appointment of Adam Ernest



Wasklewicz as Inspector of Vaccination and the establishment of the Javanese Medical School (Sekolah Dokter Djawa). Wasklewicz later introduced a vaccination system named the “Wasklewicz radial system” which divided Java and Madura into overlapping circles. By using this territorial arrangement, the government would be able to control and run the initial vaccinations and revaccinations more effectively, as the system cut the travel time and the staff were paid better wages (Dirk Schoute 1937: 153). The establishment of the medical school had also enabled the number of well-trained vaccinators to be increased (Hesselink 2011).

The vaccination programme reveals two things about the colonial government’s public health policies. Firstly, territorial control through geographical mapping facilitated vaccination, revaccination, and supervision. It also provided essential records of vaccinated individuals to enable better monitoring of its colonial subjects. Secondly, the establishment of the Javanese Medical School involved local practitioners to support the expansion of the programme. Vaccination was eventually demonstrated to be the most effective and applicable measure to improve public health in that period. It proved a more obvious and structured form of government intervention than the more reactive construction of a *cordon sanitaire*. Even though it was not the first attempt to carry out the vaccination programme, Jacobs’ assignment therefore fell within this framework. In Buleleng, the first place he visited, smallpox vaccination had been practised since 1859. The two Balinese vaccinators assigned and paid by the government were perfectly suited to their task and had been successful. As Jacobs said he

[...] examined 107 villages on that occasion and, of the 12,155 children I saw, only a small number were unvaccinated or insufficiently vaccinated, most of them new-born children. Except in the border villages where, sites of constant contact with infected people, cases of smallpox does occasionally occur among children who had not yet been infected, but variola is no longer heard of in Buleleng. (Jacobs 1883: 20).

He showed that the vaccination programme had proved to suppress the number of smallpox cases in Buleleng. However, crossing the border, one would find almost half or more of the people showed signs of the contagion, especially on their faces. Jacobs recalls his frequent encounters: “[...] I just saw some girls walking by who might have looked lovely if they hadn’t have had smallpox” (Jacobs 1883: 20). The question of beauty, of course, was related to his fascination with Balinese women, leading him to remark on the damaging effect of smallpox on their beauty.

Smallpox had a vast transmission so that in Bangli, for example, on average the mortality rate claimed half the total cases. Therefore, Jacobs always looked for opportunities to discuss the prevention with the kings of the territories he visited. He succeeded in convincing the rulers of Bangli and Klungkung to support vaccination (Jacobs 1883: 43, 107). The death toll, he argued, resulted in a decrease in welfare as the kingdoms were deprived of

their workforces. Their international trade relations were also under threat. On another official visit to Tabanan, the king was pleased with Jacobs' vaccine proposal. For Jacobs, this approval had another benefit: Tabanan was directly adjacent to Buleleng and Jembrana and maintained a busy trade with both these kingdoms. However, it later failed to fulfil its promises (Jacobs 1883: 231-232). While the king was not at all against the introduction of vaccination, he had to await full approval from Klungkung. Jacobs suspected that this was partly related to the intervention of religious leaders (Jacobs 1883: 202). At this point, Jacobs himself put his faith in government intervention "[...] to compel wayward princes to introduce vaccines into their territories, without violating our alliance with these princes" (Jacobs 1883: 203). Political power, therefore, was crucial, and it frustrated Jacobs that, although the Balinese rulers did seem to be supportive, they remained uncommitted and tended to neglect the programme.

In the colonial state context, ensuring the availability of a healthy workforce was a major consideration, and, given the high mortality rate caused by diseases, prevention was assigned a major role. The fly in the ointment was that the ongoing, intensive interactions with other areas of the Netherlands East Indies meant the colonial government itself maintained the transmission. Therefore, Jacobs introduced what he called vaccine-regulating into independent areas. He offered a training programme teaching the local people to carry out vaccinations. The training itself was scheduled to be in Banyuwangi and the expected outcome was that the trainees would be able to return home as vaccination agents. This training programme, as Jacobs repeatedly emphasizes, was designed to maintain a standard of vaccination to prevent malpractice. He also suggested on-site inspections by the Office of Public Health to ensure its implementation. These procedures also indicated the integration of the independent regions into a unified Netherlands East Indies state (Jacobs 1883: 240; compare Boomgaard 2003).

As accounts of the vaccination programme are constantly concerned about the unavailability of vaccines in Bali, to convince his readers, he also provided examples of successful vaccination programmes. Official meetings and visits to the kingdoms supplemented the importance of the programme to the government. His proposal offered a systematic integration to support the monitoring of the spread of infectious diseases by training agents. Nevertheless, at the end of his travel notes, Jacobs also admits that the introduction of the vaccination programme was far from a success. In Bali, as a society with a strongly regimented caste system, it caused problems with people from different castes. Someone from the Brahmin caste, for example, would never allow their body to be vaccinated by officials from a lower caste. In addition, the use of materials derived from cattle, animals considered sacred by the Balinese Hindus, was also a basis for rejection. Lastly, the most common issue was the Balinese belief in predestination, which made them more resigned to facing illness (Jacobs 1883: 241-242).

Finally, besides Buleleng and Jembrana, Gianyar and Badung had also begun running vaccination programmes. Jacobs believed that the other independent kingdoms of Bali would follow suit, especially as colonial government officials began to up their posts (Jacobs 1883: 244). At this point, the vaccination programme assumed the shape of a means of controlling the population; at least, this was what Jacobs believed. The programme brought the entire population together through a shared substance implanted in their bodies. The government had cured people of smallpox by implanting the disease itself, a process Bashford calls curing through disease. This statement might seem contradictory, but proved to be quite effective, especially as the same substance had unified the independent territories (Bashford 2004).

## CONCLUSION

Travel accounts always presuppose a narrative of an encounter with the "Other". To some extent, this contact was also an attempt to define what in oneself was different from the others. Most travel accounts describe these differences in the customs of the people they record. The story is intended for readers from the same cultural background as the authors to perceive the latter as something exotic. Moreover, the writer's socio-economic background and profession also determines their main concern. A doctor, for example, tends to see the reality outside of themselves in the framework of medical science, diagnosing a social condition in health terminology. This approach authorizes them, using medical terms when describing the differences, to be advisors to political decision makers.

Doctor Jacobs' late-nineteenth-century travel account shows to what extent the "Othering" employed medical terminology. Balinese sexuality was diagnosed through the anatomy of the object. The differences in anatomical structures regulated the basis for justifying their "unusual" sexual behaviour. He resorted to Latin to give the grounds for his scientific and non-obscene activities. On the other hand, his use of French indicated the degree of eroticism of their sexual practices. It was most likely intended to provide a cultural reference for his readers, most of whom were in Europe, to show how obscene the people described in his travel notes were. In devising these descriptions, Jacobs sexualized the Balinese, especially the women, to set them apart morally.

Differentiating their sexuality was usually associated with the issue of hygiene. By depicting their environment, such as the unkempt buildings and the streets soiled by animal excrement, as insanitary, Jacobs was perpetuating the nineteenth-century Western obsession with cleanliness. He believed that these insanitary conditions lay at the root of disease transmission which would lead to a frail, unmotivated society. European morality would offer different peoples guidance on how to become civilized like Europeans. At this point, Jacobs was exercising pathologizing differences by showing the Balinese lack of civilization and backwardness from a health perspective. By doing so, he demonstrated that Balinese customs were a disease which needed Western medication.

Sexualizing and pathologizing the Balinese justified the urgency for the colonial state to intervene. From a diplomatic view, integrating Bali, which was still largely an independent territory, into the Netherlands East Indies was deemed necessary. Before the vaccination programme, the government had launched a series of military conquests to control the territory and population. Jacobs himself admitted that, by placing government agents in the independent kingdoms, these would gradually decide to join the Netherlands East Indies. Therefore, the best medicine to cure the problems of the sexuality and pathology of the Balinese was to improve the quality of health, to ensure the availability of labour, and to subjugate the areas in question as they became an integral part of the Netherlands East Indies.

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