

spark that lit her scientific imagination, not an ongoing passion that is central to a school's mission. The school brought on board Ruth Faden and some of the most prominent and principled ethicists in the country. Hopkins does have true heroes and heroines. But perhaps because of its origins as a servant of many masters the book buries some of the most important questions for public health and the historian and some of the most critical moments in the history of Hopkins itself. It would have been ever so much more powerful if the questions about public health's identity so central to Elizabeth Fee's early volume would have been more directly confronted.

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Alice Street. *Biomedicine in an Unstable Place: Infrastructure and Personhood in a Papua New Guinean Hospital*. Durham, N.C.: Duke University Press, 2014. xi + 290 pp. Ill. \$24.95 (978-0-8223-5778-0).

Alice Street begins her ethnography of a public hospital in the town of Madang, Papua New Guinea, with a prologue that tells the story of a young male patient named William, from the moment he arrives at the outpatient department till his death a few weeks later. This tragic story encapsulates what her book is about. The doctor is unable to "find a name" for the disease because the blood tests reveal little information and the X-ray is too blurred to read due to technical problems with the machine. The patient has swollen nodules all over his body and complains of severe back pain. A sample of the nodules is sent to the hospital in the capital for diagnosis. In the meantime, the doctor decides to treat the patient for tuberculosis, without any success. The doctor's uncertainty about William's condition turns him into a patient to be avoided. William and his sister, who keeps him company, try in vain to attract the doctor's attention. Meanwhile, William worries about who may have caused his sickness. A local diviner examines his nodules for the equivalent of 100 USD while the nurses look away. William dies a few days later. Six weeks after his death the report from the capital arrives. William had been suffering from (an unknown type of) cancer.

This story presents in a nutshell the frustration and desperation of all parties in the hospital: administrators, lab technicians, doctors, nurses, patients, and their relatives. The chapters that follow describe, contextualize, and analyze the misery in and of the hospital in infinitesimal detail. Street's central question—in my words—is what the conditions in the hospital reveal about the state of the State and vice-versa. She succeeds in doing so in an impressive way, in a lucid, non-accusatory style, occasionally interrupted by complex anthropological phrases that are likely to prevent medical and policy professionals from reading (all of) her splendid account.

The introduction outlines the theme of the study and presents the theoretical concepts that underpin the author's approach. Chapters 2 and 3 will be particularly interesting for readers of this journal; they sketch the history of the introduction and expansion of biomedicine in colonial and postcolonial Papua New Guinea. Special attention is given to its early racist and more recent state-building objectives. The next three chapters focus on medical knowledge and practice from the points of view of doctors (and in their wake, nurses), patients, and state-level actors respectively. The final three chapters address the question, "How is it possible that a place envisaged as a monument of development and progress becomes experienced by hospital workers and patients as a place of invisibility and failure?" (p. 37). The chapters focus on the politics of gift-giving regarding infrastructure and on the arrival of international researchers who "use" the hospital to further their academic ambitions. The conclusion returns to the ethnographic chapters and argues that contemporary developments in public health continue to contribute to "the creation of spaces of omission, forgetting, and failure at the heart of state institutions" (pp. 37–38).

It is impossible to do full justice to the abundance of ethnographic and theoretical observations of this study, but let me pick out two themes that in the eyes of the author (and of this reviewer) are crucial. The first is the theme of "not knowing." Biomedicine, renowned for its enormous evidence-based body of knowledge, is enacted in this overcrowded hospital as a murky and dark field of uncertainty. Doctors are often forced to act without knowing, due to lack of staff, time, and diagnostic equipment. Reality on the ground contrasts starkly with the book reality they met during their training. They have no choice other than to "improvise," an elegant euphemism for a frustrating practice.

The second theme is undoubtedly the most central perspective of the study and crops up in every chapter: the experience of "not being seen." Street turns around Foucault's well-known view of the hospital as a panopticon, a place where people are constantly observed and subjected to control. The Madang Hospital is, rather, a place where patients, doctors, and nurses struggle in vain "to be seen." Not being seen is the epitome of a failing state and—ironically—the hospital is *par excellence* the place where that failure becomes painfully visible. To quote the author in one of her final paragraphs, "In Madang Hospital doctors sense their marginality to global science and its publishing networks. Here nurses become aware of their own irrelevance to managers, politicians, bureaucrats, and to international donor agencies. Meanwhile patients come to see themselves as peripheral in relation to a world of white people's knowledge and expertise" (p. 232).

This study will be enthusiastically welcomed by (medical) anthropologists and historians, and by students who can learn from it how to interweave ethnography with theory. It is hoped that the author will also be able to "translate" the richness of her study into a brief and clear text for the actors that play their sombre roles in this tragic "play."

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