



PROJECT MUSE®

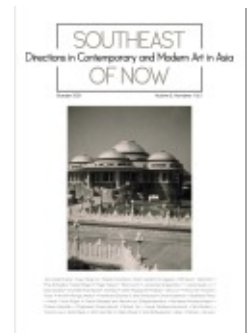
Disease on Display: The First Hygiene Exhibition in the Netherlands Indies Revisited

Robin Hartanto Honggare

Southeast of Now: Directions in Contemporary and Modern Art in Asia,
Volume 5, Numbers 1 & 2, October 2021, pp. 97-116 (Article)

Published by NUS Press Pte Ltd

DOI: <https://doi.org/10.1353/sen.2021.0003>



➔ *For additional information about this article*

<https://muse.jhu.edu/article/838722>



This work is licensed under a Creative Commons Attribution 4.0 International License.
[44.201.64.238] Project MUSE (2024-03-28 09:03 GMT)

Disease on Display:

The First Hygiene Exhibition in the Netherlands Indies Revisited

ROBIN HARTANTO HONGGARE

Abstract

This article revisits the First Hygiene Exhibition in the Netherlands Indies (Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië) held in Bandung, 1927. Rather than operate as part of the Dutch hegemonic project, the exhibition engaged with the medical and public health discourse at that time by promoting preventive measures, a method deemed to be more statistically significant than investing in curative acts. Accordingly, various sorts of spaces beyond medical facilities, including houses, streets, restaurants and public transportations, were presented in this exhibition as sites of interventions through drawings, photographs and architectural models, in juxtaposition with various forms of statistics. While addressing the population at large, Dutch hygienic propaganda, however, was inflected by the differences between the colonisers and the natives. A close look at the textual and visual materials produced for the exhibition reveals the ways in which the hygiene exhibition turned into a projection of colonial anxieties experienced by the Europeans as they were constantly in contact with native figures in their daily lives.

[**Southeast of Now**
Vol. 5, Nos. 1 & 2 (October 2021), pp.97–116]



FIGURE 1: The section on East Coast of Sumatra in the First Hygiene Exhibition in the Netherlands Indies showing, at the centre, a model of Lao Si Momo, a village in Kabanjahe designed in Karonese style, used for quarantining people infected with leprosy. Behind the model, two sentences printed on a large scale. The first one, on the left panel, says, “Prophylaxis (prevention) is better” while the right one states, “What belongs to good prophylaxis”. (Source: *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 75).

On 27 June 1927, Dutch-language newspaper *De Locomotief* published a series of comments by prominent figures and government officials concerning the First Hygiene Exhibition in the Netherlands Indies (EHTINI: Eerste Hygiëne Tentoonstelling in Nederlansch-Indië), many of whom conveyed the significance of the exhibition’s format. “Seeing leads to better understanding”, wrote the vice-president of the Council of the Indies, noting the exhibition’s importance as a visual education that would cultivate hygienic living among people.¹ Meanwhile, the director of the Department of Agriculture, Industry and Trade praised the format’s contemporaneity, stating that “The modern age is a time of advertisement. [...] Exhibitions are therefore a powerful tool.”²

Held in conjunction with the 8th edition of the Bandung Jaarbeurs, the largest annual trade fair in the city of Bandung, the hygiene exhibition aimed to disseminate “knowledge of health education and its practical applications to all layers of the population”.³ From 25 June to 10 July 1927, displays concerning hygiene and medical knowledge were assembled alongside the fair’s commercial and entertainment booths, seen by tens of thousands of native and European visitors who visited the fairground. The hygiene exhibition

presented statistics, photographs, illustrations, objects and models collected from various institutions in the Netherlands Indies, including the Public Health Service (Dienst der Volksgezondheid), the Military Medical Service (Militair Geneeskundige Dienst), municipal governments, medical schools and private corporations.⁴

Historian Arnout van der Meer has argued that the proliferation of fairs and exhibitions in the Netherlands Indies in the 20th century was a manifestation of the Dutch hegemonic project. Large-scale exhibits by colonial authorities sought to demonstrate cultural, technological and scientific progress as a means of fostering keenness towards modernity achieved by way of colonisation. Similarly, EHTINI and other recurring exhibitions on hygiene during the 1920s and 1930s, according to Van der Meer, served to propagate the work of colonial agencies and perform their commitment to the Ethical Policy, the official doctrine of the colonial government proclaimed by the Dutch Queen Wilhelmina in 1901, arising from a sense of moral responsibility for the colony.⁵

However, a closer look at the exhibition materials reveals a specific concern stemming from the rise of the biopolitical paradigm in the public health discourse, a framework favouring preventive measures over curative ones. Instead of viewing the hygiene exhibition as part of the grandiose colonial policy, I aim to connect what visitors of the exhibition were expected to “see” and “understand” from the displays with the ongoing medical discourse at that time. The prominence of architectural representations in the exhibition correlated with this shifting approach, especially since prophylactic acts required public health initiatives to reconfigure multiple sites beyond medical facilities, including domestic spaces and public infrastructures. While being a crucial component of the displays, architecture in this exhibition was also a testament to the fact that hygiene propaganda was as much a performance of authority as it was a projection of colonial anxiety. The urge to reconfigure native bodies, represented in the exhibition by the images of native intermediaries cohabiting Dutch interiors, unveiled the entanglement of white spaces with native practices.

Statistics Meet Architecture

In its section in EHTINI, the Public Health Service gathered different types of visuals to narrate the prevalent diseases in the region. The segment on malaria (Figures 2 and 3), for instance, included several statistics showing mortality rates induced by malaria in various locations; a map demonstrating the spread of *Anopheles* in the Netherlands Indies; photographs of sites

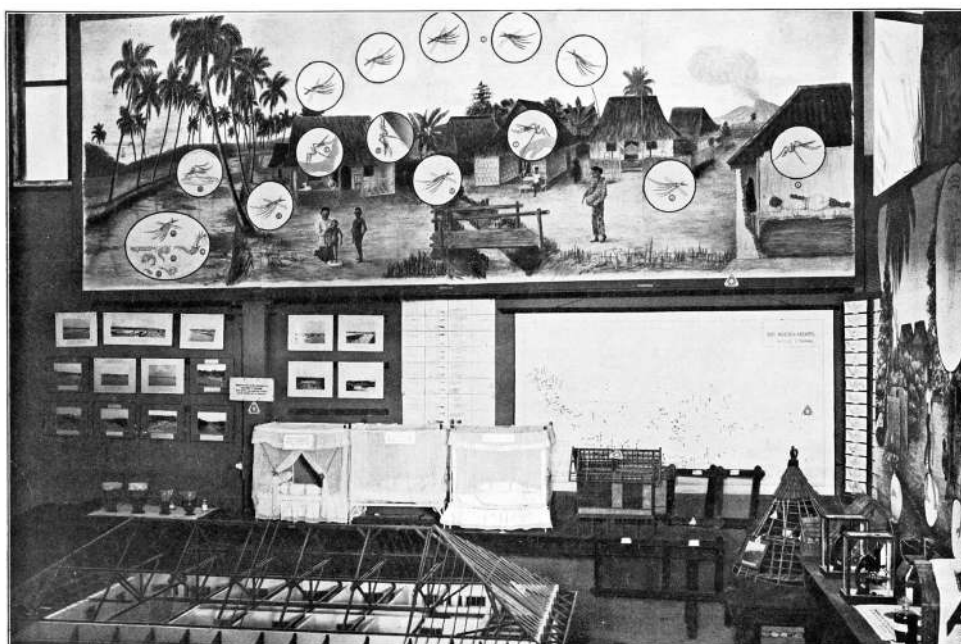


FIGURE 2: Display about malaria assembled by the Public Health Service. On the far right, a traditional Manggarai cone-house is exhibited as part of the segment on hookworm disease. (Source: *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 20).

where mosquitoes flourished; jars filled with inactivated mosquito larvae; an illustration showing the transformation of mosquitoes and the transmission of malaria in a kampong; models of beds with mosquito nets to explain the correct ways of hanging them; and a model of a mosquito-free house, its doors opening outwards to prevent human circulation sucking mosquitoes inside. Next to it, a segment on hookworm disease exhibited, among other things, two microscopes enlarging views of a hookworm's mouthparts and eggs and a model of a Manggarai cone-shaped house, a typical vernacular structure in Flores Island deemed as a primary site of hookworm infection by the governmental institution.⁶

The juxtaposition of the various objects gives insight into the role of the Public Health Service in collecting and disseminating knowledge of disease and its prevention. Since the late 1920s, the Civil Medical Service (*Burgerlijke Geneeskundige Dienst*), the largest government office dealing with health services in the Dutch East Indies, had shifted its burden of curative care to private initiatives and local administrative bodies to put more efforts in prophylactic activities.⁷ While curative activities remained necessary, the institution began to promote health education and hygiene, as reflected in the establishment of the Division of Publicity in 1920 (Division of Statistics and

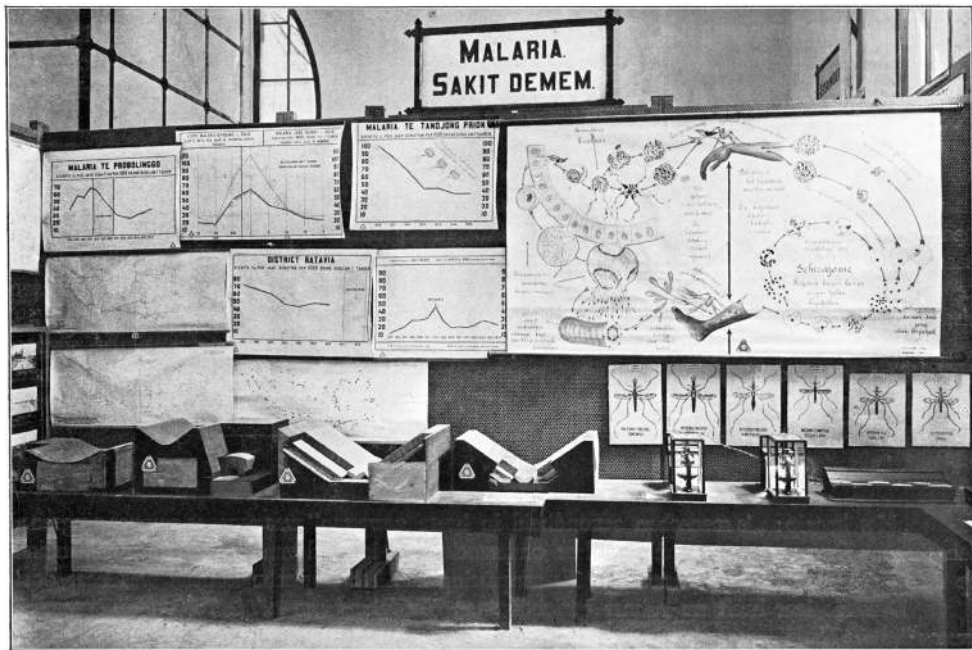


FIGURE 3: Display about malaria by the Public Health Service showing, among other things, statistics of mortality rates in different districts and an illustration of what causes the disease, from the growth of the pathogen to its transfer via a mosquito. (Source: *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 24).

Publicity since 1925), the Division of Medical Hygiene Propaganda in 1925 and the special programme for health education against hookworm disease in collaboration with the Rockefeller Foundation in 1924. In 1925, the colonial government renamed the Civil Medical Service as the Public Health Service to signify its expanded responsibility.⁸ The renaming occurred in the same year as discussions between the Board of Directors of the Bandung Annual Fair and the Public Health Service to organise a hygiene exhibition. This exhibition was planned to serve as an instrument for cultivating hygienic living and as a concrete step towards establishing a hygiene museum.⁹

Two factors contributed to the move towards preventive measures. Firstly, within the institution, there was an urge to prioritise biopolitical techniques, which concerned the whole population, as characterised by forms of calculation and statistical measures, instead of focusing on individual care of the sick.¹⁰ The statement by the director of the Civil Medical Service in 1916 epitomised this strategic alteration: “The influence of medical treatment of the sick upon health is generally slight because this treatment can never reach more than a tiny fraction of the people who are sick.”¹¹ Pointing to the lack of effects on numbers, the director proposed to engage with new medical

approaches that could produce a better statistical outcome by targeting the population at large.

Secondly, by the end of the 19th century, the doctrine of tropical disease that recognises telluric factors and miasmatic influences of soil, water and air in the tropical climate as the primary cause of disease had been replaced by the germ theory of disease, which posits pathogens as the agents that bring diseases to human.¹² While the change produced a greater possibility of disease control, it also unfolded a sense of uneasiness in the relationship between the colonisers and the colonised. The assumed sources of the vulnerability of white men's bodies against disease shifted from aspects of the tropical climate to both the conditions of the living environment and the bodies of the natives as the medium of germs. Tackling this interdependency, the Public Health Service spelled out that the task of its prophylactic activities was "to obtain the cooperation of the native population by establishing a desire on their part for better health habits".¹³

EHTINI was not without precedent. The organisers of the exhibition referred to the International Hygiene Exhibition in Dresden in 1911 and the GeSoLei or *Gesundheitspflege, Soziale Fürsorge, und Leibesübungen* (public health, social welfare and physical exercise), a large trade fair held in Düsseldorf in 1926. An international hygiene exhibition had also been held in Amsterdam in 1921. EHTINI organisers, however, claimed that the exhibition was the first one in Asia. They also intended to benefit from the city's biggest fair, where thousands of Europeans and tens of thousands of natives were expected to come.¹⁴

Despite the exhibition following European models, teaching hygiene in the colony implied different means and ends. The hygiene exhibition proposed the similar aim of equipping people with preventive measures, but its depiction of the population was inflected by the rule of colonial difference.¹⁵ The illustration in the segment on hookworm disease (Figure 4) exemplified this reality. A village setting with vernacular houses made of bamboo was depicted as the background for the hygiene activities. The natives were portrayed as the recipients of disease transmission caused by their bare bodies interacting with the unhygienic living environment. Meanwhile, figures of medical officers dressed in white shirts served as the medical experts dispensing medicines, engaging in microbial observations and teaching the natives the *where* and *how* of doing things in their domestic spaces. One of the officers points his finger at a modified public latrine with a concrete floor raised above the ground, as he presents this sanitised structure to a local family. In this illustration, as elsewhere in the exhibition, the organisers



FIGURE 4: Display about hookworm disease, showing medical officers coming to a village to educate the natives. (Source: *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 30).

assumed a pedagogical position in securing the cooperation of the population, performing the role of the civilised educating the uncivilised.

The diverse instruments put together by the Public Health Service should be viewed in relation to the native subjects as the target of the colonial hygiene propaganda. In the exhibition report, M.A.J. Kelling, the secretary of the hygiene exhibition, argued that teaching hygiene to the natives brought about cultural and intellectual challenges. On the cultural side, he rhetorically asked, “What would you do if the person to whom bacteria-free drinking water is provided prefers water from the river?” Meanwhile, on the intellectual side, he mentioned the limitations of organising an exhibition in the Netherlands Indies, arguing for mobilising different visual strategies vis-à-vis the native population, whose thinking and actions are in primitive conditions:

It is quite different to organise an exhibition in Europe, where all modern, technical and artistic resources are at the disposal of the exhibition organisers, [...] than in the Indies, where the population is at an entirely different level of development and where all means of representation are virtually lacking. People whose thoughts and actions are still attuned to primitive conditions cannot and should

not be won over to the principles of hygiene by presenting them with tables, curves and statistics!¹⁶

Thus, while statistics remained important for government officials, the exhibition organisers explicitly stated in the exhibition report that they did not regard the presentation of data as an effective device for influencing the natives. More direct visual means, such as “plates, drawings, dioramas with light effects and models arranged in colourful rows” were therefore mobilised along with tables, curves, charts and pies to surpass the assumed cultural and intellectual barriers.¹⁷

Within this optical assemblage, ethnographic knowledge was brought to the foreground, complementing the rational gaze produced by the statistical devices. The mobilisation of ethnographic knowledge in this exhibition departed from the approach of earlier colonial fairs in Europe in the late 19th and early 20th centuries. The colonial spectacles in various World Fairs and Expositions sought to evoke what Marieke Bloembergen has defined as “anthropological sensation”, an experience of being in touch with other cultures that paradoxically serves to instill a sense of distance between civilisations and the modernity embraced and offered by Europeans.¹⁸ Meanwhile, in transforming cultural artefacts into hygienic objects, the displays in EHTINI utilised ethnographic knowledge as a mirror for the native population to reflect on their own living environment.

Vernacular houses were no longer presented as the exotic other but as sites of diseases calling for modification, as shown in the illustration of local villages (Figure 4) and model of a Manggarai cone-house in the segments on pest and hookworm disease (Figure 2). Their presence established a sense of closeness and intimacy to local audiences, while their modifications and juxtapositions with medical knowledge introduced hygienic interventions that could be perceived as benevolent and accommodating towards native ways of living. The model of Lao Si Momo (Figure 1), part of the segment on the East Coast of Sumatra, further represented this gesture. What seemingly is a Karonese village was actually a quarantine facility for people with leprosy, designed in a local style so that the isolated villagers would not feel exiled.¹⁹ The model did not aim to inform the way this facility functioned, but its familiar presence, supported by the grass surface, roof materials and traditional motifs simulated in the model, helped produce an effect of rootedness in localities instead of a sterile and alienating feeling often conjured by medical spaces. Behind this village model, a sentence was written on the wall, surrounded by charts, revealing a well-known saying to the visitors: “Treatment is good. Prophylaxis (prevention) is better.”²⁰



FIGURE 5: Segment on native clothing, exhibiting modified traditional clothes covering arms and legs from mosquitoes. (Source: *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 30).

Germes and Djongos

The section by the Public Health Service constituted the second part of EHTINI. The hygiene exhibition, however, covered a broad range of topics and materials beyond knowledge of disease. In the first part of the exhibition, visitors were informed about the historical development of hygiene through influential figures from all over the world and hygiene works from foreign medical institutions, including the governmental public health organisation in the Philippines, Singapore and the Eastern Bureau of the League of Nations. The third section displayed works of applied hygiene in the Netherlands Indies, including housing, city planning, hospital systems, foods and drinks, epidemic control, military health service, hygiene propaganda and body-and-sports hygiene, among other things. Finally, the last part exhibited submissions related to hygienic practices and consumables from private companies.²¹

The multiplicity of sites encompassed by the exhibition demonstrated the shifting public health battlefield from healthcare facilities to other terrains. A display by the sugar manufacturers in Java, for example, exhibited not only the company's hospital but also housing for workers as exemplary of hygienic structures. The exhibit by the municipality of Bandung showcased a model

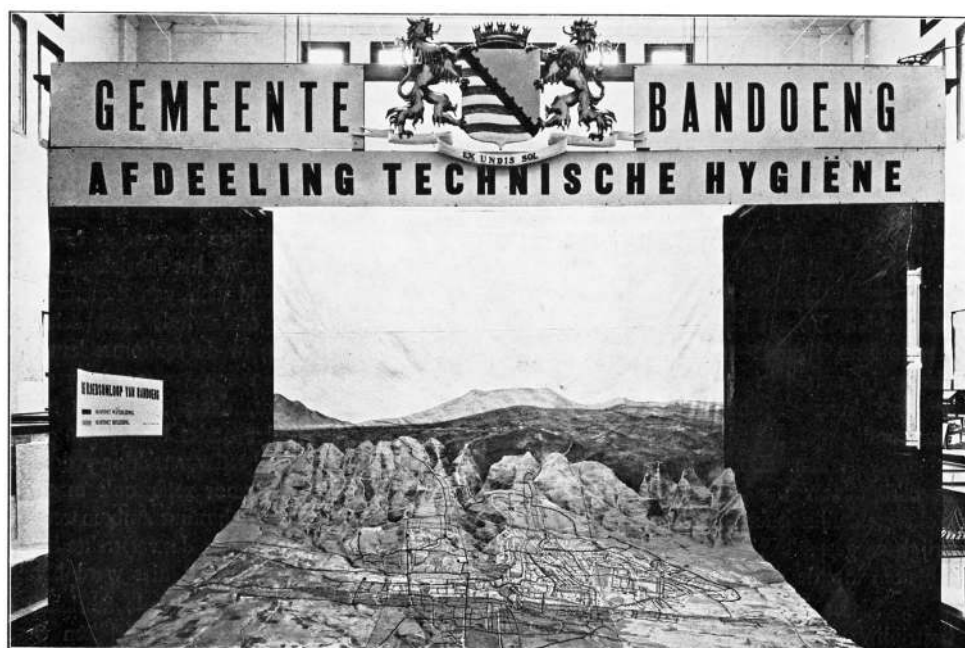


FIGURE 6: Model of Bandung in 1:5000 scale, highlighting its water infrastructure. (Source: *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 66).

of the city along with its water infrastructure and planned development. A segment on clothing transposed hygiene onto natives' bodies by presenting traditional clothes with long sleeves and sarong covering arms and legs from mosquitoes.

Preventive measures covered all aspects of colonial spaces, including spaces that were supposedly part of the Europeans' everyday lives. Part of the food-and-beverage hygiene section, a series of illustrations by Leopold Kirschner, a bacteriologist working for the Pasteur Institute in Bandung, depicted this colonial reality through the subject of *djongos* (a male servant). One of the images presented a *djongos* serving a bowl of soup in a restaurant barefooted with his thumb submerged in the soup. Juxtaposed in the same frame were a "microscopic plate" of different kinds of bacteria living on his fingernail and an inset portraying another *djongos* serving food on the train while struggling to stay on his feet. A comparative image accompanied this illustration, presenting a waiter in Europe serving a bowl of soup in a proper manner.

The illustrations also demonstrated how the transfer of germs could occur through other things besides the soup. An image in this series captured how the handcloth that a *djongos* used to clean glasses in a restaurant was the same handcloth he used to clean other things, including sweat and dirt in

FIGURE 7: "If man in Europe served the soup on the table for you, it will not be contaminated beforehand by the hands." Illustration prepared by Leopold Kirschner as part of the food-and-drink hygiene section. (Source: *Officieele Catalogus der 8e Ned.-Ind. Jaarbeurs en -Markt en der Eerste Hygiëne Tentoonstelling in Ned. Indië* and *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 38).

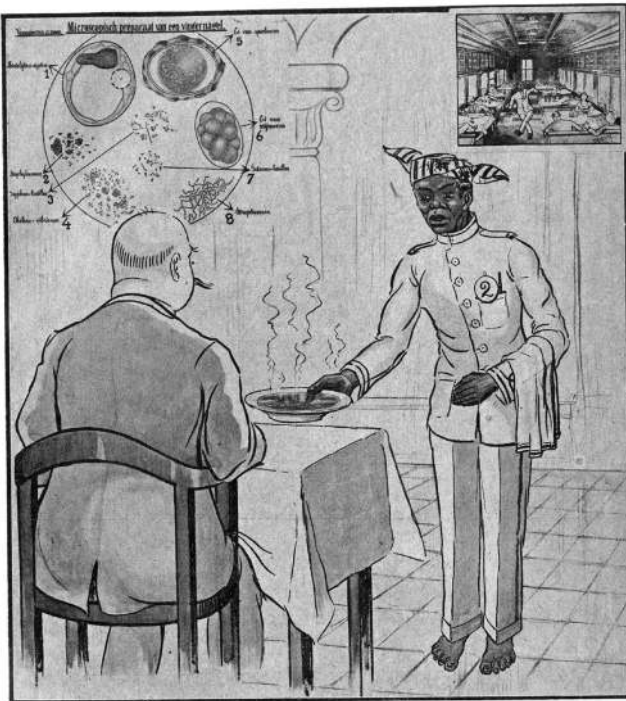
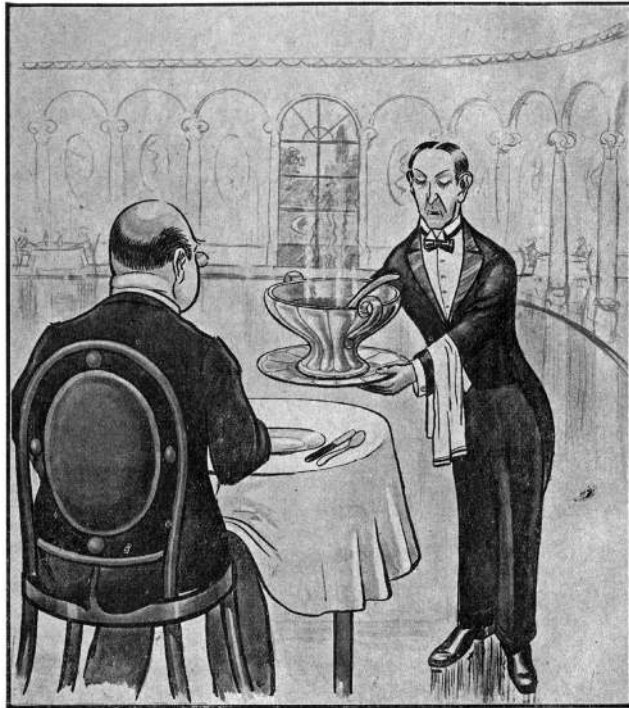


FIGURE 8: "But here in the Netherlands Indies one often sees, that when one serves the soup, the *djongos* immediately lets a thumb-bath." Illustration prepared by Leopold Kirschner as part of the food-and-drink hygiene section. (Source: *Officieele Catalogus der 8e Ned.-Ind. Jaarbeurs en -Markt en der Eerste Hygiëne Tentoonstelling in Ned. Indië* and *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 39).



FIGURE 9: "The *djongos* 'cleans' everything with the same dirty cloth, when you let him do his way, your health is lost." Illustration prepared by Leopold Kirschner as part of the food-and-drink hygiene section. (Source: *Officieele Catalogus der 8e Ned.-Ind. Jaarbeurs en -Markt en der Eerste Hygiëne Tentoonstelling in Ned. Indië* and *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 47).

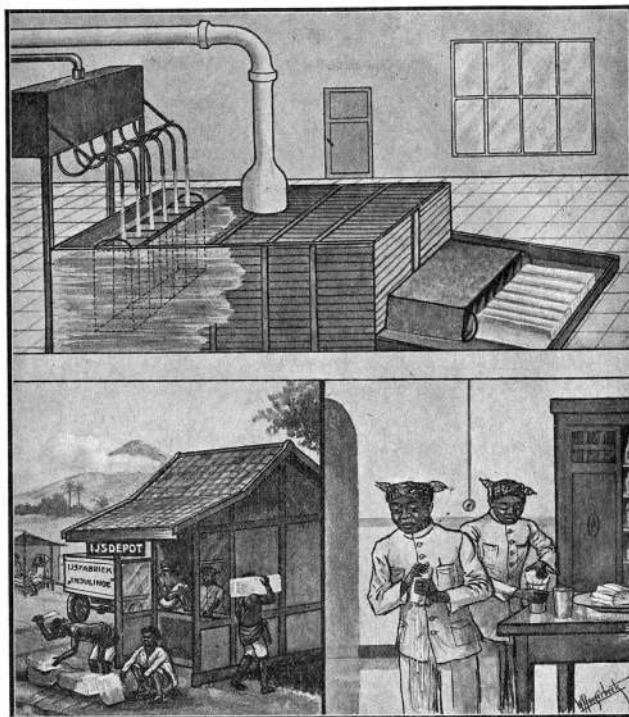


FIGURE 10: "You think ice kills germs, but really, that is not true! And dirty hands on the ice add to the danger." Illustration prepared by Leopold Kirschner as part of the food-and-drink hygiene section. (Source: *Officieele Catalogus der 8e Ned.-Ind. Jaarbeurs en -Markt en der Eerste Hygiëne Tentoonstelling in Ned. Indië* and *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 86).

his ear and on his face. Another drawing showed how the ice blocks used for drinks were touched by many different hands along their way from the ice depot to the restaurant table.²²

The figure of *djongos* was significant because, by dint of his role, he permeated the interior of the Dutch lives in the colony. *Djongos* worked in all kinds of spaces, from being a maid in Dutch houses to being a waiter in restaurants. The existence of *djongos* within the white spaces, along with other domestic workers such as the *baboe*, commonly used at that time to suggest female servants, and *sopir*, a private driver working full-time for a household, augmented anxiety as the self-conduct of the Dutch people would not be sufficient to restrict the transmission of disease. Accordingly, in the hygiene exhibition, the figure of intermediaries such as *djongos* was conceived as the type-person from the native population whose cooperation had to be secured through hygiene work.

In the case of India, Swati Chattopadhyay and William J. Glover have provided a critical insight to evaluate ambivalent spaces in the colonial setting. Rejecting the “dual cities” thesis, which proposes that there is a strict separation between “black” and “white” spaces within colonial cities, Chattopadhyay has shown how colonial Calcutta consisted of ambiguous boundaries exemplified by the heterogeneous use of buildings and people who inhabited them. Glover has argued along the same lines, unpacking the domesticity embedded in the colonial bungalow—the realm of British private lives in India—in the city of Lahore as contradictory, since its material porosity contravened its aim to perform authority through a clear demarcation of spaces of households and servants. Crucial for both works were the native subjects at the very centre of British domestic life, sustaining the colonial dailiness and the narrative of superior difference.²³

Similar to the British residents in Calcutta analysed by Chattopadhyay and Glover, service spaces scaffolded “the pleasure of imperialism” of Dutch domesticity in the Netherlands Indies. The presence of *djongos* in the illustrations as the main figure, whose body, from nails to feet, had to be observed and controlled, represented not only colonial subordination but also the epistemic anxieties that resulted from Dutch lives being besieged by native practices. Furthermore, in its aim to reconfigure the native population, the hygiene exhibition also performed beyond the scope of their analysis as it captured not only the spatial hybridity of white residents but also the impulse to rearrange both the corporality and the domestic spaces of the natives. In this case, the inextricable linkage between service and serviced spaces was actualised not merely within the space of encounter, but beyond that,



FIGURE 11: Food-and-beverage section, showing illustrations by Leopold Kirschner. In front of the illustrations were models of food production facilities that fulfilled the requirements of modern hygiene. (Source: *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*, p. 84).

between the seemingly exclusionary spaces of the colonisers and the most private spheres of the colonised.

Conclusion

Biopolitics hinges on the technologies of power that are directed at man-as-species.²⁴ In this mode of governmentality, the population emerges as a subject of knowledge measured through statistical terms.²⁵ However, in the Dutch colony, biopolitics took a different turn as its population could not be considered as a singular construct. Population in this case was not a homogenous entity, but a category inflected by the differences between the colonisers and the natives. Accordingly, despite the various forms of preventive measures, such as the hygiene exhibition, being pushed by the colonial government to address the population at large, the rule of colonial difference justified the racial categorisation of population to identify who the targets of the propaganda were and how their hygienic living could be cultivated.

Nevertheless, the visual materials exhibited in EHTINI also reveal the fact that the separation between the differentiated categories of the population

was not straightforward, as the white spaces were always sustained by the existence of native subjects. The hygiene exhibition became a projection of colonial anxieties experienced by the Europeans as they were constantly in contact with figures such as *djongos* and *baboe* in their daily lives. In the colonial hygiene propaganda, the figures of the natives might serve the role of the uncivilised and the medium of disease, but their presence in the exhibition also demonstrated how the Dutch interiors were inseparable from native practices.

The hygiene exhibition corresponded to the larger public health discourse at the time of the exhibition. This relationship provides us with a critical trajectory to unpack the role of architectural representations in the mobilisation of preventive measures. One may ask afterwards whether the exhibition directly impacted the hygienic practices of people whose images were being represented in the exhibition, especially since, as has been suggested by Van der Meer, visitors to Java's colonial fairs were often dominated by crowds from the middle class who had discretionary incomes and could afford consumer practices.²⁶ Yet, it is important to read the exhibition as part of a larger campaign characterised by the creation of the Public Health Service.

The visual demonstrations were not an end in itself. By the 1930s, the penetration of the hygiene propaganda into the native spaces became more than architectural representations. The Public Health Service trained native officials, called hygiene-*mantri*,²⁷ to conduct house visits and to teach hygienic living directly in the villages. Unlike common medical officers, who were depicted in white shirts in the exhibition, hygiene-*mantri* had to wear traditional costumes. They were also trained to sit at the same level as members of the family. Should members of the family sit or squat, the hygiene-*mantri* should follow their sitting positions.²⁸ Therefore, while bearing the image of a civilised figure, the hygiene-*mantri* performed differently by emphasising their being as a native themselves.

Visual media, such as illustrations, films and statistics, just like those exhibited in EHTINI, were employed by hygiene-*mantri*, but the optical assemblage entered the domestic spaces rather than staying idle in exhibition or museum spaces. The materials tested in the exhibition were mobilised in other spaces way closer to the lives of the native population.²⁹ Portable handcarts for hygiene propaganda, which contained, among other things, microscopes and film projectors, were built to assist their activities. The project, called "intensive rural hygiene work", shifted the representational nature of the colonial hygiene propaganda into an interactional one while moving the hygiene battleground from the bustling town of Bandung to hundreds of villages across the colony.



FIGURE 12: Portable handcart owned by the Division of Hygiene Propaganda, part of the Public Health Service. (Source: *Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene: Reports of the Netherlands Indies*, p. 4).

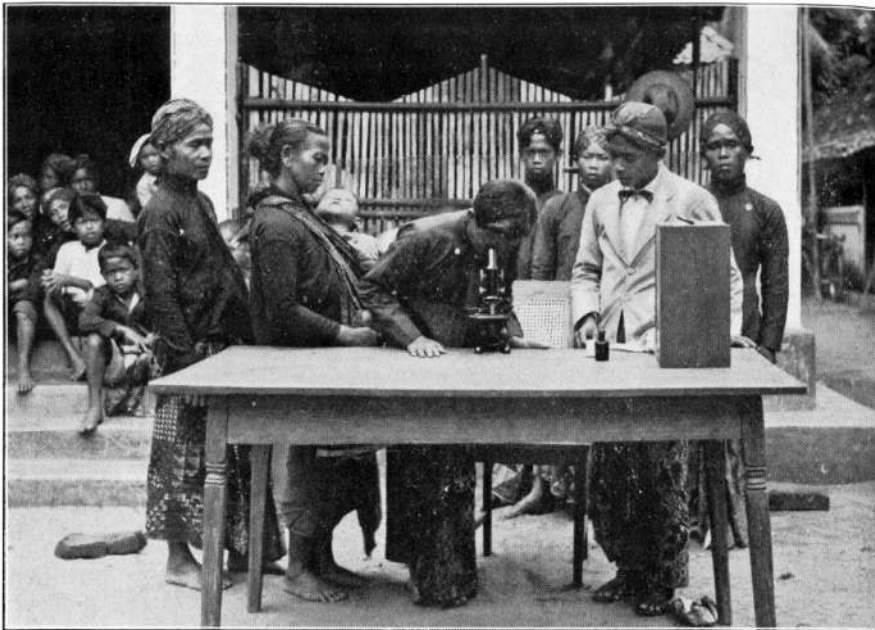


FIGURE 13: Microscopic demonstration in a village conducted by native officers as part of the intensive rural hygiene program. (Source: *Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene: Reports of the Netherlands Indies*, p. 5).

ACKNOWLEDGEMENTS

I am grateful to Felicity D. Scott, Jiat-Hwee Chang, William Davis, Émélie Desrochers-Turgeon, Sonali Dhanpal, Sylvie Dominique, Maura Lucking, Lukas Pauer, Ian Tan and Annabelle Wenas for comments, criticisms and suggestions.

BIOGRAPHY

Robin Hartanto Honggare is a PhD candidate in architectural history at Columbia University. His current research explores the history of colonial plantations in the Netherlands Indies, examining architecture and its entanglement with the environmental imaginaries and techniques sustaining the production of commodities.

NOTES

- ¹ Translation is by the author unless otherwise cited. Karel Frederik Creutzberg was the vice-president of the Council of the Indies (Raad van Nederlands-Indië) from 1924 to 1929. “De Eerste Ned-Indië Hygiëne Tentoonstelling: Wat Zij Zeggen”, *De Locomotief*, 27 June 1927.
- ² Abraham Arnold Lodewijk Rutgers led the Department of Agriculture, Industry and Trade (Department van Landbouw, Nijverheid, en Handel in Nederlandsch-Indië) from 1923 to 1928. Ibid.
- ³ *Officieele Catalogus der 8e Ned.-Ind. Jaarbeurs en -Markt en der Eerste Hygiëne Tentoonstelling in Ned. Indië* (Bandung: Vereniging Ned.-Ind. Jaarbeurs, 1927), p. 7.
- ⁴ For the post-exhibition report, see *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië* (Bandung: Vereeniging tot Bevordering der Hygiene in Nederlandsch-Indië, 1927), p. 109.
- ⁵ The Ethical Policy is often regarded as the Dutch version of “the white man’s burden” or “the civilizing mission”. Arnout H.C. van der Meer, “Performing Colonial Modernity: Fairs, Consumerism, and the Emergence of the Indonesian Middle Classes”, *Bijdragen Tot de Taal-, Land- En Volkenkunde* 173, 4 (1 January 2017): 515–7.
- ⁶ *Catalogus van de Inzending van den Dienst der Volksgezondheid op de E.H.T.I.N.I* (Wetevreden: G. Kolff & Co, 1927), pp. 13–5.
- ⁷ *Conference of Far-Eastern Countries on Rural Hygiene: Report of the Netherlands Indies* (Geneva: League of Nations Health Organisation, 1937), pp. 17–8.
- ⁸ Ibid., pp. 21–2; John Lee Hydrick, *Intensive Rural Hygiene Work in the Netherlands East Indies* (New York: The Netherlands Information Bureau, 1942), p. 11.
- ⁹ *Voorloopig Overzicht der Medio Januari 1927 Gereed Zijnde en Definitief Toegezegde Inzendingen op de EHTINI, Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië* (Bandung: Vereeniging tot Bevordering der Hygiëne in Nederlandsch-Indië, 1927), pp. 1–2; *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië* (Bandung: Vereeniging tot Bevordering der Hygiëne in Nederlandsch-Indië, 1927), pp. 18–9. The hygiene museum was opened in February 1928, see Ibid., p. 101.
- ¹⁰ On biopolitics and population, see Michel Foucault, *Security, Territory, Population: Lectures at the Collège de France, 1977–78*, trans. Graham Burcell (Basingstoke, New York: Palgrave Macmillan, 2007), pp. 72–3; on anatomo-politics and biopolitics, see Michel Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975–76*, trans. Graham Burcell (New York: Picador, 2002), pp. 242–3.
- ¹¹ Quoted in John Lee Hydrick, *Intensive Rural Hygiene Work in the Netherlands East Indies* (New York: The Netherlands Information Bureau, 1942), p. 11.
- ¹² See J.J. van Loghem, *Tropische Gezondheidsleer* (Amsterdam: Kosmos, 1933); the shift was also mentioned in “De Eerste Ned-Indië Hygiëne Tentoonstelling”, *De Locomotief*, 27 June 1927.
- ¹³ *Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene: Report of the Netherlands Indies*, p. 18.

- ¹⁴ *Officieele Catalogus der 8e Ned.-Ind. Jaarbeurs en -Markt en der Eerste Hygiëne Tentoonstelling in Ned. Indië* (Bandung: Vereniging Ned.-Ind. Jaarbeurs, 1927), pp. 35–7.
- ¹⁵ The notion of “rule of colonial difference” is used by Partha Chatterjee to explain that colonial power insisted on difference regardless of the universal ideas it promised to its colony. See Partha Chatterjee, *The Nation and Its Fragments: Colonial and Postcolonial Histories* (Princeton: Princeton University Press, 1993).
- ¹⁶ *Verslag Der Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië* (Bandung: Vereeniging tot Bevordering der Hygiëne in Nederlandsch-Indië, 1927), p. 21.
- ¹⁷ *Ibid.*
- ¹⁸ Marieke Bloembergen, *Colonial Spectacles: The Netherlands and the Dutch East Indies at the World Exhibitions, 1880–1931* (Singapore: Singapore University Press, 2006), pp. 2–3.
- ¹⁹ “Lao Si Momo”, *De Sumatra Post*, 25 June 1919.
- ²⁰ “Behandeling is goed. Prophylaxe (voorkomen) is beter.” *Catalogus van de Inzending van de Oostkust van Sumatra op de Eerste Hygiëne Tentoonstelling in Nederlansch-Indië: 25 Juni tot 10 Juli 1927*. Medan: Varekamp & Co., 1927.
- ²¹ *Officieele Catalogus der 8e Ned.-Ind. Jaarbeurs en -Markt en der Eerste Hygiëne Tentoonstelling in Ned. Indië* (Bandung: Vereniging Ned.-Ind. Jaarbeurs, 1927).
- ²² *Officieele Catalogus der 8e Ned.-Ind. Jaarbeurs en -Markt en der Eerste Hygiëne Tentoonstelling in Ned. Indië*, pp. 38, 39, 47, 86.
- ²³ Swati Chattopadhyay, “Blurring Boundaries: The Limits of ‘White Town’ in Colonial Calcutta”, *Journal of the Society of Architectural Historians* 59, 2 (2000): 154–79; William J. Glover, “‘A Feeling of Absence from Old England’: The Colonial Bungalow”, *Home Cultures* 1, 1 (2004): 61–82.
- ²⁴ Foucault, *Society Must Be Defended*, pp. 242–3.
- ²⁵ The first international congress on statistics held in Brussels, Belgium, September 1853, stated that the law of population is the most important subjects of statistics. See Leone Levi, “Resume of the Statistical Congress, held at Brussels, September 11th, 1853, for the Purpose of Introducing Unity in the Statistical Documents of all Countries”, *Journal of the Statistical Society of London* 17, 1 (1854): 4.
- ²⁶ Van der Meer, “Performing Colonial Modernity”, pp. 521–31.
- ²⁷ *Mantri* was a Javanese name for a lower-ranking native official in the government hierarchy.
- ²⁸ Hydrick, *Intensive Rural Hygiene Work*, pp. 30–3.
- ²⁹ For a more thorough account of the intensive rural hygiene programme, called “intensive rural hygiene”, see Hydrick, *Intensive Rural Hygiene Work*; the use of outdoor cinema in this programme is discussed in Eric A. Stein, “Colonial Theatres of Proof: Representation and Laughter in 1930s Rockefeller Foundation Hygiene Cinema in Java”, *Health and History* 8, 2 (2006): 14–44.

REFERENCES

- Bloembergen, Marieke. *Colonial Spectacles: The Netherlands and the Dutch East Indies at the World Exhibitions, 1880–1931*. Singapore: Singapore University Press, 2006.
- Chattopadhyay, Swati. “Blurring Boundaries: The Limits of ‘White Town’ in Colonial Calcutta”. *Journal of the Society of Architectural Historians* 59, 2 (2000): 154–79.
- Foucault, Michel. *Security, Territory, Population: Lectures at the Collège De France, 1977–78*. Trans. Graham Burchell. Basingstoke, New York: Palgrave Macmillan, 2007.
- Glover, William J. “‘A Feeling of Absence from Old England’: The Colonial Bungalow”. *Home Cultures* 1, 1 (2004): 61–82.
- Hydrick, John Lee. *Intensive Rural Hygiene Work in the Netherlands East Indies*. New York: The Netherlands Information Bureau, 1942.
- Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene: Report of the Netherlands Indies*. Geneva: League of Nations Health Organization, 1937.
- Loghem, J.J. van. *Tropische Gezondheidsleer*. Amsterdam: Kosmos, 1933.
- Van der Meer, Arnout H.C. “Performing Colonial Modernity”. *Bijdragen tot de taal-, land-en volkenkunde/Journal of the Humanities and Social Sciences of Southeast Asia* 173, 4 (2017): 503–38.
- Officieele Catalogus der 8e Ned.-Ind. Jaarbeurs en -Markt en der Eerste Hygiëne Tentoonstelling in Ned. Indië*. Bandung: Vereniging Ned.-Ind. Jaarbeurs, 1927.
- Stein, Eric A. “Colonial Theatres of Proof: Representation and Laughter in 1930s Rockefeller Foundation Hygiene Cinema in Java”. *Health and History* 8, 2 (2006): 14–44.
- Verslag Der Eerste Hygiëne-Tentoonstelling in Nederlandsch Indie, Bandoeng*. Bandung: Vereeniging tot Bevordering der Hygiëne in Nederlandsch-Indië, 1927.
- Voorloopig Overzicht der Medio Januari 1927 Gereed Zijnde en Definitief Toegezegde Inzendingen op de EHTINI, Eerste Hygiëne Tentoonstelling in Nederlandsch-Indië*. Bandung: Vereeniging tot Bevordering der Hygiëne in Nederlandsch-Indië, 1927.