

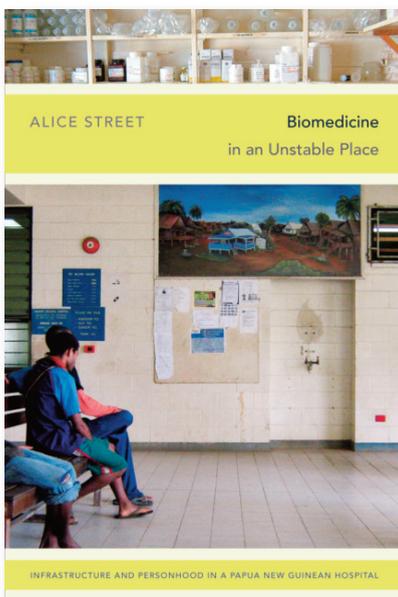
# Biomedicine in an Unstable Place

Infrastructure and Personhood in a Papua  
New Guinean Hospital

**ALICE STREET**



*Biomedicine in an Unstable Place* is the story of people's struggle to make biomedicine work in a public hospital in Papua New Guinea. It is a story encompassing the history of hospital infrastructures as sites of colonial and postcolonial governance, the simultaneous production of Papua New Guinea as a site of global medical research and public health, and people's encounters with urban institutions and biomedical technologies. In Papua New Guinea, a century of state building has weakened already inadequate colonial infrastructures, and people experience the hospital as a space of institutional, medical, and ontological instability.



*...a superb study of vital importance. Alice Street shows us what 'global health' really means on the ground, in practice. Her wonderfully perceptive account reveals how medical personnel seek, and sometimes achieve, distinctively modern identities, and how patients yearn for recognition and cure, but often remain invisible to biomedical technology and the hospital bureaucracy. Scholars interested in global health, medical anthropology, and science studies have been waiting for just this sort of hospital ethnography for a long time.*

**Warwick Anderson, author of *The Cultivation of Whiteness: Science, Health, and Racial Destiny in Australia***

*This compelling study achieves almost perfect pitch in the way it engages quite different sources of understanding. At once true to the locale of a hospital in the Pacific and to the world of institutions just round everyone's corner, it also conveys the unexpected accommodations that patients and staff alike have to make to the predicaments in which they find themselves. Closely observed, sympathetic, critical, this is contemporary ethnography of the first order.*

**Marilyn Strathern, University of Cambridge**

In the hospital's clinics, biomedical practitioners struggle amid severe resource shortages to make the diseased body visible and knowable to the clinical gaze. That struggle is entangled with attempts by doctors, nurses, and patients to make themselves visible to external others—to kin, clinical experts, global scientists, politicians, and international development workers—as socially recognizable and valuable persons. Here hospital infrastructures emerge as relational technologies that are fundamentally fragile but also offer crucial opportunities for making people visible and knowable in new, unpredictable, and powerful ways.

**Alice Street** is a Chancellors Fellow in Social Anthropology in the School of Social and Political Science at the University of Edinburgh.

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