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# Our Electric Biomedicine

by Trisha Phippard , Saiba Varma and Matthew Archer

This post is part of the series [Our Lives with Electric Things \(/fieldsights/1277-our-lives-with-electric-things\)](/fieldsights/1277-our-lives-with-electric-things)

## An X-Ray Machine in a Congolese Town

by Trisha Phippard



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A radiology technician develops X-ray film in Kikwit, Democratic Republic of Congo. Photo by Trisha Phippard.

There is a new X-ray machine at Kikwit's general hospital. The technicians are proud of their new apparatus: a modern, digital, imposing white beast that stretches its arms across the examination room. Our patient in place, we pull the trigger, shooting electrons through a tube to create a high-speed collision and send penetrating rays through the air. The dense organic tissues inside the body in front of us absorb this energy, human and nonhuman coming together to allow the body's interior to appear on film, rendering the invisible visible. The X-ray machine represents a technological promise of better health outcomes based on scientific mastery of the human body and the certainties of biomedicine. It promises to shed light—quite literally—on biological uncertainties and anomalies, revealing medical pasts and invoking possible medical futures.

But like all human—technological entanglements, the machine is polysemic for those who interface with it; the human relationship to electrons here is ambivalent. In addition to its allure, the machine also embodies the contingencies and uneven distribution of digital health care: it is digital by design but the hospital lacks a computer interface, limiting its use. It whispers anxieties—anxiety for patients as to what will be revealed deep within their bodies, and anxiety for technicians who confront daily the dangerous radiation and associated risks of infertility. It symbolizes the agonizing boredom of patients and technicians waiting for generator power for hours on end.

Even once this electric giant lumbers into action, it refuses to function as designed—a consequence of the feeble power source—and so manual workarounds are required. In Kikwit, the machine exemplifies the precarity and ambivalence of all things electric in a town of 1.2 million with no main-line electricity, and the multitude of meanings that arise between humans and their technological counterparts.

## Shock

by Saiba Varma



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The electroconvulsive or shock therapy clinic in Kashmir's psychiatric hospital. Photo by Saiba Varma.

The Outpatient Department in Kashmir's psychiatric hospital fills with laughter. The object of amusement is a resident doctor, Dr. F., who has just publicly failed to convince a patient to undergo electroconvulsive or shock therapy (ECT) for severe depression. The intense negotiation between doctor and patient focused around the word *karant*, an Urdu and Kashmiri word derived from the English *current*, meaning electricity. In Urdu and Kashmiri, *karant* is quintessentially modern, something to be feared.

“You will give me *karant*?” the patient asked.

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“Not exactly,” Dr. F. demurred. “It’s not *karant*. Not in the way you think. It’s a surge. Only for a moment—”

“Surge?” the patient repeated, growing more concerned. In South Asia, everyone knows what electric surges do in one brief flash. Surges are powerful things, unconquered and unruly forms of modernity in the postcolonial world.

“No, Doctor F., I don’t want this treatment.” The tone was polite, but final.

“We should tell them ECT is just like defibrillation,” someone offers. The doctors nod enthusiastically.

I’m struck by the analogizing of electrical energy as a highly effective, life-saving technology. By turning ECT into defibrillation, psychiatrists are enacting a fantasy in which psychiatry is equivalent to surgery, in which a patient, instead of talking and arguing, is silent and unconscious.

In this rhetorical play, psychiatrists forget how, precisely, *karant* is modern—not just therapeutic, but punitive. For most people, *karant* or shock indexes forms of state-sanctioned torture that have been widely inflicted on Kashmiris since 1989. The etymology of the word current includes the sense of running or flowing. *Karant* has run away from the clinic into the interrogation center.

## Cellular Networks

by Matthew Archer



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The author’s iPhone 6S. Photo by Matthew Archer.

In December, a stomach virus spread across campus. A friend who lives in my building texted me to come over. I found her on the bathroom floor, retching into the toilet. “It came through my nose!” she sobbed. She grew dehydrated, so I called our university’s acute-care clinic to tell them we were coming in and ordered an Uber to drive us there. I practiced Dutch on DuoLingo (my partner is Flemish) while my friend convalesced. After two hours of intravenous medication and rehydration, the doctor sent us on our way, warning us as we left to disinfect anything we might have touched. “Don’t forget your phones,” he added.

My phone? That sleek, shiny, techno-aesthetic masterpiece? That emblem of capitalist modernity’s triumphs? That enabler of postmodernity’s confusions? My lifeline?

Eighteen hours later, lying in bed, I felt my stomach rumble. I ran to the bathroom. My shoulders hunched; beads of cold sweat rolled down my forehead; the hair on my arms stood up: a vasovagal response.

The banality of our everyday engagements with electric things belies the unruly entanglements that these objects both implicate and explicate. My otherwise innocuous iPhone exposes countless nodes of an infinitely networked world that extends through and beyond me in every direction spatially, temporally, socially, ideologically, and biologically. Bacteria and viruses cover its surface, another cellular network; as it charges on my nightstand, a coal-fired power plant pumps out CO<sub>2</sub> and other nasty gases. When I reprimand myself for procrastinating on Twitter, I reinforce a regime of neoliberal logic that demands constant productivity.

Navigating these networks is hard enough; describing them is even harder. That a simple iPhone poses such a seemingly insurmountable analytical challenge should give us pause in the face of anthropological claims about ethics, ontology, infrastructure, capital, nature, culture, and so on.

Editor Reviewed

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