

You were nobody in colonial Java if you didn't carry a parasol. The *payung* carried so much weight, in fact, that not only Javanese dignitaries but even Dutch administrators could be seen toting one. You might think someone as necessarily professional as a doctor also carried a *payung*. But the right to carry one was codified, and only in 1882 was the Western-educated Indonesian physician, the so called *dokter djawa*, deemed enough of a somebody to carry one.

The unbearable absence of parasols: the formidable weight of a colonial Java status symbol



The Javanese doctor (*dokter djawa*) Samgarin in the company of his family. Photograph Courtesy of Royal Netherlands Institute of Southeast Asian and Caribbean Studies.

LIESBETH HESSELINK

The Dutch East Indies colonial administration employed both Dutch and Indonesian civil servants. Status symbols among Indonesian officials included snuffboxes and spears, but the *payung* was a status symbol only on the island of Java. Carried exclusively on ceremonial occasions, such as holidays or for an important official's visit, it distinguished the highest echelons, and its particular colour and decoration expressed its owner's rank.

Among civil servants in 19th century Java, the *payung* was carried by three groups: indigenous supervisors of waterworks, coffee plantations, vaccinations, and other sectors important to the colonial government; indigenous administrators, such as regency and district heads; and the highest-ranking Dutch administrators, provincial heads and deputies who liked to show off by carrying these originally indigenous status symbols. Among these three groups the *dokters djawa* were not to be found.

Dokter djawa vs. dukun

Since time immemorial the indigenous population consulted the *dukun*, the traditional medicine man or woman, to address personal health problems. *Dukuns* had no formal medical training; their medical knowledge was both practical and technical but also included methods of invoking cosmic and spiritual powers. The Dutch looked down on *dukuns* (even though many consulted them) and this negative attitude was one reason why, in 1851, the colonial government established in Batavia (present-day Jakarta) the School for the Education of Indigenous Doctors. Upon graduation each student earned the title *dokter djawa*, literally, 'Javanese physician'.

The government hoped especially boys from decent families – that is, from indigenous society's higher classes, where the use of a *payung* was common – would

enrol. Thus it might seem logical that a *dokter djawa* would have the right to carry a *payung*. So thought Dr Willem Bosch, the school founder and head of the Military Health Service, who had served as a health officer in Java for more than 25 years. Knowing how important symbols like the *payung* were to colonial society, Bosch wanted every graduate to receive one, not only because he hoped to enrol boys from decent families but also because he wanted the *dokter djawa* to hold high status in indigenous society. His government superiors, providing no explanation, did not agree and, of course, had the final say. Thus graduates were sent *payung*-less back to their villages, ostensibly to replace the *dukuns*. In reality most became vaccinators and some worked as assistants to a European doctor.

Life without a payung

Dokters djawa weren't the only ones who were denied a *payung*. So were indigenous teachers, whom the colonial government also began to educate in 1851. These were the first ever such vocational trainings for Indonesians, and perhaps the colonial government wanted to wait and see what became of their investment before empowering them with the symbols of indigenous authority, as in those days endowing the indigenous with a Western education was indeed a novelty. Ten years later, in 1861, for a reason unknown to me, teachers earned the right to carry a *payung*, but not *dokters djawa*. Most of the latter, as vaccinators, served vaccination supervisors – bosses – and as bosses they already had the right to carry a *payung*.

In 1863, Bosch's successor as head of the Military Health Service, Dr G. Wassink, wanted to improve the curriculum of the School for the Education of Indigenous Doctors, mainly by lengthening the program of study from two to three years, and to enhance graduate status by awarding each a salary and the right to carry the coveted *payung*. Until then *dokters djawa* only

received an allowance. The government agreed to all of these proposals but one, and this time it did provide an explanation: it feared that a *payung*-carrying *dokter djawa* would alienate the population.

The government's argument of alienation is quite strange: one wonders why it was valid only for *dokters djawa* and not for teachers. More odd, the government's actions didn't reflect its argument, as it simultaneously empowered *dokters djawa* in other ways. For example, class divisions extended throughout society, determining where passengers sat on trains and boats and how patients were treated in hospital. In 1866, the government decided that *dokter djawa* school students who fell ill should be treated as second-class patients because that was more in line with their status; previously, they were treated as fourth-class. That same year the government began issuing each graduate a box of medicines with which to treat patients; prior to that, they were issued nothing and were forced to ask European doctors for medicines. This shows the government was well aware of the students' status and was investing in them; issuing medicines, in particular, was a government expression of trust when many Europeans still feared that *dokters djawa* could not handle responsibility. Although these measures were costly materially, they might also have been perceived as socially frugal: the government still viewed *dokters djawa* as mere vaccinators – which in reality 50% of them were – and thus perhaps thought they were simply unworthy of the *payung*.

Yet the *payung* continued to be withheld, the consequences of which one former *dokter djawa* school teacher, Dr J. Alken, made clear: 'When graduates are sent back to their villages to work as a vaccinator...they lack any status symbol, such as the *payung*, and therefore they are equal to a simple villager. They see their equals placed in positions as supervisors or assistant district heads or even higher

positions...When they arrive in the villages, they are not like these others who are received with music, because it is not necessary to pay tribute to them. They have no status in indigenous society, because they have no claim to a *payung*'.

From a symbol of 'ostentatious pomp and personal vanity'...

In 1868 two *dokters djawa* officially applied to carry the same status symbol that vaccination supervisors carried. Refusing their request, Governor General Mr. Pieter Mijer explained he saw no reason 'to give the *dokter djawa* esteem in indigenous society by artificial means. Through useful activities they should themselves strive for an honourable position. Ostentatious pomp and personal vanity were not in keeping with their calling. During their stay at the school in Batavia they surely must have learned that being truly magnanimous did not depend on vanity but on true knowledge and diligent devotion to duty'.

That the Governor General considered the *payung* a manifestation of vanity is ironic, given that the government preferred to recruit students for the *dokter djawa* school from among the *payung*-carrying class, whose members were among the few literate Indonesians, and literacy was a prerequisite to enrolment. Quite often a *dokter djawa*'s father, brother or nephew held a position with a right to a *payung* while the *dokter djawa* was denied one, which could not only arouse envy within a family but make the *dokter djawa*'s position in indigenous society unclear: according to his social class he was a *payung*-carrier, but in practice he wasn't allowed to be one. Why wasn't it vain of high Indonesian and Dutch dignitaries to carry the *payung*? It were as though the government regarded the *dokter djawa* as an exception from whom it expected a higher moral standard.

In 1875, after the Dutch and Indonesian press discredited the educational level of the School for the Education of Indigenous Doctors as substandard, more curriculum changes were made: Dutch became the language of instruction and of communication between students, and the course was lengthened to seven years. The *payung*, however, was not addressed, probably because the director, T. K. Semmelink, wanted to Westernise the course: instead of educating many doctors at a low technical level, Semmelink opted to educate a few at a high level, which required Dutch-language textbooks and instruction. Thus he inevitably steered clear of indigenous symbols like the *payung*.

...to a symbol that increases 'faith in their skill and competence'

The *payung* debate fell silent for several years, until 1882, when the *dokter djawa* Mas Prawiro Atmodjo stirred it up again by requesting the privilege from his superior,

the Dutch provincial head, who passed the request on to the director of the Department of Education, who in turn passed it on, with a favourable recommendation, to his superior: the Governor General. This time, three decades after his creation, the *dokter djawa* finally got his hands on the *payung*. In his decision, Governor General Frederik s'Jacob wrote that it was important 'for the government to cooperate in raising the prestige of the *dokters djawa* as considerable money and effort was put into their schooling. In this way the faith in their skill and competence will increase. Furthermore, officially granting the *payung* to *dokters djawa*...will stimulate young men from distinguished families to become a physician'.

The Governor General's justifications expressed nothing new. Over three decades after having come up with the idea, the government had simply finally convinced itself of the usefulness of their own creation – *dokters djawa* – as medical practitioners. Why would the government waste 30 years of 'considerable money and effort' to train them and only now see the *payung* as a tool to help make their investment worthwhile? It remains an unanswered question.

Over time the *dokter djawa*'s professional position improved, but until the end of the colonial period his social position was ambiguous both to himself and in the eyes of others. Because of his education many a *dokter djawa* felt part of the Western world; he was fluent in Dutch and wanted his children to receive a Western education. His salary, however, was not Western: for the same work, he earned far less than his European colleagues. Meanwhile, he belonged to indigenous society and was officially supposed to work among his own people, but most Indonesians either preferred to consult the *dukun*, were too poor to pay the *dokter djawa*, or, given the very few *dokters djawa* relative to the archipelago's 44 million inhabitants, had no one to turn to but the *dukun*.

Thus, from the very beginning, the *dokter djawa* faced an uphill battle when it came to having his authority recognised in villagers' eyes, which must have made him see the *payung* not as an accoutrement but as an indispensable wand that he simply couldn't do without. For 30 years the government held it just beyond his reach, even placed it in the hands of lesser men. Which is why the ultimate irony of its long-awaited professional bestowal seems so cruel: by the time the *dokter djawa* was finally granted the right to carry the *payung*, its heyday as a status symbol was over. ■

Liesbeth Hesselink

is writing her PhD dissertation on doctors and midwives in colonial Java. eq.hesselink@hetnet.nl