"Technoscientific practices rely on their own kind of magic, such as translating ultrasound signals into the language of pregnant women, or data points into definitive outcomes."

In her chapter, 'Science and a little bit of magic', Lynn Morgan writes that scientific knowledge and technologies of reproduction involve motions of magic and ‘irrationality’ – qualities for which other knowledge practices are disparaged – in addition to their more public qualities of rationality and objectivity.

Jenna Grant

I THOUGHT ABOUT THIS WHEN, after describing my research on ultrasound imaging in Phnom Penh, people in the audience asked if there were mentally and culturally specific magic: ultrasound “is the new magic” for Cambodians. One person who said this was an Australian working for the Extraordinary Chambers in the Courts of Cambodia, then in the process of trying Duch, head of an infamous Khmer Rouge prison, for war crimes. Another was a Buddhist monk trained in Dubuque, Iowa (USA), who volunteered at the Phnom Penh Municipal Hospital, “where there is no history”. In the case of ultrasound imaging, uncertainty also relates to the ambiguity of images, and the challenges of interpretation. As Dr. Uch, a radiologist in Phnom Penh, explained to me, uncertainty is a necessary condition of how ultrasound is a difficult and heterogeneous process: for older doctors it requires calibrating clinical experience with a new mode of seeing; for students, their clinical experience is configured through ultrasound. If some Cambodians see themselves as medical images, as machines, perhaps it is in response to new modes of seeing, for students, uncertainty, their instability and potential unreliability, or how clinical practice may be transformed.

The following story speaks to a second category of magic, what technology, in Cambodia, is taken up with other-than-biomedical understandings of life, death, and disease. I met Sarouen, a 41-year-old woman with a calm intensity, at the public maternity hospital in Phnom Penh. She had come for her second ultrasound exam, and, as with her first, she had a precise story of how that could not be true to lose her son again. Sarouen was unlike many of the pregnant women I spoke to in that she did not seek out an ultrasound exam (or more than one) for any of her previous pregnancies. She had not participated in the widespread commercialization of this medical service. In her view, ultrasound exams were “not necessary” because her previous four children were born and lived healthily without them. She came for her first ultrasound scan because she wanted to confirm her dream as well as confirm that the pregnancy was still viable. Her story follows popular Buddhist notions of rebirth; though in her case, it was a particular and familiar spirit. The spirit of her dead son returned, wanting her to be his mother again. Sarouen did not say that ultrasound would visualize the spirit of her dead son. This would not be ultrasound’s magic. Rather, the information from ultrasound worked in triangulation with information sensed from non-biomedical ways of seeing. For uncertainties about machines, including possibility for accident or ghostly encounters and how these are culturalized, see also, Pemberton, J. 2009. ‘The Ghost in the Machine’, in R.C. Morris (ed.) Signal and Noise: Media, Infrastructure, and Foreign, research that combines anthropology + Cambodia + biomedical technologies was puzzling. Suggested alternatives vary by interlocutor: ‘We need more technologies in Cambodia hospitals to modernize medical care!’ Health official: But how do we regulate these technologies? ‘We hope to research the ways people receive and imagine some of these questions. But also I hope to show how anthropology can engage with ultrasound machines and their technologies in places associated with their absence, such as Cambodia, as well as their abundance, such as Singapore or China. This can tell us something not just about Cambodia, but also about technologies, and how they are configured within particular economic and social contexts, and patterns of understanding of the body and disease.2 They show how technologies and biomedical images is a way to study practices of making families, earning money, rebuilding health systems, and imagining futures.

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References
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