

The Struggle for the Health Market Between Shamans and Doctors at the Beginning of the 20th Century

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Abstract

This article explores and explains the struggle for the health market carried out by shamans and doctors in the Dutch East Indies. This health history research uses a sociological approach, using Michel Foucault's discourse theory of power as the unit of analysis. This article argues that shamans and doctors are not born and developed identities in a vacuum. They arise from conflicting social structures. Initially, this struggle between doctors and shamans never happened in the Dutch East Indies, especially in the Mangkunegaran area; they operated in different markets. The king who ruled in one of the Vostenlanden regions gave equal recognition to both as an entity in health. However, the spread of a new discourse about standardized hygiene, which continued to be promoted by the colonial government through European doctors, made people rethink their treatment choices. As discourses about cleanliness spread, scary stories also circulated about the failure of shamans to treat their patients. This situation has made the health market landscape in Vostenlanden begin to change. The discourse of cleanliness is constantly pushed into society, creating complicated interactions between shamans and doctors. On the other hand, religious organizations and Islamic studies, which initially did not discuss hygiene and health, began to become significant places to discuss, practice, and spread the combination of Javanese and Islamic culture in hygiene.

Keywords

Health History; Vorstenlanden; Discourse on Hygiene; Doctor.

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INTRODUCTION

This article explores and explains the scramble for healthcare markets. Health market is a term developed by Liesberth to explain indigenous healers in medicine in the Dutch East Indies (Hesselink, 2011). Compared to the agricultural and trade sectors, especially the cultural sector in Vorstenlanden, the hygiene sector, which is the smallest part of health, tends to be neglected, so it is not wrong to call it a marginal sector. Vorstenlanden, in its own sense, is the land of the Islamic Mataram kingdom, which was divided due to the 1755 Giyanti inscription in Yogyakarta and Surakarta (1905, p. 578).



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This term began to be used officially in the Dutch East Indies in 1800 with the addition of the Mangkunegaran and Pakualaman areas.

In the 19th century, along with the issuance of the *Dienst der volksgezondheid reglementen* law (Staatsblad 1882 No. 97), the Dutch colonial government tried to rationalize the healing of disease by giving doctors and midwives freedom in developing public health. This rationalization was part of the colonial government's attempt to draw a demarcation line between colonial society, which emphasized rationality, and indigenous society, which emphasized myth. So, there is a need for a process of cultural westernization.

The process of Westernization actually started with the existence of the open political system, which welcomed as many private parties as possible from abroad to the Dutch East Indies (Mundzir et al., 2021, p. 17). Of course, they did not just trade but also brought new civilizations in various fields, including health. However, in the health context of communities abroad, there is also a dualism of understanding in treatment (Kristensen, 2009, p. 183). Apart from that, supporters of the Westernization process tried to show the world that there had been a shift in people's understanding of their health in the Dutch East Indies (Couperus, 1900, p. 50).

The process of rationalization of disease, health, and hygiene accelerated when the ethical and political process began to be implemented throughout almost the entire Dutch East Indies at the beginning of the 20th century. The state, which initially cared little about public health, is now starting to emerge with the narrative that public health must be strictly controlled so that it does not threaten and disrupt the economic existence of society and state order (1935). The situation became even more complicated when rules regarding hygiene and health began to be implemented by the police (1913, p. 57). Of course, this regulation gives rise to the logical consequence that to maintain health and cleanliness, it is necessary for people or groups to engage in health products to help create a healthy society.

In another sense, medicines and health healers must be available at low prices. Therefore, the state, in this case, the colonial government, allowed the presence of groups or individuals who sold various health products, ranging from medicines, healers, shamans, doctors, midwives, drug sellers, and so on. In the context of shamans, several other researchers (Safitry, 2016), (Carey, 2021), (Ningtyas, 2020), have reviewed it well. However, they did not read about how the medical markets in the Dutch East Indies were after the arrival of a number of people who were involved in public health matters. In fact, the emergence of various individuals who are interested in the world of health not only means that people are free to choose in developing their health, but also individuals, ranging from shamans, healers, midwives, and medicine sellers, must develop their strategies in competing for the health market. (Singh, 2018)

So the question is, why is there a struggle for consumers in the health market even though it never happened in the first place? How does the State regulate the health market? And what the social impact is on the development of health and the strengthening of the Islamic religion. These questions are important because shamans and doctors do not emerge from a vacuum. Both were born and developed in the culture of the Dutch East Indies. Knowledge is arranged in such a way as to support their existence. This is what other researchers did not read when tracing the history of social health in the Dutch East Indies

METHODS

The approach used in writing this article is sociological, using Michel Foucault's discourse theory of power as the unit of analysis. This theory holds that power must be understood as a strategy in relationships that are always dynamic and coincide with existing knowledge. According to Haryatmoko, an effective method for viewing the discourse of power is to look at concrete forms of resistance to various powers (2016, p. 19). In this context, the dirtiness and irrationality carried out by shamans is a concrete form of rejection of the rationality of disease as the power of knowledge. The strategy of shamans and healers can be seen as a form of competition and resistance to official state power.

The historical method was used in writing this article. The research sources used are divided into two parts: primary sources and secondary sources. To inventory these sources, the author visited the Jakarta National Archives library, St. Mary's College Library. Ignatius Yogyakarta, Sonobudoyo Yogyakarta Library, Radya Pustaka and Reksa Pustaka Surakarta. Meanwhile, the author's secondary sources traced several journals and dissertations. After the data was collected, the author verified it. Data that has passed verification is not data that actually occurred but data that is closest to the phenomenon that occurred. Only later, after these stages have been completed, does the final stage describe the data that has been found based on chronological order so that it becomes a historical fact in an article.

FINDINGS AND DISCUSSION

Shamans are "medicine doctors" who generally treat various diseases suffered by the general public. For various illnesses, not only related to minor birth illnesses such as coughs, fever, and diarrhea but also to treat serious illnesses such as syphilis, tuberculosis, plague, etc., people tend to go to shamans. Shamans are believed to be able to overcome all health problems. Since the 16th century, shamans have played an important role in the process of forming people's attitudes towards health. The health traditions that have been built in the past cannot be separated from the role of

shamans. In fact, according to De Han, in the 17th century, when doctors were first introduced to society in Batavia, shamans were doctors' toughest rivals in the health market. Doctors only diagnosed diseases without providing other health facilities needed by indigenous people; therefore, doctors were quite popular among Europeans. While the shaman has a complex understanding of the culture of origin, he also offers massage facilities to his patients (1922, p. 340).

This competition became more complex when we entered the early 20th century, after the implementation of *opendeur politiek* in the 19th century with the entry of various people from abroad to sell throughout the Dutch East Indies. In the 19th century, it was estimated that around 11,000 shamans worked in Java and Madura (Hesselink, 2017, p. 19), but as we entered the 20th century, that number dwindled. This decline indicates that the existence of shamans has been replaced in Java and Madura, placing shamans in a binary position between doctors and shamans. This binary positioning is a strategy by the government to frame modernization, which requires education (Ningtyas, 2020). Ethical politics is the basis of the educational framework that health healers must have.

The Vorstenlanden area, which is an area full of old medicine culture, with shamans as the core of the culture, had to experience a cultural shock with the emergence of Eastern traders selling various medicines. In fact, for a long time, the *priyayi* people in Vorstenlanden tended to use the power of shamans to treat the illnesses suffered by the *priyayi*. Safitry said that when Hamangkubuwono III was sick, he asked a shaman to appear before him and give him spells to make him healthy again. (Safitry, 2019, p. 478)

Therefore, the function of shamans is not just to cure diseases, but they are a bridge between humans affected by disaster and a superpower capable of providing disaster or salvation. This is where magical powers in the form of prayers or chanted mantras come into play. Geertz then divided shamans into three groups, all of which have different characteristics when applying their magical references. However, these three groups are bound by the same paradigm, namely the use of magical references. The three groups are shamans of the *priyayi*, shamans of the *Abangan*, and shamans of the *santri* (Geertz, 1981, pp. 19–38).

In contrast to Geertz, who places shamans within the framework of social structure, Ningtyas divides shamans in their form of work into eleven occupational categories (Ningtyas, 2020, pp. 19–20). If you look closely at the division of Ningtyas, almost all of these shamans use magical references or special prayers rather than developing the science of medicine itself. The development of knowledge about various diseases was never thought of by shamans. They will apply what they know and understand from generation to generation.

The lack of interest from shamans in developing research on the various drugs given to patients means that shamans often make mistakes in analyzing the illnesses suffered by their patients,

especially in cases of serious illnesses such as the Spanish flu. To cover up the failure of their analysis, they deceived them by saying that the offerings given to the shaman during the healing procession were still insufficient. ("Oplichterstrue," 1934, p. 6).

Rationalism Disease and Health

When pestilence began to be discovered in Surakarta in March 1915 (Adji & Priyatmoko, 2021), it caused the people in one of the Vorstenlanden areas to panic. Not only royal leaders but also colonial leaders were shocked by this incident. Moreover, those affected by this disease were Dutch people. European doctors were sent to investigate the case. The question is, why did this case arise? In fact, according to the hygiene law mentioned above, health care is the responsibility of doctors and midwives. This question seems necessary when looking at the world of health in Vosrtenlanden.

The Vorstenlanden people believe that disease or pain is greatly influenced by cultural elements, where dirty environments and dirty bodies are not part of the source of disease. However, the source of disease comes from nature. This belief strengthens the experience of the attending doctor, JHF Kohlbrugge, as quoted by Liesbeeth, who revealed that Javanese people, in general, tend not to complain when they are sick, especially when they are mildly ill. They tend to endure the pain rather than having to go to a doctor or shaman. It was only after they felt that the pain was getting worse or when they were unable to deal with it that they looked for a shaman (Hesselink, 2011, p. 11).

This fact is based on the fact that disease itself is understood not solely as a result of a person's body being sick but rather as part of Javanese cosmology with the existence of unequal forces. (Triratnawati, 2011, p. 329) This, of course, requires someone who is able to build balance—existing powers. The person who is able to balance this power is a shaman. Therefore, the colonial government saw that doctors needed to reframe the concept of health in society, requiring a change in strategy by introducing new discourses, such as health and hygiene discourses, to society. These discourses are carried out through propagandists owned by the health service. This discourse continues to be narrated not only by health propagandists but is also included in children's reading books produced by the Library Center, which also talks about cleanliness (Wirjasaksana, 1926, pp. 7-9) to build a clean discourse from childhood. The massive discourse on cleanliness means that narratives about cleanliness and leaving behind dirt continue to adorn the lives of the people of Vosrtenlanden in fighting various diseases.

Diseases must be treated with appropriate medicines given by doctors and not given by non-doctors, which became a narrative spread in books and advertisements that were widespread in the Dutch East Indies. (R. Moh. Saleh, 1920, p. 1) Therefore, the big discourse about cleanliness is not only aimed at building a healthy and prosperous society but is also an effort to co-opt the movement

of shamans in building the world of public health. As people follow doctors' directions regarding health and hygiene, they will naturally begin to change their views on health.

The open politics, as mentioned above, had a tremendous impact on the Dutch, Chinese, Arabs, Malays, and Eurasians to participate in trade throughout the Dutch East Indies, without exception in Vorstenlanden. These community groups have their own religions and beliefs regarding health, whether related to medicine or how to treat someone who is sick. The discourse of cleanliness that developed massively in the king's city was captured by Arab and Chinese communities to support and spread the discourse of health and cleanliness by selling various medicines to the public. At that time, according to Liesbeth, a new market was born in the Javanese world, namely what is called the market for medical goods and services. Even though the market for medical goods and services had developed in the early 19th century, it found momentum when it entered the era of modernity in the second half of the 20th century, at a time when market complexity was increasing. The medical market is a market that sells various health products.

Its existence does not have to be in special places like a market but in shops on the side of the road far from each other. Medicine sellers generally come from European and Eastern communities, and although medicine sellers from indigenous communities still exist, their existence can be counted on the fingers of one hand. Indigenous people generally promote health services in health clinics rather than selling medicine directly. These clinics are helpful for the general public because they are said to be very cheap in terms of financing.

Such a situation actually changes the dynamics of Vorstenlanden society in terms of viewing the nature of health. Health was no longer the domain of shamans but began to spread to doctors, midwives, and orderlies. In the 1932s, the number of students graduating from Stovia became increasingly massive. Two-thirds of the graduates become doctors who receive a local government license. The Kejawen newspaper reported that there was a large-scale appointment of doctors in Surakarta. These doctors were present in clinics spread across Surakarta, where they treated various diseases. ("Java Doctors," 1932) The large number of doctors meant that hygiene and health awareness began to enter the schools in the Vorstenlanden area.

This fact makes existing shamans create strategies to be able to control or at least maintain their medical market. They do not hesitate to bring down each other's shamans by carrying out certain propaganda which "kills" many of the other shamans' patients. They often joke that he is a more powerful shaman than other shamans in treating various diseases. It is not uncommon for them to cheat patients to get patients by requiring them to bring jewelry as a condition of treatment ("Oplichterstrue," 1934, p. 6). Maintaining the medical market amidst economic uncertainty due to the economic recession with the increasing number of traders makes the market for a shaman increasingly

difficult. To build a network of health traders, it is not uncommon for them to try to bring each other down by killing each other. (1934, p. 26)

Things are different from a shaman from among the santri (Geertz, 1981, pp. 19–38), Tabib Kyai Muhammad Abdurahman from Chirebon. He used a strategy to refute the validity and efficacy of the treatment carried out by doctors and reveal the superiority of the treatment. He uses advertising media as a means of promoting the effectiveness of his treatment. As shown in the *Mardi Oetoma* newspaper. In the newspaper, there was an advertisement for the efficacy of the medicine he produced. The advertisement created by the healer was published on a full page containing the testimonies of patients whom the healer had successfully cured. Interestingly, one of the consumer testimonies attempted to rule out the efficacy of treatment from doctors (1923). Displaying advertisements using large space in a newspaper certainly requires large costs.

Amid uncertain economic conditions and rivalry in the health market, Muslim communities who joined organizations tried to establish health clinics and the emergence of philanthropy from indigenous circles ("*Werkloozen Boemipoetera Relief Committee*," 1933). This is a result of the current process of world modernization, combined with a strong push by Muslims to abandon attitudes of dependence on mysticism in matters of health. Similar to the birth of aid committees, the rationalization of health is starting to occur in schools. In the army in Mangkunegaran, for example, the school wrote a book about how a Mangkunegaran soldier maintains cleanliness. Clean Culture and always maintaining the cleanliness of a soldier is a culture that soldiers must have because they must be healthy and strong so that they can be deployed at any time on the battlefield. (*Hygienische En Andere Wenken Voor Den Soldaat*, 1941, p. 16)

Likewise, in children's schools, both at HIS and MULO and the Mangkunegran palace, education and hygiene and health courses continue to be intensified by doctors and orderlies. To spread health discourse in schools, it is not uncommon for doctors and orderlies to use newspapers to socialize. (1917) Society in Vorstenlanden increasingly focuses on the norms of modernity. Of course, this situation makes it quite difficult for shamans as local healers to find patients in urban areas. Their segment is increasingly limited to people living in rural areas and hamlets far from public access. The people of Vorstenlanden, especially those who live in urban areas, are slowly trying to divert their attention to curing various diseases to health clinics where there are doctors. It is part of an effort to articulate their new cultural or modern identity in society, not only for improving health but also when going to a clinic or doctor for treatment. (Soeratman, M, 1920, pp. 25-27)

Price regulation as a Solution Amidst Economic Shock.

Despite the ongoing rivalry in the health market, the social and political stability in Mangkunegaran, one of the Vorstenlanden areas, is relatively calm compared to the situation in

Surakarta. Several riots and destruction of health practice places in 1934 did not have a serious impact. (Mangkunegaran Archives Kode L. 451, n.d.) However, Mangkunegara is aware that the attitude of accepting modernity openly and massively in various fields, especially in the health sector, as done by him and the Mangkunegaran gentry, can create political instability, as happened in Surakarta. Therefore, he immediately suppressed the conflict so it would not be prolonged by giving strict rules between doctors and shamans. This policy disappointed the shamans, and they worried that the increasingly massive modernization process would eliminate their position as local healers. However, these concerns still need to be proven. In *Rijksblad* in 1935, it was stated that a stimulus fund was periodically regulated to be given to shamans. Apart from that, independent families must continue to use the services of a dukun, in this case, the dukun, to assist with births, and their wages remain the kingdom's responsibility. (Mangkunegaran Archives Kode L. 451, n.d.)

Doctors are still allowed to practice, even if they have quite strict rules. While initially, these doctors were free to practice without any control, since then, they have been able to open health practices without permission from themselves freely. The Duke requires all doctors who will open a health office in his area to register with the Swaraja administration office. Of course, this is not the only way to end the rivalry between shamans and doctors, but at least it reduces their tension.

In 1934, while building rational awareness of cleanliness and health, Mangkunegara VII identified all of its components, such as factories, markets, village governments, and others, to be prepared for the health and hygiene needs of the community by setting aside a budget. This obligation is mandatory amid the global economic blow. (*Rijksblad Mangkunegaran* 1934. MN Code 1211, n.d.)

The birth of this regulation shows that being dirty and sick at that time was not only a serious threat that was very detrimental to Swapraja but also part of the disciplinary process for the Mangkunegaran people to maintain bodily cleanliness and health. Contemporary social scientists identify the benefits of discipline within a nation. For example, Michel Foucault argued that increasing discipline effectiveness cannot be done by using power relations as the glue. With these power relations, a country can impose punishments homogeneously (1995, pp. 80-81) to reduce the economic and political impacts that arise. Meanwhile, on the other hand, the price regulation carried out by Mangkunegara VII in its development was the initial basis for thinking that the state would help regulate prices in the market to stabilize the prices circulating in society.

Organizing Health and Spreading Unity.

Cleanliness and health must be developed and distributed to the entire community to support modern city development. The massive production of doctors in the Dutch East Indies seems to convey this message. Even though an orientation towards Javanese culture still dominates practice in

almost all areas of Vorstenlanden, this orientation also shows the pressure of modern urban problems, where disorder and dirtiness can easily be found in all areas of Vorstenlanden, especially in areas where markets and shops have developed.

The role of religion, especially in this case Islam, is an important element in forming the character of cleanliness and cultural health of the Vorstenlanden community amid the modernization process. According to Ali, the modernization that was taking place in the Dutch East Indies did not alienate Muslims from their religion, as Snouck Horgronje suspected. In fact, through this modernization, some religious adherents are encouraged to formulate and realize cultural reform projects by aligning them with religious goals. (Ali, 2017, pp. 23-38).

Since 1930, several people who have adhered to Islam began to speak out about the importance of health as a religious command. They started discussing health issues, such as physical and environmental health, to achieve happiness that is not only oriented towards the hereafter but also the world. For example, Aminoedin, a doctor who is active in the Muhammadiyah organization, is trying to slow down the spread of superstition in the world of health and hygiene. According to him, the existence of superstition that grows in society hurts the balance of public health. Superstitions that have long been rooted in people's lives make them more carried away by their feelings than by combining feelings and logic.

According to him, one real example is the confusion among the Javanese people regarding the disease t.b.c. On the one hand, Javanese people view t.b.c. as a curse from Tahan, but on the other hand, they view TB as part of a deadly poison that someone sends. The fear of spreading poison in the body makes them tend to go to a shaman rather than a doctor. (ttp)

Aminoedin's sentence emphasizes that the uncleanness of the Javanese faith makes them very vulnerable to infection. In addition, Aminoedin demonstrated the performance of t.b.c. and spread it due to a lack of hygiene in the life cycle process of Javanese society. (ttp, pp. 71-72) Indirectly, there is a kind of understanding between Javanese doctors and Islamic movements such as Muhammadiyah and Sarekat Islam that the mythology that has been built for so long in Java also contributes to worsening public health and hygiene. At this point, knowledge of health and hygiene needs to be produced simultaneously with religious purification.

In the health political discourse, more and more Javanese doctors are involved in developing health and hygiene discourse in various Islamic community organizations. Some of them always explain the importance of health through newspapers or magazines published by these organizations. Through this newspaper, the identification of health with organizational interests is quite strong. In such an atmosphere, the Darmo Kondo Newspaper suddenly published the news that the people of Mangkunegaran and its surroundings should be aware of three diseases that can easily lead to

destruction in the household and can quickly eliminate the enjoyment of life. Losing the enjoyment of life will make your head dark, returning you to superstition.

These diseases are drunkenness, women's disease, and coughing disease ("Ilmu Kesehatan; Penyakit Perempuan," 1920). Alcoholic drinks are becoming quite popular among people in Java (1920); at first glance, these three diseases are unrelated to dirtiness, but if you look more closely, they are part of the Mangkunegaran people's cleanliness problems.

While emphasizing the importance of living a healthy life by avoiding alcoholic beverages, the Muslim preachers also emphasized the importance of adhering to morality by maintaining the cleanliness of the bodies of women who provide sexual services. Through writings in various newspapers, they condemned all actions that lead to the dirtiness of life, avoided night butterflies, and rejected all drinks that could intoxicate them. They said that it was a monster that could damage the body. ("Banjak Koepoe," 1931)

CONCLUSION

Rivalry in the health market is more due to the inability of local healers, in this case, shamans, to build a logical narrative regarding their treatment methods so that when there is a new paradigm such as modernity where cleanliness is one of the basic ideas, they are unable to adapt. This inability to adapt is readmitted by the state, in this case, the local government. The local government, in this case, the kingdom, believes that if this rivalry continues without balance, it will be troublesome for the country's sustainability, which was built on Javanese culture. For this reason, to avoid shocks, King Mangkunegaran, one of the kings in Vorstenladen, organized and regulated consumer circulation in his territory. This was because the Mangkunegaran leaders knew that shamans were an inseparable part of Javanese culture.

Meanwhile, for the Muslim community, represented here by Muhammadiyah, the competition for the health market can be used to build an Islamic mentality in society. Muhammadiyah realizes that Vorstenlanden society was built based on the shadow of Javanese culture, which is full of symbols. Symbols and rites that were initially neutral are played in such a way by certain societal agents that sometimes they contain irrational concepts when viewing disease. Such an understanding will more or less disrupt people's understanding of Islam. Therefore, through this discourse of cleanliness, they build Islamic reasoning in society and, at the same time, organize health.

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