THE MATTER OF HOSPITALS

An Alphabetical Investigation

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Edited by Anna Harris

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Dedicated to:
amateurs, behind-the-scenes support, connoisseurs, dreamers, explorers, foragers, ghosts, hospital workers, investigators, junior doctors, knot makers, laundry staff, mechanics, nurses, organ donors, porters, quiet achievers, radiographers, steriliser technicians, troubleshooters, undertakers, volunteers, waste-pickers, x-ray operators, yarn fiends and other *zoekers*.

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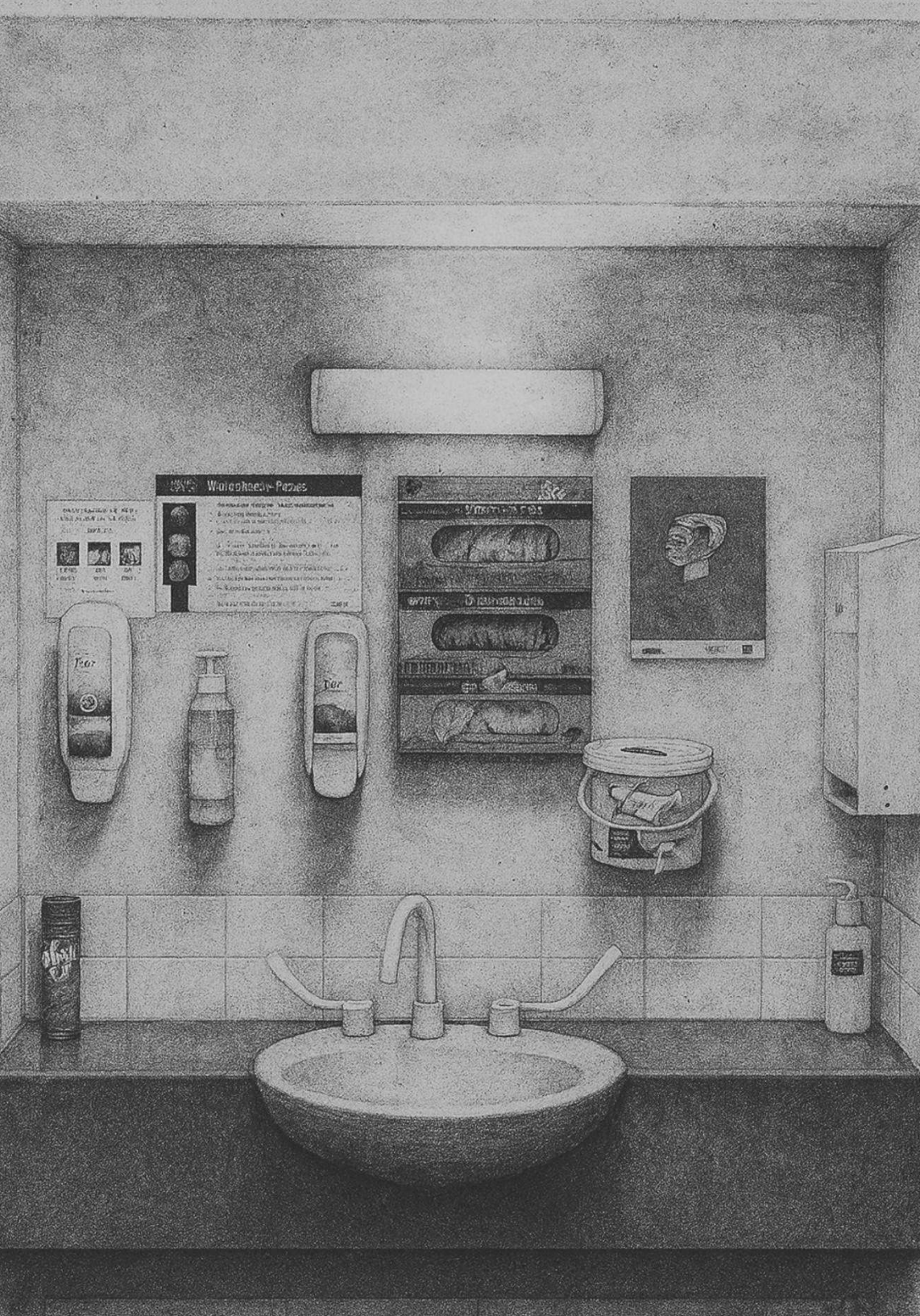

THE MATTER OF HOSPITALS:
AN INTRODUCTION

▪ ANNA HARRIS

> *A hospital is preserved, afloat, after the Earth is flooded beneath seven miles of water. Inside, assailed by mysterious forces, doctors and patients are left to remember the world they've lost and to imagine one to come....”*
>
> *- Chris Adrian, The Children's Hospital (2006)*

The blurb for the medical-science-fiction novel *The Children's Hospital*, quoted above, offers readers an intriguing premise: what if the world was contained in a hospital? What if that was all that was left? How might we reimagine the hospital, and the world, differently?

For decades, the hospital has been considered by many writers, including novelists but also anthropologists, as a microcosm for society at large. These writers view the hospital as a place to explore broader social relations and concerns as it can reveal what is going on in the world more generally. Sociologists, a close relation of anthropologists, have had a different view. They have considered the hospital as an island, often separate from everyday life, where patients and staff are sequestered

from daily routines outside the clinic and take on special roles, such as the sick role, which entail different kinds of permissions and expectations. Historians have put the hospital into a broader temporal context. They focus, for example, on how hospital architecture relates to the progress of biomedicine and looking at how biomedical ideologies of the time have been scripted into the design of buildings and rooms.

Recently, a more complicated image of the hospital has emerged. In the field of anthropology, for example, ethnographers such as Alice Street (2014), Fanny Chabrol and Janina Kehr (2020) (see also essays *STERILISERS*, *VENTILATORS* and *GARBAGE*, this volume) have shown that the hospital enables a study of institutional life that is both biomedical and non-biomedical; that hospitals are both contained and permeable spaces, instrumental – but not limited – to the practice of medicine. Historians such as Victoria Bates and John Nott have started to unpeel the material pasts of hospitals through sensory studies of its spaces (Bates, 2021, Nott 2023, see also essays *COLOUR* and *FOOD* this volume). This is research which goes beyond mapping social theory onto architectural plans using creative approaches to bring history into contemporary hospitals.

These are just a few examples from a rich and exciting field of scholarship on hospitals emerging from the social sciences and humanities. New work includes recently graduated PhDs doing innovative hospital ethnographies to senior scholars rethinking long established ways of doing research in and with hospitals to

transdisciplinary collaborations involving artists, filmmakers, designers, curators and more.

This work, some of which you are fortunate to glimpse in the short essays of this volume, shows that it is no longer possible to think of the hospital as an island, as merely a building, nor as a microcosm and mirror. Rather the hospital could be considered as a dense clinical node knotted into a tangle of global supply chains and data storage networks (see essays *DATA*, *NUMBERS*, this volume), knitted into assemblages of linen deliveries (see essay *LINEN*, this volume), commuting workers and communicable disease. Globalised while always being locally situated, hospitals are vast tentacular and interconnected ecosystems that offer endless ways to understand the current condition.

Building from this contemporary approach to hospitals and grounded in decades of anthropological, sociological and historical commitment to studying them, this book takes up the topic of hospitals through a focus on its materials. Twenty years after what one could call a first generation of hospital ethnographies with milestone special issues by van der Geest and Finkler in *Social Science and Medicine* (2004) and Long, Hunter and van der Geest in *Anthropology and Medicine* (2008), this collection of essays is part of an important move to rethink hospitals as more-than-medical spaces.

THE PANDEMIC WINDOW

The urge to think about and reimagine hospitals does not only exist in academia. The COVID-19 pandemic, for example, changed what many thought they knew about hospitals, including understandings of care, innovation, the stress of healthcare work, the fragility of supply chains and the financing of hospital services (Montgomery et al., 2021; 2023; WHO, 2022, see also essays in the book directly concerning the pandemic – see essays *QUARANTINE*, *UNIFORMS*, *VENTILATORS,* this volume). Challenges of repairing medical equipment were brought to the fore with ventilators in short supply, while scandals in purchasing personal protection equipment (PPE) revealed disastrous consequences of emergency reactions to material shortage. In many ways hospitals could be seen in that moment as the diseased heart of what anthropologist Anna Lowenhaupt Tsing (2015) calls 'capitalist ruin', exposing more general material excess and waste (Hickel, 2021).

Certainly, hospitals' environmental impact is facing increased public scrutiny, as the waste from these institutions is mounting due to increased reliance on disposable materials. As clinicians in *The Lancet* wrote, 'the modern medical enterprise is distinctively wasteful' (Greene et al., 2022, p. 1298) (see also essays *WASTE* and *GARBAGE*, this volume). Hospital trash has expanded, and mountains of mangled single-use plastics and once-worn PPE have found their way into landfills and oceans; toxic sites spreading more disease (Solberg, 2009). The mounds

of waste produced by surgical operations have received particular media attention (Plastic Soup Foundation, 2021). Those who see what is happening on the ground are calling for urgent solutions to address medical wastefulness (Greene et al., 2022). This work on hospital waste is marginal within (exceptions also including Hodges, 2017), yet very much connected to, a wider academic interest in waste and discard. This scholarship reconsiders waste as material remnants of the colonial project, entangled in white infrastructures and ideologies of extraction, containment and out-of-placeness (Anderson, 2024).

At the same time, what happened in hospitals during the pandemic offered another way of understanding these sites, as hubs of creativity and resilience. Take some scenes from the early days of COVID-19 when workers and systems were forced to adapt to world-changing events. In Europe, Italy struggles first with the new virus. A two-bed intensive care unit (ICU) is designed by Italian architects to treat patients from an old cargo shipping container, using donated materials and open-source designs. In Spain, researchers transform a scuba diving mask into a functioning respirator (Bibiano-Guillen et al., 2020). By April 2020, images are circulating in the media of patients in Paris wearing masks donated by a sporting goods chain. In Brazil, surgical gloves are filled with warm water, palliative companions for the hands of patients dying alone. While Ghanaian tailors started making wax-cloth face masks (Osseo-Asare, 2022), people around the globe dusted off sewing machines, using any materials that came to hand including

overhead projector sheets and old T-shirts. As some healthcare systems experience levels of material shortage that have long been normalised in other parts of the world, staff took up creative repurposing for survival. The way clinics and citizens worked with materials resonated with the findings of waste scholars that have studied how communities in Ghana (Chalfin, 2023) and Palestine (Stamatopoulou-Robbin, 2019) for example improvise with 'vital remains'. These localised acts, the anthropologist Brenda Chalfin (2023, p. 21) suggests, are 'fine-tuned modalities of claims making and political imagining'.

Consequently, during pandemic times, the hospital emerged as a complex site of both ruin and resilience with materials at the heart of the matter. Five years on, it has never felt more urgent and timely to seriously investigate the material politics of hospital life. Inspired by the observational detail of the anthropologists, sociologists, historians and artists who have gone before us, the authors of this volume demand closer attention to the matter of hospitals and their material affects.

THE ESSAYS

This book brings together 26 alphabetical essays about hospital matter that connect to the first essay, my inaugural lecture. The essays tackle some of the urgent topics previously mentioned, such as clinical waste and the pandemic response, in fresh new ways but bring in other important topics too. Our voices go beyond the social sciences and humanities to bring makers, citizens and clinicians into the conversation. The essays offer

insights from historians studying single-use plastics and hospital diets, anthropologists studying sterilisers and ventilators, anaesthetists working with technologies on the ground, surgeons studying operating theatres to designers rethinking how we work with hospital textiles (see essays *GARBAGE*, *LINEN, POCKETS, STERILISERS, TELEPHONE, VENTILATORS, WASTE*, this volume). The essays include incredible and often very moving stories by patients and carers, and at the same time go beyond the clinical encounter that has preoccupied so many studying hospitals until now (Charbol & Kehr, 2020) by keeping materiality front and centre. Some of the essays deal directly with the digital hospital matter increasingly hyped by journalists and futurists – robots, electronic health records and artificial intelligence to name a few – however do so tangentially or in surprising and unexpected ways, such as through contemporary art (see essay *X-RAYS* this volume), written messages (see essay *RECORDS*, this volume) or mathematical theory (see essay *KNOTS*, this volume).

All of the essays attend to the messy sensorially rich dimensions of clinical matter. Too often the sensory is missing from the disinfected, sterilised, hygienic and anaesthetised accounts of hospitals in the academic literature, even those concerning waste, even those concerning human waste! (Anderson, 2024; for exceptions see for example van der Geest and Zaman 2021). A rich and emerging body of sensory ethnographic work and sensory history is calling for academics to engage with all of their senses in their research process, and especially in their

writing. Readers of this volume are invited to smell, to feel, the matter discussed. This sensory writing is needed because it is immediate and arresting, it can stop us in our tracks. Many have articulated the needs for these new paradigms, especially in relation to the poly-crises we face, but few as powerful as from the "belly politics" of Achille Mbembe (2019, p. 189):

> *In the era of the Earth, we will effectively require a language that constantly bores, perforates, and digs like a gimlet, that knows how to become a projectile, a sort of full absolute, of will that ceaselessly gnaws at the real... each of the fragments of this terrestrial language will be rooted in the paradoxes of the body, the flesh, the skin, and nerves. To escape ... language and writing will have to be ceaselessly projected toward the infinity of the outside, rise up and loosen the vice that threatens the subjugated person with suffocation as it does his body of muscles, lungs, heart, neck, liver, and spleen ... this new body will be invited to become a member of a new community. Unfolding according to its own plan, it will henceforth walk along together with other bodies and, doing so, will re-create the world'*

In this edited volume, authors re-inscribe and possibly work towards a potential re-creation of the clinic. They each attend to the urgency of the matter at hand in their own writing style through exquisite, carefully crafted texts about the everyday materials of the clinic. The essays invite reorientation of our sensory perception and intellectual preconception of hospitals. They show that by paying attention to the seemingly mundane materials of hospitals, we can understand more about the

material conditions of living, of what it means to make sense of our own everyday and the futures we might want to reimagine. The essays provoke, highlighting social inequality, economic histories, racial disparities, gender discrimination, exploitation and extraction, pain and joy in 'terrestrial language' (Mbembe, 2019, p. 189, see particularly *VENTILATORS*, this volume). The essays recount moments of care or being cared for, some including jaw-dropping moments when life is on the cusp.

RANGE

The academic disciplines represented here are incredibly broad, ranging from geography, mathematics, history (medical and economic), anthropology (cultural and medical), design, science and technology studies, public health, sociology and gender studies. Citizens, curators, designers and patients have written essays (see essays *ELEVATORS, ILLUMINATED EYE CHARTS, JARGON, ORGANS* and *YEARS,* this volume), as have clinicians from the specialities of anaesthetics (see essay *TELEPHONES*, this essay), surgery (see essay *WASTE*, this volume) and general medicine (see *STERILISERS*, this volume). Some essays speak directly to the educational context of the hospital (see *ILLUMINATED EYE CHARTS* and *MANNEQUINS*, this volume). There are essays written from Africa, Oceania, Europe and North America, zooming out to explore national healthcare systems and infrastructures, and zooming in to nutrients (see essay *FOOD* this volume, microbes (essays *TELEPHONES, HAND WASHING* this volume), cells (essay *BONES*, this volume) and elements (essay

ATMOSPHERES, this volume). Ideas cross minutes, hours, days, years and centuries (see essay *YEARS*, this volume).

Describing this volume as an interdisciplinary, cross-cultural, multi-scalar exploration is reductive though. Taken together the essays transcend such categorisation, melding the scholarly and personal, the theoretical and practical, the clinical and academic. The essays ride the elevator through the different floors of the hospital (see essay *ELEVATORS*, this volume), from the morgue (see essay *ZIPS* this volume) to the upper surgical theatres (see essay *TELEPHONES* this volume). They move clinical concerns into cafes and other domestic spaces (see *ILLUMINATED EYE CHARTS*, this volume). They show that attending to the everyday and taken-for-granted at a sensorial and material level is also a political move.

These ideas resonate with the first essay in the book following my introduction: my inaugural lecture delivered at Maastricht University on 24 October 24 2025 to accept my chair as Professor of Anthropology and Medicine. This opening essay suggests that paying attention to the sensory potential of materials offers new directions for how to reimagine together; how to make sense of and in our world. I argue that through the relatable and concrete examples of hospital matter, we should embrace the mundane as political, the sensory as empirical, the domestic as academic and the material as incomplete. Each of the alphabetical essays connect in some way to the main themes of the inaugural lecture in how they trace the invisible, bring in feminist approaches to technoscience and unpack the social and

economic dimensions of hospital matter – especially waste – while methodologically exploring practices of noticing and attention.

CO-INVESTIGATION

To begin the process of writing this book together, I shared a draft of the inaugural lecture with all the writers with the invitation, amongst other prompts, to criticise it. But I found that something else happened as we made this book together. Rather than every author assuming a critical mode, setting about tearing the inaugural text apart, looking for weaknesses of argument, missing references or a research line they wish I had explored, the writers instead engaged with the text in more of an investigative mode. That is, they investigated its contents and then set about thinking along and pushing ideas, but also playing with them; sometimes very tangentially. They picked up my invitation to implode some kind of hospital matter alongside a matter of their concern, in their own words. At first, I was puzzled by the lack of criticism, accustomed to this kind of disciplinary practice from decades in academia. Then I became curious, and then I read more closely. The authors were each offering more than could ever be found in a line-by-line critique. The authors instead offered a playground of diving boards, trampolines and cubby-holes for further exploration. Not only for me, but hopefully for you too, the readers of this volume. They have given us binoculars, compasses, maps to redraw and magnifying glasses; tools that any good investigator should have in their kit.

Editing the collection was as challenging and revealing as any edited volume of work. We adopted a coordinated system involving each writer peer reviewing others' work, a marvellous research assistant managing style and contributions, a project manager creating online folders, colleagues at the Maastricht University Press opening up possibilities, a graphic designer improvising with this format and genre and a copy editor sculpting our words. I was particularly fascinated by the interactions between different collaborators on the book project. As each writer reviewed other writers' work, for example, new thoughts emerged which were then folded back into the texts. We all write with details that can be taken for granted, but when reviewing, the cultural specificities of hospitals and its matter was brought to the forefront, whether through how hospitals are funded, their policies or everyday use of objects. Through their comments, writers questioned the universality of claims that authors made in their work and pointed out how local the observations actually were, highlighting the diversity of medical and hospital practices. These are the kind of insights that are generated not only in an ethnographic approach to studying hospitals, but also through generous comparison and collaboration in written form. As authors engaged with their reviews, they also shared citations and articles, pushing each other to consider new directions in their work.

Taken as a whole, this book is a co-investigation of hospitals, reimagined through its materials. Each essay offers a sensorially rich glimpse into the extraordinariness and ordinariness of the clinic. Hospitals, with their unique smells, acute pain, births,

writhing bodies, incessant beeping, incessant waiting, cardboard food and never-ending corridors, have fascinated writers for centuries and will continue to do so for decades to come. Despite this enduring fascination, never before have we seen its materials come to the surface as they do in this collection of essays. A lot that matters happens in hospitals – from new life to the end of life. And there is also a lot of matter, in its material form, in hospitals. Sometimes there is too much, when we see the mountains of clinical waste with dirty syringes and used gloves. Sometimes there is too little when we saw empty pharmacy shelves during the pandemic. More often matter circulates in ways that are taken for granted, invisible yet critical to how hospitals work. If we can pay more attention to what John Nott calls the 'affective weight of the past in the material present' and open up an imagination into speculative futures, we might see how a study 'of even the smallest of things offers insight into why the world is how it is, and how it might be different' (Nott, see *FOOD*, this volume).

ACKNOWLEDGEMENTS

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FURTHER RESEARCH AND READING

There are many research projects and/or research labs about hospitals that are currently in progress or recently completed, from which essays in this volume have arisen from. Links are provided below so that readers can explore this work in more detail if they are not already familiar:

The Adult Changes in Thought (ACT) Study, Washington State and Idaho, USA: https://actagingresearch.org

After Sing-Use, Edinburgh, UK: https://wellcome.org/research-funding/funding-portfolio/funded-grants/after-single-use-rethinking-medical-devices-reuse

CAREFREE, Maastricht, The Netherlands: https://www.maastrichtuniversity.nl/carefree

Data and the Healthcare 'Revolution', Edinburgh, UK: https://gtr.ukri.org/projects?ref=EP%2FY027620%2F1

Doing STS, Vancouver, Canada: https://doingsts.com

The Epidemiological Revolution, Edinburgh, UK: https://www.epidemy.sps.ed.ac.uk

Fringe Editions, Maastricht, NL: https://www.fringe-editions.com

Future Hospitals project, South Africa: https://humanities.uct.ac.za/huma/research-huma-strategic-programmes/future-hospitals-4ir-and-ethics-care-africa

The global hospital: Reproducing healthcare through entanglements of labour, mobility and knowledge in Switzerland and Austria, Swiss National Science Foundation and the Austrian Science Fund. https://www.bfh.ch/en/research/research-projects/2026-336-919-646/

Helix Centre, a research lab for design and health based at St Mary's Hospital, London, UK: https://helixcentre.com

Making Clinical Sense, Maastricht, the Netherlands: www.makingclinicalsense.com

Medicine without Doctors: Reimagining Care and Voice through Play, Edinburgh, UK: https://www.law.ed.ac.uk/research/research-projects/medicine-without-doctors-reimagining-care-and-voice-through-play

Mistrust in practice: an ethnography of suspicion in general medical practice in the aftermath of COVID-19, Sweden: https://www.uu.se/en/centre/medical-humanities/research/research-at-the-centre-for-medical-humanities/misstro-i-praktiken.-en-etnografisk-studie-om-misstanksamhet-inom-allmanmedicinsk-praktik-i-covid-19s-efterdyningar

Pandemic Objects: Making Medicine in Pandemic Times, Bern, Switzerland: https://www.bfh.ch/en/research/research-projects/2022-970-292-898

RAIDIO, Utrecht, NL: https://www.maastrichtsts.nl/responsible-artificial-intelligence-in-clinical-decision-making

Sensing Spaces of Healthcare, Bristol, UK: Rethinking the NHS Hospital: https://hospitalsenses.co.uk

Sonic Skills, Maastricht, the Netherlands: https://www.maastrichtsts.nl/sonic-skills-sound-and-listening-in-the-development-of-science-technology-and-medicine-1920s-now

WonderLab, Monash University in Melbourne, Australia: https://www.monash.edu/mada/research/project/wonderlab

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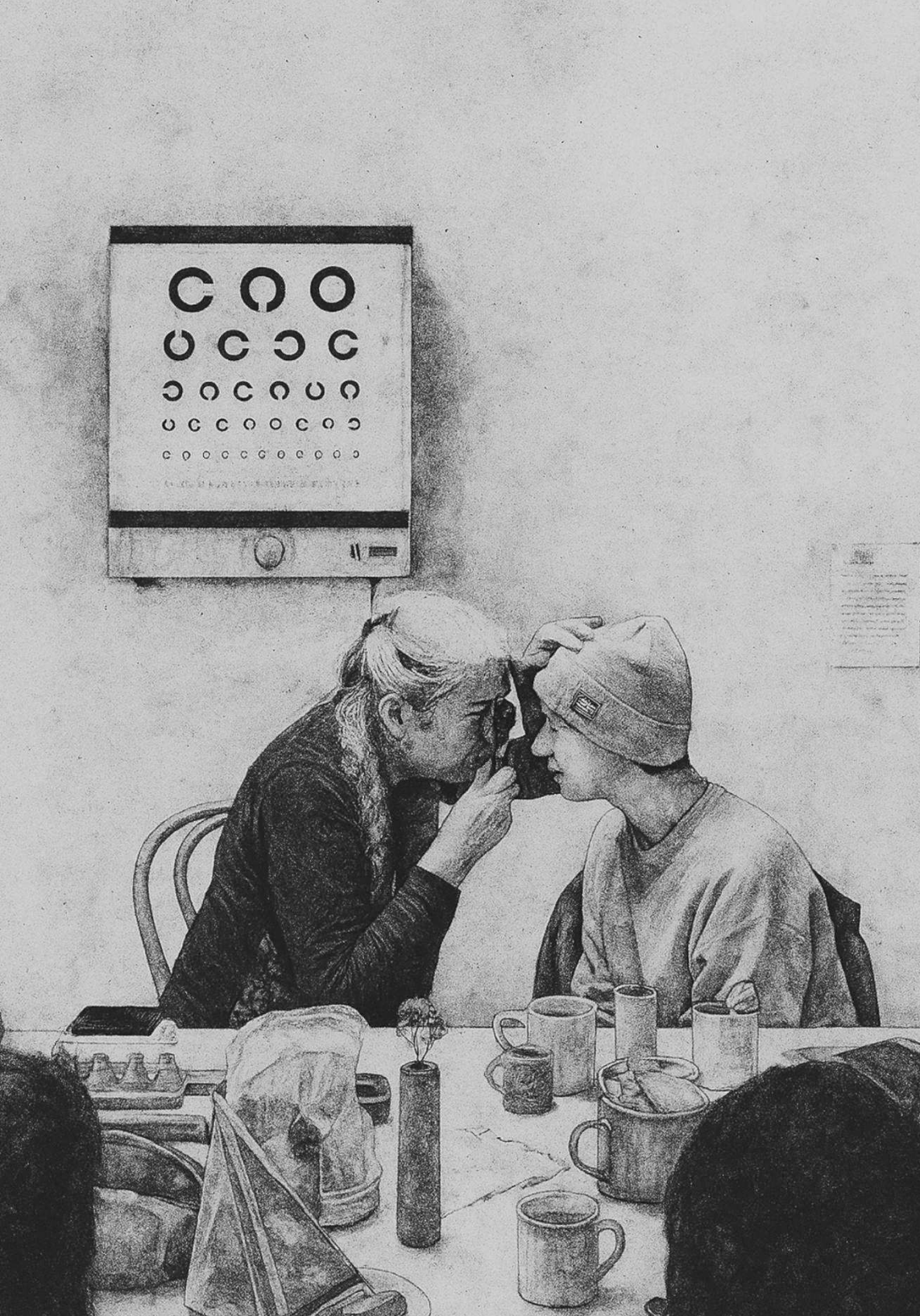

THE MATTER OF HOSPITALS: AN ETHNOGRAPHER INVESTIGATES

▪ ANNA HARRIS

An inaugural lecture delivered upon the acceptance of the appointment as Professor of Anthropology and Medicine

Maastricht University, 24 October 2025

By Prof. dr. Anna Harris

INTRODUCTION

Madam Pro-Rector,

Esteemed colleagues and students,

Dear family and friends, neighbours and knitters,

There's a distant rumbling in the bowels of the place, but right now it's too far away to hear properly. It's night but not dark, for hospitals never really are with their illuminated ward desks and intravenous poles emitting intermittent flashes of light.

One of these nights I am eight, lying in bed after an operation, the viscous metallic sensation of clotting blood in my mouth. I am listening; not scared but on high alert in this very strange place.

More nighttime images from hospitals traverse the neural routes of my memory. This time I am a teenager after a long car drive to see my paper-thin grandmother in her final days. Then I am a medical student in a paediatrics ward, reading *Harry Potter* to a kid who can't sleep: I can taste the dry Vegemite toast breaks in the middle of a 36-hour shift, feel the slipperiness of a twilight emergency in the obstetrics theatre, where my principle job as a resident was to hold onto the instruments, tight.

The rumbling gets louder. Now I am in this increasingly familiar place of the hospital as an anthropologist spending time with migrant physicians while I complete my PhD. Some of these doctors work in Melbourne as taxi drivers during the day and study in the hospital libraries and cafeterias at night, the clinic's 'phosphorescent matter' (Mbembe 2019, p117). They feel at home in this environment among the anatomy textbooks and free coffee. Other doctors work on the wards in whatever jobs they can get, and it is waiting with one of these doctors one night during my fieldwork, that I first witness the source of that rumbling, the crescendo of sound getting louder. Then, in a release of pressured air and with a soft plop on a towel I see what it is: a capsule of blood samples from the pneumatic tubes.

This is the matter of hospitals, in the sense of the stuff that moves, substances in tubes extracted from bodies for analysis, travelling on trolleys and passed by hand to pathologists to slide and study. Matter in the sense of all the materiality of the operation theatres and wards and waiting rooms, with their walls and their waste. And matter in the sense of what happens there: the births and deaths, sickness and loneliness, cleaning and sorting, coding and operating, and so many other vital practices of care.

So, in these precious time together, I want to talk about the matter of hospitals. And through this talk it is my wish, with this lecture and with my chair, to find promising paths into the urgent topic of how to make sense of our material world – together.

CHAIR IN ANTHROPOLOGY AND MEDICINE

I am honoured today to accept this professorship, a Chair in Anthropology and Medicine. In the context of these two academic fields, my more specific focus today is on hospitals and their matter.

This topic has been partly chosen for immediate relevance and to connect international research and ideas with local matters of concern. In Maastricht, where I give this lecture, we are at a moment when our university not only shares corridors between medical departments and the hospital, but now a more formal integration is in the works too, across all faculties and MUMC+ (local hospital in Maastricht). This includes my own faculty, the

Faculty of Arts and Social Sciences. In the context of this chair, this new venture opens up a lot more collaborative possibilities to explore than I have time to cover today, and I would be delighted to discuss these with anyone who is interested after the talk. But there are also other, more personal, reasons I have picked the topic of hospitals for this lecture.

Ever since my first experience doing fieldwork with that extraordinary group of migrant doctors struggling to find recognition in a closed and protective Australian medical system, I have been an anthropologist in hospitals, driven by curiosity to explore what doesn't make immediate sense. Today I would like to return to my body of work in this domain. This however is not an exercise in summary but rather one of reanalysis and stealing this opportunity to start building new ideas.

First though, I want to spend a little time with the two fields that are listed in my chair title: anthropology and medicine. These words are deliberately joined by an 'and' – not an 'about', not a 'for', nor an 'of'.

For some people, these fields may seem worlds apart – medicine on the one side, a discipline seemingly characterised by rationality, objectivity, positivistic research, profit and technological advancement; and on the other side anthropology – subjective, inductive, community-orientated and immersive. The incentives and desire to keep these fields separated is strong. Many in my own field of the social studies of medicine,

for example, take great joy in setting up biomedicine as a monolithic and imposing unity that traverses from pole to pole. I, along with collaborators and many writers who inspire me, disagree, recognising the local specificities of how medicine is practiced.

Certainly, I could explore the differences in approaches to how those in medicine and those in anthropology make sense of the world. I could, for example, take how these fields generate and work with evidence. This might involve comparing what the French philosopher Michel Foucault (1963) called medicine's clinical gaze – a way of knowing evident in everything from imagining technologies to power structures in hospital teams, and I could compare this to anthropological modes of noticing – of being with others during ethnographic fieldwork.

Yet this very comparison highlights a similarity in approaches too. Both the clinical gaze and ethnographic noticing utilise forms of sensory triangulation to generate their evidence. In other words, what the doctor sees, hears and feels and what the ethnographer sees, hears and feels are all very important. Both work through what Ghassan Hage (2015, p55) calls 'the comparative act', which constantly exposes the anthropologist and the doctor, to being other than what they are.

By now I hope it is obvious that my own interest is in understanding what these fields share. But rather than working 'across the river' (as in the Randwyck and the inner-city campuses of Maastricht University) or looking for bridges, I am

interested in another river phenomena: the confluence. That is, I am interested in, where we can find points of coming together.

Let me explore such a confluence in more detail. For me, similarities in approaches of medicine and anthropology can be found in the seemingly simple practices of *observation*, *examination* and *investigation.*

OBSERVATION, EXAMINATION AND INVESTIGATION

Let's look at *observation* first, or what could simply be called paying attention. Observation is often the first step a doctor is taught in order to make a diagnosis: look at how the patient enters the room or is lying in bed. It's a Sherlock Holmes way of tracking and tracing clues. Observation is also at the core of the ethnographic method central to anthropology, a practice that the anthropologist Anna Tsing (2021) has coined as the arts of noticing. Observation is thus a shared practice across medicine and anthropology. This kind of noticing is not innate, that is, something we are born with, but rather a practice that is cultivated within these fields, through education and through research.

Examination is another word which threads across anthropology and medicine, from anthropologists examining a field, a text, a community, to the doctor performing a clinical examination. Again, while it may seem that the fields diverge greatly here, both share an understanding that examination is a sensory and a bodily practice, and a practice that involves materials whether it be a stethoscope or a notebook.