(W)e should be able to observe empirically how an anonymous and
generic body is made to be a person: the more intense the shower of
offers of subjectivities, the more interiority you get.

(Latour 2005, 208)

It was at the desk of the Radiology Department that I first met Mr.
Coenen.¹ He had an appointment for an ultrasound examination of
his abdomen and kidneys. I told him that I was studying the role of
medical images in people’s experience of their body, their possible ill-
ness and its medical treatment and asked whether I could be present
during the examination and interview him afterwards. Mr. Coenen
agreed to that.

Fifteen minutes later, I was watching Mr. Coenen on an examina-
tion table in an ultrasound room. An assistant physician moves the
ultrasound transducer over his lower abdomen. Turning his head, Mr.
Coenen can see the monitor that the physician is looking at. As soon
as the monitor shows the first grayscale images (fig. 7.1) Mr. Coenen
asks: “Are those the kidneys you see?” “Yes”, the radiologist confirms.
“And all the black follicles are cysts.” “And the light pieces are what is
still ok?” “That is the kidney center.” The screen shows moving pictures
of Mr. Coenen’s right kidney. The radiologist stores a still picture of
a large cyst every now and then by pushing on a button on the ultra-
sound machine’s control panel. “Let me look to the other side”, she
says. “Should I turn?” “No, just stay like this”. The radiologist moves
the transducer to the left side of the abdomen. She types in ‘left’ on the
keyboard and the word appears next to the still image on the monitor.

¹ The story of Mr. Coenen is one of the cases documented in Visions of illness. An
endography of real-time medical imaging (Radstake 2007), which is based on fieldwork
in a radiology and in an endoscopy department of a Dutch hospital.
Fig. 7.1. Ultrasound picture of right kidney. Reproduced with permission of the patient and the radiologist.