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## Coordinating empires: Nationhood, Australian imperialism and international health in the Pacific Islands, 1925–1929

The first International Pacific Health Conference, held in Melbourne in 1926, brought together senior health officials from the Pacific Islands, as well as from the League of Nations, the Philippines, Japan, French Indochina and Britain. On the agenda was the creation of a local variant of international health regimes recently appearing elsewhere in the world: standardised quarantine, regional training programs, the exchange of research and an epidemiological intelligence service using telegraph and wireless networks. Since the mid-nineteenth century, a series of international sanitation conferences had negotiated uniform quarantine codes intended to prevent more of the plague and cholera epidemics that had struck Europe prior to the 1850s. By the 1920s, several new international organisations—particularly the League of Nations Health Organization (LNHO) and the International Health Board (IHB) of the Rockefeller Foundation—collectively administered a much wider repertoire of activities of the kind that were considered in Melbourne. The LNHO had already established an epidemiological bureau in Singapore, which would later coordinate study tours, courses in malariology and epidemiological studies and treatment campaigns at the request of various national and colonial governments across Asia. In the 1930s, the LNHO

became involved in nutrition surveys and social medicine and on one occasion participated in the wholesale reorganisation of national public health administrations.<sup>1</sup>

Although the participants shared concerns about the transmission of epidemic disease and population decline, the conference in Melbourne was also part of an Australian project in empire and security. The geography of the Pacific Islands was a constant source of worry for health officials. Their archipelagic nature seemed to make it easier for shipborne diseases to pass between territories undetected in an era of increasingly rapid and extensive commerce with Asia. Cumpston, Elkington and Cilento saw the islands—administered by chronically underfunded governments often lacking in personnel and quarantine infrastructure—as ready soil for new foci of smallpox, cholera and plague. The CDH produced a map for the conference of the ‘Austral-Pacific Regional Zone’, which incorporated the island groups of Near and Remote Oceania and would be centred on a bureau and training centre somewhere in Australia. The map of the ‘Austral-Pacific’ was thus a representation of what Commonwealth health officials considered a sphere of informal authority over health services across the islands. In establishing such dominance over colonial medicine and ‘native administration’, they sought not only to safeguard the Commonwealth, but also to fulfil dreams of Australian hegemony in the Pacific Islands.<sup>2</sup>

The League of Nations responded to a request for assistance in the report of the conference by initiating the Pacific Health Mission, which aimed to investigate epidemiology, nutrition, health services and population decline in the islands. When the time came to carry out this inquiry, it was Cilento, along with French colonial officer Paul Hermant, who travelled through Fiji, New Caledonia, the New Hebrides, Papua, New Guinea and the Solomon Islands. This brief experience of other social, economic and political regimes of the Pacific—especially the variety of indigenous

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1 Dimitra Giannuli, ‘“Repeated Disappointment”: The Rockefeller Foundation and the Reform of the Greek Public Health System,’ *Bulletin of the History of Medicine*, 72(1), 1998, pp. 47–72. For the history of international health in the nineteenth century, see Harrison, ‘Disease, Diplomacy and International Commerce,’ pp. 197–217. For the history of international health conferences and organisations generally, see Paul Weindling, ‘Introduction: Constructing International Health between the Wars,’ in Paul Weindling (ed.), *International Health Organisations and Movements, 1918–1939* (Cambridge: Cambridge University Press, 1995), pp. 1–16; Dubin, ‘The League of Nations Health Organisation,’ pp. 59–60; Bashford, *Imperial Hygiene*, pp. 133–5.

2 ‘Native administration’ referred to the special government of indigenous people. Sir Arthur Gordon’s Fijian administration used the term in the 1870s. See Bennett, ‘Holland, Britain, and Germany in Melanesia,’ p. 42.

and migrant populations—reaffirmed Cilento’s ideological commitment to racial and cultural homogeneity as a general principle of world order. In letters from Fiji, he dwelt on how Indian indentured labourers had displaced indigenous cultivators, precluding the peasant proprietorship he had advocated in New Guinea. As he toured the colonial Pacific, Cilento elaborated on his claims that health rested on national social homogeneity and environmental equilibrium. Moreover, the connections he made in New Guinea between health, nationhood, homogeneity, agriculture and nutrition would equally underpin his contributions to public health reform in Australia.

## Steamships and conferences: Quarantine, epidemiological intelligence and international health in the interwar years

Medical officials in the South-West Pacific, particularly those within the CDH, worried about the epidemiological implications of closer commercial ties with Asia. They also worried about the underdevelopment of and lack of coordination in preventive medicine in the region. From the 1880s, as Bashford has shown, such concerns played a powerful role in defining the boundaries of a potential Australian nation. As commercial shipping between the Australian colonies and India, Ceylon, the Straits Settlements, French Indochina, China and the Dutch East Indies became more rapid and frequent, Australia appeared ever more vulnerable to cholera, plague, smallpox and other diseases associated with Asia. Where once the sea had seemed to provide a natural barrier—as the time taken to cross it allowed disease symptoms to appear among an inbound vessel’s passengers—modern steamships made the distance between Australia and Asia seem uncomfortably close. Quarantine in the Australian colonies and in the post-Federation Commonwealth thus provided ways to imagine Australia as a ‘clean’ island nation.<sup>3</sup>

Quarantine also became part of the Australian imperial imagination. Public health within colonial territories revolved around combating the supposed ‘backwardness’ of indigenous subjects. International cooperation in quarantine instead spoke to fear about the effect on indigenous populations of their integration with a modern world economy, with all

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3 Bashford, *Imperial Hygiene*, pp. 123–31.

its varied exchanges of disease, goods, ideas and customs. At the second Pan-Pacific Science Congress, held in Australia in 1923, Cumpston spoke of the need for 'conservation of the native races' and called for greater cooperation between island health authorities in preventing epidemics and improving indigenous health.<sup>4</sup> In 1925, the Australian Government, responding to frustration among copra planters in New Guinea, dropped a provision from the Navigation Act that forced ships carrying their produce to pass through Sydney en route to their destination. Cilento noted that ships coming directly from Hong Kong would now take only eight days to arrive in Rabaul. This interval, he pointed out, was about six days shorter than the incubation period for smallpox, raising the possibility that it might escape the gaze of quarantine officers.<sup>5</sup>

The International Pacific Health Conference, convened by the Commonwealth in Melbourne in December 1926, was the federal government's first significant international involvement in regional public health. The 1884 Australasian Sanitary Conference had included the Chief Medical Officer of Fiji in debates over the efficacy of quarantine and vaccination.<sup>6</sup> However, while the 1880s had been marked by the question of whether Fiji and New Zealand would be included in an Australian federation, the 1920s conference was clearly oriented towards a larger consideration of the Pacific Islands as a region. The conference included chief medical officers from most of the Pacific Island administrations, including Cilento (New Guinea), Walter Strong (Papua), Aubrey Montague (Fiji), T. Russell Ritchie (Samoa) and H. B. Hetherington (Solomon Islands), as well as M. H. Watt from New Zealand. Participants also came from further afield, including Eusebio Aguilar (the Philippines), Paul Hermant (French Indochina), Genzo Katoh (Japan), A. R. Wellington (the Straits Settlements), Sir George Buchanan (the United Kingdom) and F. Norman White from the League of Nations. Delegates from the Dutch East Indies were invited but were unable to send a representative. The composition of the conference thus reflected a focus on improving preventive health in the island groups of the South-West Pacific and a secondary concern with the way a Pacific Islands health regime might be articulated within the larger regional and global apparatuses of international health that had been developing since the beginning of the twentieth century.

4 J. H. L. Cumpston, 'Depopulation of the Pacific,' *Proceedings of the Pan-Pacific Science Congress*, 2(4), 1923, p. 1394.

5 *The Age*, [Melbourne], 19 November 1925, n.p., NAA: A1928 (A1928/1), 705/11.

6 Bashford, *Imperial Hygiene*, pp. 25–8.

Participants presented papers on disease conditions in their territories, existing public health measures and—always wary of committing their governments—guarded commentary on the agenda and proposals of the conference. Contributions to the conference varied in depth and detail. Strong and Cilento presented papers with considerable geographic and ethnographic information, as they sought to emphasise the challenges faced by medical authorities in territories with limited financial resources, difficult terrain and the responsibility of governing ‘primitive’ races.<sup>7</sup> Cilento explained the waves of migration that had shaped the populations of South-East Asia and the Pacific Islands in racial terms. At one point he emphasised how the first ‘negrito’ peoples of Melanesia had ‘moiled’ and ‘mixed’ with the successive waves of migrating races from Asia. Despite this ‘blending’ of ‘stock’, however, Cilento related how ‘four great racial variants’—namely, the Malays, Malayoids, Papuo-Melanesians and Polynesians—had emerged with ‘fixed characters, fixed customs, fixed boundaries, and all speaking, with innumerable mutations, the Oceanic tongue’. With no unity or ‘common patriotism’ among these peoples, Cilento asserted, colonial powers had established themselves with borders coinciding neatly with racial boundaries.<sup>8</sup> In reality, colonial borders not only cut across networks of commerce and cultural exchange, but also contained extremely diverse and dynamic archipelagic cultures.<sup>9</sup>

Constructing domains of governance was an important theme of the conference. Aguilar presented extensive information on the epidemiology and public health practices of the Philippines, with regard to leprosy, cholera, smallpox and plague, many of which did not occur significantly or at all in the Pacific Islands further east. Cilento in fact tried to delineate epidemiological boundaries that he felt should shape international administrative arrangements. As Sunil Amrith has shown, tropical medicine did much to define ‘Asia’ as a region with a common set of problems and thus as a distinct area for the ‘government of life and welfare’.<sup>10</sup> Racial and political divisions also corresponded, Cilento argued, to differences in disease distribution that gave added resolution to regional distinctions. While Malaysia had the ‘problems associated with Asia, including the presence of plague, small-pox, and other dangerous quarantinable diseases’, the absence of these diseases in Melanesia and

7 Commonwealth of Australia, ‘Report of the International Pacific Health Conference,’ *Commonwealth Parliamentary Papers*, 5, 1926, pp. 826–32.

8 *ibid.*, p. 832.

9 See Moore, *New Guinea*, pp. 3–6.

10 Amrith, *Decolonizing International Health*, p. 76.

Polynesia presented a different epidemiological terrain that included 'endemic depressive' diseases such as hookworm and local epidemics of bacillary dysentery. Polynesia was further differentiated from Melanesia by the absence of *Anopheles* mosquitoes and thus malaria.<sup>11</sup>

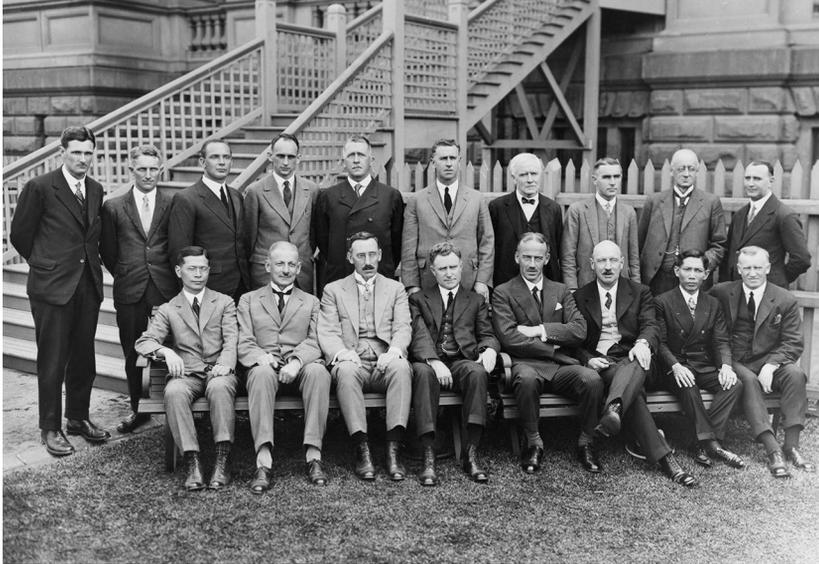


Plate 3.1 The first International Pacific Health Conference, 1926

Source: National Archives of Australia: AA1969, A9.

The rhetoric of responsibility for indigenous welfare that had risen to international prominence ran through this conference as well.<sup>12</sup> In lofty opening remarks, acting prime minister and former surgeon Earle Page declared that 'the efforts of the last 50 years to introduce the material benefits of civilization have been directed by peaceful and humane ideals'.<sup>13</sup> Page highlighted the impact of diseases such as measles, influenza and hookworm, urging: '[W]e should seek to help each other in our common task of securing and improving the health and happiness of these people for whom we are responsible.'<sup>14</sup> A global conversation about the impacts of cultural and economic contact and the need to accept 'uplift' as the central project of civilised imperial nations was thus a significant aspect of the International Pacific Health Conference.

11 Commonwealth of Australia, 'Report of the International Pacific Health Conference,' p. 836.

12 Pedersen, 'Settler Colonialism at the Bar of the League of Nations,' pp. 113–14.

13 Commonwealth of Australia, 'Report of the International Pacific Health Conference,' p. 821.

14 *ibid.*, p. 822.

While the emphasis in other contexts may have centred on indigenous rights or political and economic tutelage, in the Pacific Islands the very survival of indigenous peoples was often foremost in the minds of colonial officials. The 1896 report of the Fijian Commission did much to establish the causes of population decline in colonial discourse in the Pacific. These ranged from introduced disease and malnutrition and European clothing to indigenous customs and habits such as headhunting, polygamy, narcotics use, communality, improvidence and infanticide.<sup>15</sup> Often these factors were seen to overlap, especially in the work of anthropologically inclined observers such as W. H. R. Rivers and Stephen Roberts.<sup>16</sup> In such representations of indigenous motherhood, officials attributed careless feeding, harmful practices and neglect to racial attributes, yet also worried that colonisation produced a psychological malaise among indigenous people.<sup>17</sup> Colonial anxiety about population manifested in census taking and more deliberate health interventions. In this way, authorities, often with the support of an indigenous male elite, sought to realise a concept of population that, as Margaret Jolly puts it, ‘connected native bodies to the state’.<sup>18</sup> Colonial governments thus sought to extend and secure knowledge and control of indigenous populations as assets for development.<sup>19</sup>

The International Pacific Health Conference made colonial depopulation a subject of international cooperation. A history of devastating epidemics loomed large in the minds of medical men in the Pacific. Page, Elkington, Ritchie and Cumpston referred throughout the conference to the 1875 measles outbreak that had killed an estimated 25 per cent of the indigenous population of Fiji, as well as to the impact of influenza in Samoa and Tonga in 1918–19.<sup>20</sup> At the time of the conference, narratives about the impact of epidemic diseases on population could not be disentangled from representations of the primitive status of Pacific Islanders.<sup>21</sup> Ritchie told the conference that, as the Chief Medical Officer of Samoa, he was fortunate to be working with ‘a more advanced race’, which could be

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15 Colony of Fiji, *Report of the Commission Appointed to Inquire into the Decrease of the Native Population* (Suva: Colony of Fiji, 1897), pp. 5–7. See also Nicholas Thomas, *Colonialism's Culture: Anthropology, Travel and Government* (Cambridge: Polity Press, 1994), p. 112.

16 See Chapter 2, this volume.

17 Jolly, ‘Other Mothers,’ pp. 182–7.

18 Jolly, ‘Infertile States,’ p. 277.

19 Jolly, ‘Other Mothers,’ p. 179.

20 Commonwealth of Australia, ‘Report of the International Pacific Health Conference,’ pp. 822, 839, 871.

21 Matsuda, ‘The Pacific,’ pp. 771–2.

taught to react properly to the influx of influenza.<sup>22</sup> Others, however, argued that an almost universal ‘native mind’ was a crucial element shaping medical work in the Pacific Islands. Cilento in particular stressed the extent to which ‘that inelasticity of mentality which curses the whole of the native races’ hampered preventive health measures in the Pacific.<sup>23</sup> Indeed, Cilento frequently described the vulnerability of islanders in terms of their ‘inelasticity’ to changes in the availability of food and the introduction of diseases.<sup>24</sup>

Many scholars have stressed the importance of accounting for the place of disease in the demographic past in the Pacific Islands without reinscribing old colonial representations. It is all very well, they argue, to overcome narratives that diminish indigenous agency, but it is hard to ignore the tragic impact of disease on some Pacific Island societies.<sup>25</sup> This study returns to the place of disease in depopulation, but in a way that connects these to regional geopolitics. International health in the Pacific Islands illustrates the way empires in the twentieth century became entangled and, in particular, the way in which international organisations became involved in coordinating imperial governance.<sup>26</sup>

Beyond moral responsibility for indigenous welfare, colonial health authorities at the conference were practically concerned with the preservation and management of an indigenous labouring population. Ernest Chinnery, the Government Anthropologist in New Guinea, spoke of the need to develop ‘scientific control of native labour’—both for its economic value and for the larger ‘progress of the indigenous races’. Cilento informed the conference about long-term campaigns in the Dutch East Indies against yaws and hookworm that had increased the proportion of ‘first-class’ labourers from 35 per cent to 90 per cent.<sup>27</sup> He emphasised the need to look beyond introduced epidemic diseases and focus on the continuing impact of tuberculosis, pneumonia, dysentery and malaria

22 *ibid.*, p. 839.

23 *ibid.*, p. 872.

24 Cilento, ‘The Value of Medical Services in Relation to Problems of Depopulation,’ p. 480; Raphael Cilento, ‘Some Problems of Racial Pressure in the Pacific,’ p. 45.

25 Lal, ‘The Passage Out,’ pp. 440–1; David Chappell, ‘Active Agents versus Passive Victims: Decolonized Historiography or Problematic Paradigm,’ *The Contemporary Pacific*, 7(2), 1995, p. 316; Jolly, ‘Infertile States,’ p. 275; Matsuda, ‘The Pacific,’ pp. 770–2.

26 Paul Kramer and John Plotz, ‘Pairing Empires: Britain and the United States, 1857–1947,’ *Journal of Colonialism and Colonial History*, 2(1), 2001, p. 2.

27 Commonwealth of Australia, ‘Report of the International Pacific Health Conference,’ pp. 836, 886.

on indigenous populations.<sup>28</sup> The time devoted to discussing labour at the conference underscores Sunil Amrith's argument that international health was less the initiative of a 'vanguard of cosmopolitan doctors' and more an 'inexorable process of governmentalization, itself a response to the challenge of governing growing populations increasingly integrated into the world economy'.<sup>29</sup> Colonial health officials in the Pacific were attracted to cooperation in international health because it offered the means to manage the impacts of economic integration on indigenous peoples, whose labour was vital for that integration.

Preserving and cultivating populations in the Pacific Islands, 'from a humanitarian and a commercial stand-point', were thus the chief objects of cooperation in the Pacific Islands.<sup>30</sup> Elkington, the Director of the Division of Tropical Hygiene of the CDH, reiterated the problems of preventive medicine in the Pacific in his opening address, noting that the speed of ships was increasing annually, removing distance as a factor in the defence of invasion from germs.<sup>31</sup> Cumpston, the conference president, declared:

[T]he Pacific Ocean ... has, within recent years, become a field of international maritime commerce, and the problems essentially involved in such a development are constantly being brought to our notice.<sup>32</sup>

Elkington reminded the conference that a New Zealand vessel had carried the influenza that had wrought devastation in Samoa in 1918, while blackbirding ships from Queensland had been responsible for outbreaks of measles in the islands in the 1860s.<sup>33</sup>

A lack of coordination in quarantine and epidemiological information compounded these problems. Dr Aubrey Montague told the conference that 'each State has its own idea of what diseases are quarantinable'.<sup>34</sup> One health authority might take little action against malaria on board a ship, endangering any malaria-free territories, such as Fiji, which may be its next port of call. Information sharing between the islands was rudimentary and intermittent; medical officers complained of being

28 *ibid.*, p. 833.

29 Amrith, *Decolonizing International Health*, p. 11.

30 Felix Speiser, quoted in Cumpston, 'Depopulation of the Pacific,' p. 1390.

31 Commonwealth of Australia, 'Report of the International Pacific Health Conference,' p. 824.

32 *ibid.*, p. 823.

33 *ibid.*, p. 825.

34 *ibid.*, p. 840.

blind to conditions in the ports and islands from which commercial and passenger vessels had embarked. Ritchie pointed out that traffic between the islands carrying ‘those diseases which are looked upon in civilized communities as being childish complaints’ was as great a problem as contact with disease foci in Asia. The use of bills of health in the Pacific Islands was a ‘farce’, he argued, as they failed to provide useful information on the important local diseases that might be present in the port or territory from which ships arrived:

What would be of more importance than a bill of health would be that when a boat sails from a port a wireless message should be sent to the port to which the vessel is proceeding, telling, in addition, any diseases that may be present on the vessel, as well as what diseases are prevalent in the country in the vicinity of the port from which the vessel has departed.<sup>35</sup>

Ritchie was echoing the Commonwealth’s own agenda for the conference. The first proposal concerned quarantine measures, including a model bill of health and the standardisation of inspection procedures for diseases such as measles, influenza, dysentery, cerebral spinal meningitis, hookworm, malaria and others of an epidemic or chronically debilitating nature. Under the resolutions of the conference, governments were to declare first ports of entry at which all incoming ships must call and post a fully qualified medical officer as a quarantine officer in each of these. After a medical inspection of all persons on board, the quarantine officer would then request a health report from the master of each vessel, including a record of where the vessel hailed from and its ports of call, the notifiable diseases at those ports, communication with infected vessels and any previous medical inspection. Once satisfied, the quarantine officer could then grant the vessel pratique. The second proposal concerned the establishment of an epidemiological bureau at the Australian Institute of Tropical Medicine (AITM) in Townsville, which had been established in 1910 to study the physiology of the ‘white race’ in tropical Queensland.<sup>36</sup> Now Cumpston suggested that it could serve as a centre for the regular collection and distribution of epidemiological data across the region, orchestrated by wireless and telegraph from Australia.

These proposals were essentially for local versions of established international health practices. In the wake of major cholera epidemics in the nineteenth century, European medical men worried about how steamships seemed

35 *ibid.*, p. 840.

36 Anderson, *The Cultivation of Whiteness*, pp. 102–18.

to open a Mediterranean gateway to the fundamentally diseased centres of the 'Orient', while the Panama Canal would later threaten to spread yellow fever to Asia from the Americas.<sup>37</sup> In 1907, the Treaty of Rome established the Office International d'Hygiène Publique (OIHP) in Paris, which began collecting and disseminating epidemiological information. It was not, however, until the establishment of the LNHO in 1921 that the development of international health, as a set of specific and accepted practices, gathered speed. With a large part of its finances provided by the Rockefeller Foundation, the LNHO expanded personnel exchanges and arranged research projects at the request of governments.<sup>38</sup>

The creation of the League of Nations' Eastern Bureau in Singapore in 1925 represented perhaps its most significant contribution. The Singapore bureau was by 1931 receiving weekly telegraph and wireless messages from 135 ports across an area stretching from the east coast of Africa to India and South-East Asia, and to Oceania and Japan.<sup>39</sup> These data were also transmitted to the OIHP, which issued global summaries. The bureau also coordinated research in the region, arranged study tours and offered training in malariology for sanitation officials.<sup>40</sup> Gilbert Brookes, the port health officer at Singapore, described the bureau as an 'incalculable boon'. Alison Bashford has argued that, in creating a huge web of new lines of communication, the bureau worked to shift spatial conceptions of the globe 'from a national-imperial axis to a regional-world axis'.<sup>41</sup> At the very least, the bureau outlined a region with what Patrick Zylberman might call common 'geo-epidemiological realities' based on commerce, which were countered with conventional sanitary measures and international coordination of information.<sup>42</sup>

Australia, New Zealand and the Pacific Islands all took advantage of and appreciated the services of the Singapore bureau, yet all felt that the data failed to address the disease threats specific to those Melanesian

37 Patrick Zylberman, 'Civilizing the State: Borders, Weak States and International Health in Modern Europe,' in Alison Bashford (ed.), *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present* (Basingstoke, UK: Palgrave Macmillan, 2006), p. 25; Stern, 'Yellow Fever Crusade,' p. 41.

38 Dubin, 'The League of Nations Health Organisation,' pp. 67–72.

39 Manderson, 'Wireless Wars in the Eastern Arena,' p. 120.

40 *ibid.*, p. 109.

41 Straits Settlements, *Annual Report of the Medical Department for the Year 1927* (Singapore: Government Printer, 1928), p. 13; Alison Bashford, 'Global Biopolitics and the History of World Health,' *History of the Human Sciences*, 19(1), 2006, p. 72.

42 Zylberman, 'Civilizing the State,' p. 25.

and Polynesian island groups that were the focus of the Melbourne conference. Watt told the conference that while the bureau provided useful information on the status of cholera, yellow fever, plague and other diseases in foreign ports, it had shortcomings:

In relation to the South Pacific ... there is a sort of hiatus, because we have to consider the minor infectious diseases, such as measles, influenza, &c., which are generally not taken into cognizance by the Ministry of Health and the Singapore Bureau.<sup>43</sup>

Cumpston and Montague noted that locally important information had been shared only occasionally, such as when the Governor of New Caledonia had alerted Australia to the arrival of a ship carrying cerebral spinal meningitis. Cumpston reminded the conference of the Australian proposal in the draft document provided to the participants:

For the better prevention of the spread of epidemic diseases, and for the improvement of public health measures generally, it is desirable to establish a special system of intelligence between the health administrations of islands in the Pacific, situated south of the equator and between longitude 140 deg. E. and 140 deg. W.<sup>44</sup>

This region was dubbed the 'Austral-Pacific Regional Zone' and included New Guinea, Papua, the Solomon Islands, New Caledonia, the New Hebrides, the Gilbert and Ellice Islands, Fiji, Western and Eastern Samoa, the Cook Islands, the Marquesas Islands and Tonga. Australia was offering to host and administer an epidemiological bureau that would function in a similar way to the one in Singapore yet adapted to the specific needs of the region.

Cilento framed the local development of such a system as the extension of the colonial surveillance practices established across territories such as New Guinea. He told the International Pacific Health Conference that on his office wall in New Guinea he had a map on to which he could place all the data gathered through the missions, patrols and district medical officers. Vital statistics, epidemiological data and information on sanitation and hygiene could all be plotted on the map, producing a 'perfect graphic record of the health state of the whole area'.<sup>45</sup> The territorially defined state was, however, increasingly integrated into regions and the world

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43 Commonwealth of Australia, 'Report of the International Pacific Health Conference,' p. 851.

44 *ibid.*, p. 850.

45 *ibid.*, p. 834.

as a whole, suggesting that the problems of managing the health of populations could be divided into two branches: domestic administration and medical services on one hand, and the international measures of quarantine and research on the other. In this way, Cilento conceptualised international health as the meshing of colonial public health measures with international networks of surveillance and regulation of disease.<sup>46</sup> In this sense, he was suggesting that the governance of colonised populations become more thoroughly international.

For those representing Asian territories and international organisations, the proposal for a local epidemiological intelligence service was a source of some concern. White, the LNHO representative, confessed to confusion over Australia's proposal to host a bureau. While admitting that the information provided by Singapore seemed to be insufficient, White assumed that the proposed bureau would be integrated into the existing framework of international health:

If you decide to create an organization out here, under the authority of the League of Nations, I can assure you ... that the health organization of the League will only be too pleased to give you every possible assistance.<sup>47</sup>

Buchanan, a senior official of the British Ministry of Health, pointed out that Australia's proposal was more informal, involving a new centre within the CDH aimed at collecting and disseminating data on diseases not covered by the Singapore bureau. This regional service would send summaries to the Eastern Bureau, but it would ultimately be run by Australia as an independent bureau for the Pacific. Wellington, the representative of the Straits Settlements, continued to query the concept, asking:

In other words, the scheme reduces the importance of the Singapore Bureau by cutting off its relations with the islands, and substitutes an independent centre, which will cooperate with the Singapore Bureau, but which will not be in any way under it. Am I correct?<sup>48</sup>

Cumpston was somewhat mystified by this unease and tried to assure the representatives that the Commonwealth did not intend to cut off the region from the main stream of international health. L. N. Guillemard, the High Commissioner of the Federated Malay States, told the Australian

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46 *ibid.*, pp. 836–7.

47 *ibid.*, p. 848.

48 *ibid.*, p. 851.

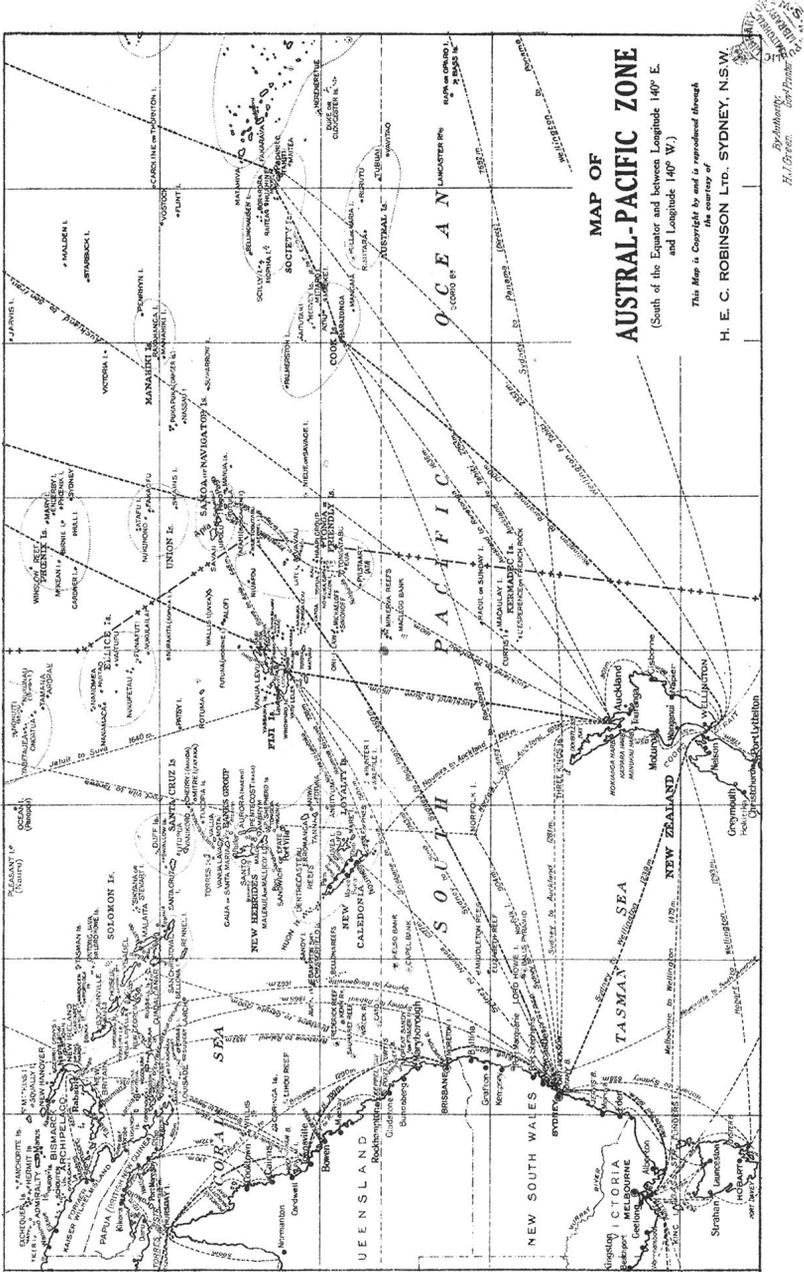
Government that his administration would not adopt the resolutions of the International Pacific Health Conference, writing that the ‘rigid Australian system’ of quarantine had ‘been framed to meet the needs of the Austral-Pacific administrations’.<sup>49</sup> There was thus no neat articulation with a singular global structure of public health surveillance, reflecting not only a sense of distinct Pacific epidemiology, political economy and culture, but also the imperial ambitions of Commonwealth health officials, especially Cilento.

## The Austral-Pacific Regional Zone: Security and empire

Commonwealth officials included a map of the ‘Austral-Pacific’ in the report of the International Pacific Health Conference and in the *Epidemiological Record* that it distributed throughout the Pacific Islands until 1941. The map encompassed the eastern half of Australia, Papua and New Guinea, New Zealand, Nauru, Tahiti and everything in between. Lines crossing the map indicated the distance between Sydney, Suva, Rabaul, Wellington, Thursday Island, Townsville, Noumea and many other ports. International health elsewhere had developed on an international basis—through the funding of the IHB of the Rockefeller Foundation, the authority of the League of Nations and the direction of international committees and advisory councils. In the Pacific Islands, the development of the same instruments of international health was largely the initiative of Australian Commonwealth officials. In mapping the islands, the CDH was outlining not just an administrative region, but also one in which Australia must exercise informal authority over public health.

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49 L. N. Guillemard to Governor-General, Australia, 28 January 1928, NAA: A518/1, D832/1/3.



Map 3.1 Map of the 'Austral-Pacific Regional Zone'

Source: *Epidemiological Record of the Austral-Pacific Zone for the Year 1928* (Canberra: Government Printer, 1929), State Library of New South Wales, Q614.4906/A.

Governments had earlier mapped and intervened in the health administration of regions. Patrick Zylberman has examined how European doctors, in the wake of the 1865 cholera epidemic, identified the Mediterranean as a 'door to the Orient'. The Ottoman Empire, which oversaw quarantine during the Muslim pilgrimage, was, they argued, a weak state, justifying European intervention in its public health affairs.<sup>50</sup> In the late nineteenth and twentieth centuries, American doctors similarly mapped Latin America as a biomedical threat to the United States, especially after the construction of the Panama Canal. For many, this threat justified military intervention in Cuba and Puerto Rico in 1898 and control of Panamanian public health in the first decades of the twentieth century. It also led to the 'mental' mapping of Latin America, particularly through the Rockefeller Foundation's Yellow Fever Commission, which Stern has argued was part of 'expanding US scientific and cultural hemispheric dominance'.<sup>51</sup>

Australia similarly mapped the Pacific Islands as a collection of underfunded and underdeveloped imperial territories that were vulnerable to introduced diseases. The circulation of diseases around the region threatened these islands, which therefore became immediate threats to Australia itself. A national security imperative thus underpinned Australian intervention in the region. At the International Pacific Health Conference, Elkington told participants that, given Australia's geographical and commercial relationship with the Pacific Islands, 'very obvious risks would accrue to us in the event of the implantation of any of the great epidemic diseases in any of these island groups', which would become 'stepping-stones' to Australia.<sup>52</sup> There is a clear sense, then, that Australia, in extending its quarantine line out from its own political boundaries, was still acting to maintain an imagined cleanliness against contamination. Australian officials were at the same time deeply concerned about the geopolitical consequences of indigenous population decline. While visiting the United States in 1924, Cumpston conferred with Victor Heiser and other IHB officials to discuss 'saving the indigent races of the South Pacific Islands'. Cumpston noted that if French colonies in the Pacific continued to replace a declining indigenous people with

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50 Zylberman, 'Civilizing the State,' p. 26.

51 Stern, 'Yellow Fever Crusade,' p. 41–2.

52 Commonwealth of Australia, 'Report of the International Pacific Health Conference,' p. 824.

Chinese and Japanese labour, later ‘domination’ by these communities ‘would mean just that much more territory lost to the whites, and would be most serious for Australia and the British Empire’.<sup>53</sup>

Intervention in international health was also an attempt to fulfil Australians’ own imagined imperial destiny. The Australian constitution had excluded the Commonwealth from domestic public health, limiting federal responsibilities to the administration of quarantine regulations. Australia’s assumption of colonial administration in New Guinea thus became a potent argument that Cumpston used to support the establishment of a federal health department.<sup>54</sup> In this sense, the CDH owed its existence to Australian imperialism. Yet Cilento, Elkington and, to a lesser extent, Cumpston saw the wider Pacific Islands as an Australian sphere of influence. At the International Pacific Health Conference, the Acting Director of the AITM, Dr Alec Hutcheson Baldwin, suggested that, in addition to its role as an intelligence bureau, the Institute could offer three-month courses in tropical medicine to students from across the Pacific. It could, moreover, function as a clearing-house for technical information and as a research and diagnostic centre.<sup>55</sup> For Cilento, the institute’s role as a regional centre for training was vital for encouraging:

[a] continually rising standard of efficiency among the medical personnel of each and all colonial or territorial services, with ... the final objective of the production throughout the Pacific of a group of medical services of maximum capability and worldwide recognition.<sup>56</sup>

Commonwealth officials thus hoped to make the courses offered at the institute the standard for the training of personnel throughout the region.

Cilento in particular embraced a tradition of seeing an imperial destiny in the national history of Australia. Roger Thompson has noted that, although concerns about German and French activities dominated debates over Pacific expansion, Federation invigorated another strand of Australian imperialism. An editorial in the Adelaide *Advertiser* asserted that, with Federation:

53 ‘Memorandum re Conference with Cumpston, Vincent, Russell, Heiser,’ p. 1, 19 August 1924, Victor Heiser Papers [hereinafter Heiser Papers], American Philosophical Society, Series 4, Box 68, Folder 4.

54 Roe, ‘The Establishment of the Australian Department of Health,’ pp. 189–90.

55 Commonwealth of Australia, ‘Report of the International Pacific Health Conference,’ p. 892.

56 *ibid.*, p. 837.

We may expect to find attention once again turned towards the numberless islands that dot the huge watery waste around us, and which—whatever allegiance they may now own—we still regard as ... preordained, at however remote a date, to be our heritage.<sup>57</sup>

This culture of associating nationhood with imperial status informed Cilento's thinking especially. Reflecting a strongly gendered conception of nationhood, he asserted in a 1925 speech to the Rotary Club that the indigenous peoples of Papua and New Guinea 'were placed under control of the Commonwealth when Australia won manhood status, and every Australian should be sympathetic to the charge laid upon the nation'.<sup>58</sup> In a contribution to the 1931 report of the Federal Health Council, he wrote:

Australia's aspirations towards nationhood brought about the annexation of British New Guinea [the Territory of Papua] in 1883–84—a gesture that found its complete expression only after federation had become a fact, and Australia's national feeling had made a lusty growth during the Great War of 1914–18.<sup>59</sup>

The gradual acquisition of Papua and New Guinea was in this narrative the fulfilment of Australia's growth towards nationhood.

At a time when further imperial ambition in Australia had become more ambivalent in the face of financial stringency and political uncertainty, Cilento and Elkington hoped to cultivate an informal empire in the Pacific.<sup>60</sup> After the International Pacific Health Conference, Cilento wrote to Brigadier-General Evan Wisdom, the administrator in New Guinea, telling him that, as a result of the conference:

The whole of the island groups of importance in the Pacific south of the equator are drawn into relationship with Australia which will enormously enhance the prestige of Australia and will make her a country to which practically the whole of such islands will look for guidance in matters of medicine, sanitation, hygiene, and in fact, native administrations in a sociological sense.<sup>61</sup>

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57 Roger Thompson, *Australian Imperialism in the Pacific: The Expansionist Era 1820–1920* (Melbourne: Melbourne University Press, 1980), p. 158.

58 *The Argus*, [Melbourne], 19 November 1925, p. 14. See Marilyn Lake, "'The Brightness of Eyes and Quiet Assurance Which Seems to Say American": Alfred Deakin's Identification with Republican Manhood,' *Australian Historical Studies*, 38(129), 2007, pp. 32–6.

59 Raphael Cilento, 'Review of the Position of Tropical Medicine and Hygiene in Australia,' *Report of the Federal Health Council of Australia*, 5, 1931, p. 33.

60 Thompson, *Australia and the Pacific Islands in the 20th Century*, pp. 88–90.

61 Raphael Cilento to Brigadier-General Evan Wisdom, 7 February 1927, NAA: A518/1, D832/1/3.

The map of the 'Austral-Pacific' was therefore an expression of the imperial ambitions of officials within the CDH. In contrast to other maps that defined Australia as a 'clean' island nation isolated against an outside teeming with contaminating germs and people, the 'Austral-Pacific' map made Australia part of a region. It expressed a desire to reorient the Pacific Island administrations away from Paris and London towards Australia and a region centered on it. In place of formal empire, Commonwealth health officials worked to establish Australian pre-eminence in the knowledge and practice of tropical medicine and the governance of indigenous people.

Despite financial constraints, all the CDH's proposals were implemented in some form, although these ambitions were ultimately frustrated. Donald Denoon and Warwick Anderson have argued that the CDH retreated from the tropics in the mid-1920s and the Pacific health network had little substance. The closure of the AITM in 1930 and the incorporation of its functions into the School of Public Health and Tropical Medicine at the University of Sydney were emblematic of a shift in focus towards health in urban centres.<sup>62</sup> Cumpston certainly lost much of his interest in the tropics. He warned Cilento against continuing to evangelise on the topic of settling northern Australia and, in the early 1930s—citing financial constraints—he significantly curtailed the activities of Cilento's Division of Tropical Hygiene.<sup>63</sup>

Yet the departure from the pursuit of regional interests was neither complete nor clean, as the conference led to lingering interaction. Cumpston and the CDH continued to envision the School of Public Health and Tropical Medicine, which took over the teaching functions of the AITM, as serving the Pacific region. At a meeting of the Advisory Council for the school in November 1929, Cumpston noted recent developments in Australia's relationship to the 'Oceanic or Australasian section of the Pacific Ocean' and stated: 'It is felt that the teaching of medical graduates in T. M. and H. [Tropical Medicine and Hygiene] could well be undertaken for this area by the Sydney School.'<sup>64</sup> Australian officials thus hoped the school

62 Denoon, *Public Health in Papua New Guinea*, p. 44; Anderson, *The Cultivation of Whiteness*, pp. 151–2.

63 J. H. L. Cumpston to Raphael Cilento, 18 July 1932, Cilento Papers, UQFL44, Box 24, Item 177; J. H. L. Cumpston to C. H. E. Lawes, 23 November 1933, Papers of John Howard Lidgett Cumpston, MS 613, Box 13, NLA.

64 'Report of the Meeting of Advisory Council,' *Minute Book*, 28 November 1929, p. 14, NAA: C1942, Box 1.

would act as a training centre for British colonial officials en route to Fiji and the Solomon Islands. At a meeting of the Advisory Council in early 1933, Cumpston drew attention to a letter from the British Secretary of State for Dominions that indicated that the Sydney school would be listed as an institution approved for the training of British medical officials in the Western Pacific.<sup>65</sup> The CDH, and particularly Cilento, thus hoped to use the teaching and intelligence functions of the School of Public Health and Tropical Medicine to spread models of colonial public health.

This vision of Australian dominance over the way medical services developed across the region never quite eventuated. While the occasional candidate for the Diploma of Tropical Medicine came from the Solomon Islands, Ocean Island or the British Phosphate Commission on Nauru, most students undertaking the course came from the Australian dependencies and New South Wales.<sup>66</sup> The school's research activity was also limited to the Australian tropics, Papua, New Guinea and Norfolk Island. Australia continued to supply intelligence to the region until 1941, but the teaching and research roles of its institutions of tropical medicine were never as developed or as extensive as originally imagined. If this truncation of the Australian presence in the Pacific was for Cumpston a necessary strategic step, it was for Cilento a bitter disappointment. Writing to Phyllis in 1929, he cursed the 'bad ministers' and 'selfseeking parliamentary mountebanks' for tying 'Australia hand and foot at the moment that chance summonses her to dominance throughout the whole of Melanesia'.<sup>67</sup> Cilento thus laid the blame for the failure of Australian imperial ambitions at the feet of political hesitation and self-interest, rather than geopolitical and economic constraints.

A year after the conference, the Senior Medical Officer of the Solomon Islands told the Resident Commissioner that resources were not available for a quarantine station and modern bacteriological lab. He argued that it would be difficult to have a qualified medical officer stationed at every port of entry, noting that Faisi and Vanikoro lacked fully qualified staff for most of the year. In fact, the medical officer at Vanikoro was the doctor of the Vanikoro Timber Company.<sup>68</sup> The Solomon Islands Government

65 'Report of the Meeting of Advisory Council,' *Minute Book*, 4 March 1933, p. 71, NAA: C1942, Box 1.

66 'Annual Report for the Year 1933,' *Minute Book*, p. 102, NAA: C1942, Box 1.

67 Raphael Cilento to Phyllis Cilento, 2 July 1929, Cilento Papers, UQFL44, Box 11, Item 21.

68 Senior Medical Officer to Resident Commissioner, Solomon Islands Protectorate, 16 June 1927, NAA: A518 (A518/1), D832/1/3.

did construct a quarantine station in 1928, but it remained idle for most of the 1930s.<sup>69</sup> Indeed, in his annual report for 1927, the Senior Medical Officer in the Solomon Islands questioned the wisdom of strict quarantine after recalling mild measles outbreaks introduced from the New Hebrides, confessing: 'I am doubtful of the wisdom of attempting to exclude measles by rigid quarantine measures and so producing or attempting to produce and maintain a non-immune population.'<sup>70</sup> Tonga said it had a quarantine station, but regretted that research would be too costly.<sup>71</sup>

Competing models of medical development also challenged Australian claims to control over international health in the Pacific. Initially providing financial support to campaigns against hookworm and other parasitic diseases in the British Empire, the IHB later initiated yellow fever eradication programs in Latin America and supplied much of the funding of the LNHO.<sup>72</sup> The IHB had a presence in Australia and the Pacific, although mostly in the form of Sylvester Lambert, an independently minded American doctor who had worked on the aborted hookworm campaign in Papua in 1917 and in north Queensland during the Australian Hookworm Campaign of the early 1920s.<sup>73</sup> Lambert was later based at Suva, carrying out surveys and treatment campaigns in Fiji, the Solomon Islands and the Cook Islands.<sup>74</sup> His expansion of indigenous medical education through the Central Medical School, established in Suva in 1929, was arguably his more significant work. Lambert hoped that training indigenous students from across the Pacific Islands at this school would be an effective solution to chronic shortages of staff in the region.<sup>75</sup> After a four-year course, students graduated with the title of 'Native Medical Practitioner' and a status just below that of a fully qualified European medical officer.

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69 British Solomon Islands Protectorate, *Annual Medical and Sanitary Report* (Suva: Government Printer, 1928), p. 31; British Solomon Islands Protectorate, *Annual Medical and Sanitary Report* (Suva: Government Printer, 1935), p. 4.

70 British Solomon Islands Protectorate, *Annual Medical and Sanitary Report* (Suva: Government Printer, 1927), p. 3.

71 Premier of Tonga to J. S. Neill, 24 June 1927, NAA: A518 (A518/1), D832/1/3.

72 Farley, *To Cast Out Disease*, Chs 4, 6; Stern, 'Yellow Fever Crusade,' p. 53.

73 Gillespie, 'The Rockefeller Foundation, the Hookworm Campaign and a National Health Policy in Australia,' p. 73.

74 British Solomon Islands Protectorate, *Annual Medical and Sanitary Report*, (1928), p. 10; Commonwealth of Australia, 'Report of the International Pacific Health Conference,' p. 838.

75 Annie Stuart, 'Contradictions and Complexities in an Indigenous Medical Service: The Case of Mesulame Taveta,' *The Journal of Pacific History*, 41(2), 2006, p. 126.

These graduates, Lambert hoped, would go back to their islands and contribute to the development of medical services as colonial intermediaries. The scheme enjoyed broad support among the island administrations and New Zealand sent students from the Cook Islands. According to Annie Stuart, the school attempted to maintain what it believed were indigenous identities and culture, such as through its requirement that students wear traditional dress. Complete control was not possible and Europeanised students wearing shoes and trousers often confounded attempts to manage cultural exchange. Once in service, especially outside Fiji, practitioners faced ambiguity in status and a lack of support.<sup>76</sup>

Australia was singular in its refusal to participate in Lambert's scheme and in the end devised its own medical training scheme for Papuan students beyond the existing rudimentary instruction in first aid. The report of Cilento and Hermant's tour for the League of Nations declared: 'The Papuan native has not yet reached the stage at which it is considered that he is fit for education as a native medical practitioner.'<sup>77</sup> The annual report of the School of Public Health and Tropical Medicine for 1932 announced that a scheme for training Papuan 'native medical assistants' was planned, under the influence of Walter Strong, and asserted: 'An attempt is not being made to turn out fully fledged trained practitioners as in Fiji.'<sup>78</sup> At a meeting of the school's Advisory Council in 1934, a more complete set of reasons was offered:

The facilities at the Sydney Medical School and the School of Public Health and Tropical Medicine, the relative proximity of Sydney, the satisfactory arrangements for the care and supervision of the students, their relative primitive character and limited education, and, above all, the responsibility of Australia for Australian territory, decided against Fiji.<sup>79</sup>

Australia's refusal thus rested on racism and reiteration of the special Australian responsibility for Papuans. Many years later, Lambert criticised the Commonwealth in his memoirs:

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<sup>76</sup> *ibid.*, pp. 132–4.

<sup>77</sup> Raphael Cilento and Paul Hermant, 'Report of the Health Mission to the Pacific of the League of Nations,' October 1928 – April 1929, p. 18, Cilento Papers, UQFL44, Box 18, Item 112.

<sup>78</sup> 'Annual Report for the Year 1932,' *Minute Book*, p. 90, NAA: C1942, Box 1.

<sup>79</sup> 'Minutes of meeting of Advisory Council,' *Minute Book*, 24 April 1934, p. 100, NAA: C1942, Box 1.

The Canberra Government was standing pat on White Man's Australia, and the 'black fellow' was not supposed to have a head on his shoulders. Papuan and New Guinea natives, they said, were not adequately prepared for higher education. I knew better, for I had seen those boys, and worked with them ... According to Australia's yardstick, students from the New Hebrides and the Solomons were also inadequately prepared; but they were entering our first class.<sup>80</sup>

Indigenous responses to these schemes are in fact difficult to gauge. Attitudes to European medicine generally ranged from pragmatic enthusiasm to ambivalence or indifference. Responses to imperial rule itself varied across the Pacific. The more dispersed social and political character of Papua and New Guinea made organised responses to colonial rule rare in the first half of the twentieth century, whereas calls for autonomy from Samoan elites were persistent and determined.<sup>81</sup> The voices of graduates from the school in Suva are largely absent from records, although it is clear that, despite the distinguished careers of some of these men, life for others was unsettled.<sup>82</sup> Occasionally indigenous voices can be heard directly, if somewhat opaquely. Lahui Ako, a Papuan native medical assistant, spoke at the second International Pacific Health Conference, in 1935. Ako's paper outlined his duties, including record keeping and treatments, which included injections and the dressing of ulcers. Ako wrote: 'We give out much treatment for "Levo", which doctors call "Tinea imbricate".'<sup>83</sup> In privileging an indigenous name for the disease, there is a sense of some pattern of accommodation in the education of Papuan medical assistants. Yet there is little evidence of resistance to specific schemes for regional health. Assistants would occasionally record births and deaths so that, Ako explained, the Chief Medical Officer could 'tell in which districts the population is increasing and in which it is decreasing'.<sup>84</sup> Through this provision of vital statistics, Papuan graduates from Sydney became part of the apparatus of colonial government.

Lambert's plan was different from Cilento's vision of an expanding and improving colonial medical service in the Pacific. Lambert tried to get Australia involved in his medical education program, but later suggested

80 Sylvester Lambert, *A Doctor in Paradise* (Melbourne: Georgian House, 1941), p. 287.

81 Hiery, *The Neglected War*, pp. 183–200; Hempenstall, 'Releasing the Voices,' pp. 47–51.

82 Stuart, 'Contradictions and Complexities in an Indigenous Medical Service,' pp. 138–42.

83 'Report of the Second International Pacific Health Conference,' 1935, p. 58, NAA: A518, D832/1/3.

84 *ibid.*, p. 58.

that 'Australia was jealous of little Fiji's rise as a medical centre'.<sup>85</sup> When Heiser met Cumpston and Cilento in Australia in 1934, he noted their racial arguments against the program, but also suggested: 'Australia could not bear to have it said that Fiji was training its personnel; at present they are only making messengers out of them to report to the nearest white man.'<sup>86</sup> Cilento, in a letter to Phyllis, asserted that the aim of the Suva school was to establish a 'South Pacific medical service with Fiji as its centre and Lambert as its head', a scheme that 'Australia cannot afford to tolerate'.<sup>87</sup> The Central Medical School thus established Suva as the locus of an alternative scheme for medical development that—however colonial and racist in its own right—conflicted with the harder racism and imperial ambitions of Commonwealth medical officials.

## Race, nationhood and migration: Cilento's Pacific Island health mission

Among the resolutions of the International Pacific Health Conference was one requesting assistance from the League of Nations, the OIHP and any other international organisations that could help. Australia sent the report to Geneva, where the 11th session of the health committee recommended a two-man survey of the Pacific Islands, which 'would yield results of international interest and importance'.<sup>88</sup> Although a representative of French Indochina, Paul Hermant, participated in the expedition, its planning was left almost entirely to Cilento. The route would take the two through Fiji, New Caledonia and the New Hebrides in a first leg and Papua, New Guinea and the Solomon Islands in a second, between October 1928 and April 1929. Its program in each island group was the inspection of every hospital and public health institution and the condition of labourers. It was a league activity in name only, as Cilento and Hermant, for whom Cilento had high regard, let their colonial interests shape their schedule. Cilento wrote to Phyllis:

85 Lambert, *A Doctor in Paradise*, p. 288.

86 Heiser Diary, 9 March 1934, RG 12, Box 217, 1932–33, Folder 2, Rockefeller Archives Center.

87 Raphael Cilento to Phyllis Cilento, 20 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

88 Cilento and Hermant, 'Report of the Health Mission to the Pacific,' pp. 1–2.

He [Hermant] was relying on me entirely for [the] programme as I hoped, but has two or three side issues up his sleeve, especially the question of the conditions of his Annamite and Tokinese labourers in New Caledonia.<sup>89</sup>

Cilento made sure that nutrition and population were major objects of study for the journey. When Cilento and Hermant reached Fiji, however, governor Eyre Huston and chief medical officer Aubrey Montague expressed their complete ignorance of the whole mission. The Pacific Mission was clearly on the fringes of international health when one compares it with the extensive exchanges in personnel being organised by the League of Nations elsewhere.

In the interwar years, the league played an important role in mobilising public health officials across colonial borders. In 1930, for example, the Malaria Commission sent Ludwik Anigstein, a medical officer in British Malaya, to carry out a survey of malaria and mosquitoes in Siam.<sup>90</sup> The LNHO also arranged for collective study tours, including one to India in 1928 involving 15 medical officers from Australia, Ceylon, New Zealand, the Dutch East Indies, the Philippines, Egypt and elsewhere. This group examined water supplies and sewage disposal, yet it was also given the opportunity to study 'the prevention of tuberculosis, child welfare, medical research work and other subjects which are of interest and importance to every country, wherever situated'.<sup>91</sup> Plans were also made for a study tour of rural hygiene in May of the same year. The medical director wrote: 'In every country visited the participants will study the governmental machinery designed to provide public health protection for rural districts.'<sup>92</sup> They were to visit public welfare agencies and agricultural schools, while paying attention to the work of cooperative associations, health insurance funds and other organisations. There were, in addition, a number of individual health missions organised for the same year. While tropical medicine retained a focus on specific local environments, the league was at the same time interested in how the knowledge and practices of broad-based preventive medicine and rural hygiene could be developed and applied in a range of places.<sup>93</sup>

89 Raphael Cilento to Phyllis Cilento, 23 October 1928, Cilento Papers, UQFL44, Box 11, Item 20.

90 Ludwik Anigstein, 'Malaria and *Anopheles* in Siam: Report on a Study Tour,' *Quarterly Bulletin of the Health Organisation of the League of Nations*, 1(2), 1932, pp. 233–308.

91 League of Nations Health Organization [hereinafter LNHO], 'Report by the Medical Director on the Work of the Health Organisation Since October 1927' (Geneva: League of Nations, 1928), p. 3.

92 *ibid.*, p. 4.

93 *ibid.*, pp. 3–5.

Cilento and Hermant arrived in Suva in November 1928. Overall, the town disappointed Cilento. Photos of the place had given him the impression that Suva was an 'up to date town' and a 'brisk, capable and most progressive community'.<sup>94</sup> What Cilento found was the worst nightmare of an Australian imperialist steeped in racist conceptions of urban space and progress. 'Shops of wood stretched, cheek by jowl, along [the streets],' he wrote to Phyllis, 'with no attempt at racial discrimination so that the backyards were a babel of sound, and the front windows a study in contrasts.'<sup>95</sup> Racial boundaries were also lacking in public space. 'Whites, yellows, browns and no-colours jostled one another in the streets', while at the bank counter, 'a couple of dirty Chinese, a ... Tamil or two, a half-caste and an American tourist fought for preference'.<sup>96</sup> Clothes, bearing and other signs also failed to mark clear racial distinctions: '[A] white man in dirty khaki and a native in a clean white shirt and black sulu dragged a small cart by hand along the main street.'<sup>97</sup> The streets themselves were strikingly cosmopolitan and full of hybrid colonial subjects:

Bobbed harried female clerks of all types, white and yellow Samoans, Tongans, half-castes, with brown or black Fijians and Indians all dressed in European clothes, chic costumes and short skirts, all arch or smug, bold or demure, minced along the pavement.<sup>98</sup>

On the streets, '[e]very lamppost was held up by half a dozen coloured, discoloured or slack loafers. The white man's prestige was not obvious'.<sup>99</sup> Cilento's descriptions of Suva are striking examples of tension between imperial anxiety about white status and the transgression of racial boundaries made possible in colonial towns in the Pacific.

As Cilento and Hermant went out from Suva to the agricultural districts, the local medical services did little to impress. Public health infrastructure was a mixture of government facilities and those provided by the Australian Colonial Sugar Refining Company (CSR), which dominated the plantation economy. The CSR hospital in the village of Ba and the general hospital at Nailaga were well built and maintained but mostly

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94 Raphael Cilento to Phyllis Cilento, 2 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

95 Raphael Cilento to Phyllis Cilento, 14 November 1928, Cilento Papers, UQFL 44, Box 11, Item 20.

96 *ibid.*

97 *ibid.*

98 *ibid.*

99 *ibid.*

empty.<sup>100</sup> Decent hospitals seemed to abound, but with indentured labour long discontinued and Fijians apparently confining themselves to their villages, they were left idle most of the time.<sup>101</sup> Doctors were apparently losing faith and indigenous medical practitioners and nurses, as in the village of Nandi, were ‘very lacking in efficiency and initiative’.<sup>102</sup> Writing to Cumpston, Cilento noted that quarantine at Suva was ‘purely nominal’: ‘Kanakas roamed about the wharf within the barriers and chatted amiably among themselves and to the passengers.’<sup>103</sup> In Cilento’s view, medical services in Fiji were broken into ‘self-contained, self-complacent and inept fragments’, which failed in particular to serve indigenous people.<sup>104</sup>

As Cilento and Hermant toured Fiji visiting hospitals, sugar plantations and mills, the social context of health and its historical origins were what preoccupied the Australian. The relationship between diet, health and fertility he had studied in New Guinea became the lens through which he understood the Fijian situation. Wondering at the absence of indigenous Fijians in the hospitals, he visited villages in the hills and valleys. At Vitongo, near the CSR town of Lautoka, Cilento sat in the *bure*, or men’s house, and talked about diet and fertility with the chief and other men. According to Cilento, the villagers spoke of how they had in years past fed on plentiful greens, especially the young, vitamin-rich shoots of taro. Now, they told him, they leased land to Indian peasant proprietors and lived on food bought from stores. ‘The people are no longer fertile’, Cilento wrote: ‘The women have one or two children when they are young and then in spite of their using no contraceptives they seem to lose their fertility.’<sup>105</sup> Cilento was here reciting a familiar narrative about reproduction and population decline in the Pacific from his discussion with the chief.<sup>106</sup> For Cilento, the tinned meat and polished rice from the company store were no substitute

100 Raphael Cilento to Phyllis Cilento, 17 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

101 Raphael Cilento to Phyllis Cilento, 19 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

102 *ibid.*

103 Raphael Cilento to J. H. L. Cumpston, 2 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

104 Raphael Cilento to Phyllis Cilento, 20 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

105 Raphael Cilento to Phyllis Cilento, 19 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

106 *ibid.* See also Christine M. Dureau, ‘Mutual Goals? Family Planning on Simbo, Western Solomon Islands,’ in Margaret Jolly and Kalpana Ram (eds), *Borders of Being: Citizenship, Fertility, and Sexuality in Asia and the Pacific* (Ann Arbor: University of Michigan Press, 2001), pp. 236–7; Jolly, ‘Infertile States,’ pp. 274–5.

for traditional foods such as taro and yams. In the Fijian context, however, the presence of a large community of Indian peasant farmers gave the issue of diet added social and political dimensions.

When the British established a Crown Colony in Fiji in 1875, governor Arthur Gordon pursued a land policy that ensured indigenous title and sought to protect indigenous communities from recruitment as plantation labourers. The law did not completely prevent recruitment, yet land largely remained in the hands of indigenous Fijians.<sup>107</sup> Between 1879 and 1916, more than 60,000 indentured workers from southern India provided the bulk of labour on the sugar plantations, through a system with which Gordon was familiar from his governorship in Trinidad. In this version of indirect rule—in which governors delegated authority to a reorganised hierarchy of chiefs—the colonial governors imagined they were protecting Fijians, who were supposed to carry on their traditional social and economic customs.<sup>108</sup> Under pressure from the Indian Government and Indian nationalists, the system of indentured migrant labour ceased in 1916, while all remaining contracts were cancelled in 1920. With the cessation of the indenture system, many Indian families settled on land leased from Fijians or the CSR. Small-scale Indian cane growers thus became important in supplying the CSR mills.<sup>109</sup> Lal notes that by 1930 almost half of the sugar cane in Fiji was grown on land leased from indigenous owners. Indentured Indian workers had experienced an autocratic regime on the plantations, yet post-indenture society involved continuing hardship for Indian farmers.<sup>110</sup> Leasing land from Fijian communities was a tortuous process and agricultural unions contested exploitative practices for many years after the end of indenture. CSR officials could evict Indian families for reasons that were not always clear to those on the receiving end of their apparent caprice.<sup>111</sup>

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107 See 'Atu Bain, 'A Protective Labour Policy? An Alternative Interpretation of Early Colonial Labour Policy in Fiji,' *The Journal of Pacific History*, 23(2), 1988, pp. 119–36.

108 Denoon et al., *The Cambridge History of the Pacific Islanders*, pp. 179, 267; Lawrence Brown, 'Inter-colonial Migration and Refashioning of Indentured Labour: Arthur Gordon in Trinidad, Mauritius and Fiji (1866–1880),' in Alan Lester and David Lambert (eds), *Colonial Lives Across the British Empire: Imperial Careering in the Long Nineteenth Century* (Cambridge: Cambridge University Press, 2006), pp. 204–27.

109 Brij V. Lal, 'Girmit, History, Memory,' in Brij V. Lal (ed.), *Bittersweet: the Indo-Fijian Experience* (Canberra: Pandanus Books, 2004), p. 5.

110 Denoon et al., *The Cambridge History of the Pacific Islanders*, p. 231.

111 Brij V. Lal, *Broken Waves: A History of the Fiji Islands in the Twentieth Century* (Honolulu: University of Hawai'i Press, 1992), pp. 99–100; Rajendra Prasad, *Tears in Paradise: A Personal and Historical Journey, 1879–2004* (Auckland: Glade Publishers, 2004), pp. 154–9.

The writings of missionaries such as John Wear Burton and Charles Freer Andrews provided much of the ammunition for international criticism of indentured labour. Both described the deplorable material conditions in which Indian workers lived, but, as missionaries, they gave special emphasis to the perceived moral and spiritual decay that indenture seemed to bring about. In 1910, Burton claimed: ‘The difference between the state he now finds himself in and absolute slavery is merely in the name and terms of years.’<sup>112</sup> Workers were crammed into cubicles measuring 3.1 × 2.1 metres and had low fixed wages and poor food. They lived in ‘indescribable and disgusting filth’, so that ‘[i]t is small wonder that sickness and disease hold carnival, and such places are a disgrace to civilization and a stain upon commerce’.<sup>113</sup> Worst of all, since neither the government nor the planters provided ‘elevating influences’, the ‘coolie’ lines led to moral degradation:

Wickedness flaunts itself unshamedly [sic]. Loose, evil-faced women throw their jibes at criminal-looking men, or else quarrel with each other in high, strident voices made emphatic by wild, angry gestures. The beholder turns away striving to discover whether pity or disgust is uppermost in his mind.<sup>114</sup>

Here Burton echoes Cilento’s colonial anxiety about public behaviour, as immorality and private space spill out into public view. Andrews similarly described Indian communities in Fiji as immoral and violent, claiming that plantations had established a ‘regulated prostitution’ in which women were assigned to five men. Fathers would sometimes sell their daughters to multiple men so that:

by far the most terrible fact which met us on every side, like a great blight or devastation, was the loss of any idea of the sanctity of marriage and the consequent sexual immorality that was rampant on every side.

Violence was rife, including among the very high-caste men, who ‘even in their first and second years begin committing suicide and stabbing and murdering their fellows’. Indenture was thus a dislocation that produced violence and moral malaise.<sup>115</sup>

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112 John Wear Burton, *The Fiji of To-day* (London: Charles H. Kelly, 1910), p. 271.

113 *ibid.*, pp. 272–3.

114 *ibid.*, pp. 273–4.

115 Andrews, *Indian Indentured Labour in Fiji*, pp. 29–33.

Burton noted the irony of the approaching extinction of the indigenous people just as missionaries were becoming more successful in converting them. Although Burton asserted that the church could not neglect them, he also suggested that this decline was ordained:

The laws that are bringing about the extinction of the Fijian, or at least his diminution, are the surest warrant we have that the highest moral interests of the human race are not looked upon indifferently by the Creator.<sup>116</sup>

Burton certainly acknowledged some of the other causes examined by the 1896 commission. Communal life, the ‘murderer of healthy ambition, and the parent of shiftlessness and improvidence’, had choked individual will—the driving force of strong, progressive societies.<sup>117</sup> His view—ubiquitous in discussion of Pacific population decline—was that, with the destruction of indigenous social organisation, ‘they have been crammed with the indigestible matter of European civilization’.<sup>118</sup> Yet Burton clearly resigned himself to Fijian extinction and the rise of Indian society in the group. Drawing on an Arabian parable of the camel who only wanted to put its nose in the tent before eventually forcing the man out, Burton wrote: ‘[A]s we need this particular camel very much, we cannot say him nay at this time.’<sup>119</sup> Capital and the growth of Asian populations were irresistible forces—part of the *Zeitgeist*. He explained:

The lazy, shiftless islander must go. The remnant that is left of his breed must by industry and effort coalesce with the more vigorous peoples who will plough the almost virgin lands of his forefathers. Such peoples there are in plenty, and their eyes are turned in this direction. The Pacific is the natural outlet for the pent-up pressure of human life. It is the line of least resistance, and in human history, as well as in mechanics, force moves thither-wards.<sup>120</sup>

Missionary discourse on Indian immigration, from which came the majority of writing on Indian migration, thus blended concerns with the moral and spiritual degeneracy of colonised people, the welfare of British imperial subjects and a sense of resignation to the forces of capitalism and population pressure. ‘The orientalizing of the Pacific’, Burton wrote, although a challenge to ‘the West’, represented an ‘alteration

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116 Burton, *The Fiji of To-day*, pp. 193–4.

117 *ibid.*, p. 205.

118 *ibid.*, p. 209.

119 *ibid.*, p. 265.

120 *ibid.*, p. 261.

in the world's affairs' that could not be ignored.<sup>121</sup> Although tragic, the extinction of certain peoples under the weight of the world had a measure of inevitability.

Cilento's letters, in contrast, championed the 'autochthones', whose status as the healthy and progressive workers of the land had been sacrificed to the immediate needs of the corporate giant, embodied in CSR. As Cilento moved through the country, his criticism intensified, seeing in depressed indigenous health and fertility the fruits of colonial policy on land and labour. Because of the influence of CSR and a weak colonial government, the Fijian 'retreats to the hills':

In the neighbourhood of Indian villages, which are springing up like mushrooms everywhere, he lets his lands and lives on his rents, on store food. As a result his grasp is feebler and feebler.<sup>122</sup>

The problems of health, fertility and depopulation, Cilento argued, arose from the way in which commercial and government support for a migrant labour system had divorced indigenous people from working their own land. Cilento's criticism reflected a broader discourse that linked sovereignty, ownership and national vitality to the occupation and use of agricultural land. In 1921, for example, Lothrop Stoddard expressed relief that non-white immigrants settled primarily in the cities, claiming as a 'solemn truth that those who *work* the land will ultimately *own* the land'.<sup>123</sup> As noted earlier, Cilento followed Stoddard in his 1922 thesis by framing white occupation of Australia as dependent on 'a population rooted in the soil'.<sup>124</sup> Cilento's assessment of colonial Fijian society was thus based on settler-colonial constructions of sovereignty and title. In other words, settler-colonial anxiety about the white occupation of land in the midst of increasing migration also provided a lens through which Cilento critically assessed Fijian colonial society.

Cilento's account of Fiji shared Burton's belief in the mutual incompatibility and hostility of indigenous and Indian communities. His sympathies, however, lay with indigenous people and he even considered violence towards Indian migrants a natural expression of national feeling. Cilento's encounter with a senior Fijian minister named Asere, as they steamed

121 *ibid.*, pp. 257–8.

122 Raphael Cilento to Phyllis Cilento, 17 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

123 Stoddard, *The Rising Tide of Color Against White World-supremacy*, p. 294.

124 Cilento, 'A Correlation of Some Features of Tropical Preventive Medicine,' p. xiii.

around the coast, is illuminating. Cilento wrote that he was beginning to understand indigenous resentment towards Indians, 'who were eating up their lands', and the 'white men who have and are permitting it'.<sup>125</sup> He noted that some Fijians advocated organised violence against the government:

One leader is at present serving a sentence of some years imprisonment in distant ROTU-MAH, because he advocated one great stand to wipe out the English. 'We have no aeroplane, no cannon', he had said, 'We will all perish on the rebound, but let us die like man [sic], and not by slow starvation, landless and hungry men!'<sup>126</sup>

Cilento was told that Indian taxi drivers would 'try to entice away FIJIAN girls at night', leading to violent reprisals.<sup>127</sup> In Cilento's telling, the Fijian voice seethes with resentment at the encroachment of a foreign race and the debasement of Fijian society. Cilento asked Asere about:

the cause of the Fijians decline from a warrior race that met invading spear and club with spear and club, and that now sat brooding in sloth while a foreign race ate up the country.

Asere, in Cilento's ventriloquist paraphrasing, claimed that 'it was because they had departed from the simple life of their fathers and followed the white man's customs and the white man's food'.<sup>128</sup> Cilento then invoked the same parable as Burton had earlier, in which a travelling Arab slowly gives up space in his tent to a camel trying to escape a sandstorm. For Cilento, in contrast to Burton, this had to be resisted. In fact, he offered another parable in which Indians became a mass of black spears rushing up out of the sea, which 'could only be met by a forest of similar spears spreading from the hills to the water + driving the invaders back'.<sup>129</sup> Cilento's imagery opposed ideals of kinship, belonging and nationhood as being destructive to mixed societies. Cilento imagined Fiji as an incipient nation defined broadly by race, cultural uniformity and belonging to land. In this exchange, Cilento represents himself as a sympathetic character, one who understands the primordial desire of indigenous people to defend their land, maintain their social order and assert their status. He wrote in his

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125 Raphael Cilento to Phyllis Cilento, 20 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

126 *ibid.*

127 *ibid.*

128 *ibid.*

129 *ibid.*

letters that Asere, in stressing the role of Christianity and traditional ways of life in maintaining the health of the community, echoed the message coming from many of the pulpits in Australia.<sup>130</sup>

The deep and abiding antagonism in Fiji between indigenous and foreign invaders that Cilento constructed in his letters reflected his imperial discourses about race and nationhood, as well as his own Australian anxieties about settler-colonial occupation. The reality of Fijian history and society was, and is, far more complex than a clash between ‘native’ and foreigner. Like Cilento, the report of the 1896 population commission claimed: ‘The two races regard one another with undisguised contempt.’<sup>131</sup> Indian immigration under British colonial rule has of course led to a complex, sometimes violent, postcolonial politics. The four coups that have partly derived from and exacerbated tense ethnic politics over the past century have led to frequent representations of deep social divisions.<sup>132</sup> Yet social divisions were never as fundamental as Cilento represents. Kenneth Gillion suggests that, although social interaction was minimal, it was not nonexistent. Indian bus and taxi drivers and shopkeepers met and talked with Fijians. Some in both communities learned the other’s language and exchanged cultures of food and drink and there was little overt violence.<sup>133</sup>

In his parables and metaphors, Cilento constructed Fijians as natural and deeply tethered ‘natives’, once isolated and now struggling to preserve their status in the face of foreign encroachment. Meanwhile, Pacific scholarship has contrasted the colonial trope of island isolation to the complexity and dynamism of Oceanic history, including the importance of seafaring, economic and cultural exchange and forms of political suzerainty and tribute between archipelagic societies.<sup>134</sup> Multicultural relations in Fiji have been represented from a perspective that sees identity and relations as ‘not the natural outcomes of autochthony or migration, of certainties flowing from precedence in dwelling’, but as active ‘articulations of

130 *ibid.*

131 Colony of Fiji, Report of the Commission Appointed to Inquire into the Decrease of the Native Population, p. 185. See also K. L. Gillion, *The Fiji Indians: Challenge to European Dominance 1920–1946* (Canberra: Australian National University Press, 1977), p. 6.

132 Elfriede Hermann and Wolfgang Kempf, ‘Introduction to Relations in Multicultural Fiji: The Dynamics of Articulations, Transformations and Positionings,’ *Oceania*, 75(4), 2005, p. 309. See also Martha Kaplan, *Neither Cargo nor Cult: Ritual Politics and the Colonial Imagination* (Durham, NC: Duke University Press, 1995), p. 11.

133 Gillion, *The Fiji Indians*, pp. 15–16.

134 Matsuda, ‘The Pacific,’ p. 770.

creative subjects'.<sup>135</sup> Fijian songs, stories and *yagona* rituals celebrate migration, rupture and transformation in Oceanic history, contrasting with ultranationalist narratives of 'primordial autochthony'.<sup>136</sup> Elfriede Hermann and Wolfgang Kempf argue that postcolonial nationalist politics is a legacy of colonial alliances between the British and the Fijian elite that served to maintain the power of chiefs and keep the Indian community—prone to industrial and anticolonial agitation—in check.<sup>137</sup> Cilento's representation of territory and people—both given and mutually constituting each other as a natural and fixed polity—thus reflected British colonial transformations of chiefly power and identity that have shaped contemporary ethnic nationalism among the Fijian elite.<sup>138</sup>

Cilento's representation of Fijian autochthony and Indian foreignness reflected British rhetoric about their duty to protect primitive and vulnerable indigenous Fijians, but it had little in common with actual colonial policy. Indian strikes in the 1920s led to changes in land tenure rules that allowed Indians to become smallholders and the backbone of the sugarcane economy. Cilento argued that the colonial government should have repatriated Indian labourers after the end of the indenture system, but this was politically impossible to contemplate. The British depended on Indian farmers for the economy and settled on maintaining racial division as their chief instrument of rule.<sup>139</sup> In contrast, Cilento continued to argue that multiracial society was doomed to failure. The Indian was a foreign race whose presence was degrading and destabilising to European rule and the civilising mission:

Fiji is well on the way to becoming an Indian colony, just as Malaya is becoming a Chinese one, and all because of the pull of several big companies and the inevitable stupidity of the English. It is always the same—once you introduce a population of intermediate status it is only a matter of time before it is fatal to white man and native people alike.

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135 Margaret Jolly, 'Epilogue: Multicultural Relations in Fiji—Between Despair and Hope,' *Oceania*, 75(4), 2005, p. 418.

136 *ibid.*, pp. 419–20. *Yagona*, ground and infused kava root, is a ceremonial drink, the use of which has changed over time. See Kaplan, *Neither Cargo nor Cult*, p. 107.

137 Hermann and Kempf, 'Introduction to Relations in Multicultural Fiji,' p. 311. See also Kaplan, *Neither Cargo nor Cult*, pp. 15–16; Jolly, 'Epilogue,' p. 422.

138 John D. Kelly and Martha Kaplan, *Represented Communities: Fiji and World Decolonization* (Chicago: University of Chicago Press, 2001), pp. 126–30.

139 *ibid.*, pp. 129–30.

Siding with those planters who felt they ought to have more access to the land and employ indigenous labourers if Fiji was to progress, Cilento lamented their exclusion. He wrote:

For a momentary advantage to one or two capitalists who are totally uninterested in the country or its autochthones, the race is pacified and the region forever lost to the white man.<sup>140</sup>

Cilento represented sovereignty and nationhood as inhering in a racial and cultural social body imagined as distinct and possessing overriding claims to indigeneity, but the global social and economic pressures on places such as Fiji required the enlightened and scientific guidance of white men. Cilento thus portrayed empire as a social project designed to ease vulnerable people into an increasingly integrated world economy and so ameliorate the impacts of a capitalist order. The labour migration encouraged by nineteenth-century imperial capitalism was, for Cilento, emblematic of the failure of British indirect rule and of the kind of strictly isolationist paternalism associated with Arthur Gordon and other Fijian governors.<sup>141</sup>

Beyond humanitarian elegies for dying races, the migration of Chinese and South-East Asian peoples to the Pacific Islands caused considerable anxiety on the part of Australian officials. Not all shared this anxiety. Business interests had been particularly vocal and effective in forcing changes to policy in Samoa. Edward Knox, the Director of CSR, and European planters in Fiji continued to lobby for migrant labour years after migration had ceased in 1916, particularly during the 1921 strike by Indian workers.<sup>142</sup> Stephen Roberts criticised the New Guinea administration for enforcing the Immigration Restriction Act and relying on indigenous labour, pointing to successes with 'Asiatic' workers in Hawai'i, New Caledonia, the New Hebrides and Samoa. Some argued that Indian migrants would be a civilising influence on indigenous people, while Indian public opinion—'embittered' by Australia's exclusion of migrants—might drive India towards closer ties with Japan.<sup>143</sup> Professor L. F. Rushbrook Williams, the Director of Public Information for the Government of India, wrote in his report for 1922–23:

140 Raphael Cilento to Phyllis Cilento, 17 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

141 Denoon et al., *The Cambridge History of the Pacific Islanders*, pp. 193–4; Brown, 'Inter-colonial Migration and Refashioning of Indentured Labour,' p. 208.

142 Thompson, *Australia and the Pacific Islands*, p. 78.

143 Stephen Roberts, 'Racial and Labour Problems,' in F. W. Eggleston (ed.), *The Australian Mandate for New Guinea: Record of Round Table Discussion* (Melbourne: Macmillan & Co., 1928), pp. 83–4.

It must be frankly admitted that in the past, and to a large degree at the moment of writing, the treatment accorded to Indians in certain of the self governing Dominions and in the Colonies is not such as befits the nationals of a country whose destiny has been solemnly recognised by His Majesty's Government to be Dominion status, and equal partnership in the Britannic Commonwealth.<sup>144</sup>

Admitting Indians to New Guinea, where they could take up land and contribute to the development of the territory, would thus strengthen the empire in the Pacific. One author declared:

An act of friendliness to India in its present stage and status, such as free consultation between Australia and India, as between two Dominions of the British Commonwealth, would be a graceful recognition on Australia's part of India's new status.<sup>145</sup>

Such appeals to the free movement of British imperial subjects were, however, very much echoes of a past era. Barriers to regulate and restrict migration had, as Adam McKeown points out, divided the world into separate zones of migration that in turn subdivided the British Empire.<sup>146</sup> The White Australia Policy had been a key legislative element in this partition and remained political orthodoxy. Commonwealth health officials such as Cumpston, Elkington and Cilento could not countenance migration to the Pacific Islands from India, China or South-East Asia. At the 1923 Pan-Pacific Science Congress, Cumpston claimed that, without an effort to develop medical services, the indigenous people of the islands would die out, allowing repopulation by 'varying breeds of Asiatic coolies'. He then warned: 'The next phase will be the introduction of the higher types of the same races, and the final phase, not overdistant, will be serious international conflict, diplomatic or military.'<sup>147</sup> In his 1922 thesis, Cilento had argued that, if the indigenous people of New Guinea were to become extinct, Tamil or Chinese 'coolies' would replace them, bringing the 'menace of their politics, the one imbued with the non-cooperation ideas of Gandhi, the other our "yellow peril"'.<sup>148</sup> In a 1932 article on the role of medical services in depopulation, Cilento wrote that, in the event of the extinction of native Pacific Islanders, 'they can only be replaced, if at

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144 Quoted in unknown author, 'Immigration Policy in the Territory of New Guinea,' n.d., p. 5, Chinnery Papers, MS 766, Series 5, Folder 9, NLA.

145 *ibid.*, p. 9.

146 McKeown, *Melancholy Order*, p. 185.

147 Cumpston, 'Depopulation of the Pacific,' p. 1389.

148 Cilento, 'A Correlation of Some Features of Tropical Preventive Medicine,' pp. v–vi.

all, by races bringing with them economic, social and political obligations of a very grave character'.<sup>149</sup> Depopulation was, therefore, 'the greatest question in the Pacific as far as Australia is concerned'.<sup>150</sup> The interest of Commonwealth health officials in the Pacific thus rested on anxiety about the geopolitical consequences of the mobility of Asian peoples in the region.

The tour of the Pacific Islands demonstrated to Cilento the importance of extending racial immigration restrictions to form a grid over the whole world. Scholarship on the history of immigration restriction has rightly focused on settler colonies as connected political and social spaces in which distinctly white racial identities arose in the context of nineteenth-century mass migration.<sup>151</sup> The construction of the independent, self-determining, rights-bearing white male subject from the 1840s onwards depended on the construction of the increasingly visible Chinese migrant as servile, collectivist and therefore unfit for participation in liberal democracy.<sup>152</sup> Non-European immigrants, especially Chinese and Melanesian men, were also seen as morally and pathologically corrupting.<sup>153</sup> Cilento, for example, insisted that introduction of foreign 'natives' to Australia would threaten to 'pollute our children and debase our social order'.<sup>154</sup> Yet he also applied these ideas to defend the racial and cultural integrity he imagined in Pacific Island societies. CSR had betrayed Fijians by opposing repatriation of Indian labourers and thus, in Cilento's view, risked the closure of Fiji to progressive white men.<sup>155</sup> Again, Stoddard had emphasised the need to restrict Asian migration not only to 'white race-areas', but also to Latin America and Africa.<sup>156</sup> Immigration restriction, in other words, represented more to Cilento than a 'colour line' to protect a white Australia; it was a principle shaping an imperial world order. In Cilento's vision of this world order, colonial territories that had cut across cultural affinities and contained diverse societies became incipient nations indefinitely bound to the coordinated guidance of 'civilised' societies.<sup>157</sup>

149 Cilento, 'The Value of Medical Services in Relation to Problems of Depopulation,' p. 480.

150 *ibid.*, p. 480.

151 Lake, 'White Man's Country,' pp. 354–6.

152 Lake and Reynolds, *Drawing the Global Colour Line*, p. 27.

153 Bashford, *Imperial Hygiene*, pp. 88, 110–11.

154 Raphael Cilento to Phyllis Cilento, 14 July 1929, Cilento Papers, UQFL44, Box 11, Item 21.

155 Raphael Cilento to Phyllis Cilento, 17 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

156 Stoddard, *The Rising Tide of Color Against White World-supremacy*, pp. 231–2.

157 On the relationship between colonial territories, nation-states and decolonisation, see Tracey Banivanua-Mar, *Decolonisation and the Pacific: Indigenous Globalisation and the Ends of Empire* (Cambridge: Cambridge University Press, 2016).

This internationalising impulse was clear during a visit to the Fijian village of Vitongo. After a *yagona* ceremony, villagers presented Cilento and Hermant with a whale's tooth—a gift usually presented to visiting chiefs as a welcome or a call to an alliance.<sup>158</sup> In return, Cilento and Hermant gave a stick to the chief, who had it inscribed with a phrase that Cilento had translated as 'To the King (prince) of Vitongo, as a gift from the two doctors from the League of Nations'. Cilento made a speech in which he spoke of the common medical problems across a politically fragmented region:

The whole body needed to act as one, and since it was necessary that any infant, or any new born thing should learn before walking, and equally that any convalescent who was beginning after a serious illness to get about, should be supported by a stick or guided by a nurse, the League of Nations was willing to be the nurse or the prop.<sup>159</sup>

Cilento's vision of world order was thus founded on the international governance of 'backward' peoples. This international coordination of empire must take as its primary aim the progressive social reform of indigenous societies, through means that were more often coercive than persuasive. Cilento's paternalism thus represented an attempt to reconcile the contradiction between segregation on a global scale and his participation in colonial rule, which had at its heart the objective of incorporating the labour and resources of the Pacific into the industrial world economy.

International health in the Pacific Islands was a complex mix of Australia's imperial ambition, mutual anxieties over the movement of people and pathogens and the increasingly dense webs of international exchange and governance. As the movement of ships intensified commercial contact between Asia and the Pacific Islands, anxiety arose concerning the policing of people and pathogens. On one level, interventions in regional health were therefore a matter of security. Not only might pathogens pass unnoticed through this archipelagic space, but also epidemic disease might transform the Pacific Islands into an Asian society that threatened white settler societies in other ways. In the mind of Australian officials, the resolutions of the International Pacific Health Conference also reconstituted the Pacific Islands as an Australian sphere of influence.

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158 Kaplan, *Neither Cargo nor Cult*, pp. 47, 58; Kelly and Kaplan, *Represented Communities*, p. 127.

159 Raphael Cilento to Phyllis Cilento, 19 November 1928, Cilento Papers, UQFL44, Box 11, Item 20.

The map of the 'Austral-Pacific' charted this ambition to direct the development of health and medical services in the Pacific and accrue prestige on an international stage.

Although few of these ambitions came to pass, Cilento was the most zealously imperial voice and foremost in enthusiasm for Australia's role in cooperating with the LNHO and colonial authorities within a regional administrative framework. The 'Austral-Pacific' was a spatial imaginary infused with imperial ambition. Yet the way in which Cilento framed health and sickness in Fiji simultaneously involved a vision of world order. Indeed, it was his social perspective on health that encouraged Cilento to attribute sickness and population decline to the effects of Asian migration in the Pacific. Controlling disease and cultivating health depended on regulating this movement of people and enforcing racial homogeneity on a global scale. For Cilento, international health in the Pacific Islands was the coordination of colonial governance across a new imperial space. Colonial health officers insisted that regional networks of modern communications and regulatory mechanisms could achieve this end. International health in the Pacific, especially Cilento's conception of it, thus spoke to the tension between protecting 'native' societies from modernity and the colonial exploitation of indigenous labour and tropical resources.

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