

# 4

## Colonialism and Indigenous health in Queensland, 1923–1945

Raphael Cilento designed the medal that bears his name shortly before he was knighted in 1935. A sketch in one of his notebooks depicts a winged sphinx spanning the tropical north of Australia and the territories of Papua and New Guinea. Next to the drawing, Cilento wrote: ‘The “Cilento” Medal—For Advancing the Knowledge of Tropical Hygiene and Native Welfare Work in Areas Under Australian Control.’<sup>1</sup> Around the edge of the finished design was a Greek inscription asking: ‘Can you unravel this riddle?’<sup>2</sup> In covering the announcement of the medal, *The Courier-Mail* recounted the story of the Greek sphinx that sat astride the road putting riddles to travellers, who forfeited their lives if they could not answer. In evoking this story, the newspaper suggested, the medal resonated with the problems facing the nation:

If Australia is unable to provide an adequate reply to the riddle that has been set her in tropical Australia and the neighbouring islands, her national survival as a white country is undoubtedly threatened.<sup>3</sup>

---

1 Raphael Cilento, Diary: 15 March 1934 – August 1942, Cilento Papers, UQFL44, Box 11, Item 24. Recipients of the Cilento Medal included Francis E. Williams, the government anthropologist in Papua (1935); Cecil Cook, the Chief Medical Officer and Chief Protector of Aborigines in the Northern Territory (1936); Thomas Clunie, a medical officer in Fiji and founder of the journal *Native Medical Practitioner* (1937); E. H. Derrick, Director of the Laboratory of Microbiology and Pathology, Queensland Health Department, with Frank Macfarlane Burnet, at the Walter and Eliza Hall Institute (1939); and Edward G. Sayers, a former medical officer of a mission hospital in the British Solomon Islands (1940).

2 *The Courier-Mail*, [Brisbane], 21 February 1935, p. 14.

3 *ibid.*, p. 14.

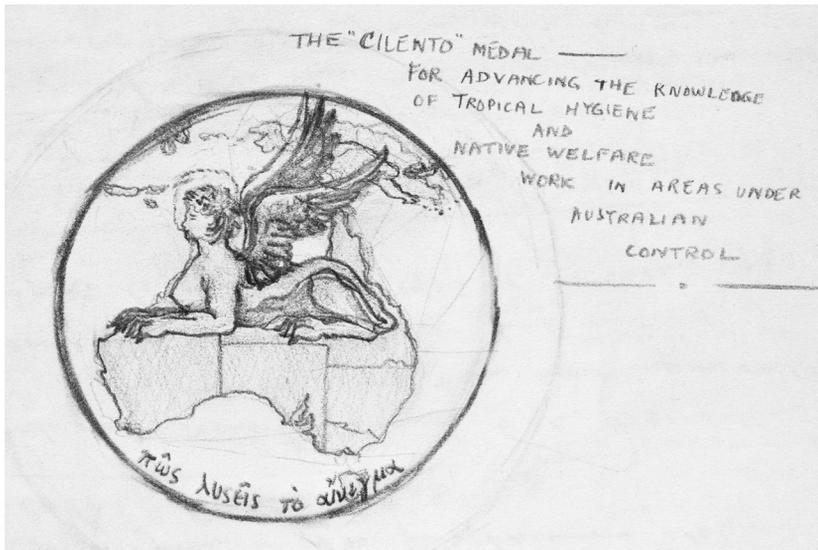


Plate 4.1 Sketch of the Cilento Medal

Source: Diary 1934–42, Papers of Sir Raphael Cilento, UQFL44, Box 11, Item 24, Fryer Library, University of Queensland Library. Reproduced with permission of the Cilento family.

The medal illustrates how Cilento viewed Pacific imperialism and tropical hygiene in northern Australia within a single frame. Settling and developing the Australian tropics were ongoing colonial projects that had different meanings and material dimensions than colonial rule in Melanesia. Australia was to be a white man's country—unlike New Guinea, where indigenous people, in principle, retained their sovereignty.<sup>4</sup> Nevertheless, these colonial projects were never completely distinct. As previously shown, a white Australia seemed to depend on good government in Papua and New Guinea. Cilento went further by trying to bring discourses and practices concerning race and hygiene in the Pacific to bear on state intervention in Aboriginal health and welfare in north Queensland. Of course, the system of Aboriginal 'protection' through state intervention in labour, wages, marriage, forced removals to institutions and the separation of parents and children led to patterns of control and punishment in Aboriginal life distinct from New Guinean communities. Yet historians have begun to understand Aboriginal 'protection' regimes in Queensland in the context of transcolonial migration and the growth of mixed-descent communities

<sup>4</sup> Cilento, *The White Man in the Tropics*, p. 5.

of Aboriginal, Torres Strait Islander, Pacific Islander and Asian peoples.<sup>5</sup> Cilento shared typical anxieties about this many-sided blurring of racial boundaries, which seemed to be obliterating distinctions between tropical Australia and colonies in the Pacific and Asia. In light of this, Cilento tried to apply discourses and practices of tropical hygiene and colonial governance from Asia and the Pacific to the settler-colonial context of Queensland, often in contradictory ways.

There have been several studies of state intervention in Australian tropical hygiene and Aboriginal health that have focused on the local situation. Gordon Briscoe and Meg Parsons have produced detailed and insightful studies of government attempts to act against disease in Aboriginal populations and remake Aboriginal people as hygienic subjects. Parsons in particular has exposed discursive and practical contradictions in health interventions within the system of institutions that essentially incarcerated thousands of Aboriginal people in Queensland. She has also highlighted the psychological and cultural impact of these practices on Aboriginal communities today.<sup>6</sup> At the same time, historians have been drawn to Cilento's preoccupation with white settlement of the tropics, especially the kinds of climatic adaptations it would require.<sup>7</sup> Parsons did trace the global circulation of ideas and practices regarding leprosy while also insisting on the importance of local factors and a microhistorical approach to institutions. Yet the nation remains the primary frame of analysis in most of these studies of Australian tropical medicine and Aboriginal health.<sup>8</sup>

---

5 See, for example, Ann McGrath, 'The Golden Thread of Kinship: Mixed Marriages between Asians and Aboriginal Women during Australia's Federation Era,' in Penny Edwards and Shen Yuanfang (eds), *Lost in the Whitewash: Aboriginal-Asian Encounters in Australia, 1901–2001* (Canberra: ANU Humanities Research Centre, 2003), pp. 37–58; Regina Ganter, 'Coloured People: A Challenge to Racial Stereotypes,' in Anna Shukul, Guy Ramsey and Yuriko Nagata (eds), *Navigating Boundaries: The Asian Diaspora in Torres Strait* (Canberra: Pandanus Books, 2004), p. 221. On Indigenous and Asian connections generally, see Julia Martinez and Adrian Vickers, *The Pearl Frontier: Indonesian Labor and Indigenous Encounters in Australia's Northern Trading Network* (Honolulu: University of Hawai'i Press, 2015).

6 Briscoe, *Counting, Health and Identity*; Meg Parsons, 'Spaces of Disease'.

7 Yarwood, 'Sir Raphael Cilento and *The White Man in the Tropics*,' pp. 47–63; Walker, 'Climate, Civilization and Character in Australia,' pp. 90–1; Walker, *Anxious Nation*, p. 150; Bashford, "'Is White Australia Possible?'," pp. 248–71; Dixon, *Prosthetic Gods*, pp. 38–46; Anderson, *The Cultivation of Whiteness*, pp. 135–52.

8 Parsons, 'Spaces of Disease,' p. 30.

Focusing on Cilento means having to situate these interventions in wider colonial relationships more thoroughly. Warwick Anderson has noted the influence of New Guinea on Cilento's approach to Aboriginal health, although only in passing.<sup>9</sup> Robert Dixon, analysing many of the same texts as does this chapter, has further demonstrated how the ambitious modern state used tropical hygiene to subject both 'native' and white settlers to 'pedagogic' and normalising regimes of surveillance, tutelage and discipline.<sup>10</sup> Around the world, knowledge of the microbial causes of disease and modes of transmission through waste and 'dirt' maintained an emphasis on personal cleanliness and hygienic responsibility, especially in the domestic sphere.<sup>11</sup> In the tropics, behaviour was further scrutinised in the context of socioeconomic conditions and the climatic factors that most believed would still affect white settlers in distinct ways.<sup>12</sup>

Examining white and Indigenous sickness within one colonial field complicates the picture of how public health officials thought about disease, health, compulsion and the state. This is not to argue that the ways in which the state acted on the health and sickness of white colonists, Aboriginal people and New Guineans were equivalent. They certainly were not. State governments and the Commonwealth subjected Aborigines to draconian control and surveillance, while indigenous people in New Guinea never experienced the same kind of dispossession. It is, however, to suggest that Cilento, on one hand, marked all these people as populations requiring disciplinary and protective interventions by the state, while on the other, conceived of Aboriginal governance within the wider frame of imperial and international practices and obligations. Cilento considered his own involvement in Aboriginal health to be an extension of his Pacific expertise and the international body of knowledge of tropical hygiene that circulated the globe in the first half of the twentieth century.

9 Anderson, *The Cultivation of Whiteness*, pp. 146–7.

10 Dixon, *Prosthetic Gods*, pp. 24–7.

11 Kerreen Reiger, *The Disenchantment of the Home: Modernizing the Australian Family 1880–1940* (Melbourne: Oxford University Press, 1985), p. 2; Nancy Tomes, *The Gospel of Germs: Men, Women and the Microbe in American Life* (Cambridge, MA: Harvard University Press, 1998), Chs 6, 10; Anderson, *Colonial Pathologies*, p. 161.

12 Anderson, *The Cultivation of Whiteness*, pp. 138–9.

## Colonising the nation

Even as he pursued Australia's imperial destiny in the Pacific Islands, Cilento continued to oversee and promote colonisation of the Australian tropics. When he was appointed Director of the Australian Institute of Tropical Medicine (AITM) in Townsville in 1922—by then under the control of the Commonwealth Department of Health (CDH)—many continued to question whether white settlement of the north was possible. Others conceded that the tropics were tenuously occupied, but forcefully argued that white men could secure them with greater effort. The controversial senior ophthalmologist James Barrett declared in 1918:

The people of Australia are ... realising that the proper use of their northern possessions is vital to national existence, since we are quite unable to keep a valuable part of the earth's surface idle.<sup>13</sup>

Seven years later, Barrett continued to combat scepticism, arguing in *The Margin* that, with proper sanitation and intelligent adaptation to climate, 'there is nothing whatever to prevent the peopling of tropical Australia with a healthy and vigorous white race'.<sup>14</sup> White settlement and economic development, however, had never kept pace with dreams of prosperity.<sup>15</sup>

In the Northern Territory and the Torres Strait Islands, the European community was often a minority among a large Indigenous population as well as Chinese, Japanese, Malay, Javanese, Papuan and Filipino people working as merchants, cooks, carpenters, market gardeners, pearl divers and fishermen. Chinese communities in Queensland had been important to the economic and social life of northern towns since the gold rush and minorities of Melanesian, Indian, Italian and various other European, African and Asian peoples were also facts of life.<sup>16</sup> Aboriginal people, moreover, were vital workers across the north, especially in the pastoral industry.<sup>17</sup> As discussed in Chapter 1, doubts about the ability of white

13 Barrett, *The Twin Ideals*, p. 283.

14 James W. Barrett, 'Can Tropical Australia be Peopled by a White Race?', *The Margin*, 1, 1925, p. 30.

15 Walker, *Anxious Nation*, pp. 113–16.

16 The Australian Hookworm Campaign developed shorthand for a wide range of different racial and national categories. See 'Race Classification,' n.d., NAA: SP1061/1, 83/2. See also Henry Reynolds, *North of Capricorn: The Untold Story of Australia's North* (Sydney: Allen & Unwin, 2003), pp. 61–82; Anna Shnukal, Guy Ramsey and Yuriko Nagata, 'Introduction,' in Anna Shnukal, Guy Ramsey and Yuriko Nagata (eds), *Navigating Boundaries: The Asian Diaspora in Torres Strait* (Canberra: Pandanus Books, 2004); Ganter, *Mixed Relations*.

17 Ann McGrath, *Born in the Cattle: Aborigines in Cattle Country* (Sydney: Allen & Unwin, 1987); Henry Reynolds and Dawn May, 'Queensland,' in Ann McGrath (ed.), *Contested Ground: Australian Aborigines under the British Crown* (Sydney: Allen & Unwin, 1995), p. 179.

men of British or Northern European ‘stock’ to live and work in the tropics had always shadowed hopes for settlement. Indeed, these doubts, expressed especially by older residents and employers, continued to haunt the White Australia Policy well after the 1920 Australasian Medical Congress had declared that climate did not represent an insuperable barrier to white settlement in the tropics.<sup>18</sup>

As the Director of the AITM in Townsville, Cilento inherited from Elkington the mantle of chief public advocate of white settlement in the tropics. Throughout the 1920s and into the 1930s, he wrote and spoke often on the subject in articles, papers and public lectures.<sup>19</sup> He railed against misinformation circulating among the political and social elite in the southern states, while also lamenting a lack of civic feeling among opportunists who came to the north only to leave once they had exploited what they could.<sup>20</sup> The production of propaganda on the question of whether a ‘working white race’ could settle and develop resources in the tropics was ongoing. In 1923, the Townsville Chamber of Commerce asked Cilento, in his capacity as AITM director, to assist in producing a pamphlet on the question of climate and health in the tropics to be distributed to the southern states and the British Empire Exhibition in London in 1924.<sup>21</sup>

In 1926, the CDH published parts of this pamphlet and other papers as *The White Man in the Tropics*—perhaps Cilento’s most well-studied work. In it, he echoed Elkington’s criticisms of myths and exaggerations about ‘rank and steaming forests’.<sup>22</sup> The climate of Queensland—far from conforming to the imagination—was varied and mild.<sup>23</sup> It was thus

18 Russell McGregor notes that, in the Northern Territory, doubts persisted into the late 1930s. See Russell McGregor, *Imagined Destinies: Aboriginal Australians and the Doomed Race Theory, 1880–1939* (Melbourne: Melbourne University Press, 1997), pp. 88–9; McGregor, ‘Drawing the Local Colour Line,’ pp. 329–46.

19 Raphael Cilento, ‘Preventive Medicine and Hygiene in the Tropical Territories under Australian Control,’ *Report of the Sixteenth Meeting of the Australasian Association for the Advancement of Science*, 1924, pp. 672–84; Raphael Cilento, ‘Observations on the Working White Population of Tropical Queensland,’ *Health*, 4(1, 3), 1926, pp. 5–14; Raphael Cilento, ‘The White Settlement of Tropical Australia,’ in P. D. Phillips and G. L. Wood (eds), *The Peopling of Australia* (Melbourne: Macmillan & Co., 1928), pp. 222–45; Raphael Cilento, ‘The Future of Tropical Settlement,’ *Church of England College Annual (Brisbane Diocese)*, 1931, pp. 41–4; Raphael Cilento, ‘Australia’s Orientation,’ *Health Bulletin*, 35–6, 1933, pp. 1039–65.

20 Cilento, *The White Man in the Tropics*, pp. 11–12.

21 N. B. Marks to Raphael Cilento, 12 October 1923, NAA: SP1061/1, 341.

22 Cilento, *The White Man in the Tropics*, p. 7.

23 *ibid.*, p. 8.

possible—with suitable clothing, moderate exercise, a sensible diet and minimal alcohol—to live comfortably in northern Australia.<sup>24</sup> The people settled along the coast of north Queensland were:

The largest mass of a population purely white settled in any part of the tropical world, and represent a huge, unconscious experiment in acclimatization, for here the white settler is ... simply a working man, carrying out every occupation from the most laborious tasks to the higher grades of mental effort.<sup>25</sup>

Cilento was thus a prominent figure in a project Anderson has described as a ‘remapping’ of the Australian tropics as a zone that disciplined and dutiful white citizens could settle and incorporate into the imagined body of the nation.<sup>26</sup>

But if it was simply a fact that a healthy population of white working people had settled the Australian tropics ‘in defiance of every previously accepted theory’, individuals still required disciplined hygienic conduct to maintain their health in such an environment.<sup>27</sup> *The White Man in the Tropics* collected information for a reading public on types of clothing, house designs, working hours and patterns of food consumption that would shield white people from the debilitating effects of the tropical climate. In prescribing the minutiae of personal conduct, tropical medicine maintained a tension between asserting the possibility of permanent white settlement and perpetuating the sense that white bodies in the tropics were out of place. To survive in the tropics, in other words, white men had to put material and behavioural barriers between themselves and the environment.<sup>28</sup>

Despite new confidence about white settlement, there was still talk, including from Cilento, about the emergence of a new type of white physiology and exertion in the tropics, which again emphasised the foreignness of white bodies in the region.<sup>29</sup> This type was ‘tall and rangy’, but strong:

24 *ibid.*, p. 10.

25 *ibid.*, p. 9.

26 Anderson, ‘Geography, Race and Nation,’ p. 463; Anderson, *The Cultivation of Whiteness*, pp. 138–9.

27 Cilento, ‘The White Settlement of Tropical Australia,’ p. 224.

28 Anderson, *The Cultivation of Whiteness*, p. 138; Bashford, *Imperial Hygiene*, pp. 158–63.

29 Bashford, ‘“Is White Australia Possible?”’, pp. 262–3; Anderson, *The Cultivation of Whiteness*, pp. 137–8.

One can pick him out in the streets by the fact that ... he walks more deliberately. In the women this becomes a gracefulness of movement that reminds one of those nations of the East that live in similar environments.

In fact, Cilento claimed, 'the race is in a transition stage', as a 'distinct tropical type' slowly emerged in Queensland.<sup>30</sup> He was also interested in the social and cultural aspects of adaptation that were 'racial or national'—aimed at producing equilibrium between European bodies and their new environment.<sup>31</sup> The norms of clothing, housing, consumption and leisure that had become traditional in temperate climes would not do in the tropics:

Our greatest enemy here is not climate, but tradition, in that we have to fight for a white population which has absorbed for generations a traditional life routine until it has come to accept habit as its conscience.<sup>32</sup>

Cilento's wife, Phyllis, campaigned publicly in Townsville for changes in the way women dressed in the Australia tropics, including the adoption of more loosely fitting clothes that mimicked Indian or Malay styles of dress.<sup>33</sup> At the 1924 meeting of the Australasian Association for the Advancement of Science, Cilento similarly argued that white settlers in the Australian tropics must adopt some of the lifestyles of Asian peoples, such as working early in the day and resting in the afternoon.<sup>34</sup>

While the state should provide a sanitary environment, Cilento asserted, it was also important for white subjects to act as citizens responsible for their own health. As Anderson notes, the white embodied subject became the object of 'unremitting surveillance, discipline, and mobilisation'.<sup>35</sup> Cilento initiated a sociological investigation in which nurse Ada Gorman surveyed living conditions and domestic knowledge and practices among housewives in north Queensland. Her report ranked residents in Townsville according to knowledge of hygiene and concluded that 27 per cent had no such knowledge. Allowing pollution of soil with human waste and failing to protect food from flies were thus relatively common. Almost half had moderate knowledge, but failed 'in such

---

30 Cilento, *The White Man in the Tropics*, p. 74.

31 *ibid.*, p. 9.

32 Raphael Cilento to C. M. Wenyon, London, 17 January 1924, NAA: SP1061/1, 300.

33 Henningham, "Hats Off, Gentlemen, to Our Australian Mothers!"; pp. 319–20.

34 Cilento, 'Preventive Medicine and Hygiene in the Tropical Territories under Australian Control,' pp. 678–9.

35 Anderson, *The Cultivation of Whiteness*, p. 139.

matters as leaving the lids off garbage tins or closet pans'.<sup>36</sup> At the same time, by highlighting the conditions under which many working people lived in north Queensland—often lacking piped water, ice chests or water closets—nurse Gorman's study implied that life in the tropics could also be improved with more modern amenities.<sup>37</sup>

Although the Commonwealth continued to issue propaganda on the question of climate, in the 1920s, the focus of public health practice in the tropics turned to diseases such as hookworm and malaria. Victor Heiser, the Director of the East for the International Health Board (IHB) of the Rockefeller Foundation, visited the AITM in Townsville shortly after the Commonwealth takeover and recommended that it shift away from pure research on climate and physiology towards routine diagnostic services, epidemiological study and some clinical research.<sup>38</sup> As shown in previous chapters, it was common in colonial public health discourse to represent indigenous and other non-European communities as persistent reservoirs of infection, either as asymptomatic carriers of disease or as habitually insanitary individuals and communities. In seeking to rehabilitate the tropics for white settlement, many medical authorities sought to minimise aboriginal populations.<sup>39</sup> James Barrett claimed: 'The strength of the position in Australia is the absence of a large native population, acting as a reservoir of disease.'<sup>40</sup> In *The White Man in the Tropics*, Cilento similarly claimed: 'The tropical areas of Australia are unique in that they have no teeming native population, riddled with disease.'<sup>41</sup> The emphasis instead fell, as Anderson argues, on the need to cultivate a body of reformed and disciplined white citizens, protected from sickness and degeneration by their own hygienic behaviour.<sup>42</sup> As this chapter will show, however, Cilento and other health officials continuously contradicted these claims by insisting on the hygienic importance of racial segregation across northern Australia.

Malaria, filariasis and leprosy were major subjects of epidemiological study in Queensland, but it was hookworm disease that attracted the most sustained attention in the 1920s—from survey to treatment and prevention. Hookworm was rarely fatal in white communities in the early

36 Cilento, 'Observations on the Working White Population of Tropical Queensland,' p. 9.

37 *ibid.*, pp. 6–12.

38 'Report on March 1921 – December 1925,' 22 February 1925, p. 3, NAA: A1928, 927/14; Parker, 'A "Complete Protective Machinery",' p. 183; Anderson, *The Cultivation of Whiteness*, p. 136.

39 Anderson, 'Geography, Race and Nation,' p. 463.

40 Barrett, 'Can Tropical Australia be Peopled by a White Race?', p. 28.

41 Cilento, *The White Man in the Tropics*, p. 9.

42 Anderson, *The Cultivation of Whiteness*, p. 139.

twentieth century, and low levels of infestation often left no symptoms. Following a series of investigations in Europe, Latin America and the southern United States, however, the hookworm parasite became known as the ‘germ of laziness’—blamed for anaemia and fatigue among miners, agricultural workers and ‘poor whites’.<sup>43</sup> It was not a serious public health problem in Australia, but in light of its supposed effects on the physical and mental development of children, it helped to maintain the notion that the tropical environment would in some way lead to racial degeneration.<sup>44</sup>

The knowledge of hookworm’s lifecycle and the relative ease of treatment suggested that a campaign might prove an effective popular demonstration of the value of modern hygiene. Its presence in several states and colonial territories also strengthened the case for a federal health department.<sup>45</sup> It was well known that the parasite anchored itself to the gut, giving rise to a range of symptoms, including anaemia. The ova were passed with faecal matter, potentially contaminating damp, porous soils where sanitation facilities were rudimentary or where individuals defaecated on the ground. Infection occurred when larvae that hatched in contaminated soil entered human hosts through bare feet. Campaigns against hookworm thus tended to focus on insanitary habits, the design of privies and water closets and the disposal of waste. Hookworm programs thus also focused on encouraging local authorities to improve sanitation facilities and educate individuals and communities in hygiene.<sup>46</sup>

In 1916, the Commonwealth Government invited the IHB to conduct a campaign modelled on those it had supported elsewhere in the British Empire. After initial surveys of Papua and Australia, officials decided to focus a full-scale campaign, using American expertise, on Queensland and northern New South Wales, beginning in 1919. Intensive surveys of districts in north Queensland, including schools, established the prevalence of hookworm. Sanitation teams went door-to-door, distributing tin containers for households to fill with faecal samples and return to the AITM in Townsville.<sup>47</sup> Propaganda activities, including lectures

---

43 Matt Wray, *Not Quite White: White Trash and the Boundaries of Whiteness* (Durham, NC: Duke University Press, 2006), pp. 96–105.

44 Anderson, *The Cultivation of Whiteness*, p. 144.

45 Gillespie, ‘The Rockefeller Foundation, the Hookworm Campaign and a National Health Policy in Australia,’ pp. 66–72; Anderson, *The Cultivation of Whiteness*, pp. 143–4.

46 Farley, *To Cast Out Disease*, pp. 28–9.

47 Sylvester Lambert, *Completed Area Report No. 1: The Control of Hookworm Disease in the Bowen District, Queensland* (Brisbane: Hookworm Campaign, 1920), pp. 3–6.

and exhibitions for schools and the general public, aimed to energise local sanitation and cultivate habits of personal cleanliness, and drew enthusiastic public participation in the early stages of the campaign.<sup>48</sup> Surveys were followed by intensive treatment, involving a series of purges of worms and eggs using oil of *Chenopodium* and, later, carbon tetrachloride.<sup>49</sup> By 1923, the IHB began passing control of the campaign to local officials and Cilento became its director in north Queensland.<sup>50</sup> With the withdrawal of American funding and personnel, the campaign persisted under Commonwealth and state control into the 1930s.

If its primary concern was sanitation and hygiene in the white settler community, the Hookworm Campaign also pathologised Aboriginal people. Whether Aborigines were a source of hookworm infection in white communities was officially an unanswered question at the time and the campaign endeavoured to collect evidence. Survey units always examined Aboriginal communities in camps, government settlements and missions in their districts and frequently recorded infestation rates of between 50 and 90 per cent.<sup>51</sup> Anderson has suggested that, in hookworm among Aborigines, Cilento had found his ‘reservoir’ of disease.<sup>52</sup> Parsons, however, has argued that the long-serving Chief Protector of Aborigines in Queensland J. W. Bleakley was less concerned with Aboriginal people as sources of infection. While local residents may have pathologised Aboriginal people, Parsons argues, scientific investigations at state and federal levels were preoccupied with the white and male embodied subject.<sup>53</sup> It is quite clear that hookworm campaign personnel did consider Indigenous people to be sources of hookworm infestation in white communities in northern New South Wales and Queensland. In 1923, Noel Charlton reported on the Cairns area, including Yarrabah Mission on Cape Grafton, where infestation rates had once reached 85.7 per cent. The mission was built on swampy soil, Charlton noted, making it fertile

48 *ibid.*, pp. 13–14.

49 Noel B. Charlton, *Completed Area Report No. 18: The Control of Hookworm Disease in Cairns and Vicinity and in the Yarrabah and Mona Mona Aboriginal Missions, North Queensland* (Brisbane: Hookworm Campaign, 1923), p. 9.

50 Attached report, n.d., p. 2, J. S. C. Elkington to Raphael Cilento, 10 December 1923, NAA: SP1061/1, 350.

51 G. H. Burnell and John McKee, *Survey Report No. 12: A Hookworm Survey of the South-eastern Part of the Rockhampton District* (Brisbane: Hookworm Campaign, 1921), p. 37; Charlton, *Completed Area Report No. 18*, p. 15; Noel B. Charlton, *Completed Area Report No. 19: The Control of Hookworm Disease in the Cooktown Area of North Queensland, Including a Special Report on the Cape Bedford Mission Station* (Brisbane: Hookworm Campaign, 1923), pp. 3–10.

52 Anderson, *The Cultivation of Whiteness*, p. 145.

53 Parsons, ‘Spaces of Disease,’ pp. 121–3.

ground for hookworm: '[W]hen to this is added the usual insanitary habits of the natives it is evident that the place is a particularly favourable one for the spread of hookworm disease.'<sup>54</sup> A biweekly boat service from the mission to Cairns only emphasised the potential for Aborigines travelling for work to contaminate the area.<sup>55</sup>

Representing Aboriginal communities as a potential source of hookworm, however, did not necessarily mean the construction of a racial binary between clean, contained white bodies and the open, promiscuous bodies of Indigenous people. In Australia, the imperative to reform white embodied subjects often accompanied the construction of the unhygienic 'native'.<sup>56</sup> In his 1926 survey of the Atherton area, near Cairns, H. Pearson noted that the majority of the hookworm infestation among the white population could be traced to 'promiscuous defaecation' among whites themselves, rather than 'their (slightly, as regards sanitation) more primitive dark brethren'.<sup>57</sup> Pearson noted that infestation rates among Aborigines were high in northern New South Wales, but the disease was not spread to white communities 'by contiguity'. Rather, Aboriginal people, 'whose habits are dangerous', contaminated ground that was now occupied by white people:

It appears highly probable, but remains unproven, that under such conditions existing as described hookworm infestation is acquired by whites from the blacks, and by the existence of privy and other conditions favourable for spread amongst the whites, persistent and spreading infestation is favoured.<sup>58</sup>

In other words, Aboriginal people might contaminate the soil, but 'primitive' insanitary conditions and the habits of working-class white communities were also crucial to the persistence of endemic hookworm disease. Cilento and others meanwhile linked the introduction and persistence of hookworm infestation in Queensland to the history of Melanesian indentured labour and the living conditions of Italian workers.<sup>59</sup>

54 Charlton, *Completed Area Report No. 18*, p. 15.

55 *ibid.*, p. 21.

56 Anderson, *Colonial Pathologies*, pp. 105–7.

57 H. Pearson, *An Investigation into the Epidemiology of Hookworm Disease in the Atherton Area, N.Q.* (Brisbane: Hookworm Campaign, 1926), p. 2.

58 H. Pearson, *Activities of Hookworm Campaign Unit No. 1 in the Northern Rivers District of New South Wales, 1926* (Brisbane: Hookworm Campaign, 1926), p. 418.

59 See Charlton, *Completed Area Report No. 18*, p. 8; Cilento, 'The Future of Tropical Settlement,' p. 42.

Tropical colonisation thus drew ‘white’, Aboriginal, Southern European and Pacific Islander people into relationships of management and tutelage by the state. On some occasions, resistance among white communities even seemed to justify coercive examination and treatment that were usually reserved for Aborigines.<sup>60</sup> Ciento wrote in 1923 to the American director of the campaign, W. C. Sweet, concerning passive resistance among poor white communities in Townsville. People were increasingly failing to return faecal samples for examination. ‘These individuals believe’, Ciento claimed, ‘that the examination is simply a “capitalistic” ruse, to determine which among them are most healthy, with a view to employing them alone; and similarly absurd things’.<sup>61</sup> Their ignorance, he argued, was such that ‘no amount of education will affect’ them to cooperate:

The particular locality in which Hookworm Disease is rife, is, as one would expect, among the low class waterside workers immune to any form of argument short of force. It is to be regretted that one cannot quarantine the whole area and subject them by compulsion to routine examination, though of course, this policy would be impracticable.<sup>62</sup>

Philippa Levine has noted how colonial medical discourse represented indigenous peoples, in their refusal of Western medicine, as obstacles to modernity.<sup>63</sup> The resistance to facts and reason Ciento complained of in Townsville similarly marked working-class white communities as bottlenecks to rational scientific governance, providing an in-principle justification for coercive state intervention. Ideas about scientific reason, the role of the state and both the necessity of and the capacity for the participation of communities in public health thus connected Ciento’s representations of class and race in colonial north Queensland. Hookworm personnel likewise made racial distinctions between white and Aboriginal people while conflating them within a broad notion of backwardness. Ciento’s attitudes towards race and class thus reflected and prompted a similar logic in which rights and liberty were subordinate to the interests of the state and the social prescriptions of modern scientific knowledge.

60 A. H. Baldwin to Raphael Ciento, 7 June 1929, NAA: SP1061/1, 83/2.

61 Raphael Ciento to W. C. Sweet, 10 April 1923, pp. 1–2, NAA: SP1061/1, 93/1.

62 *ibid.*, p. 2.

63 Philippa Levine, *Prostitution, Race, and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003), p. 9.

White and Indigenous people in north Queensland were not treated alike in practice. Matt Wray has discussed how, during the hookworm campaigns in the southern United States, health personnel could find it hard to distinguish poor whites from black southerners. Yet they also thought of treatment of poor whites as a kind of racial whitening, or a clarification of racial difference, since civilised qualities were coded as white.<sup>64</sup> Modern liberal states in this period reserved the right to deal with problematic populations by compulsion, including white people suffering from leprosy and other diseases.<sup>65</sup> While Cilento may have wished for coercive treatment of obstinate white communities, he recognised the political and logistical impossibility in this particular context. More importantly, Cilento was deeply committed to a colonial ideology that figured non-European peoples as racially inferior. Compulsory examination and treatment of white subjects was limited to isolation of subjects suffering leprosy, venereal disease and mental illness. In contrast, Aboriginal people were already subjected to radically more intrusive and punitive governmental controls that rested on a wider array of racial anxieties and ideologies and that structured interventions in their health.

## Medicine and Indigenous health in Australian colonial space

When Cilento returned to Australia after his time in the colonial Pacific, he involved himself more directly in Indigenous health than he had as the Director of the AITM. At first, this was opportunistic since Cilento, as a Commonwealth official, had no formal role in Aboriginal health policy and administration. By the late 1920s, the effect of climate on white tropical settlement was a less pressing issue than it once had been.<sup>66</sup> Health concerns had refocused on venereal disease and leprosy—the latter a deeply stigmatised disease that had acquired new meanings as racial degeneracy and contamination since colonial encounters in the Pacific and Asia in the mid-nineteenth century.<sup>67</sup> Cecil Cook, who worked as

64 Wray, *Not Quite White*, pp. 120–2.

65 Alison Bashford and Carolyn Strange, 'Isolation and Exclusion in a Modern World: An Introductory Essay,' in Alison Bashford and Carolyn Strange (eds), *Isolation: Places and Practices of Exclusion* (London: Routledge, 2003), p. 22.

66 Anderson, *The Cultivation of Whiteness*, p. 152.

67 Zachary Gussow, *Leprosy, Racism, and Public Health: Social Policy in Chronic Disease Control* (Boulder, CO: Westview Press, 1989), pp. 19–20; Bashford, *Imperial Hygiene*, p. 83.

a medical officer on the Hookworm Campaign before becoming Chief Medical Officer and Chief Protector of Aborigines in the Northern Territory, published a major epidemiological study of leprosy in Australia in 1927. The newly established Federal Health Council subsequently adopted leprosy as one of its concerns, partly at the urging of Cilento.<sup>68</sup>

Cilento in fact took a special interest in leprosy and pressed constantly for permanent surveillance of Aboriginal communities and reform of the way the disease was managed throughout the 1930s.<sup>69</sup> As a Commonwealth official, he did what little he could. During a 1931 inspection tour of northern Queensland, Cilento coopted a local police sergeant to search for cases of leprosy among Aboriginal camps around Gordonvale, south of Cairns. He later confessed to Phyllis: ‘Everything I did was unauthorised, not to say illegal, and it all went along like a song!’<sup>70</sup> Yet his sense of satisfaction did nothing to change the fact that Cilento had no authority over Aboriginal health in the tropics.

Official interventions in Aboriginal sickness and health in Queensland in the twentieth century occurred within a larger system governing Indigenous people that emerged with the *Aboriginals Protection and Restriction of the Sale of Opium Act 1897*. Drawing too sharp a line between phases in the relationship between Aboriginal people and European invaders obscures how violence and ‘protection’ coexisted in the nineteenth and twentieth centuries. As Tim Rowse and others suggest, however, one can discern a broad historical shift in which the frontier violence of the nineteenth century gave way to systems of control and exploitation in the twentieth century.<sup>71</sup>

The Act was the first legal sanction of official state control of Indigenous people in Queensland, and came as a response to mounting humanitarian criticism of widespread abuse and exploitation of Aboriginal communities that had grown around most towns in the 1880s. Aboriginal people in Queensland were tired and depleted after decades of brutal frontier

68 Cecil Cook, *The Epidemiology of Leprosy in Australia* (Melbourne: Government Printer, 1927); *Report of the Federal Health Council of Australia*, 1st Session, 1927, p. 6.

69 Raphael Cilento, ‘Brief Review of Leprosy in Australia and its Dependencies,’ in *Report of the Federal Health Council*, 7th Session, 1934, pp. 19–23.

70 Raphael Cilento to Phyllis Cilento, 25 September 1931, Cilento Papers, UQFL44, Box 11, Item 21.

71 Tim Rowse, *White Flour, White Power: From Rations to Citizenship in Central Australia* (Cambridge: Cambridge University Press, 1998), p. 7; Anna Haebich, *Broken Circles: Fragmenting Indigenous Families 1800–2000* (Fremantle, WA: Fremantle Arts Centre Press, 2000), pp. 131–2.

conflict with settlers and the Native Mounted Police.<sup>72</sup> Many now opted for life in the camps that developed on the outskirts of rural towns. Besides whatever hunting or fishing they could still manage, many found work in the pastoral industry or employment with townspeople. They were paid in food, tobacco, clothes, opium or not at all.<sup>73</sup> White townspeople were ambivalent about the camps. They were pools of cheap labour and sexual gratification, but others saw them as a material and moral threat. Many towns established curfews, resulting in a daily ritual in which the police drove Aboriginal people beyond the town limits at sunset.<sup>74</sup>

Under mounting humanitarian pressure in the mid-1890s, the Queensland Government commissioned Archibald Meston, a journalist, politician and self-professed Aboriginal expert, to survey race relations and the living conditions of Aboriginal people in the north of the state. In his 1896 *Report on the Aboriginals of Queensland*, Meston highlighted the arbitrary violence perpetrated against Aborigines and the kidnapping and rape of women by white men. Meston argued for strict institutional segregation:

There is no prospect of any satisfactory or permanent good without the creation of suitable reserves, the establishment of 'Aboriginal Settlements,' chiefly, if not altogether, self-supporting, and *absolute isolation* from contact with whites except those specially appointed to guide them.<sup>75</sup>

Reserves were there to not simply protect, Meston argued, but also gradually transform Indigenous people from nomadic hunters into settled farmers. They must be established on good land to allow for agriculture and livestock. Residents were to cultivate their own patch of land for food, while '[h]abits of cleanliness and industry would be taught regularly, and enforced when necessary'.<sup>76</sup> Villages would be laid out in an orderly fashion, with sanitation provisions and adequate water supplies. The whole life of people on the reserves—including work, leisure and

72 Noel Loos, *Invasion and Resistance: Aboriginal–European Relations on the North Queensland Frontier 1861–1897* (Canberra: Australian National University Press, 1982), pp. 22–3; Reynolds and May, 'Queensland,' pp. 172–3.

73 Reynolds and May, 'Queensland,' pp. 179–81.

74 *ibid.*, p. 181.

75 Archibald Meston, *Report on the Aboriginals of Queensland* (Brisbane: Government Printer, 1896), p. 13, Meston's emphasis; Raymond Evans, Kay Saunders and Kathryn Cronin, *Race Relations in Colonial Queensland: A History of Exclusion, Exploitation and Extermination* (Brisbane: University of Queensland Press, 1988), pp. 85–91; McGregor, *Imagined Destinies*, pp. 60–1; Haebich, *Broken Circles*, pp. 138–41.

76 Archibald Meston, *Queensland Aboriginals: Proposed System for their Improvement and Preservation* (Brisbane: Government of Queensland, 1895), p. 26.

sleep—must be regulated in the interests of social harmony and progress: ‘The whole community must be governed by a fixed code of laws, sternly enforced at all hazards when necessary.’<sup>77</sup> The reserves would eventually produce fit and capable workers to replace Pacific Islanders on the sugar plantations, going out to work before returning at the end of the season.<sup>78</sup>

Meston’s recommendations were the basis for the Aboriginals Protection Act, which established a range of measures that ostensibly sought to prevent abuse and exploitation. It empowered the home secretary to establish government reserves and to remove any Aboriginal person to or between those reserves. He was also mandated to proclaim any regulation relating to the mode of removal, the administration of reserves, the duties of protectors, the care and custody of children and the maintenance of discipline and order on reserves. The Act furthermore allowed for the control of Aboriginal employment, requiring that officials be present in the negotiation of contracts. The legislation led in 1904 to the appointment of a Chief Protector of Aborigines within the home secretary’s department, in addition to a network of local protectors.

This system quickly became a means to control and exploit Aboriginal people.<sup>79</sup> The authority to remove Aboriginal people to government settlements and missions became a punitive measure, frequently used to banish undesirable people from the vicinity of anxious white townships.<sup>80</sup> With no provision for magisterial review or any legal recourse, individuals could be removed for any reason a protector or the home secretary wished, including attempts to acquire alcohol, seeking to organise Aboriginal labour against exploitation or protesting the system itself.<sup>81</sup> Attempts to enrol children in local schools were often met with local panic and threats of removal by local protectors, who were usually also police officers.<sup>82</sup> The government also used the settlement network to extend the prison sentences of some Aboriginal men or even incarcerate suspects whom the

77 *ibid.*, p. 26.

78 *ibid.*, p. 27.

79 Reynolds and May, ‘Queensland,’ p. 182.

80 Thom Blake, ‘Deported ... At the Sweet Will of the Government: The Removal of Aborigines to Reserves in Queensland 1897–1939,’ *Aboriginal History*, 22, 1998, p. 53.

81 Reynolds and May, ‘Queensland,’ pp. 187–8; Haebich, *Broken Circles*, pp. 160–3.

82 Haebich, *Broken Circles*, pp. 177–8. This process was not restricted to Queensland; see Anna Haebich, ‘“Clearing the Wheat Belt”: Erasing the Indigenous Presence in the Southwest of Western Australia,’ in A. Dirk Moses (ed.), *Genocide and Settler Society: Frontier Violence and Stolen Indigenous Children in Australian History* (New York: Berghahn Books, 2007), p. 273.

courts had acquitted.<sup>83</sup> The 1901 amendments to the Act provided the chief protector with the authority to approve or forbid marriages. Just the threat of removal to settlements—increasingly notorious as places of separation and punishment among Aboriginal families—proved an effective way of ensuring compliance with orders, according to some historians.<sup>84</sup>

Settlement life was a strict regimen of work and obedience. The dormitory system isolated children from their families and subjected them to a daily regimen of cleaning, inspection and schooling.<sup>85</sup> Children were escorted to school by an Aboriginal guard and inmates could have their heads shaved or be sent to jail for being late to inspection parades. Authorities banned Aboriginal languages and the government could prohibit whatever Indigenous customs it decided were harmful to the order of the reserve. In the 1920s, chief protector Bleakley oversaw the expansion of a more regulated dormitory system in reserves such as Barambah (later Cherbourg). Aboriginal children and young women had been separated in dormitories for some time. Bleakley's reforms, including the construction of new and larger girls' homes, increased the dormitory population dramatically and took on a more reformative purpose.<sup>86</sup> Bleakley also oversaw construction of weatherboard cottages at Barambah intended to inculcate domestic habits and pride. The establishment of Aboriginal villages on settlements became a general ideal. In this way, settlement design and practice sought to discipline Aboriginal people and transform them into moral subjects within European-style nuclear family units.<sup>87</sup>

In reality, official neglect turned settlements into incubators of disease instead of refuges, undermining the paternalistic ideals with which some had invested the Act. The rations provided to inmates were poor in both calories and nutritional value, consisting mainly of flour, sugar and tea,

---

83 Blake, 'Deported ... At the Sweet Will of the Government,' pp. 56–7.

84 Joanne Watson, 'Becoming Bwgcolman: Exile and Survival on Palm Island Reserve, 1918 to the Present' (PhD Thesis, University of Queensland, 1993), p. 58, and p. 64 on the 1901 amendments; Fiona Probyn-Rapsey, "'Uplifting" White Men: Marriage, Maintenance and Whiteness in Queensland, 1900–1910,' *Postcolonial Studies*, 12(1), 2009, pp. 89–106.

85 Watson, 'Becoming Bwgcolman,' pp. 91, 108, 350–1; Thom Blake, *A Dumping Ground: A History of the Cherbourg Settlement* (Brisbane: University of Queensland Press, 2001), pp. 73–5; Parsons, 'Spaces of Disease,' pp. 203–6.

86 Parsons, 'Spaces of Disease,' pp. 190–206.

87 David King and Malcolm Vick, 'Keeping 'Em Down: Education on Palm Island under Queensland's Aboriginal Acts,' *History of Education Review*, 23(1), 1994, pp. 6–12. This rhetoric and practice accelerated in the 1930s on settlements such as Barambah; see Parsons, 'Spaces of Disease,' pp. 207–11.

while meat supplies were mostly bone and sometimes arrived spoiled. Overcrowding and poor housing encouraged persistently high levels of morbidity and mortality from infectious diseases. As Parsons shows, mortality at Barambah reached an annual average of 13 per cent during the first 15 years of control by the protection office. Rates declined in the 1920s and 1930s, but they remained triple the national average.<sup>88</sup> Children were often forced to steal from food supplies reserved for the European staff and escape attempts were frequent.<sup>89</sup> By the 1940s, conditions were as bad as ever as the size of the reserve system increasingly outstripped the capacity of the renamed Department of Native Affairs to administer it.<sup>90</sup>

The settlements functioned in part as reservoirs of labour for rural industries and domestic service.<sup>91</sup> Girls were usually sent out to work as domestic servants at the age of 14, while boys worked as stockmen or loggers. The Act did not govern the settlements alone, however, and provided the government with power to intervene in the working lives and intimate relationships of Aboriginal people across the state. In 1919, the state government set a minimum wage for Aboriginal workers at two-thirds that of white workers. The Act had always provided for the control of Aboriginal wages, however, and despite political rhetoric, it was accepted practice for the government to take the majority of Aboriginal earnings and place them in a combination of individual trust accounts and provident funds. This money made up the bulk of the budget for the chief protector's office and was reinvested in the upkeep of reserves.<sup>92</sup>

Hygiene was one consideration among several in the spatial management of race. Expert medical knowledge, moreover, could be a basis for criticism of Aboriginal policies and their administration. Parsons and Rosalind Kidd have uncovered the tensions and competing agendas among multiple actors that shaped this administration.<sup>93</sup> In many ways, their approach reflects larger trends in colonial studies that have emphasised how a range of colonial actors—including officials, planters and missionaries—sought to rework the aims of colonial rule and the social categories involved in

88 Parsons, 'Spaces of Disease,' pp. 154–5.

89 Blake, *A Dumping Ground*, pp. 105–10; Parsons, 'Spaces of Disease,' p. 200.

90 Parsons, 'Spaces of Disease,' p. 71.

91 Blake, *A Dumping Ground*, p. 65; Parsons, 'Spaces of Disease,' pp. 180–1.

92 Raymond Evans, "'Fallen among Thieves': Aboriginal Labour and State Control in Inter-war Queensland,' *Labour History*, 69, 1995, p. 127; Jackie Huggins, 'White Aprons, Black Hands: Aboriginal Domestic Servants in Queensland,' *Labour History*, 69, 1995, pp. 188–95.

93 Rosalind Kidd, 'Regulating Bodies: Administrations and Aborigines in Queensland 1840–1988' (PhD Thesis, Griffith University, 1994), pp. 4–10; Parsons, 'Spaces of Disease,' pp. 27–9.

government.<sup>94</sup> Kidd and Parsons have analysed these dynamics at a very local level, seeking the distinctive tensions around policy and practice in Queensland. Their work, however, also reflects an understanding of this history as part of a national settler-colonial project. Yet colonial projects in this period often connected to others across national boundaries, as soldiers, missionaries, doctors and policymakers moved along circuits carrying ideas and practices between different French, British, American and Dutch colonial sites.<sup>95</sup>

Cilento's career provides an opportunity to examine relationships between colonial medicine in north Queensland and elsewhere in the Pacific and Asia in greater detail. He certainly did not conflate white settlement of Australia with colonialism in the Pacific Islands. In fact, Cilento defined the settler-colonial project as a reinforcement of the racial and epidemiological boundaries between Australia and the Pacific. Health problems in Queensland, he wrote, could be traced to Melanesian indentured labourers 'bequeathing their diseases to their masters'.<sup>96</sup> For Cilento, Australian tropical hygiene thus consisted of clearing up the legacies of Queensland's past exchanges with the Pacific Islands. By the time he became directly involved in Aboriginal health in the late 1920s, Cilento also had extensive experience of colonial hygiene in South-East Asia and the Pacific and he remained fascinated with 'native' and tropical life and disease in general. When Cilento wrote or spoke about Aboriginal health and tropical hygiene, he related it to his broader colonial experience and Australia's responsibilities in the Pacific. In turning his attention to Aboriginal health, he drew on principles and practices of public health that could be redeployed in various colonial sites that fell within a larger Australian imperial space incorporating northern Australia, the Torres Strait Islands and the territories of Papua and New Guinea.

As a young medical student, Cilento was once called on to visit an Aboriginal camp and remove the afterbirth from a new mother. Cilento and his biographer, Fedora Fisher, described a crowd of Aboriginal eyes intent on the young medical man performing his work in an environment that crystallised the hardships that Indigenous people faced in the first decades of the twentieth century. Years later, Cilento wrote of how 'that

---

94 Ann Laura Stoler and Frederick Cooper, 'Between Metropole and Colony: Rethinking a Research Agenda,' in Frederick Cooper and Ann Laura Stoler (eds), *Tensions of Empire: Colonial Cultures in a Bourgeois World* (Berkeley: University of California Press, 1997), pp. 19–22.

95 *ibid.*, p. 28.

96 *ibid.*, p. 226.

one experience set me on the road to a life-long interest in their complex situation in relation to our after-coming race that had dispossessed them'.<sup>97</sup> In fact, Cilento often acknowledged that Europeans had violently dispossessed Aboriginal people, and he generally framed Indigenous health within an account of the culpability of settler colonialism for Aboriginal poverty and sickness. He had read the 1837 report of the British Select Committee on Aborigines, and sometimes echoed its conclusions about the historical disregard for 'the territorial rights of the natives' and their welfare.<sup>98</sup> After his attempt to find suspected cases of leprosy around Gordonvale in 1931, he wrote to his wife: 'Their medical condition was a shame and a reflection on the whites who have dispossessed them.'<sup>99</sup> A few years later, he commented that, in mainland Queensland, 'only rapidly declining tribal remnants remain' outside the reserves. Such communities were forced to live on worthless land—'a standing reflection upon the civilisation that permits the conditions producing this situation'.<sup>100</sup>

Such admissions were fairly commonplace among politicians and officials. In 1929, Bleakley argued that white settlers were obliged to provide aid to older Aborigines 'who have been deprived of their natural means of subsistence by the usurpation of their tribal hunting grounds'.<sup>101</sup> A Queensland government pamphlet in the late 1930s asked: 'HAVE you ever stopped to consider the fate of the 20,000 odd aboriginals in Queensland, remnants of the race from whom we took this country?'<sup>102</sup> This was also the kind of language that permeated the literature of humanitarian organisations, such as the Aborigines' Protection League and the Association for the Protection of Native Races, which began campaigning in the early 1930s for greater protection of the rights of Aborigines as Indigenous people.<sup>103</sup> The way in which Cilento framed Indigenous health thus reflected established narratives of Australian colonisation.

97 Cilento quoted in Fisher, *Raphael Cilento*, p. 14.

98 *Report of the Select Committee on Aborigines (British Settlements)* (Cape Town: C. Struik, 1966), p. 10. Cilento transcribed sections of the report in a notebook: Raphael Cilento, *Diary*: 15 March 1934 – August 1942, Cilento Papers, UQFL44, Box 11, Item 24.

99 Raphael Cilento to Phyllis Cilento, 25 September 1931, Cilento Papers, UQFL44, Box 11, Item 21.

100 Raphael Cilento, 'Report of A Partial Survey of Aboriginal Natives of North Queensland,' p. 5, NAA: A1928, 4/5 SECTION 1.

101 J. W. Bleakley, 'The Aborigines and Half-castes of Central Australia and North Australia,' *Commonwealth Parliamentary Papers*, 2, 1929, p. 1167.

102 'What is their Destiny?', n.d., p. 2, Queensland State Archives [hereinafter QSA], Series 12355, Item 8887.

103 Bain Attwood, *Rights for Aborigines* (Sydney: Allen & Unwin, 2003), pp. 85–6.

As in New Guinea and Fiji, Cilento articulated such sympathies within assumptions of racial difference and the inferiority of Aboriginal people.<sup>104</sup> As Tim Rowse observes in the case of biologist and Northern Territory administrator W. Baldwin Spencer, understandings of Aboriginal inferiority often framed expressions of sympathy or the acknowledgement of dispossession and murder.<sup>105</sup> In an account of his search for cases of leprosy around Gordonvale, Cilento described the first man, who was armed with a knife, who emerged from the huts to confront him and his police companion:

Truculent and sullen he asked sharply what we wanted and who we were and straightened himself up eye to eye with a fine show of defiance and bravado but below his lean and muscular ribs his telltale heart fluttered the skin like a captive bird. I felt a curious little pang of pity and remorse.<sup>106</sup>

In this representation, there is an echo of former nobility, brave yet fearful, wavering and defeated in the face of the white man. Cilento thus reiterated representations of Aboriginal people as broken and pitiable ‘remnants’ that cultural contact had left rudderless and vulnerable.<sup>107</sup> The animal simile is also telling. In *Triumph in the Tropics*, Cilento argued that Aboriginal people were ‘creatures of impulse’ who, when faced by something outside their experience, succumbed to ‘shivering immobility’. These reactions were like those of ‘feral jungle creatures’.<sup>108</sup> Elsewhere, he attributed Aboriginal distrust of European medicine to a ‘blind and unreasoning fear of anything outside his experience’.<sup>109</sup> The evident suspicion of the man had more to do with the threat of removal to Palm Island, as Cilento acknowledged.<sup>110</sup> Yet, as in earlier settler-colonial discourse, Cilento’s sympathy and sense of responsibility for Aboriginal people positioned them as an instinctive and superstitious people who could not withstand the impact of superior European settlers possessed of reason.

---

104 *ibid.*, p. 85.

105 Rowse, *White Flour, White Power*, p. 15.

106 Raphael Cilento to Phyllis Cilento, 25 September 1931, Cilento Papers, UQFL44, Box 11, Item 21.

107 Rowse, *White Flour, White Power*, p. 32.

108 Raphael Cilento and Clem Lack, *Triumph in the Tropics: An Historical Sketch of Queensland* (Brisbane: Smith & Paterson, 1959), p. 179.

109 Cilento, ‘Brief Review of Leprosy in Australia and its Dependencies,’ p. 21.

110 Raphael Cilento to Phyllis Cilento, 25 September 1931, Cilento Papers, UQFL44, Box 11, Item 21.

By the time Cilento became more directly and extensively involved in Aboriginal health, the range of his experience and perspective encompassed a larger colonial field that included and related to Aboriginal people in Queensland, Torres Strait Islanders and New Guineans. In fact, as a Commonwealth medical officer, he often worked in parts of north Queensland that had been sites of colonial connections between the Pacific and Asia for many decades. While conducting an inspection tour of quarantine stations and hospitals in 1929, Cilento discovered a case of malaria in a boy from the village of Poid, on Banks (Moa) Island, in the Torres Strait. Writing to Phyllis, he said he was ‘thrilled to the core’.<sup>111</sup> Cilento also examined Indigenous patients on Thursday Island with old skin lesions and learned of high rates of granuloma. He wrote to Phyllis:

I am interested in this place more than in any of the other stations—I suppose it is the native element and the native diseases that attract me. It is difficult to cast off the old love.

During his visit, the veteran pearler Reg Hocking took Cilento on a trip to the mouth of the Jardine River with his ‘splendid Malay crew’. Cilento also gave a lecture at Thursday Island on ‘Medical Problems of the Pacific’, in which he spoke of ‘invasions and migrations of the various peoples, their disease problems, the coming of the white man with the dread triad of war—pestilence—famine’.<sup>112</sup> Cilento thus recognised in the Torres Strait Islands points of contact, or a zone of overlap, between the Australian tropics and the Pacific and Asian colonies he had experienced.

As many scholars have noted, even after Queensland had annexed all the Torres Strait Islands by 1879, Thursday Island remained a node connecting goods, people and cultures that have continued to blur Australia’s territorial, social and cultural boundaries.<sup>113</sup> Cilento hated this cosmopolitan hybridity, and described Thursday Island in much the same terms as he had used for Suva: ‘The place reeks with all kinds of coloured and dis-coloured natives, halfcaste mixtures—“liquourice allsorts”!’ Thursday Island was ‘a very battered front door Australia presents to the world—wants repainting badly—the old colours have “run” badly!’ Cilento dreamt of a time when the enforcement of racial segregation and

111 Raphael Cilento to Phyllis Cilento, 23 July 1929, Cilento Papers, UQFL44, Box 11, Item 21.

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

113 Paul Battersby, ‘Mapping Australasia: Reflections on the Permeability of Australia’s Northern Maritime Borders,’ in Anna Shukul, Guy Ramsey and Yuriko Nagata (eds), *Navigating Boundaries: The Asian Diaspora in Torres Strait* (Canberra: Pandanus Books, 2004), pp. 13–14.

sanitation regulations might transform Thursday Island into a 'second MIAMI, for Australia's FLORIDA'.<sup>114</sup> Cilento could obviously see the professional continuities between his work in New Guinea and Thursday Island, but he was ultimately hoping to replace the legacies of a much more open movement of people and culture around the region with an Australian colonial order that would reinforce racial segregation and control across northern Queensland, the Torres Strait and New Guinea.

The Queensland Government invited Cilento to conduct a series of clinical surveys of Aborigines in fringe camps, government settlements and missions in the early 1930s. Besides Cecil Cook's leprosy survey, there had been little systematic collection of broad and detailed medical information about Indigenous communities in Queensland. Cilento's first survey, from October to November 1932, included communities around Cardwell, Innisfail, Cairns and a number of other towns, as well as Mona Mona Mission and the government settlement on Palm Island. A second, hastily arranged survey in 1933 included Cooktown and Coen, the Yarrabah, Cape Bedford and Lockhart River missions and a number of fringe camps associated with other towns. As in the case of Cook's earlier leprosy survey, Cilento's methods and documentation expressed a claim to dominance of embodied subjects, especially on those occasions when he ordered Aboriginal people to line up and strip completely naked for clinical examination.<sup>115</sup> The surveys reflected a desire for synoptic knowledge of subject Indigenous populations that had marked Cilento's time in the Pacific Islands. Much of his effort in New Guinea had aimed to provide the colonial state with knowledge of the pathological status and movements of people who were deemed both a threat to white health and a useful source of labour.<sup>116</sup> The Queensland reports produced pages of data on individuals, including age, sex and clinical and social observations.

When Cilento submitted his first report to the Queensland Government, he attached a copy of his article on depopulation in the Pacific Islands from *The Medical Journal of Australia*.<sup>117</sup> Cilento had acquired a reputation for his expertise in the Pacific and the way it related to Aboriginal health. In a memo to the Queensland home secretary Edward Hanlon, Bleakley

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

115 Raphael Cilento to Phyllis Cilento, 28 October 1932, Cilento Papers, UQFL44, Box 11, Item 22. See also Cecil Cook to A. H. Baldwin, 15 February 1926, NAA: SP1061/1, 94/2.

116 See Chapters 2 and 3, this volume.

117 Cilento, 'The Value of Medical Services in Relation to Problems of Depopulation,' pp. 480–3.

noted that Cilento possessed both a ‘keen interest in the aboriginal conditions’ and ‘wide experience in other lands with native races’.<sup>118</sup> *The Mail* reported in 1933:

Probably no man, medical or otherwise, knows more about the habits and customs of the aborigines of Queensland and the nearer islands of the Pacific than does Dr. R. W. Cilento.<sup>119</sup>

Some historians have argued that colonial agents invented ‘the native’ as a universal non-European figure sharing childlike, fearful and unhygienic qualities, and lacking in the virtues of initiative and thrift.<sup>120</sup> Cilento certainly participated in this broad colonial discourse, believing that his knowledge of indigenous peoples, essentialised as the impulsive and dirty ‘native’, could then be brought to bear on Queensland.

The settler-colonial context of Queensland led to a structure of spatial management and social intervention that differed markedly from that in New Guinea, where villages were far from the centres of white settlement and power. As discussed in Chapter 2, segregation in New Guinea was deemed necessary only in the urban context of Rabaul, where the authorities nevertheless failed to implement longstanding plans for a compound for indentured labourers. Little attempt was made to intrude in indigenous culture, except where European sensibilities considered local cultural practices repugnant.<sup>121</sup> In contrast, colonisation in Queensland was a more thorough dispossession. In the early 1930s, Aboriginal fringe camps swelled with families after many men lost work in the pastoral industry during the economic depression.<sup>122</sup> Cilento’s report echoed typical white anxieties about the threat posed by these communities: ‘The mainland native resident in relation to the larger towns is considerably worse off and more a menace than any other.’<sup>123</sup> Despite the pervasive powers of the Aboriginals Protection Act, Cilento highlighted the ‘minimal restrictions’ placed on many mainland Indigenous populations, even as the proportion of Queensland Aborigines incarcerated in government settlements such as Barambah (Cherbourg) and Palm Island increased.<sup>124</sup>

118 J. W. Bleakley to E. M. Hanlon, Home Secretary, 10 April 1933, p. 7, QSA, Series 4356, Item 716952.

119 *The Mail*, [Brisbane], 22 October 1933, NAA: A1928, 4/5 SECTION 1.

120 Denoon et al., *The Cambridge History of the Pacific Islanders*, p. 262; Geoffrey Gray, *A Cautious Silence: The Politics of Australian Anthropology* (Canberra: Aboriginal Studies Press, 2007), pp. 34–5.

121 *The Official Yearbook of the Commonwealth*, p. 971.

122 Briscoe, *Counting, Health and Identity*, pp. 307–8.

123 Cilento, ‘Report of A Partial Survey of Aboriginal Natives of North Queensland,’ p. 2.

124 *ibid.*, p. 1.

Queensland's system of government and mission settlements provided a ready structure for the medical segregation of Aboriginal people from the white community. Cilento's reports are peppered with recommendations for removals under the existing *Aboriginals Protection Act*, in which moral and medical concerns overlapped. In his first report, Cilento recommended that one 16-year-old girl, who suffered from gonorrhoea and was 'said to be promiscuous in her habits', be removed to Palm Island.<sup>125</sup> Such anxieties over venereal disease and the control of female Aboriginal sexuality had been central to debates over the isolation and employment of girls and young women in domestic service.<sup>126</sup> In his second report, he recommended that a number of individuals and even entire fringe camps be 'eliminated' and dispersed to different reserves. At Helensvale, he noted there were several girls whose 'associations are undesirable' and for whom removal to Yarrabah Mission would be beneficial. He recommended that the whole camp at Bloomfield be broken up and sent to different settlements.<sup>127</sup> Indigenous people did not accept these interventions passively. At Atherton, Cilento described a young woman from nearby Mareeba as:

a flash half-caste gin in the employ of a local lawyer, who is apparently very jealous of her rights. It was only after waiting two hours that this young lady indignantly put in an appearance.<sup>128</sup>

Even in a document that functioned as part of the system of policing and control, Aboriginal people could thus force into view a defiant assertion of their rights and freedom from state interference. This incident shows that while Cilento's reports acknowledged a history of dispossession, he was ultimately less concerned with underlying causes of disease than with identification and removal of Aboriginal people and communities that he considered a threat to white settlers. Australian tropical hygiene was thus joined neatly to the existing moral norms and policing imperatives of the Queensland system of protection.

---

<sup>125</sup> *ibid.*, p. 6. Local protectors had already ordered the removal to Palm Island of some of the individuals whom Cilento had recommended when his report reached the chief protector; J. W. Bleakley to E. M. Hanlon, 10 April 1933, p. 1, QSA, Series 4356, Item 716952.

<sup>126</sup> Parsons, 'Spaces of Disease,' pp. 188–9.

<sup>127</sup> Cilento, 'Interim Report on Aboriginals,' pp. 38–9, NAA: A1928, 4/5 SECTION 1.

<sup>128</sup> Cilento, 'Report of a Partial Survey of Aboriginal Natives of North Queensland, Appendix A,' p. 15, NAA: A1928, 4/5 SECTION 1.

It is nevertheless important to contextualise Cilento's participation in this system within his Pacific colonialism, including the way he framed problems of health in tropical Australia as products of Pacific and Asian connection and exchange. 'The health problems of tropical Australia and her dependencies', he wrote in 1931, 'corresponds very closely to the health problem of the Malay States'.<sup>129</sup> In fact, he would frequently compare northern Australian health issues with examples from the Pacific as well—not just as parallels, but also as connected places. Australian scholars, especially Regina Ganter, have argued for the interpretation of histories of Aboriginal protection in the context of north Queensland's communities of mixed Indigenous, Asian and Pacific people. A history of Asian and Pacific migration to north Queensland and intermarriage with Aboriginal and Torres Strait Islanders had produced communities that fell outside the categories of Aboriginal and 'half-caste' as defined in the 1897 Aboriginals Protection Act and were thus outside the authority of the bureaucracy. Without new legislation, Queensland protectors often stepped beyond their authority, which led in turn to repeated challenges from these people, families and communities.<sup>130</sup>

Cilento shared official concerns about miscegenation and the rising population of 'half-castes' of Asian and Pacific descent living around the towns of north Queensland.<sup>131</sup> In his 1932 report to the Queensland Government, he described the fringe dwellers around Cairns as 'an almost insoluble problem, which is further complicated by the presence of numbers of natives, half-castes, Malays, South Sea Islanders, and others, outside any jurisdiction, ignorant, dirty, and arrogant'.<sup>132</sup> Cilento added biomedical significance to the moral concerns about these communities, while likening them to places such as Rabaul and Suva. The 'intermediate coloured person' lived in:

sordid surroundings indistinguishable from those of native communities in the Pacific Islands, and invariably centres for infection with hookworm disease, to which is added venereal disease, and occasionally filariasis and malaria.

129 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.

130 Ganter, 'Coloured People,' pp. 219–45. See also McGrath, 'The Golden Thread of Kinship,' pp. 37–58.

131 Haebich, *Broken Circles*, p. 134; Parsons, 'Spaces of Disease,' pp. 187–8.

132 Cilento, 'Report of A Partial Survey of Aboriginal Natives of North Queensland,' p. 7.

Cilento stated generally:

It is emphatically my opinion that the coloured groups, both aboriginal and other, in the neighbourhood of towns, should be eliminated, either by absorption of the better elements into the general community, or by the transfer of the aboriginals to Aboriginal Settlements.<sup>133</sup>

Cilento noted that mixed-descent communities in Cairns with Melanesian, Asian and Aboriginal heritage largely escaped state control due to limitations in the existing legislation:

Many of these cannot under any circumstances be said to live other than as natives, though they are housed within the town, and on some such quibble [are] regarded as independent citizens.<sup>134</sup>

Cilento's dismissal of their rights as a quibble reflects the authoritarian paternalism that ran through his approach to government. His emphasis on living conditions and habits in these passages suggests that precise racial classification in law meant less to him than enlarging state authority over all such people. Cilento, in other words, represented these groups as dangerous because of their 'native' character—little different from people under colonial governance in the Pacific—which speaks to the wider colonial frame of reference with which he worked.

*The Aboriginals Protection and Restriction of the Sale of Opium Acts Amendments Act 1934* widened the powers of the Act to encompass people of Asian and Pacific descent who had previously been exempt from its provisions. These included all 'half-castes' regardless of whether they associated with Aborigines, as well as the children of Aboriginal and non-white, non-Aboriginal people.<sup>135</sup> Concern about 'coloured' people who lived free from the Act was longstanding. In 1915, William Lee-Bryce, the local protector for the Somerset Aboriginal District, which included part of Cape York Peninsula and the Torres Strait Islands, urged the government to '[b]ring all South Sea, Manila, Malay, and other coloured men married to, or associating with, aboriginals within the definition of aboriginal'.<sup>136</sup> It is possible Cilento's arguments about health provided some new impetus

---

133 *ibid.*, p. 3.

134 *ibid.*, pp. 7–8.

135 Reynolds and May, 'Queensland,' p. 193; Henry Reynolds, *Nowhere People* (Melbourne: Viking, 2005), pp. 139–49.

136 Lee Bryce, 'Memorandum Relative to Administration of the Somerset Aboriginal District,' 13 December 1915, p. 13, QSA, Series 4356, Item 716946.

to legislation. Bleakley reported in 1934 that his department had known people of mixed Aboriginal and ‘alien’ descent carried infectious diseases but were powerless to control these people.<sup>137</sup> He also wrote to Hanlon about Cilento’s first report, repeating concerns about the ‘crossbreeds’ of Aborigines, Pacific Islanders and Malays who had ‘all the privileges of any white citizen’. Bleakley noted that, on occasion, his department had stretched the powers of the existing Act and advised: ‘Any extension of this Department’s powers to embrace the, at present, free coloured people ... would require fresh legislation.’<sup>138</sup> Once that legislation passed, Bleakley could issue instructions to local police protectors to compile a list of the names and locations of people who would now fall under the Act. This would help, as Bleakley wrote, to ‘facilitate the discovery and treatment of disease’.<sup>139</sup> Public health imperatives in Queensland thus played an influential role in redefining categories of Aboriginal and ‘coloured’ and extending state authority. Cilento saw these people and communities in terms of a broadly ‘native’ character, connected conceptually, socially and biologically to the populations of colonial spaces in the Pacific and South-East Asia.

## Hygiene, governance and the cultivation of populations

Despite articulating a policy of segregation and the importance of protecting white communities from ‘native’ diseases, Cilento’s interest in the ‘Aboriginal problem’ went beyond exile. In 1934, he left the CDH to take up the new office of Director-General of Health and Medical Services in Queensland. He had hoped to gain executive powers over all health matters, including medical services, nutrition and medical staffing on Aboriginal reserves.<sup>140</sup> Cilento had to settle, however, for the position of ‘professional’ head of the health division of the Department of Health and Home Affairs, with a largely advisory role.<sup>141</sup> This provided him with

137 J. W. Bleakley, ‘Report of the Aboriginal Department for 1934,’ *Queensland Parliamentary Papers*, 1, 1935, p. 976.

138 J. W. Bleakley to E. M. Hanlon, 10 April 1933, p. 3, QSA, Series 4356, Item 716952.

139 See Kidd, *The Way We Civilise*, pp. 108–10.

140 Raphael Cilento, ‘Preliminary Report on the Re-organisation of the Home Department to Provide for the Separate Existence or Co-existence of a Ministry of Health,’ 10 December 1934, pp. 3–15, QSA, Series 5263, Item 848707.

141 Ross Patrick, *A History of Health and Medicine in Queensland 1824–1960* (Brisbane: University of Queensland Press, 1987), p. 104.

opportunities to carry out inspections of the network of state reserves and mission stations. In this position, he often called for reforms to Aboriginal reserves that would place the cultivation of health, conceived in broad terms, at the centre of the governance of Indigenous people.

In seeking to understand the role of medicine and public health in shaping the repression and exploitation of Aboriginal people in Australian history, many scholars have looked to strategies of isolation employed in cases of leprosy and venereal disease. The continued use of strategies of isolation for Aborigines suffering from leprosy long after experts in the British Empire had abandoned such practices seemed to reflect deeper fears of racial contamination and hybridity pervading public health discourse in Australia.<sup>142</sup> Especially in the case of Queensland, the emphasis has thus been on the ways in which medical intervention in Australia focused on rigid segregation. The aim here is not to challenge but to complement this detailed and particular work with an analysis of some of the larger colonial logics involved. The nearly exclusive focus on institutional isolation of specific diseases misses the way knowledge of health could be ambivalent, even contradictory, over questions of race, culture, the state and the future. This is not to highlight discrepancies between central policy and its local implementation in the way Kidd and Parsons have done, but to emphasise the deeper tensions and contradictions of colonialism and medicine.<sup>143</sup>

Cilento's first inspections of Aboriginal government and mission settlements during his surveys in 1932 and 1933 prompted pointed criticism—of Palm Island, in particular.

He wrote:

A visitor would be tempted to ask whether the system is not merely one for the convenience of the white population, and based on the acceptance of the extinction of the colored in due course.<sup>144</sup>

---

142 Saunders, 'Isolation,' pp. 168–81; Alison Bashford and Maria Nugent, 'Leprosy and the Management of Race, Sexuality and Nation in Tropical Australia,' in Alison Bashford and Claire Hooker (eds), *Contagion: Epidemics, History and Culture from Smallpox to Anthrax* (Sydney: Pluto Press, 2002), pp. 106–28; Briscoe, *Counting, Health and Identity*, pp. 315–18; Bashford, *Imperial Hygiene*, pp. 83–113; Parsons, 'Spaces of Disease,' Chs 6, 7; Parsons, 'Fantome Island Lock Hospital and Aboriginal Venereal Disease Sufferers 1928–45,' pp. 41–62.

143 Kidd, 'Regulating Bodies,' pp. 4–10; Parsons, 'Spaces of Disease,' p. 23.

144 Cilento, 'Report of A Partial Survey of Aboriginal Natives of North Queensland,' p. 4.

Without a clear plan, detention in a settlement became ‘merely a period of imprisonment’, doing nothing for the ‘social and material benefit’ of Aboriginal people.<sup>145</sup> For all the education and training received in Aboriginal institutions, the inmates were for the most part doomed to a life of tedium and inactivity:

It is frequently objected that it is impossible to inspire the aboriginal to active and purposive work. I have no hesitation, after a long experience of many kinds of colored people, in directly denying this suggestion. There is a certain lethargy found in most native peoples living under stereotyped conditions, but this is almost invariably because the conditions are faulty.<sup>146</sup>

Again, Cilento appealed to the ideals and practices of colonial governance elsewhere. Indeed, his references to population decline, ‘extinction’ and the potential of state intervention clearly echoed his earlier commentary on New Guinea and Fiji. Australian authorities, he argued, could learn much about the management of Indigenous populations by recognising that they would respond to active government investment in their health and development.

This emphasis on investment in Aboriginal development reflected longstanding rhetoric about protection and contemporary international discourses of trusteeship. Meston and other protectors in Queensland and the Northern Territory had emphasised that reserves—through education, training and religious instruction—should seek the material and moral ‘uplift’ of Aboriginal people.<sup>147</sup> By the 1930s, however, calls for reform often placed Australian policy and practice in the context of international discourse on colonial trusteeship. A. P. Elkin, the Chair of Anthropology at the University of Sydney, published papers calling for the abandonment of ‘negative’ protection in favour of a ‘positive policy of giving the natives new interests and training in stock-work, agriculture and various crafts’ on the government and mission settlements.<sup>148</sup> Elkin suggested that New Guinea might serve as a model, not only for its administrative arrangements, but also because ‘we are morally bound to aid the development of the primitive race in our own continent just as in

---

145 *ibid.*, p. 20.

146 *ibid.*, p. 20.

147 Meston, *Queensland Aborigines*, pp. 26–7; Bryce, ‘Memorandum Relative to Administration of the Somerset Aboriginal District,’ pp. 9–11, QSA, Series 4356, Item 716946. See also McGregor, *Imagined Destinies*, pp. 60–74; Gray, *A Cautious Silence*, p. 37.

148 A. P. Elkin, ‘A Policy for the Aborigines,’ *The Morpeth Review*, 3(25), October 1933, p. 33.

New Guinea'.<sup>149</sup> At the same time, feminist advocates of protection, such as Mary Bennett and Edith Jones, used the League of Nations Covenant and the league's work against the trafficking of women and children as standards against which to assess Aboriginal policy across Australia.<sup>150</sup>

In contrast to the reformed protectionism of Elkin and others, an increasing population of mixed-descent people in this period prompted some to advocate policies of biological absorption into the white race. In the late 1920s, Cecil Cook, the Chief Protector of Aboriginals and Chief Medical Officer in the Northern Territory, and A. O. Neville, the chief protector in Western Australia, similarly envisioned programs in which states would facilitate the marriage of young mixed-descent women to white men. Drawing on an assumption that Aboriginal people were racially akin to Europeans, they hoped this process would gradually 'breed out' Aboriginality.<sup>151</sup> By 1937, when chief protectors and representatives of protection boards met at a conference on Aboriginal welfare, most states had adopted policies of biological absorption. For Cook and Neville, uncontrolled miscegenation represented, in the short term, a moral and racial deterioration that threatened public order and tropical development. The increasing half-caste population, Cook argued, could not adequately be employed in the underdeveloped north, unless white men were displaced and transformed into supervisors. This proposal conflicted fundamentally with the cherished ideal of complete white settlement. Denying work to such a growing population would, however, lead to resentment among mixed-descent men and 'racial conflict which may be serious'.<sup>152</sup> Violence and disorder thus seemed to be the inevitable results of racial mixing. Neville asked the conference rhetorically:

What is to be the limit? Are we going to have a population of 1,000,000 blacks in the Commonwealth, or are we going to merge them into our white community and eventually forget that there ever were any Aborigines in Australia?<sup>153</sup>

---

149 *ibid.*, p. 34.

150 Fiona Paisley, *Loving Protection? Australian Feminism and Aboriginal Women's Rights, 1919–1939* (Melbourne: Melbourne University Press, 2000), pp. 11–13; Attwood, *Rights for Aborigines*, pp. 87–93.

151 Commonwealth of Australia, *Aboriginal Welfare: Initial Conference of Commonwealth and State Aboriginal Authorities held at Canberra, 21st to 23rd April 1937* (Canberra: Government Printer, 1937), pp. 10–11. See also Anderson, *The Cultivation of Whiteness*, pp. 214–38; Reynolds, *Nowhere People*, pp. 167–9.

152 Commonwealth of Australia, *Aboriginal Welfare*, p. 13; Reynolds, *Nowhere People*, p. 166.

153 Commonwealth of Australia, *Aboriginal Welfare*, p. 12.

Neville and Cook thus framed their projects not as serving Indigenous welfare, but as clarifying racial boundaries that had been dangerously blurred.<sup>154</sup>

This policy had many critics, including Elkin, humanitarian societies and feminist activists such as Bennett.<sup>155</sup> In their view, Aborigines possessed a unique and valuable culture, had special rights as original owners of the land and ought to be protected against exploitation and cruelty, while being actively encouraged to adopt European religion and domesticity.<sup>156</sup> Queensland also stood out as a dissenting state government, but for different reasons. Bleakley argued that the high proportion of mixed-descent people with Asian or Pacific Islander heritage in Queensland precluded the possibility of any half-caste marriage scheme.<sup>157</sup> Bleakley had advised the Commonwealth in 1929 that while mixed-descent children should continue to be ‘rescued’ from camps and educated in reserves, they would be ‘happier if raised to this civilization in company with the young aboriginals of his own generation’.<sup>158</sup> Bleakley thus advocated traditional policies of ‘upliftment’. Governments should cultivate health, encourage village life and provide practical education and training through settlements, subsidised religious missions and a planned industrial colony for mixed-descent boys.<sup>159</sup>

While these officials and activists debated the future of Aboriginal people, Cilento sought to foreground an expansive conception of health within the ‘native administration’ of Queensland that owed much to his experience in New Guinea. The first task in Queensland, he wrote in his 1932 report, was ‘cleaning up the aboriginals from the point of

154 Anderson, *The Cultivation of Whiteness*, p. 236; Patrick Wolfe, ‘Settler Colonialism and the Elimination of the Native,’ *Journal of Genocide Research*, 8(4), 2006, p. 388.

155 Paisley, *Loving Protection?*, pp. 26–7; Russell McGregor, ‘Governance, Not Genocide: Aboriginal Assimilation in the Postwar Era,’ in A. Dirk Moses (ed.), *Genocide and Settler Society: Frontier Violence and Stolen Indigenous Children in History* (New York: Berghahn Books, 2007), pp. 294–5.

156 Paisley, *Loving Protection?*, pp. 13–18, 83.

157 Reynolds, *Nowhere People*, pp. 140–1; Katherine Ellinghaus, *Taking Assimilation to Heart: Marriages of White Women and Indigenous Men in the United States and Australia* (Lincoln: University of Nebraska Press, 2006), pp. 205–6.

158 Bleakley, ‘The Aborigines and Half-castes of Central Australia and North Australia,’ p. 1186. See also Tony Austin, *Never Trust a Government Man: Northern Territory Aboriginal Policy 1911–1939* (Darwin: Northern Territory University Press, 1997), pp. 299–300; Anderson, *The Cultivation of Whiteness*, p. 239. Cilento later told Cumpston that Bleakley resented Cecil Cook’s dismissal of his recommendations; Raphael Cilento to J. H. L. Cumpston, 26 June 1933, NAA: A1928, 4/5 SECTION 1.

159 Commonwealth of Australia, *Aboriginal Welfare*, pp. 6–9.

view of health'.<sup>160</sup> Cilento had argued in New Guinea that indigenous sickness and population decline had roots in the depressing influence of malnutrition and disease. Health should be measured not by the presence or absence of infectious diseases alone, but also by the cumulative effects of diet and environment on fitness, energy and stamina. The wider problems of 'native administration'—including labour, productivity, education, village life and the general 'progress' of Indigenous people—thus depended on the improvement of health in a positive sense.

Cilento continued to privilege medicine in this way when making policy recommendations to the Queensland Government. Soon after taking up his position as Director-General of Health and Medical Services, Cilento advised his minister, Edward Hanlon:

The aboriginal problem is almost entirely one of health. It has been proved, for example, that 90 per cent of the natives need health attention in some way or other, and the whole problem of their survival depends upon whether or not they can be made healthy and can be kept that way.<sup>161</sup>

In his 1932 report to Bleakley, Cilento had declared that, without a 'more liberal food issue' for Aboriginal people in Queensland, 'they are merely doomed to extinction, in a way that reflects little credit upon the community'.<sup>162</sup> A few years later, he told Hanlon that, with regard to settlements:

[T]he idea behind the routine seemed to be that time would solve the problem by the elimination of the native race ... [and] an active policy to establish the native as a self-respecting social unit was the only thing that would save him from extinction.<sup>163</sup>

In appealing to 'extinction' and the responsibility to preserve Indigenous peoples, Cilento echoed old discourses of protection, but was also relating medical interventions in Queensland to problems of population decline and colonial obligations across the Pacific.

This continuity of colonial medical knowledge and practice is evident in the broad concept of health that Cilento brought to bear on Indigenous health in Queensland. After an inspection of Palm Island and the Yarrabah

---

160 Cilento, 'Report of a Partial Survey of Aboriginal Natives of North Queensland,' p. 4.

161 Raphael Cilento to E. M. Hanlon, 1 October 1935, p. 4, QSA, Series 12355, Item 8904.

162 Cilento, 'Report of A Partial Survey of Aboriginal Natives of North Queensland,' p. 3.

163 Cilento, 'Visit of Inspection to Palm Island, Yarrabah, and Monamona Aboriginal Settlements,' February–March 1937, p. 11, QSA, Series 4356, Item 717183.

and Mona Mona missions in 1937, Cilento reported to Hanlon that ‘work among natives is to a very great extent a medical problem, that wide term including all aspects of welfare from diet to working hours and working conditions’.<sup>164</sup> Diet remained the most important of these social factors. In 1932, Cilento had reported to Bleakley:

It has been my experience in New Guinea and elsewhere that an absence of protein in an assimilable form is marked by a tendency to chest and bowel troubles, skin diseases, and a very distinct loss of energy and initiative.<sup>165</sup>

Former inmates of Palm Island and Cherbourg have testified that persistently inadequate and poor-quality food at Aboriginal settlements—consisting of flour, sugar, tea and poor-quality cuts of meat or bones—aggravated disease and left children constantly hungry.<sup>166</sup> After his 1937 inspection, Cilento expressed dismay at the inadequate quantity and quality of the rations provided at the settlements and the lack of interest and expertise in agriculture on Palm Island. ‘The native problem in Queensland is purely a medical problem’, he advised, ‘and the medical side includes the question of feeding’.<sup>167</sup> This included the expert selection of crops, provision of cultivation areas and cooking.<sup>168</sup> A year later, he again told Hanlon:

The medical problem of the aboriginal is at present his only problem. No measure of improvement is of any value if he is to die of malnutrition, and any plan for his future can only begin once his health is stabilised.<sup>169</sup>

Although he and Cilento shared only limited correspondence, Elkin expressed the same view in 1944: ‘[P]eople need to feel fit and strong before they can take a positive and active interest in cultural advance and change, and in new forms of work and thought.’<sup>170</sup> A healthy diet, based on meat and a range of vitamin-rich foods, was for Cilento the basis of both health and the larger success of efforts to shape the future of Indigenous people.

164 Raphael Cilento to E. M. Hanlon, 23 March 1937, QSA, Series 4356, Item 717183.

165 Cilento, ‘Report of a Partial Survey of Aboriginal Natives of North Queensland,’ p. 9.

166 Marnie Kennedy, *Born a Half-caste* (Canberra: Australian Institute of Aboriginal Studies, 1985), p. 16; Blake, *A Dumping Ground*, pp. 105–10; Parsons, ‘Spaces of Disease,’ p. 228.

167 Cilento, ‘Visit of Inspection to Palm Island, Yarrabah, and Monamona Aboriginal Settlements,’ p. 3.

168 *ibid.*, p. 3.

169 Raphael Cilento to E. M. Hanlon, 10 October 1938, QSA, Series 505, Item 506596.

170 A. P. Elkin, *Citizenship for the Aborigines: A National Aboriginal Policy* (Sydney: Australasian Publishing Co., 1944), p. 23.

Cilento frequently recommended increasing the amount of meat, fresh vegetables, milk and eggs in the rations supplied at settlements and mission stations, to increase the intake of vitamins and minerals.<sup>171</sup> Administrative inertia and competing ideologies, however, led to persistent failure in making such improvements. Cilento reported deficiencies in the rations provided to Aboriginal people in his 1932 report, but Bleakley responded by stressing that ‘the aim has been to avoid pauperisation and only supplement the efforts of the inmate to raise his home consumption needs’.<sup>172</sup> Cilento made further recommendations as the new Director-General of Health and Medical Services in 1934. Bleakley’s priority, however, was to minimise costs and he made little effort to implement changes.<sup>173</sup>

In 1937, Cilento reported that the diet at Mona Mona Mission still fell far short of the minimum requirements set down by the League of Nations’ International Committee on Nutrition.<sup>174</sup> At Yarrabah Mission, rations were even more inadequate and were the root of many diseases. The diet of flour, tea and sugar was ‘entirely lacking in vitamin of any kind whatever’ and would endanger ‘healthy development’.<sup>175</sup> Inmates on Palm Island complained directly to Cilento about the old and ‘withered’ vegetables supplied to them.<sup>176</sup> A. Jefferis Turner, the Queensland Director of Infant Welfare, and the American nutrition specialist Weston Price joined Cilento in condemning the handling of settlement nutrition.<sup>177</sup> Rations at Mona Mona were still inadequate in 1946, demonstrating Cilento’s lack of effective influence on the administration of reserves.<sup>178</sup> Yet his emphasis on physical development demonstrates that Cilento saw state intervention as seeking the cultivation of health in a positive sense, rather than the mere removal of dangerous infectious diseases. Settlements, in his

171 Cilento, ‘Visit of Inspection,’ p. 24.

172 J. W. Bleakley to E. M. Hanlon, 10 April 1933, QSA, Series 4356, Item 716952, p. 5.

173 J. W. Bleakley to Herberton Protector, 18 July 1934, QSA, Series 8767, Item 282688. See also Kidd, *The Way We Civilise*, p. 112.

174 Cilento, ‘Visit of Inspection,’ p. 24.

175 *ibid.*, p. 14.

176 *ibid.*, pp. 2–3.

177 Blake, *A Dumping Ground*, pp. 112–13. Ironically, Bleakley referred to dietary deficiencies as an instance of neglect in J. W. Bleakley, *The Aborigines of Australia: Their History, Their Habits, Their Assimilation* (Brisbane: The Jacaranda Press, 1961), pp. 179–80.

178 Director of Native Affairs to Superintendent, Mona Mona Mission, 10 January 1946, QSA, Series 505, Item 506596.

view, were supposed to be spaces for the active encouragement of health, with trained and qualified medical staff following modern international standards and practices.

For Cilento, this meant an ambitious program of paternalistic control involving reorganisation of the entire settlement network as a system for sorting and treating sickness in the whole Aboriginal population in Queensland. During his 1932 survey, Cilento suggested that, given high rates of gonorrhoea on Palm Island, where the disease was unsatisfactorily treated, the government should institute a program in which ‘all natives might be worked through Fantome [Island] + back to Gt Palm (except incurables) + the permanent station at Gt. Palm kept absolutely clean’.<sup>179</sup> In his first report that year, he went into further detail, writing that it was vital first to separate the ‘medically fit from the unfit’. This would be accomplished by the ‘transfer through the Palm Islands Settlement of all available aboriginal natives by a deliberate policy of collecting the natives from locality after locality’. A grading scheme, using index cards, would sort cases into the healthy, the young and curable, the acute but curable and various categories of incurable. Those who were healthy or cured would be moved from Fantome Island to Palm Island or mainland settlements, where they would continue with their education and training in trades or domestic skills:

If it be suggested that this converts Palm Island into no more than a clearing station for the health of natives, it may be pointed out that, in effect, the care of natives is essentially a matter of constant medical supervision—a supervision that goes all the way from actual disease control to the control of adequate food supplies and suitable working conditions, and methods of recreation and educational improvement.<sup>180</sup>

The scheme Cilento outlined thus made the whole Palm Island group a medical complex with the purpose of collecting, categorising and sorting the Aboriginal population of Queensland.

---

179 Raphael Cilento to J. W. Bleakley, 31 October 1932, Cilento Papers, UQFL44, Box 11, Item 21.

180 Cilento, ‘Report of A Partial Survey of Aboriginal Natives of North Queensland,’ pp. 21–2.

For many Aboriginal people, this process meant exile. Cilento, Cook, Bleakley and other officials across Australia regarded leprosy and venereal disease in Aboriginal people—in light of their assumptions about Indigenous culture and sexuality—as requiring permanent isolation from the white community. In the nineteenth century, leprosy had increased in prevalence in the tropical colonial world, where public health officials reframed it as a disease of non-European peoples.<sup>181</sup> As white doctors increasingly associated the disease with the supposed moral and physical inferiority of other races, transmission of the disease from ‘coloured’ to white communities came to represent more than mere pathological communication. In Australia, a narrative of transmission from Chinese men, through Aboriginal women to white men implied the contamination of white manhood with the racial matter of others.<sup>182</sup> Compulsory isolation re-emerged in the 1860s as leprosy marked colonised people as an unclean and immoral population threatening the degeneration of Europeans in the tropics.<sup>183</sup> By the 1920s, however, many experts—particularly Sir Leonard Rogers, whose work in Calcutta had made him an internationally recognised authority—argued that strict isolation had failed to control the disease. Loosening provisions for segregation would reduce fear of separation from family and thus encourage sufferers to present themselves. This would facilitate early detection when the disease could be treated more effectively and make regular examination of contacts easier.<sup>184</sup>

Australian authorities respectfully rejected Rogers’ specific criticisms of their insistence on maintaining strict segregation of all leprosy patients. The hygiene habits of Aboriginal people and the practical difficulties of surveillance of suspected contacts among those communities, they argued, made compulsory isolation absolutely necessary. In a paper presented to the 1934 meeting of the Federal Health Council, Cilento stated that the problem of tracing contacts among people whose exact kinship relations were difficult to ascertain and who feared European medicine ‘renders it utterly impossible to contemplate any system other than segregation’

---

181 Gussow, *Leprosy, Racism, and Public Health*, pp. 19–20; Bashford, *Imperial Hygiene*, p. 83.

182 Bashford, *Imperial Hygiene*, p. 110.

183 Rod Edmond, *Leprosy and Empire: A Medical and Cultural History* (Cambridge: Cambridge University Press, 2006), Ch. 4. See also Deacon, ‘Racism and Medical Science in South Africa’s Cape Colony,’ p. 204; Bashford, *Imperial Hygiene*, p. 88.

184 Leonard Rogers to Andrew Balfour, 4 April 1926, Papers of Sir Leonard Rogers [hereinafter Rogers Papers], PP/ROG/C.13/725, Wellcome Library, London; Leonard Rogers to P. E. Deane, 29 April 1925, Rogers Papers, PP/ROG/C.13/534; Bashford, *Imperial Hygiene*, pp. 89–90.

for Aboriginal cases.<sup>185</sup> In the mid-1920s, Cook reported that '[t]he complete neglect of hygiene in a tribal camp and the filthy habits of the natives themselves', as well as the 'practice of sleeping three or more together between fires', had predisposed Aboriginal people to inherit the disease from equally unhygienic Chinese migrants.<sup>186</sup> Bleakley similarly commented on the 'ignorance of the simplest rules of health' among Aboriginal communities.<sup>187</sup> Officials thus represented Aboriginal people as incapable of the kind of hygienic conduct that a modern white citizenry might be taught to practice outside institutions.

Most cases of leprosy in Queensland—including white, Chinese and Aboriginal patients—were segregated on Peel Island between 1907 and 1940. Officials had established racial segregation on Peel Island alongside gender segregation of the European inmates.<sup>188</sup> Towards the end of the 1930s, however, as doctors on Palm Island were faced with an increasing number of leprosy patients and more cases emerged at Mona Mona Mission, Cilento and Palm Island medical staff began to agitate for more thorough racial separation.<sup>189</sup> Since 1937, Cilento had overseen ongoing investigation of leprosy in Queensland with funding from the National Health and Medical Research Council (NHMRC). Part of this funding had been put aside to finance construction of a separate Aboriginal leprosarium on Fantome Island in the Palm Island group.<sup>190</sup> The Aboriginal inmates of Peel Island were transferred to the new leprosarium in 1940, when construction was only partially complete and supplies of food and water remained a serious problem.<sup>191</sup> Visiting Peel Island in 1931, Cilento felt both pity and revulsion for those white inmates who faced a 'blank parade of endless days'.<sup>192</sup> Yet his disgust was hard to suppress: 'The long

185 Cilento, 'Brief Review of Leprosy in Australia and its Dependencies,' p. 21.

186 Cook, *The Epidemiology of Leprosy in Australia*, pp. 17–18. See also Bashford, *Imperial Hygiene*, p. 100; Parsons, 'Spaces of Disease,' p. 331.

187 Bleakley, 'The Aborigines and Half-castes of Central Australia and North Australia,' p. 1169.

188 Parsons, 'Spaces of Disease,' pp. 270–1. On racial segregation in institutions, see Harriet Deacon, 'Racial Segregation and Medical Discourse in Nineteenth-century Cape Town,' *Journal of Southern African Studies*, 22(2), 1996, pp. 287–308.

189 J. W. Bleakley to Under-Secretary, Department of Health and Home Affairs, 30 September 1938, QSA, Series 4356, Item 717182; Geoffrey Courtney to J. W. Bleakley, 6 January 1939, QSA, Series 4356, Item 717182; Raphael Cilento to Under-Secretary, 19 July 1938, p. 2, QSA, Series 8400, Item 279841.

190 Raphael Cilento to J. H. L. Cumpston, 28 October 1938, NAA: A1928, 690/8/106; *Report of the National Health and Medical Research Council*, 5th Session (Canberra: Government Printer, 1938), p. 6.

191 D. W. Johnson to Raphael Cilento, 26 March 1940, QSA, Series 4356, Item 717220. See Parsons, 'Spaces of Disease,' p. 343.

192 Raphael Cilento to Phyllis Cilento, 31 August 1931, Cilento Papers, UQFL44, Box 11, Item 21.

hours in intimate contact with them ... gradually produced a revulsion of feeling that made me anxious to leave the home of misery.<sup>193</sup> Cilento, however, never reserved any such sympathy for Aboriginal people with the disease:

I should add that cure is hardly to be expected amongst native lepers: the disease is only arrested in any case, and to return to their homes in such circumstances merely means the revival of the disease, and the possibilities of greater spread. It is anticipated, therefore, that most natives admitted to Fantome as proven lepers will remain there till they die.<sup>194</sup>

The control of leprosy, as a chronic disease for which there was no truly effective cure, depended on close surveillance and the hygienic discipline of dutiful citizens. These capacities and expectations of the state were precisely what officials felt were unattainable in light of the ways in which they constructed Indigenous people. Of course, when Aboriginal people hid from police and doctors, they were fleeing from those who had time and again broken up and incarcerated families.<sup>195</sup> As mentioned above, local protectors in Queensland were also local police. Cilento himself orchestrated raids on Aboriginal communities and recommended many individuals for removal to institutions. In evading protectors and health officials, Indigenous people were practising a form of resistance to a carceral regime. For Australian officials such as Cilento, this non-cooperation instead demonstrated an inability to participate in the progressive work of the state. His representations of Aboriginal people as both unhygienic and incapable of modern citizenship combined to entrench segregation as the only policy he could contemplate for controlling leprosy.<sup>196</sup>

Despite this emphasis on medical policing and segregation, some of Cilento's reports express a contradictory range of ideas about assimilation and segregation. Like Bleakley, Cilento rejected Cook's plan to 'eliminate' Aboriginal people through biological absorption. Visiting the Northern Territory and western Queensland in 1933, he dismissed the project as hopeless given the calibre of the white men in the area—'the most useless, feckless + and helpless of people'.<sup>197</sup> It was far better for young

---

193 *ibid.*

194 Raphael Cilento to Under-Secretary, Department of Health and Home Affairs, 2 September 1941, QSA, Series 12355, Item 8883. Cilento's emphasis.

195 Saunders, 'Isolation,' p. 171; Parsons, 'Spaces of Disease,' p. 328.

196 Bashford and Nugent, 'Leprosy and the Management of Race, Sexuality and Nation,' p. 114.

197 Raphael Cilento, *Diary: Northern Territory/Cape York Peninsula Survey, 29 July 1933*, Cilento Papers, UQFL44, Box 11, Item 23.

Aboriginal women to ‘get back into [the] tribe’ than marry such physically degraded and morally dissolute white men.<sup>198</sup> Instead, Cilento found himself agreeing with Bleakley on the need for a ‘temporary programme of paternalism’ within the system of reserves.<sup>199</sup> Meg Parsons has examined how Bleakley sought to turn Cherbourg into a model reforming settlement, in which a regimen of instruction and training in hygiene and domesticity might produce responsible mothers, workers and nuclear families. Queensland authorities assumed the need for strict disciplinary and punitive measures, yet poor living conditions, impoverished rations and inadequate education laid bare the hollowness of this policy.<sup>200</sup>

Throughout the 1930s, Cilento invoked similar policy ideas as a criticism of Bleakley’s administration, yet they rang just as hollow. His inspection reports are peppered with comments about discipline, training and domesticity—all of which he reimagined as the domain of medical experts. He praised the sewing work of the women and girls on Palm Island, although he lamented that so little was done.<sup>201</sup> Cilento concurred with an earlier report on Mona Mona that praised the superintendent, the Seventh-Day Adventist missionary Reverend L. A. Borgas: ‘The native population, particularly the halfcaste women display keen interest in their home life which reflects credit on the Mission for the training that has been given the girls.’<sup>202</sup> Cilento himself praised the housing of young married couples at Mona Mona ‘in what is actually the nucleus of a native town’.<sup>203</sup> Training imparted discipline: ‘It is useless to talk about the girls being troublesome so long as so little sewing is done.’<sup>204</sup> On Palm Island, he criticised an alleged ban on tennis as ‘a reactionary attitude suggesting that the settlements are penitentiaries rather than areas for the development and social education of a backward race of unfortunate people’.<sup>205</sup> Settlements and missions were, for Cilento, spaces that ought to facilitate the paternal remaking of Indigenous people into villagers. His emphasis on diet and hygiene reform thus underscores the simultaneously racist and technocratic nature of his approach.

---

198 *ibid.*

199 Cilento, ‘Report of a Partial Survey of Aboriginal Natives of North Queensland,’ p. 2.

200 Parsons, ‘Spaces of Disease,’ Ch. 5.

201 Cilento, ‘Visit of Inspection,’ p. 5.

202 *ibid.*, p. 22.

203 Cilento, ‘Report of a Partial Survey of Aboriginal Natives of North Queensland,’ p. 8.

204 Cilento, ‘Visit of Inspection,’ p. 5.

205 *ibid.*, p. 4.

There were strong continuities here between colonial visions in New Guinea and in Queensland. As Anderson has suggested, there are distinct parallels in the way Cilento sought to make Indigenous people productive workers in both colonial settings.<sup>206</sup> In his 1932 report to Bleakley, Cilento wrote positively on the work of the settlements, which promised hope for the Aborigine as ‘an individual, and as an economic asset to Australia’.<sup>207</sup> A very deliberate attempt, he argued, should be made at ‘assimilating these tribes into the population as useful and economic units’.<sup>208</sup> He advised that the settlements adopt a system of index cards used in New Guinea, which would designate inmates according to health, age and education. These categories included young and healthy (white A1 card); healthy but uneducated and middle aged (A2 card); young, healthy and previously under treatment (yellow B1 card); acutely diseased but curable (red C1 card); young, chronic and incurable (red C2 card); and a few others.<sup>209</sup> Cilento went so far as to ‘suggest that the whole aboriginal problem, from the point of view of Settlements, be regarded as an indenture system, with the State as protector’.<sup>210</sup> By the 1920s, international consensus regarded systems of indentured labour as morally unacceptable, especially in their most migratory forms, yet Australia remained committed to them as essential to both economic development and Indigenous improvement.<sup>211</sup> The project of cultivating the health of the Aboriginal population thus sought the creation of an expanded pool of labour that was vital to the economic development of the tropics, while at the same time satisfying, from an Australian point of view, the moral demand for the uplift of Indigenous people that ran through the notion of imperial trusteeship.

Cilento’s proposals for Aboriginal policy could be deeply ambiguous and contradictory. Despite a reputation for his commitment to segregation and medical policing, he at times spoke confidently of the possibility of ‘assimilation’.<sup>212</sup> The settler-colonial context of Queensland, where tropical development and the fulfilment of the White Australia Policy were paramount, suggested to Cilento the desirability of an assimilation

---

206 Anderson, *The Cultivation of Whiteness*, pp. 146–7.

207 Cilento, ‘Report of a Partial Survey of Aboriginal Natives of North Queensland,’ p. 22.

208 *ibid.*, p. 4.

209 *ibid.*, p. 21.

210 *ibid.*, p. 22.

211 See Chapter Three, this volume.

212 Anderson, *The Cultivation of Whiteness*, p. 213; Briscoe, *Counting, Health and Identity*, p. 333.

project that veered between the socioeconomic and the biological. Aboriginal people would respond to paternalism at first, Cilento argued, but in the future:

that moiety of the natives able to measure up to the accepted economic standards of the day would reach their adequate stature of development, with subsequent return to life among the white community.<sup>213</sup>

At one point, he wrote that the ultimate hope of Aboriginal people in settlements should be ‘freedom from supervision, with transfer back to the mainland, and elimination by absorption into the general body of the white race’.<sup>214</sup> The emphasis on ‘elimination’ and ‘absorption’ demonstrates a tension in Cilento’s thought about the future of Indigenous people. Elsewhere, he suggested a socioeconomic version of assimilation, writing of Aborigines’ future ‘social absorption into pursuits of value to the country’.<sup>215</sup> In some ways, Cilento’s plan resembled that of Elkin, who in 1944 suggested that reserves and settlements should be conceived of as ‘preparation bases’, readying Aboriginal people for social and economic assimilation.<sup>216</sup>

Cilento shared little of Elkin’s ostensible humanitarianism or respect for Aboriginal custom and identity. In the Pacific Islands, anthropologists tended to attribute population decline to cultural loss and crisis.<sup>217</sup> In arguing that malnutrition and disease were far more significant in causing high levels of mortality, infertility and infanticide, Cilento turned this anthropological account on its head. Indeed, he claimed, there was no correlation between the collapse of Indigenous customs and population decline.<sup>218</sup> In Queensland, Cilento similarly distinguished between culture and bodies at the expense of Indigenous social relations, custom and language. Like many other commentators, Cilento represented Aboriginal people as ‘remnants’—a broken people who had experienced profound cultural loss.<sup>219</sup> In place of the preservation of culture, Cilento argued for a focus on the deliberate transformation of Aboriginal people:

---

213 Cilento, ‘Report of a Partial Survey of Aboriginal Natives of North Queensland,’ p. 22.

214 *ibid.*, p. 21.

215 Cilento, ‘Interim Report on Aborigines,’ p. 65.

216 Elkin, *Citizenship for the Aborigines*, pp. 37–8.

217 Rivers, ‘The Psychological Factor,’ pp. 84–114; Pitt-Rivers, *The Clash of Cultures*, pp. 69–70; Roberts, *Population Problems of the Pacific*, pp. 65–75.

218 See Chapter 2, this volume.

219 Rowse, *White Flour, White Power*, p. 32; Gray, *A Cautious Silence*, p. 32.

It must be recognised that for all practical purposes natives in contact with whites have already lost all semblance of their original social organisation or folk-lore, and must be treated not as museum pieces, but as an element in the community which will have whatever future the white race deliberately chooses to give it.<sup>220</sup>

The only alternative to the passive permission of extinction was to intervene 'deliberately and intimately, to superimpose upon his forgotten usages the social and industrial requirements that his contact with white men makes inevitable'.<sup>221</sup> The dangers of breaking down cultures were 'hypothetical', functioning as excuses for a 'laissez faire' attitude and 'tacit acceptance' of inevitable extinction.<sup>222</sup> It was the task of the state, in other words, to actively transform Aboriginal people so as to adapt them to the economic and social realities of cultural contact and allow them to participate in 'progressive life'.<sup>223</sup>

Cilento's early enthusiasm for such 'progressive' reform of Indigenous people gave way in later years to pessimism. The settlements were strained and Cilento warned of the lack of an 'outlet for the talents and energies that are being built up in the native race under white tuition'.<sup>224</sup> While Cook, Neville, J. B. Cleland and other authorities at the Canberra welfare conference resolved that Aboriginal policy should work towards biological absorption, Cilento suggested segregation on a large scale through the creation of a 'native state':

The development scheme put forward some years ago by which it was proposed that a native state should be built up on the Torres Straits, Cape York Peninsula, Palm Island axis, with gradual centralisation towards this axis of true native stocks, and gradual dispersal from it of near white stocks, is the only solution that is a progressive one.<sup>225</sup>

Although these decisions were beyond his purview, Cilento reported that his 'experience in New Guinea and Papua' had convinced him that such a territory for a 'native community' was the only way to 'give aboriginal policy a definite and attainable purpose in this State'.<sup>226</sup> In an

---

220 Cilento, 'Interim Report on Aboriginals,' p. 65.

221 *ibid.*, p. 65.

222 *ibid.*, p. 66.

223 *ibid.*, p. 66. This resonated with Elkin's language, which suggested the policy of protection on inviolable reserves savoured 'much of "laissez faire"'. See Elkin, 'A Policy for the Aborigines,' p. 29.

224 Cilento, 'Visit of Inspection,' p. 25.

225 *ibid.*, p. 25.

226 Raphael Cilento to E. M. Hanlon, 23 March 1937, QSA, Series 4356, Item 717183.

earlier proposal for a model Aboriginal state, the Aborigines Protection League in South Australia had called for the recognition of sovereignty and respect for Indigenous self-determination.<sup>227</sup> As Bain Attwood has argued, the white Australian humanitarians who made proposals of this kind were wedded to an anthropological view of Aborigines as primitive and deserving of special rights to inviolable reserves and special courts.<sup>228</sup>

Cilento's proposal was premised less on rights and culture than on racial difference and the imperatives of hygiene and social order. If he had once hoped to transform Queensland's settlements into model villages preparing Aboriginal people for assimilation, he now suggested the creation of a separate territory for them in north Queensland:

[T]here appears no possibility of solving the native problem in a way that will be to the advantage of the native, and at the same time, will prevent social conflict between white labourers and coloured.<sup>229</sup>

When some of the 'better class natives' on Palm Island brought a written complaint to Cilento regarding the failure of the minister to act on a promised 'native council', he reported a 'dangerous temper among many of the natives'.<sup>230</sup> This resentment at the lack of good faith on the part of the minister was understandable, Cilento argued, yet it also meant that disillusioned Indigenous leaders might now fail to correct growing 'immorality, drunkenness, stealing and gambling'.<sup>231</sup> Cilento fundamentally assumed the need for colonial supervision of Aboriginal people, with his confidence about 'uplift' giving way to complete isolation of Indigenous populations from white society.

In many ways, Cilento's visions of education, independence and racial progress for Indigenous people were facile dreams that evaded the real issues of dispossession, racism and poverty. Medicine and public health were in many respects subordinate to the broader goal of segregating Aboriginal people. Cilento himself had few real administrative responsibilities and was busy with reforming mainstream public health services that excluded Aboriginal people.<sup>232</sup> He had no real clout when

227 Kevin Blackburn, 'White Agitation for an Aboriginal State in Australia (1925–1929),' *Australian Journal of Politics and History*, 45(2), 1999, pp. 161–2; Attwood, *Rights for Aborigines*, p. 65.

228 Attwood, *Rights for Aborigines*, p. 100.

229 Cilento, 'Visit of Inspection,' p. 25.

230 *ibid.*, p. 10.

231 *ibid.*, pp. 7–10. See also Watson, 'Becoming Bwgcorman,' pp. 225–6.

232 Parsons, 'Spaces of Disease,' p. 112.

it came to wider Aboriginal policy and the changes he wanted were not radical. Incarceration in settlements—where discipline was brutal, wages were stolen and rights were denied—remained the norm into the 1970s.<sup>233</sup> Meg Parsons has shown that the policy rhetoric of the government belied the reality of settlement life. Poor housing undermined the public aim of cultivating healthy individuals adjusted to white domestic and economic life.<sup>234</sup> The continued use of Aboriginal labour outside reserves made a mockery of the notion of ‘protection’, while there were several instances of corruption among white staff who skimmed off wages before they went into trust accounts.<sup>235</sup> Morbidity and mortality on reserves also remained high, while the incompetence of administration, diagnosis and treatment at the Aboriginal medical institutions on Fantome Island led to their complete failure to isolate or ameliorate the diseases they were meant to control. Rather than fulfilling government fantasies of precise isolation, these institutions incarcerated indiscriminately.<sup>236</sup>

The aim of this chapter has been to explore the broader colonial logics and strategies of medical interventions against Indigenous people in Queensland. While it is important to remain attuned to the local specificities of place and people and to avoid conflating policy and the vagaries of practice, as Parsons has stressed, this should not preclude a wider examination of colonial cultures and technologies of rule.<sup>237</sup> In his engagement with Indigenous health, Cilento overlaid a commitment to segregation with a shifting rhetoric about progress and uplift that drew heavily from the ideological and epistemological frameworks that had shaped his work in New Guinea. In this sense, Cilento’s contributions reflected his colonial sensibilities in two ways. On one level, he sought to implement general objectives and strategies of ‘native’ health and administration in Queensland of the kind that could be transposed between colonial sites while still adjusting to different political and social contexts. Cilento of course recognised the fundamental distinction between New Guinea and the settler-colonial context of Queensland. Yet his approach

---

233 Note the brutal crackdown against the 1957 strike on Palm Island. Watson, ‘Becoming Bwgcorman,’ pp. 15–16; Kidd, *The Way We Civilise*, pp. 245–8.

234 Parsons, ‘Spaces of Disease,’ pp. 211–12.

235 *ibid.*, p. 51. Public service inspectors D. W. Johnson and C. D. O’Brien reported that white staff at Palm Island had defrauded Aboriginal inmates of wages: ‘Report No. 1—On the Sub-Department of Native Affairs and in Particular the Administration of the Palm Island Settlement and of the Lock Hospital and Lazaret at Fantome Island,’ 9 December 1941, pp. 4–6, QSA, Series 12355, Item 8883.

236 See Parsons, ‘Spaces of Disease,’ Chs 6–7; Parsons, ‘Fantome Island Lock Hospital,’ pp. 41–62.

237 Parsons, ‘Spaces of Disease,’ pp. 28–31.

to Indigenous health in Queensland consciously drew on his experience in New Guinea and the increasingly international corpus of knowledge of colonial medicine. In particular, the aspiration to selectively classify, treat and cultivate efficient workers from among indigenous populations was common to Cilento's work in New Guinea and Queensland. On another level, Cilento framed the state's role in indigenous health in the Australian tropics, the Torres Strait Islands and New Guinea as part of the same domain of colonial responsibility.

Indigenous health in the colonial spaces of New Guinea, Malaya, Queensland and the Torres Strait was where Cilento worked out and elaborated some of the shared objectives, logics and strategies of public health. Parsons has argued that Aboriginal health in Queensland was merely a 'sideline' interest for Cilento.<sup>238</sup> Yet it is important to see his efforts in Indigenous health and mainstream public health as part of a singular colonial quest for efficiency. These diverse spaces of colonial government were where Cilento developed concepts of health that were social and holistic, constructed populations through the expansion of official surveillance, sought to orient public health to social reform and economic development and promoted health as the domain and guiding principle of the work of the modern state. The next chapter will show that, in Cilento's contributions to public health reform in Australia, colonial medicine provided important knowledge and practice, while colonial discourse and imperial visions of world order were also important in constructing the populations that public health sought to shape and improve.

---

238 *ibid.*, p. 112.

This text is taken from *A Doctor Across Borders: Raphael Cilento and public health from empire to the United Nations*, by Alexander Cameron-Smith, published 2019 by ANU Press, The Australian National University, Canberra, Australia.