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## ‘Blueprint for the Health of a Nation’: Cultivating the mind and body of the race, 1929–1945

One of the difficulties in a democracy is the fact that it is impossible to institute reforms by order, however well recognised the necessity for reform may be. The one thing in which the Australian worker will not tolerate dictation is in the matter of his breakfast table.

— Raphael Cilento, 1936<sup>1</sup>

In 1937, Raphael Cilento, now a Knight Bachelor and the Director-General of Health and Medical Services for the State of Queensland, wrote a short review of Archibald Joseph Cronin’s novel *The Citadel*, which told the story of a young doctor starting his life as a practitioner in a Welsh mining town.<sup>2</sup> In his review, Cilento noted that Cronin’s own bitter experience of academia and private practice had shaped the novel’s negative portrayal of the medical profession. Quoting the observation of Henry E. Sigerist, the prominent Johns Hopkins University historian of medicine, that society determines the influence and status of doctors, Cilento added the assertion that ‘every degraded or venal type in medicine, as elsewhere, answers a direct demand from the public, and can only exist while it answers that direct demand’. Cilento was a vocal advocate of social medicine and state coordination of medical practice in Australia throughout the 1930s and 1940s, and drew deeply on the work of European and American

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1 Raphael Cilento to F. Kemp, 4 September 1936, QSA, Series 14769, Item 86221.

2 Archibald J. Cronin, *The Citadel* (London: Victor Gollancz, 1939).

reformers. His professional elitism was akin to that of social hygienists of the late nineteenth century who saw doctors as leaders, especially when they dedicated themselves to public health. Samuel Johnson had it right, Cilento suggested, when he observed ‘the utterly undeserving nature of the public, and its incapacity to appreciate work done in its interests, or done as the best expression of the personality of the doctor’. Cronin therefore, in subjecting the profession to accusations of greed and self-interest, while expressing half-truths about private practice, was playing to a ‘vulgar trait’ inherent to the ‘great public’.<sup>3</sup>

As the Director-General of Health and Medical Services in Queensland from 1934 to 1945, Cilento was at the heart of the politics of health reform in Australia. Like other Australian doctors and public health officials—such as J. H. L. Cumpston, the Director-General of the Commonwealth Department of Health (CDH), and E. Sydney Morris, the Director-General of Public Health in New South Wales—he was part of an international movement to enlarge the role of the state in providing a complete health service to all members of the community. He drew on American, British and European debates about the relationship between the state, the medical profession and the community. Public health officials increasingly identified housing, diet, working conditions and forms of leisure as determinants of disease, of poor physical development among children and of the health of workers. The state should address these through teaching and publicity, by opening up access to and controlling medical services and by using baby clinics, home visits, school health and workplace inspections to enable expert surveillance of the life of individuals from birth to adulthood. A desire to improve populations as a productive citizenry able to defend the nation was often at the heart of these social medical discourses. As Gillespie notes, this meant that social medicine had support across the political spectrum, from socialism to fascism.<sup>4</sup>

Cilento’s contributions to social medicine and public health reform also had an important relationship to his own colonialism and colonial experience in the Pacific Islands. Diet occupied a central place in social medicine and it was in the context of colonial government in New Guinea

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3 Raphael Cilento to C. E. Sligo, 23 September 1937, Cilento Papers, UQFL44, Box 4, Item 11. See Henry Sigerist, ‘The Physician’s Profession Through the Ages,’ *Bulletin of the New York Academy of Medicine*, 9(12), 1933, p. 676.

4 Gillespie, *The Price of Health*, p. 51.

that Cilento became convinced of its importance in fostering health and fitness in a broad sense. If a balanced national diet was vital for saving the indigenous peoples of New Guinea and Fiji from extinction, it was just as essential for cultivating the health, security and future of a white Australia. This colonial 'discovery' of nutrition also reintroduced a global frame of reference to Cilento's increasing number of public lectures and articles.<sup>5</sup> In these contributions to professional and public discourse, he reflected on the relationship between nutrition and the rise and fall of civilisations. He would ultimately link sickness and social decline among 'the Papuan' and the 'city dweller' through modern industrial food production and consumption. Diet, health, fertility and population were all globally interconnected, incorporating Europeans, Japanese and Pacific Islanders within a shared historical process. The version of social medicine that Cilento developed thus rested on a global historical imagination that had its roots in empire.

## The lily of progress

Returning from his survey of the Pacific Islands in 1929, Cilento spent six more years as an officer in the CDH. His responsibilities and influence shrank as the department itself contracted—first, with the states' rejection of national health reforms proposed in the 1925 Royal Commission on Health and, then, with the beginning of the Depression.<sup>6</sup> When Elkington retired in 1928, Cilento became the Director of the Division of Tropical Hygiene.<sup>7</sup> Between 1929 and 1934, Cilento did odd jobs that the constitutionally limited powers of the department allowed. From his base in Brisbane, he travelled regularly up and down the length of Queensland. Besides inspecting the quarantine stations and laboratories that were the Commonwealth's direct responsibility, he also met with Queensland health officials, including John Coffey, the Public Health Commissioner after 1929, and Leslie St Vincent-Welch, the Chief Medical Officer for Schools. He also organised surveys of malaria, rat leprosy and hookworm—tropical diseases that transgressed state borders and gave the Commonwealth scope for intervention.<sup>8</sup>

5 Worboys, 'The Discovery of Colonial Malnutrition between the Wars,' pp. 208–25.

6 Gillespie, *The Price of Health*, pp. 44–7.

7 Raphael Cilento to A. H. Baldwin, 4 July 1928, NAA: SP1061/1, 336.

8 Raphael Cilento to Phyllis Cilento, 5 July 1929, Cilento Papers, UQFL44, Box 11, Item 21.

Financial pressure led to the closure of the tropical hygiene division in 1933 and, the following year, Cilento moved to Canberra—a departure the Brisbane press noted with regret.<sup>9</sup> Phyllis stayed in Brisbane while Cilento looked for a house, but his eldest son, Raphael, later joined him in Canberra. The capital quickly became a ‘penitentiary’, ‘boring to the verge of nausea’.<sup>10</sup> He remained pugnacious, especially in his increasingly fractious relationship with Cumpston. Cracks had appeared between them in 1929, although Cilento remained loyal.<sup>11</sup> Cumpston kept Cilento busy with the Australian tropics, the Pacific Islands and the emerging problem of aerial quarantine. A few years later, Cilento began to feel the department slipping into a gloomy paralysis and, by 1934, his relationship with Cumpston—who isolated himself and ‘is letting the office go to ruin in its minor branches’—reached a nadir.<sup>12</sup> Cilento in fact felt that Cumpston was trying to put him in situations that would discredit him. In 1934, Cumpston asked Cilento to present a paper to a conference of administrators from Australia’s external territories, which instantly made Cilento ‘public enemy no. 1’ in Melanesia. This was especially disappointing given the fact that, in recent years, Cilento had hoped to return to New Guinea in some capacity. Yet he also won concessions, including support from the Federal Health Council for his Aboriginal leprosy program, a revival in 1935 of the International Pacific Health Conference and Australian representation at the 1934 congress of the Far Eastern Association of Tropical Medicine (FEATM) in Nanking. He was, he told his wife, ‘bubbling with fight’. He also looked forward to visiting ‘the East again’, where practical experts in tropical medicine studied local problems with which academics in London and Liverpool were, in his view, so out of touch.<sup>13</sup> Over the next few months, however, these gains evaporated. Cumpston cancelled Cilento’s trip to China, which Cilento described as the price for being allowed leave to take his bar examination in Brisbane.<sup>14</sup> His hopes of returning to New Guinea

9 *The Courier-Mail*, [Brisbane], 19 February 1934, p. 10.

10 Raphael Cilento to Phyllis Cilento, 9 March 1934; Raphael Cilento to Phyllis Cilento, 14 March 1934, Cilento Papers, UQFL44, Box 11, Item 21.

11 Raphael Cilento to Phyllis Cilento, 12 July 1929, Cilento Papers, UQFL44, Box 11, Item 21. In another letter, Cilento noted that Neville Howse, the Minister for Health and Repatriation, and Home and Territories, was supposed to dislike him, which he thought might explain Cumpston’s attitude to Cilento. Raphael Cilento to Phyllis Cilento, 2 July 1929, Cilento Papers, UQFL44, Box 11, Item 21.

12 Raphael Cilento to Phyllis Cilento, 1 March 1934, Cilento Papers, UQFL44, Box 11, Item 21.

13 Raphael Cilento to Phyllis Cilento, 19 March 1934; Raphael Cilento to Phyllis Cilento, 30 March 1934, Cilento Papers, UQFL44, Box 11, Item 21.

14 Raphael Cilento to Phyllis Cilento, 15 April 1934, Cilento Papers, UQFL44, Box 11, Item 21.

were dashed with the appointment of Sir Harry Lawson as Minister for External Territories, who looked set to continue the government's policy of favouring ex-servicemen for appointments.<sup>15</sup>

These years were reflective ones for Cilento, as he witnessed the effects of the Depression and ran his eye over Australian society. The dominance of agriculture in Queensland reduced the impact of the Depression, yet unemployment was still severe.<sup>16</sup> Cilento's letters to Phyllis during his tours of north Queensland are full of concern for the future alongside a passionate progressive belief in work and collective service. 'I am on fire to do something for Australia,' he wrote to Phyllis from Cairns, 'something especially that will teach our own people that work and discipline, not piracy and mendicancy are the only things that can make a nation great.'<sup>17</sup> In north Queensland, he lamented failing industries, writing that, in some places, 'the whole country is dead'.<sup>18</sup> He laid the blame at the feet of migratory entrepreneurs who returned none of their profits to the 'permanent progress' of tropical Australia. White settlement and development of the tropics remained the keystones of his racist vision of Australia's future. In Cairns, he listened to a Sydney businessman who 'ranted for half an hour on the delights (to the bosses) of a 'Black Australia' (strictly limited by indentures etc. etc., + all the utter rubbish + futility by which corporations seek to stifle conscience)'.<sup>19</sup>

Cilento's sense of social stagnation in Australia thus associated racial decline partly with the social indifference of liberal capitalism, reflecting his growing distaste for the political mainstream.<sup>20</sup>

Decadence and degeneration were central themes of Cilento's correspondence. One letter expressed his concerns in especially strong terms and is worth quoting at length:

15 Raphael Cilento to Phyllis Cilento, 21 April 1934, Cilento Papers, UQFL44, Box 11, Item 21.

16 Ross Fitzgerald, *From 1915 to the Early 1980s: A History of Queensland* (Brisbane: University of Queensland Press, 1984), pp. 166–8.

17 Raphael Cilento to Phyllis Cilento, 14 November 1933, Cilento Papers, UQFL44, Box 11, Item 21.

18 Raphael Cilento to Phyllis Cilento, 3 April 1930, Cilento Papers, UQFL44, Box 11, Item 21.

19 Raphael Cilento to Phyllis Cilento, 14 November 1933, Cilento Papers, UQFL44, Box 11, Item 21.

20 Raphael Cilento to Phyllis Cilento, 4 November 1933, Cilento Papers, UQFL44, Box 11, Item 21.

It is sad to see this country so young and yet so old with the age-stamp of its parents, a poor marasmic morsel of humanity as pathetic as a wizened little congenital syphilitic waiting for cure and yet indifferent to it—with life all ahead of it and its eyes fixed only on a paper boat in a slum gutter. Its girls pluck their eyebrows and paint their lips glaring purple in a thickly powdered face to orientalise their features as definitely as their clothes—their pyjamas, kimonos, slacks, shorts and so on. How old Father Time remembering Rome and looking at the patient trousered drudges of China the descendants of just such undeserving heirs of all previous ages, must shake with mirthless laughter. Is it worth attempting anything for so dumb-witted a race of thriftless human waste?<sup>21</sup>

Here Cilento brought together strands of reflection on history, modernity, race and decline, anticipating the themes that he and others would discuss in articles and lectures in the 1930s and 1940s.<sup>22</sup> The above passage illustrates the interplay of ideas about health, race and gender in interwar discourses of modernity. The crisis of Australian society is here not merely economic, but also one of racial deterioration from the potential youthful vigour that Cilento communicates through the syphilis metaphor. This further betrays the importance of sex and gender in this discourse. Girls adopting Asian fashions here represents cultural decline born of the global exchange of images and texts. Like Cilento's other commentary on young women in this period, here the girls are concerned with consumption and display, instead of progress and civic duty. In another letter, he described a crowd of 'flappers' at the Leichhardt Hotel in Rockhampton:

Their talk is all of the eligibles of each sex; every woman watches her neighbours' chances jealously and every pair of girls or mother and daughter squabbles and is at odds over varying points of view. There is not an idea of value or a progressive action among the whole cargo.<sup>23</sup>

The figures who surround Cilento in his letters frequently appear superficial, pretentious or petty, and his arrogant elitism is palpable. Vanity and apathy, Cilento complained, plagued Australian society, especially in its middle and upper echelons, bleeding vitality and initiative.

These social observations, which Cilento imbued with portentous meanings, fed into his politics. He increasingly expressed his alienation from mainstream politics and the dominance of the major parties. 'I get

21 Raphael Cilento to Phyllis Cilento, 21 April 1934, Cilento Papers, UQFL44, Box 11, Item 21.

22 See, for example, John Bostock and L. Jarvis Nye, *Whither Away? A Study of Race Psychology and the Factors Leading to Australia's National Decline*, 2nd edn (Sydney: Angus & Robertson, 1936).

23 Raphael Cilento to Phyllis Cilento, 13 July 1933, Cilento Papers, UQFL44, Box 11, Item 21.

tired of all this little dirty political squabbling and sordid mess from which one tries to pick the lily of progress and service', he confessed to Phyllis in a letter from Townsville.<sup>24</sup> He criticised the Labor Party for supporting the White Australia Policy but only in the interests of the 'the lowest-grade white', while attacking the National Party for sacrificing 'the interests of any who stand in the way of their own easy opulence'. Ultimately: 'Corruption and self-interest destroy any possible ideal of patriotism.'<sup>25</sup> Labour militancy in Queensland in the late 1920s and 1930s was, for Cilento, especially degrading:

The cane-cutter holds a pistol to the head of the grower, extorts exorbitant wages, spends them in an orgy of booze and filth and 6 weeks after the cutting season demands the dole. The decent cutter whose savings go perhaps by the sudden sickness of his wife or some unforeseen [sic] accident is debarred from help because the thrifty scoundrel has dared to purchase his own house!<sup>26</sup>

He criticised workers for 'drivelling the futilities of class-warfare' to their children rather than encouraging thrift and service to the nation.<sup>27</sup> Communism was an especially menacing influence and he would later warn the Queensland Government of its growing popularity among sugarcane cutters in northern Australia.<sup>28</sup>

Frustrated at the apparent inability of the Australian public to accept self-discipline and national service, Cilento voiced frankly authoritarian views that many of his professional colleagues and contemporaries were shy of expressing.<sup>29</sup> In a 1936 lecture read in his absence in Brisbane, he argued: 'The fundamental theoretical right of the mass to choose its own representatives remains pure theory, and often farcical theory at that.'<sup>30</sup> Universal suffrage debased politics by handing power to the 'mob' and the opportunistic politicians and media willing to manipulate them.<sup>31</sup> To 'put the highest possible value on every human life, however worthless', was

24 Raphael Cilento to Phyllis Cilento, 19 July 1933, Cilento Papers, UQFL44, Box 11, Item 21.

25 Raphael Cilento to Phyllis Cilento, 14 November 1933, Cilento Papers, UQFL44, Box 11, Item 21.

26 *ibid.*

27 *ibid.*

28 Raphael Cilento to E. M. Hanlon, Minister for Health and Home Affairs, 22 January 1937, Cilento Papers, UQFL44, Box 4, Item 11.

29 Gillespie, *The Price of Health*, pp. 34–6.

30 Raphael Cilento, 'Historical Parallels,' 9 June 1936, p. 13, Cilento Papers, UQFL44, Box 17, Item 80.

31 *ibid.*, p. 6.

the worst example of ‘sentimentality’, Cilento argued, insisting that liberty had to be more than ‘license’.<sup>32</sup> There was thus in Cilento’s view a social hierarchy of worth and character, in which some would lead and others would follow.

There was in these social and political observations a strong kinship with many themes of fascist ideologies. The difficulty of defining fascism as a body of ideas or concepts has been a refrain of fascism studies. While Michel Dobry has recently given up on theories of ‘generic fascism’, other scholars have sought to define not a distinct political category, but an abstract conceptual device that would assist in the analysis of historical far-right movements and regimes.<sup>33</sup> It is not the purpose here to fall in with any of the various historiographical camps. It is clear, however, that Cilento held a number of social and political views that aligned strongly with much that was present in various fascist movements in Europe. His emphasis on national holism and service, national racial fitness and vital energy, the need for action and wilful progress over economic or social determination; his appeals to elite leadership and related distrust of the principles and institutions of liberal democracy; and his critique of liberalism, socialism and conservatism—all were prominent features of far-right movements in Europe in this period.<sup>34</sup>

Cilento’s ideological affinities did lead to several intersections with fascist leaders and officials. After hearing a radio address by Eric Campbell, the leader of the Sydney-based right-wing paramilitary group The New Guard, Cilento ‘realized how infinitely better I could do it myself’.<sup>35</sup> In one

32 *ibid.*, pp. 6–7.

33 Roger Griffin, *The Nature of Fascism* (London: Routledge, 1993), p. 1; Stanley G. Payne, *A History of Fascism, 1914–1945* (Madison: University of Wisconsin Press, 1995), pp. 3–6; Michel Dobry, ‘Desperately Seeking “Generic Fascism”: Some Discordant Thoughts on the Academic Recycling of Indigenous Categories,’ in Antonio Costas Pinto (ed.), *Rethinking Fascism: Comparative Perspectives* (Basingstoke, UK: Palgrave Macmillan, 2011), pp. 53–84; Roger Eatwell, ‘Ideology, Propaganda, Violence and the Rise of Fascism,’ in Antonio Costa Pinto (ed.), *Rethinking the Nature of Fascism: Comparative Perspectives* (Basingstoke, UK: Palgrave Macmillan, 2011), pp. 165–8.

34 Roger Eatwell, *Fascism: A History* (London: Chatto & Windus, 1995), pp. 6–12; Payne, *A History of Fascism*, pp. 8–14; Adrian Lyttelton, *The Seizure of Power: Fascism in Italy 1919–1929*, 3rd edn (London: Routledge, 2004), pp. 42–52.

35 Raphael Cilento to Phyllis Cilento, 18 February 1932, Cilento Papers, UQFL44, Box 11, Item 21. On the New Guard, see Keith Amos, *The New Guard Movement 1931–1935* (Melbourne: Melbourne University Press, 1976); Andrew Moore, *The Secret Army and the Premier: Conservative Paramilitary Organisations in New South Wales 1930–32* (Sydney: UNSW Press, 1989); Macintyre, *A Concise History of Australia*, pp. 179–80; Andrew Moore, ‘The New Guard and the Labour Movement, 1931–35,’ *Labour History*, 89, 2005, pp. 55–72; Richard Evans, ‘“A Menace to this Realm”: The New Guard and the New South Wales Police, 1931–32,’ *History Australia*, 5(3), 2008, pp. 76.1–76.20.

patriotic paroxysm, Cilento proclaimed: 'Italy shews what a new "Augustan Age" age it might be with leadership and inspiration.'<sup>36</sup> In 1935, he wrote a letter of introduction for the West Australian Director of Infant Welfare and School Hygiene, Dr Ethel Stang, who was travelling to Germany to study the Hitler Youth Movement and other programs designed to foster the strength and discipline of young people.<sup>37</sup> In 1939, he wrote to the German consul in Brisbane asking for a subscription to an Axis publication.<sup>38</sup> And, in 1938, Cilento became the inaugural President of the Dante Alighieri Society, sharing membership of this primarily cultural Italian group with openly fascist members.<sup>39</sup> During World War II, many of these Brisbane fascists were interned, leading federal security personnel to investigate Cilento's loyalties.<sup>40</sup>

Attempting to precisely categorise Cilento as a 'fascist' is less interesting, however, than placing him in the larger context of the progressive and racist nationalism out of which fascist movements arose. As Michael Roe has shown, fascism grew out of broad intellectual and political currents in the late nineteenth century that also influenced some left-wing movements and progressive nationalism in the United States, Britain and Australia. Eschewing Hegelian and Marxist notions of social structure, internal conflict and determinism, progressives invoked individual will and collective national vitality.<sup>41</sup> Instead of parliament and law, it was left to an energetic and professional elite to push society towards an ideally ordered social future. This emphasis on elite leadership and social unity as the primary driving forces of history was an important feature of twentieth-century progressivism that manifested as much in some articulations of socialism as in the professed admiration for fascist leaders that can be found in some progressive texts.<sup>42</sup> Cilento, for example,

36 Raphael Cilento to Phyllis Cilento, 21 April 1934, Cilento Papers, UQFL44, Box 11, Item 21.

37 Raphael Cilento to Minister of Education, Berlin, 30 October 1935, Cilento Papers, UQFL44, Box 4, Item 11.

38 Raphael Cilento to O. H. Witte, German Consul, 7 August 1939, Cilento Papers, UQFL44, Box 4, Item 11.

39 David Brown, "'Before Everything, Remain Italian': Fascism and the Italian Population of Queensland 1910–1945" (PhD Thesis, University of Queensland, 2008), pp. 183–4. On fascism in the Queensland community, see also, Gianfranco Cresciani, *Fascism, Anti-fascism and Italians in Australia, 1922–1945* (Canberra: Australian National University Press, 1980).

40 Field Security Police Reports, NAA: A6119, 229/REFEREE COPY.

41 Roe, *Nine Australian Progressives*, pp. 1–2.

42 *ibid.*, pp. 6–7.

acknowledged that Soviet ideology reflected some of his own beliefs about the relationship of the individual to the nation: “Service for us” or “Service for the State” is the question of the day’, he wrote to Phyllis:

Italy and Russia answer the latter two ways, but not essentially in different ways. ‘Service for ourselves’ is a paltry and spineless thing in comparison but it seems our national aspiration.<sup>43</sup>

Although the point of contact between Cilento and fascism was the broader nationalist movement towards harnessing science for improving populations and racial fitness, he clearly identified most closely with the aspirations and methods of fascist regimes. In his 1936 lecture series *Nutrition and Numbers*, Cilento noted that Italy, Germany and the Soviet Union were the only nations ‘with their 250,000,000 white people’ that had maintained or increased their birth rate. It was vital that Australia imitate these ‘authoritarian states’ in an effort to apply the best science towards the aim of national ‘self-sufficiency’. In Germany and Italy, Cilento noted:

The ‘Youth’ movements, the ‘Land-Year,’ and all other actual and psychological aids are being co-ordinated with the new necessities of the country, and the eyes of their rising youth are being deliberately deflected from the defeatism and decline associated with every ageing civilisation to a new future of hope and achievement.<sup>44</sup>

These sorts of programs were vital in a world that was fundamentally, Cilento argued, one of competition and conflict:

Italy and Germany realise that the ideal of immediate universal reconciliation between nations and races so unequally endowed with culture and material goods as the units of our civilisation are, begins with a wistful dream and ends by ‘no man lifting a finger so long as misfortune touches only his neighbour’.<sup>45</sup>

There is a clear connection here again with Cilento’s longstanding concern about the status of the Australian tropics. ‘The constant sneers of our newspapers at Italy’, Cilento noted, ‘came oddly from a country which is

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43 Raphael Cilento to Phyllis Cilento, 14 November 1933, Cilento Papers, UQFL44, Box 11, Item 21. Cilento’s emphasis.

44 Raphael Cilento, *Nutrition and Numbers: The Livingstone Lectures* (Sydney: Camden College, 1936), pp. 68–9.

45 *ibid.*, p. 69.

almost half undeveloped'.<sup>46</sup> Australia should instead, Cilento argued, try to emulate Italy for its efforts in reclaiming land and constructing towns on the Pontine Marshes—in other words, to apply science for its own national progress. All members of society, Cilento asserted, should thus perform their appropriate roles in the service of national efficiency, with the authority of expert scientific knowledge as a guide.<sup>47</sup>

Public health was one field in which progressive nationalism manifested strongly. Cilento closely resembles the figure of the 'progressive' that Roe has described: he was a qualified professional, confident in his technical expertise, who saw in the combination of scientific knowledge and the initiative of elite individuals the hope for a decisive intervention in society and its development.<sup>48</sup> Paul Weindling and Dorothy Porter have noted that nineteenth- and twentieth-century physicians, as self-consciously elite professionals, increasingly sought to prescribe social transformation on the basis of their scientific knowledge.<sup>49</sup> This in turn drew on emerging social theory in the nineteenth century that stressed the need for scientists to positively engineer social progress and order.<sup>50</sup> In making his contribution to the reform of public health in Australia, Cilento drew mostly on Anglo-American traditions of preventive medicine, and worked closely with a Labor government already committed to government control of health and medical services. Thus, while Cilento's authoritarian predilections and explicit fascist sympathies were pronounced, understanding his contributions to public health in Australia requires a wider lens that can catch the several international and colonial contexts of his reform agenda.

## Cultivating the health of the nation: Social medicine and public health governance

In September 1934, Edward Hanlon, the home secretary in Queensland, offered Cilento the temporary position of Director-General of Health and Medical Services, in which his chief task was to reorganise public health and medical services within a single ministry. Cilento accepted and,

46 *ibid.*, p. 69.

47 Gillespie, *The Price of Health*, pp. 35–7.

48 Roe, *Nine Australian Progressives*, pp. 6–10.

49 Weindling, *Health, Race and German Politics between National Unification and Nazism*, p. 1; Porter, 'Introduction,' p. 2.

50 Porter, *Health, Civilization and the State*, pp. 74–5.

in 1935, the job, as the professional head of the Department of Public Health, was made a permanent one, which he held until 1946. Freed from the constraints of a subordinate position in the Commonwealth department, he now had a greater say in public health reform in Australia, both in Queensland and as a state representative to federal health bodies. Prior to his appointment, several public medical services were spread across separate government departments. The Department of Home Affairs managed basic public health and sanitation under the authority of the Public Health Commissioner, John Coffey. School medical services were the responsibility of the Department of Public Instruction, while the Department of Labour administered health regulations for factories. Cilento pressed early for the collection of all these health services in one ministry, including hospitals, maternal and infant welfare, school hygiene, industrial hygiene, 'mental hygiene', wards of the state, research and sanitary engineering.<sup>51</sup>

Proposals for such a consolidation had been around since 1909.<sup>52</sup> Coffey had complained in 1931 of conflicts between inspectors of the health and labour departments over the application of the Workers' Accommodation Act, and recommended that its sanitation provisions be included in the Health Act.<sup>53</sup> Consolidation of health services within a single ministry had also been common practice internationally for some time.<sup>54</sup> Cilento noted this international trend towards public responsibility for health and emphasised to Hanlon that a new Health Bill (1937) would centralise coordination of all health and medical services under the government.<sup>55</sup> He reported:

It is being universally acknowledged that the health of the individual (and therefore the sanitary and medical care of every person in the community) is not only his personal affair, but the concern and responsibility of the whole community.<sup>56</sup>

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51 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. 6–8, QSA, Series 5263, Item 848707.

52 Patrick, *A History of Health and Medicine in Queensland*, p. 99.

53 John Coffey to Assistant Under-secretary, 5 January 1931, QSA, Series 12355, Item 8904.

54 Porter, *Health, Civilization and the State*, p. 182.

55 Cilento, 'Preliminary Report on the Re-organisation of the Home Department,' p. 23. See also Raphael Cilento to E. M. Hanlon, 10 July 1935; Memorandum for Hanlon, 1 October 1935, p. 2, QSA, Series 12355, Item 8904.

56 Cilento, 'Preliminary Report on the Re-organisation of the Home Department,' p. 6.

The state also had a responsibility to make its health services 'universally available'. This included a measure of government control over medical personnel—at first over a full-time paid hospital staff and eventually over the whole medical profession.<sup>57</sup>

The Labor Party, which dominated government in Queensland between 1915 and 1957, except for three years at the height of the Depression, had already developed a culture of public health reform by the time Cilento arrived. It had also found allies in the public service, especially in its continued efforts to bring hospitals under government control. *The Hospitals Act of 1923* provided for the creation of hospital districts. A single nine-member board—composed equally of representatives from the government, local councils and contributors—would be responsible for running all the hospitals in that district. The Act initially established the Brisbane and South Coast Hospitals Board (BSCHB), under the chairmanship of Charles Chuter. Chuter, who had entered the Queensland public service in 1898, became the assistant undersecretary of the home department in 1922 and the undersecretary in 1934. Hanlon and Chuter made it their mission to wrest control of hospitals away from local authorities, contributors and the private practitioners who served as honorary staff. In the honorary system, hospitals drew the bulk of their medical and surgical staff from among local private practitioners, who attended outpatient clinics for about three hours twice a week.<sup>58</sup> By the 1930s, many health administrators, hospital board members and medical practitioners regarded the honorary system as an anachronism from a time when hospitals were primarily charitable institutions serving the poor. Now, they argued, perfunctory consultations and long waiting times showed that this system was failing to cope with massive increases in attendance at outpatient clinics in major metropolitan hospitals.<sup>59</sup>

Reorganisation of hospital staffing and administration in Queensland began in earnest in 1937 when a delegation of the honorary staff of the Brisbane Hospital approached the BSCHB with a proposal that would employ visiting staff on a paid basis. Chuter had become deputy chairman of the board, and his views, along with those of some of his fellow board

57 Memorandum for E. M. Hanlon, 1 October 1935, p. 3, QSA, Series 12355, Item 8904.

58 Brisbane and South Coast Hospitals Board, *Chairman's Report*, Appendix 2, n.d., p. 48, QSA 8241, Item 278510.

59 Cilento cited statistics indicating that outpatient attendance had increased by 212 per cent in the decade before 1937. Raphael Cilento to E. M. Hanlon, 6 December 1937, p. 2, QSA, Series 8241, Item 278510.

members, diverged from those of the new chairman, T. L. Jones. Chuter wanted internal reorganisation to go beyond paying current honorary staff and insisted on a full-time resident staff for hospitals. Chuter resigned from the board in 1938, telling A. C. Russell, the Secretary of the Royal North Shore Hospital in Sydney, that he had been forced out after attacking the honorary scheme and bringing a 'heap of wrath upon my head'.<sup>60</sup>

Cilento took advantage of this split in the board to become more directly involved. He threw his support behind a plan for a system of part full-time and part part-time employment for physicians and surgeons, which was less radical than Chuter's proposals. He told Hanlon the honorary system was obsolete, but he sided with the BSCHB and the general medical superintendent, Dr Aubrey Pye, in advising against the immediate appointment of permanent full-time staff. Hanlon appointed an advisory committee in 1938 that elected Cilento as its chairman. The committee's report, over which Cilento exercised the greatest influence, outlined a more complete scheme for reorganisation. Besides the institution of a paid visiting staff in place of honorary staff, Cilento—drawing on American precedence and citing the importance of teamwork in modern medicine—suggested a regular review of clinical work by the medical staff in the interests of maintaining standards.<sup>61</sup> Like Chuter, he recommended that the resident superintendent be the supreme authority in the hospital, but that a hospital standing committee also be instituted to maintain 'self-discipline' and esprit de corps.<sup>62</sup> Again pointing to foreign experience, he recommended instituting a compulsory hospital year for the medical graduates who would soon be flowing from the recently established medical faculty at the University of Queensland. This would have the dual benefits of improving the skills of all medical graduates before they were allowed to practice privately, as well as producing new generations of doctors who might be willing to give themselves to public hospital service.<sup>63</sup> In this way, some of the problems of staff shortages would be

60 C. E. Chuter to A. C. Russell, 9 September 1938, QSA, Series 8241, Item 278509.

61 'Report of the Advisory Committee on Reorganisation, Brisbane and South Coast Hospitals Board,' May 1938, p. 11, QSA, Series 8241, Item 278509. In a memo to Hanlon, Cilento had stressed the importance of learning from developments in hospital management in the United States, including principles of teamwork and auditing. Raphael Cilento to E. M. Hanlon, 6 December 1937, p. 7, QSA, Series 8241, Item 278510.

62 'Report of the Advisory Committee on Reorganisation,' p. 9.

63 *ibid.*, pp. 4–5. The report proposed making registration of doctors conditional on this hospital year.

solved in the long term. Perhaps most importantly, Cilento suggested the establishment of a network of suburban outpatient clinics within hospital districts designed to relieve pressure on major hospitals, which would be left to concentrate on high-quality specialist and surgical services.<sup>64</sup> Such an internally organised and disciplined hospital network with a well-trained staff under the control of the government was to be open to all sections of society.

Cilento would ultimately advocate a more comprehensive coordination of the medical profession under the state.<sup>65</sup> Much was said and written at the time about the high fees of private practitioners and the charity criteria that denied the middle classes and 'respectable' workers access to high-quality medical care.<sup>66</sup> Cilento himself spoke about the way private practice 'fleeces the worker and the middle classes' and, in 1929, he described private practitioners in north Queensland as 'fee-chasing tradesmen'.<sup>67</sup> He consistently emphasised that greater government control of medical services must have the primary aim of making them freely available to everyone.<sup>68</sup> Such concerns continued into the 1940s when political conflicts over Commonwealth control of all medical services—and particularly the establishment of a salaried medical service—came to a head.<sup>69</sup> M. Foy, a fruit merchant in Melbourne, in 1942 told the Commonwealth Minister for Health, E. J. Holloway, that 'fee loving Medicos' perversely benefited from the perpetuation of sickness and disease under the fee system, while the press often dwelt on the exclusion of the 'middle-income' group from high-quality medical care.<sup>70</sup>

If the Labor Party's aim of improving access to hospitals reflected a political preoccupation with equitable access and social justice, the motives behind Cilento's involvement in hospitals reflected his concern with national

64 *ibid.*, pp. 13–18.

65 Raphael Cilento to E. M. Hanlon, 6 December 1937, pp. 8–10, QSA, Series 8241, Item 278510.

66 Gillespie, *The Price of Health*, p. 3.

67 Raphael Cilento to E. M. Hanlon, 1 October 1935, p. 4, QSA, Series 12355, Item 8904. The American statistician Edgar Sydenstricker referred to doctors as 'expensively trained entrepreneurs' in his 'Medical Practice and Public Needs,' in *The Medical Profession and the Public: Currents and Counter-currents* (Philadelphia: The American Academy of Political and Social Science, 1934), p. 24.

68 Raphael Cilento to E. M. Hanlon, 6 December 1937, p. 3, QSA, Series 8241, Item 278510; Raphael Cilento, 'Queensland's Plan for Hospital Co-ordination,' *The Courier-Mail*, [Brisbane], 17 December 1937, QSA, Series 8241, Item 278509.

69 Gillespie, *The Price of Health*, pp. 130–1.

70 M. Foy to E. J. Holloway, Minister of Health, 9 December 1942, NAA: A1928, 690/39 SECTION 3; *Sydney Morning Herald*, 27 May 1943, p. 7.

efficiency. 'The productive capacity of the worker', Cilento told Hanlon, 'is the axle on which the wheels of State prosperity turn'. The role of the hospital was thus:

to take workers or potential workers whose health is lowering their productive capacity, to recondition them thoroughly, and to return them to the work of productive labour with the least possible delay.<sup>71</sup>

Hospital reform should thus be part of the expansion and coordination of a wide range of health services under the state. Cilento's preliminary report to Hanlon on the reorganisation of the health department made this clear:

It is for effective work we want our children well-born, carefully nurtured in childhood, educated in school, and developed in brain and brawn both. At their highest point of development they provide the State with good work, sure defence, and profitable parenthood. Physical culture, preventive medicine, hospital treatment, specialised services, rest and recreation, all turn in the last analysis upon the worker and his ability to produce and serve.<sup>72</sup>

All medical services, including prenatal care, baby clinics, school medical services, industrial hygiene and other preventive work, needed to be unified in one government department to achieve 'positive development to the full of every individual's mental and physical powers, in order that the State may profit to the full by the exercise of both in their excellence'.<sup>73</sup> Hospitals had to fit into this wider program of preventive medicine and 'positive' health, which Cilento increasingly discussed in the terms of 'social medicine'.

Cilento was appointed Honorary Professor of Social and Tropical Medicine at the University of Queensland in 1937, several years before John Ryle at Oxford and Francis Crew at Edinburgh established social medicine as an academic discipline in the United Kingdom, in the 1940s.<sup>74</sup> Doctors and public health authorities in Europe and America, however, had long promoted 'social medicine' as an array of public health perspectives and practices. Dorothy Porter identifies a long twentieth-century history of

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71 Raphael Cilento to E. M. Hanlon, 6 December 1937, p. 1, QSA, Series 8241, Item 278510. Cilento's emphasis.

72 Cilento, 'Preliminary Report on the Re-organisation of the Home Department,' p. 21.

73 *ibid.*, p. 20. Cilento's emphasis.

74 Porter, 'Introduction,' p. 1.

medicine and science aspiring to progressive social planning.<sup>75</sup> German social hygienists, especially Alfred Grotjahn, had, from the late nineteenth century, urged doctors to look beyond clinical medicine. By examining the social, economic and biological factors shaping health, they could take a leading role in shaping the future of the nation and the race. It was thus necessary to add to medical practice the collection of data on nutrition, housing, income and occupation.<sup>76</sup> This work became influential for later advocates, including Andrija Stampar, who wrote on social medicine as a medical student in 1911 and became an international leader in public health while in Zagreb, China and elsewhere.<sup>77</sup>

It was not until after World War I that social medicine began to spread and inform public health administration and research.<sup>78</sup> As it developed in the interwar years, it began to shed an earlier emphasis on heredity among social hygienists such as Grotjahn.<sup>79</sup> In the Soviet Union and among liberal reformers in Europe and the United States, a growing understanding of the social and economic conditions of health shaped the reorganisation of health services and the institutionalisation of social medicine. Malnutrition, for example, led to abnormal development of bones and muscles in infants and children, while chronic vitamin deficiencies in adult workers lowered resistance to disease across the life of the individual. Chemicals, dust and other aspects of industrial workplaces could also harm the health of workers, while poor housing and domestic hygiene might lead to disease and other health problems for women and children.<sup>80</sup> Rene Sand, the Chief Public Health Officer in Belgium, wrote in 1919 that '[a]lmost every medical question ends in a social question', including not just the provision of clean water, but also a good home, balanced nutrition and recreation.<sup>81</sup> Since many of these factors operated

75 *ibid.*, pp. 2–3.

76 Weindling, *Health, Race and German Politics between National Unification and Nazism*, pp. 214–21; Porter, *Health, Civilization and the State*, pp. 192–3.

77 Andrija Stampar, *Serving the Cause of Public Health: Selected Papers of Andrija Stampar*, ed. M. D. Grmek (Zagreb: University of Zagreb, 1966), pp. 53–7; Patrick Zylberman, 'Fewer Parallels than Antitheses: Rene Sand and Andrija Stampar on Social Medicine, 1919–1955,' *Social History of Medicine*, 17(1), 2004, p. 82.

78 Weindling, 'Social Medicine at the League of Nations Health Organisation and the International Labour Office Compared,' pp. 134–5.

79 Weindling, *Health, Race and German Politics between National Unification and Nazism*, pp. 184–5; Weindling, 'Social Medicine at the League of Nations Health Organisation and the International Labour Office Compared,' p. 146.

80 Porter, *Health, Civilization and the State*, pp. 291–5.

81 Rene Sand, 'The Rise of Social Medicine,' *Modern Medicine*, 1, 1919, p. 190.

all the time away from the hospital and the general practitioner's clinic, it became clear that health and medical provision must change if they were to be addressed.

The concept of 'positive' health was central in Cilento's writings, especially in his major work on public health, *Blueprint for the Health of the Nation*. It was imperative, he argued, to recognise that health, rather than sickness, was the proper object of medicine. As the state assumed a gradually increasing portion of responsibility for health in the nineteenth century, it came ever closer to 'the ideal that a health service is intended to provide positive health, preventive care and medical aid at need, to every member of the community'.<sup>82</sup> The state had been responsible for basic sanitation and vaccination for many years. The '*intrinsic factors of the hygiene of everyday life*', however, were 'less and less related to the general practitioner' and most in need of attention.<sup>83</sup> Even if one could avoid disease, malnourishment, unhygienic working conditions and other factors might subtly injure individuals and impair their capacity to work. The embodied subject was seen as being in a dynamic relationship with its environment—an organism with finite reserves of energy and vulnerable to the effects of deprivation and toxic substances. In the context of the economic interests noted above, it was thus important to seek 'the promotion of an optimal state of wellbeing', by intervening in diet, housing, antenatal care, maternal and infant welfare, school and industrial hygiene, physical education and leisure.<sup>84</sup>

The need for physicians to assume greater responsibility for prevention and public health became a theme of social medicine in all its divergent forms.<sup>85</sup> Sand praised the United States for pioneering cooperation between doctors and social workers, but argued that doctors themselves should become social workers.<sup>86</sup> Including prevention and social responsibility in medical education was thus an important reform.<sup>87</sup> In 1937, Cilento reported on the course of the new medical school at the University of Queensland, in which:

82 Cilento, *Blueprint for the Health of a Nation*, p. 48.

83 *ibid.*, p. 49. Cilento's emphasis.

84 *ibid.*, p. 74.

85 Zylberman, 'Fewer Parallels than Antitheses,' p. 89.

86 Sand, 'The Rise of Social Medicine,' p. 190.

87 Nigel Oswald, 'Training Doctors for the National Health Service: Social Medicine, Medical Education and the GMC 1936–48,' in Dorothy Porter (ed.), *Social Medicine and Medical Sociology in the Twentieth Century* (Atlanta: Rodopi, 1997), pp. 68–9; Porter, *Health, Civilization and the State*, pp. 291–5.

Preventive medicine is emphasised as strongly as curative medicine, and in which the student will be taught his duty to the State in the matter of community risk and public health responsibilities, as definitely as he will be taught his duty to the individual and his private medical relationships.<sup>88</sup>

Arthur Newsholme, the Chief Medical Officer of the Local Government Board in Britain, had in the 1920s pleaded for family doctors to involve themselves in preventive medicine by providing advice on childrearing, avoiding occupational hazards and adopting healthy habits. The doctor, he argued, must recognise 'himself as an integral part of the entire medical organization for the service of the public'.<sup>89</sup>

This question of the relationship between the doctor, the public and the medical profession was a central theme in American discussions of social medicine, to which figures such as Henry Sigerist, the noted medical historian, and Thomas Parran, the New York State health commissioner and US surgeon general, made significant contributions. The social and environmental effects of industrialisation, the complexity of modern medical knowledge and practice and the increasingly dominant belief that society was responsible for the 'welfare of all its members' were important ideas shaping proposals for reform.<sup>90</sup> For some commentators and activists, the claim that health had roots in social conditions and economic structures had radical implications. If sickness was a consequence of inequality and poverty, the solution appeared to be the radical transformation of social and economic relationships. As Rosenberg and Fee note, however, many radical reformers in America in the 1920s and 1930s reconciled this observation with the belief that the health services of capitalist democracies could also be liberating once access to them was equitable.<sup>91</sup> Thus Sigerist, a prominent advocate of Soviet social medicine, threw himself into debates over the establishment of health centres and the reform of medical education in the United States.

88 Queensland, *Annual Report on the Health and Medical Services of the State of Queensland for the Year 1936–37* (Brisbane, 1938), p. 51.

89 Arthur Newsholme, *Health Problems in Organized Society: Studies in the Social Aspects of Public Health* (London: P. S. King & Son, 1927), pp. 86–9.

90 Sigerist, 'The Physician's Profession through the Ages,' p. 676.

91 Charles Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: Cambridge University Press, 1992), pp. 261–3; Elizabeth Fee, 'Henry E. Sigerist: His Interpretations of the History of Disease and the Future of Medicine,' in Charles Rosenberg and Janet Golden (eds), *Framing Disease: Studies in Cultural History* (New Brunswick, NJ: Rutgers University Press, 1992), p. 299.

Fair access to health care, the distribution of doctors and the role of government were the central topics of a conference the American Academy of Political and Social Science organised in Philadelphia in 1934. James Bossard, a sociologist at the University of Pennsylvania, argued that the American public had become accustomed to government health care in schools, the military and workplaces and now saw protection against disease and the promotion of physical wellbeing as ‘rights in a modernized democratic society’.<sup>92</sup> The public health statistician Edgar Sydenstricker spoke about the vast number of people excluded from the services of private practitioners, who, despite congregating in wealthy neighbourhoods, had failed to achieve high incomes. Meanwhile, the nation continued to suffer from preventable diseases and ill health.<sup>93</sup> Thomas Parran similarly noted that the ‘medical profession, as at present constituted, increasingly is unable to provide for all the people the minimum essentials of medical care’ that were their right.<sup>94</sup> All the contributors argued for greater coordination of medical services that should be available to all citizens and oriented towards disease prevention, the cultivation of health and the reduction of infant mortality. The inevitability of change under the pressure of public demands became a key argument. In an oft-quoted passage, Sigerist argued that ‘the physician’s position in society is never determined by the physician himself, but by the society he is serving’.<sup>95</sup> By the end of the 1930s, this was becoming a consensus view across the world.<sup>96</sup>

Cilento was scheduled to give a speech entitled ‘The State, The Public and the Medical Profession’ at the inaugural meeting of the National Health and Medical Research Council (NHMRC) in Hobart on 2 February 1937. In it, he drew directly from the Philadelphia conference to argue that economic and social conditions produced and shaped access to health care and asserted that current international thought demanded that the medical profession become more responsible to the state and for the health of the public. Cilento never gave this speech, however, after representatives of the British Medical Association threatened to walk

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92 James Bossard, ‘A Sociologist Looks at the Doctors,’ in *The Medical Profession and the Public: Currents and Counter-currents* (Philadelphia: The American Academy of Political and Social Science, 1934), p. 5.

93 Sydenstricker, ‘Medical Practice and Public Needs,’ pp. 23–5.

94 Thomas Parran, ‘Health Services of Tomorrow,’ in *The Medical Profession and the Public: Currents and Counter Currents* (Philadelphia: The American Academy of Political and Social Science, 1934), p. 79.

95 Sigerist, ‘The Physician’s Profession through the Ages,’ p. 676.

96 Gillespie, *The Price of Health*, p. 86.

out of the meeting if he did.<sup>97</sup> Cilento pressed his case later that year in an open letter to the medical profession in the Brisbane *Telegraph*. Echoing Bossard, he argued that young people in Australia had become accustomed to government provision of health care in the army and schools. The private practitioner was finding it increasingly difficult to keep up with developments in knowledge and technology. Plagiarising Sydenstricker, Cilento asserted: 'Medical care is no longer a mysterious and sacred realm, into which only the physician may enter, and at whose doors all others must bow in humility.'<sup>98</sup> In this world of government provision and scientific advancement, the romantic vision of the skilled individual doctor had to give way to recognition of the need for a coordinated and cooperative service to the whole community. His recommendation for hospital reorganisation—including a medical audit, a compulsory year for medical school graduates and increasing government control over staff—reflects this belief. He warned that it was up to doctors to voluntarily take part in determining their place in a new health service or risk having one forced on them.<sup>99</sup>

Yet Cilento always felt—like his American counterparts—that it was possible to encourage greater public service among doctors while preserving the patient's free choice of doctors and the intimacy of the doctor–patient relationship:

The maintenance of the physician's professional freedom is of cardinal importance, and so also is the maintenance, where possible, of the private relationship between physician and patient, and the patient's free choice of physician. To fit the physician into a scheme, the simplest and most logical way is to appoint physicians on a salary basis.<sup>100</sup>

The proposal for a salaried medical service was to become the central conflict between the profession and state and federal health authorities. Cilento, Cumpston and many other doctors and public health officials envisaged a system of suburban clinics and outpatient centres, where up to 10 practitioners might organise to run group practices on a salaried

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97 Raphael Cilento, 'The State, the Public and the Medical Profession,' pp. 1–6, Cilento Papers, UQFL44, Box 16, Item 70.

98 Raphael Cilento, 'Open Letter to Medical Men,' 1937, p. 1, Cilento Papers, UQFL44, Box 19, Item 132. In his contribution to the Philadelphia conference, Sydenstricker asserted that one had to reject the notion that medical practice was a 'mysterious and sacrosanct realm into which only the physician may enter'. Sydenstricker, 'Medical Practice and Public Needs,' p. 21.

99 Cilento, 'Open Letter to Medical Men,' p. 1.

100 *ibid.*, p. 2.

basis.<sup>101</sup> During World War II, the Commonwealth Government established the Joint Parliamentary Committee on Social Security, which invited the NHMRC to submit evidence and recommendations on the reorganisation of health services. Cilento and Cumpston were members of a subcommittee that drafted the council's proposals in 1941, which, despite internal differences over whether the Commonwealth or the states would have control, recommended the establishment of a salaried medical service across Australia.<sup>102</sup> Group practice had already gained worldwide support since the opening of the Mayo Clinic in the United States, and advocates argued that it would bring further relief for outpatient clinics at major hospitals, greater teamwork and pooling of knowledge, ease of access for patients and bases from which practitioners could perform duties in preventive medicine for the district. Group practice would also protect the 'so rapidly disappearing' local doctor–patient relationships.<sup>103</sup>

Although Cilento invoked the notion that health was an individual right, national health and efficiency were the avowed priorities of the comprehensive government health service he envisaged. Paul Weindling has challenged the notion that social medicine was a humanistic stance against professional and economic interests. Rather than really analysing health as an outcome of poverty and working conditions, social medicine envisioned technocratic solutions for medicalised socioeconomic problems. In this way, it provided career opportunities and authority for public health officials, while avoiding the question of real social and economic justice. Social medicine, moreover, subjected many aspects of life to intrusion and control.<sup>104</sup> This was certainly true of Cilento's scheme for a complete health program for Australia. Given that some of the most important factors that shaped health were part of everyday life, surveillance of individuals and populations became a major imperative. Many aspects of domestic hygiene, infant care and childrearing became subject to professional and official scrutiny.

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101 See, for example, L. Jarvis Nye, *Group Practice* (Sydney: Australasian Medical Publishing Company, n.d. [c. 1946–49]).

102 National Health and Medical Research Council, 'An Outline of a Possible Scheme for a Salaried Medical Service,' *The Medical Journal of Australia*, II(25), 20 December 1941, pp. 710–25.

103 Cilento, *Blueprint for the Health of a Nation*, p. 63. For group practice and the details of health politics in Australia, see Gillespie, *The Price of Health*. On the origins of group practice in the United States, see W. Bruce Fye, 'The Origins and Evolution of the Mayo Clinic from 1864 to 1939: A Minnesota Family Practice Becomes an International "Medical Mecca",' *Bulletin of the History of Medicine*, 84(3), 2010, pp. 323–57.

104 Weindling, 'Social Medicine at the League of Nations Health Organisation and the International Labour Office Compared,' pp. 136–7.

Cilento hoped that a medical service that included diet, the environment of childhood, education, working conditions and motherhood would protect individuals and the nation as a whole 'against those insidious departures from health, which lower vitality and efficiency'.<sup>105</sup> Modern preventive medicine, Cilento wrote, 'has embraced every aspect of individual and racial security from food to fertility'.<sup>106</sup> The meaning of health thus shifted away from the simple absence of infectious disease towards the fulfilment of potential fitness and productivity. A truly progressive health service sought 'the deliberate promotion in every individual of the highest mental and physical efficiency of which he is capable'.<sup>107</sup> In *Blueprint for the Health of a Nation*, Cilento defined social medicine as 'an attempt to determine the principles by which circumstances can be scientifically influenced in the interests of the individual and of the race'.<sup>108</sup> The object of Cilento's 'machinery' of health was thus the fitness of the race in Australia. The national community for whose health the state was responsible was thus defined by racial inclusions and exclusions, especially when it came to Indigenous people and non-European migrants.

These ideologies conflated national health and racial fitness and, by the mid-1930s, carried weight in political circles. At the inaugural meeting of the NHMRC in 1937, Billy Hughes, the Commonwealth Minister of Health and former prime minister, told assembled health officials that in improving the nation's health, the council must pursue not 'a negative condition, mere freedom from active disease; but that state of abounding energy and vitality that makes one rejoice and be glad to be alive'. Hughes singled out maternal health as the foundation of 'a strong, numerous and disease-resistant people' and noted the establishment of the Commonwealth Advisory Council on Nutrition.<sup>109</sup> At its fifth session, the NHMRC discussed possibilities for a national physical fitness movement. Then Minister of Health, Harry Foll, told that meeting that 'those countries in Europe which have concentrated on physical development of their young people, have improved the racial standard of the people, both mentally and physically'.<sup>110</sup> In its resolution on fitness, the NHMRC stated:

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105 Cilento, 'Open Letter to Medical Men,' p. 1.

106 *ibid.*, p. 1.

107 Cilento, *Blueprint for the Health of a Nation*, p. 91.

108 *ibid.*, p. 91.

109 *Report of the National Health and Medical Research Council*, 1st Session (Canberra: Government Printer, 1937), p. 4.

110 *Report of the National Health and Medical Research Council*, 5th Session, p. 4.

In the constant struggle for economic survival progress is determined, other resources being equal, by the relative proportions of the fit and the unfit, that is to say, in effect, the percentage of the population ineffective towards national life and survival, by physical infirmity or lack of training.<sup>111</sup>

Calls for 'positive' health and fitness, especially in relation to the status of military recruits, were a fixture of national public health discussions.<sup>112</sup> E. Sydney Morris presented a paper to the fifth session of the NHMRC that stated:

One of the most potent national urgings towards physical fitness has been the desire to provide a race of strong, virile, stalwart individuals who would provide an invincible bulwark for defence in times of crisis or emergency.<sup>113</sup>

He further noted the importance of physical development and of teaching Australian citizens the importance of 'the will' in shaping the fit body:

The aim of physical education should be to obtain and maintain the best possible development and functioning of the body as a means to aid the full fruition of mental capacity and of character.<sup>114</sup>

Public health discourse thus emphatically dreamed of a polity in which health and fitness of the race—through proper nutrition, maternal and infant care, education and exercise—reached a perfect maximum.

Given this abiding interest in the deliberate cultivation of the health and fitness of individuals and populations, it is not surprising that some formulations of social medicine had strong eugenic strands.<sup>115</sup> The place of biology and heredity in social and preventive medicine, however, was complicated. Francis Lee Dunham, a consulting psychiatrist and lecturer at Johns Hopkins University, included within the scope of social medicine such practices as 'family restriction among the poor', 'rational and

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111 *ibid.*, p. 10.

112 Fitness was often noted in proposals for a new national research body in the mid-1930s. C. G. Lambie, D. A. Welsh and Henry Priestly to Earle Page, Minister for Health, 11 March 1935, Papers of Earle Page [hereinafter Page Papers], MS 1633, Folder 564. See also 'Notes on a Deputation Representative of the National Health and Medical Research Council, Waited on Prime Minister, Canberra,' 3 July 1937, p. 2, Page Papers, MS 1633, Folder 563.

113 E. S. Morris, 'Physical Education: An Outline of its Aims, Scope, Methods and Organisation,' n.d., p. 1, Page Papers, MS 1633, Folder 566, Item 9.

114 *ibid.*, p. 5.

115 Weindling, 'Social Medicine at the League of Nations Health Organisation and the International Labour Office Compared,' p. 136.

economic' control of marriage, the encouragement of reproduction among the 'better classes' and maintenance of 'equilibrium' between births and deaths in the interests of food supplies.<sup>116</sup> John Ryle, Professor of Physics at Cambridge University in the 1940s—who, like other proponents of social medicine, emphasised the significance of diet and the domestic and working environments—also spoke enthusiastically about 'Medicine and Eugenics' in his 1938 Galton Lecture. There was a need, he said, for the family doctor to provide advice on reproduction and to become an educator in 'principles of health and healthy breeding and their supreme importance to the family and the race'.<sup>117</sup> Arthur Newsholme, however, was a prominent medical critic of hereditarian views on health:

Ante-natal infection or toxic poisoning and defects of the environment and of the food of the expectant mother are now recognized as responsible for much disease and for many defects in children which were formerly regarded as the result of heredity.<sup>118</sup>

It is clear, then, that while some in public health circles shared eugenicists' concerns about class, reproduction and genetics, the place of heredity in social and preventive medicine was uncertain and contested. The effects of domestic, school and working environments on health, on the other hand, were always the core element of social medicine.

Hereditarian eugenics and social medicine were not, of course, necessarily opposed. Rather than conceiving two opposed environmental and hereditarian discourses neatly confined to liberal and conservative political persuasions, Stephen Garton has argued that debates over the relative importance of environment and biological inheritance occurred within a shared discourse of degeneration. This discourse contained its own internal sets of contested principles for social action distinct from political ideologies.<sup>119</sup> Thus, feminists pushed for birth control as a means of achieving greater social independence, as did activists seeking environmental progress, which confounds the usual association

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116 Francis Lee Dunham, *An Approach to Social Medicine* (Baltimore: The Williams & Wilkins Company, 1925), pp. 24–5.

117 John Ryle, 'Medicine and Eugenics,' *The Eugenics Review*, 30(1), 1938, pp. 13–14. See also John Ryle, 'Social Medicine: Its Meaning and Scope,' *British Medical Journal*, II, 1943, pp. 633–6.

118 Newsholme, *Health Problems in Organized Society*, p. 242. See also John M. Eyler, *Sir Arthur Newsholme and State Medicine, 1885–1935* (Cambridge: Cambridge University Press, 1997), pp. 187–98.

119 Stephen Garton, 'Sound Minds in Healthy Bodies: Re-considering Eugenics in Australia, 1914–1940,' *Australian Historical Studies*, 26(103), 1994, p. 166.

of strategies for genetic intervention with conservative political forces.<sup>120</sup> Diana Wyndham has similarly suggested that it was possible to frame intervention in fields such as housing, hygiene, labour conditions, food regulation, drug rehabilitation and other medical provision as eugenic.<sup>121</sup>

In *Nutrition and Numbers*, Cilento noted:

[E]ach of us differs—each begins life with a different inheritance—an individuality that diverges increasingly as every experience of our physiological being leaves its mark and trace recorded within the body.<sup>122</sup>

Cilento thus affirmed that heredity and environment combined to shape life. Cilento shared Newsholme's misgivings about forms of eugenics that focused on heredity and reproductive regulation, but in a way that reflected distinctly Australian anxieties about racial and national decline. Like many before him, Cilento worried about a falling birth rate that seemed to portend racial and national oblivion.<sup>123</sup> The imperative for 'survival' meant that any state-sponsored restriction of reproduction was misguided. Cilento complained that clinics and other institutions dealing with fertility operated at ideological poles:

Either they over-advocate birth control, recognising that the decline of the population is nature's method of correcting economic disparities, and that the spacing of births may be a factor of value, but forgetting the major threat to national and cultural survival that the falling birthrate involves; or on the other hand they may be staffed by emotionalists whose sole objective is to multiply marriages and foster fertility for its own sake, and who can see, for example, no calamity but only triumph in two deaf mutes mated.<sup>124</sup>

In 1935, the Secretary of the Queensland Birth Control Association wrote to Cilento extolling the health and social benefits of regulating reproduction. The spacing of births would preserve the health of mother and child and reduce the financial burden of reproduction, while the 'mentally and physically unfit' would have 'no fear of passing on their weaknesses'.<sup>125</sup> Cilento's reply reflected his formulation of social medicine in the Australian context:

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120 *ibid.*, p. 165.

121 Wyndham, *Eugenics in Australia*, pp. 1–3.

122 Cilento, *Nutrition and Numbers*, p. 19.

123 See, for example, the dire prognostications of racial decline in Bostock and Nye (*Whither Away?*, pp. 10–29), which drew on Cilento's lectures. See also Anderson, *The Cultivation of Whiteness*, p. 160.

124 Cilento, *Blueprint for the Health of a Nation*, p. 98.

125 E. Davidson to Raphael Cilento, 10 March 1935, QSA, Series 12355, Item 8892.

It is the feeling of the Government that in a country such as this which depends for its survival upon a population of at least five times as great as that which it now holds that endeavours should be directed towards removal of those social factors which at present make children a burden rather than by concentrating upon [a] measure of which the ultimate result is definitely in doubt.<sup>126</sup>

Cilento's main preoccupation as the chief health officer in Queensland was thus with social aspects of health and population that were characteristic of mainstream preventive medicine, including housing and industrial hygiene, but especially maternal and infant welfare and nutrition. Dietary reform, infant feeding, antenatal care, birth and abortion all became significant aspects of public health in Queensland under Cilento, in a way that figured each as the outcome of income, education, ignorance and professional training.

In pursuing maternal and infant welfare as part of a state apparatus, Cilento absorbed other social movements into social medicine. Since the 1880s, a loose coalition of middle-class philanthropists and an emerging cohort of professionals had worked towards solving the problems of falling birth rates and infant mortality.<sup>127</sup> These experts and social elites were broadly concerned with the influence of urbanisation on the health, morality and general welfare of working-class infants and children. Their combination of money, political influence and self-proclaimed expertise helped establish curricula and entire schools dedicated to domestic science, as well as networks of maternal and infant welfare clinics and home visitors.

Such strategies were familiar in Britain, where some voluntary women's associations had established 'lady helpers' in the 1860s who later became part of the state's public health apparatus.<sup>128</sup> In Australia, a city health officer in Sydney, W. G. Armstrong, set up a system of home visitors in 1903.<sup>129</sup> Arthur Newsholme credited home visitors with improving knowledge of infant life, especially regarding problems of nutrition and 'efficient motherhood'.<sup>130</sup> Janet Vaughan, a fellow of the Royal College of Physicians and a prominent British advocate of social medicine in the

126 Raphael Cilento to E. Davidson, 14 March 1935, QSA, Series 12355, Item 8892.

127 Reiger, *The Disenchantment of the Home*; Michael Gilding, *The Making and Breaking of the Australian Family* (Sydney: Allen & Unwin, 1991).

128 Porter, *Health, Civilization and the State*, p. 179.

129 Gilding, *The Making and Breaking of the Australian Family*, pp. 88–9.

130 Newsholme, *Health Problems in Organized Society*, p. 88.

1930s, stressed the importance of health visitors in ensuring that babies and mothers received expert supervision as soon after birth as possible.<sup>131</sup> Health visitors came to form an important part of the force of social workers attached to public health and developed their own professional identity through conferences and other meetings.<sup>132</sup> Phyllis Cilento was in many ways emblematic of this new expertise, having studied maternal and child health at the Great Ormond Street Hospital in London in 1919.<sup>133</sup> As President of the Queensland Mothercraft Association, she oversaw the production of booklets on childhood nutrition and became a public advocate for educating girls in 'motherhood' and improving midwife training.<sup>134</sup> Like Raphael Cilento, Vaughan sought to incorporate this field of social work into a public health apparatus:

We want the health services of which the social workers are an essential part and which in the future must come to be recognised as an essential part to form such a fine net that no individual can fall through it from good health into ill health. I feel the weaving of this net is the function of Social Medicine. There are to be many different strands, but it will be an understanding of Social Medicine which will bring all these strands together to make a whole.<sup>135</sup>

Maternal and infant welfare, which in the twentieth century increasingly became the province of the state, focused on the education of women and girls in motherhood according to scientific principles and the creation of a system through which the state could supervise infant care.

Maternal and infant welfare in Queensland in the 1930s similarly involved concerns about national efficiency. In 1918, the state government established four clinics, while the 1922 Maternity Act led to a significant increase in such infant welfare centres, especially in the coastal railway towns.<sup>136</sup> By mid-1946, there were 170 such centres and branches in

131 Janet Vaughan, 'The Medical Services in Slough,' n.d., p. 2, Papers of Dame Janet Vaughan [hereinafter Vaughan Papers], GC/186/4, Wellcome Library, London.

132 See 'Summary of Lectures Given at Summer School at Cambridge, 26th June – 5th July,' Papers of the Health Visitors Association, SA/HVA/D.4/11, Wellcome Library, London.

133 Fisher, *Raphael Cilento*, p. 23.

134 'Lady Cilento Discusses the Falling Birth Rate,' *The Courier-Mail*, [Brisbane], 14 October 1937, p. 22.

135 Janet Vaughan, 'Social Medicine,' n.d., p. 6, Vaughan Papers, GC/186/4.

136 Superintendent to C. E. Chuter, 'Maternal and Child Welfare Service,' n.d., p. 1, QSA, Series 12355, Item 8892. See also Patrick, *A History of Health and Medicine in Queensland*, p. 75. Interest in maternal and infant welfare in Australia preceded World War I, but it grew rapidly into a larger professional service in the 1920s. See Reiger, *The Disenchantment of the Home*, p. 86.

the state.<sup>137</sup> In Queensland, the Labor Government had long claimed maternal and infant welfare as its special domain, so that when Cilento made his first recommendations about collecting all health functions and institutions in one ministry, including infant welfare and baby clinics, his views aligned with existing policy.<sup>138</sup> Official investigations noted the obstacles in the way of attendance at antenatal clinics, including long travel, low incomes and the pressure for some pregnant women to work right up to parturition. A 1937 report thus recommended the appointment of nurses who could visit women in their homes.<sup>139</sup> A. Jefferis Turner, the Director of Infant and Child Welfare, reminded Cilento in 1935:

The greatest asset of this State is the health of its people. The future of a people depends chiefly on the health of its children ... From them will be recruited most of the chronic invalids who fill our hospitals and asylums and inflate the roll of invalid pensioners.<sup>140</sup>

As with hospitals, Queensland pursued maternal and infant welfare as a means of reducing the public burden of sickness and improving national efficiency.

The government's priorities were infant mortality and the birth rate and officials investigated ways of addressing these problems through tightening surveillance and improving popular hygiene knowledge. Cilento instructed Abraham Fryberg, a departmental medical officer, to investigate infant mortality in 1937, with particular attention paid to social contexts and consequences. Originally intending to visit homes, Fryberg had to settle for examining hospital records. He suggested that instances of infant mortality should be divided into those deaths that occurred in the first month and those that occurred after this. Deficiencies in antenatal care were to blame for the first, while the latter were due to poor nutrition and respiratory diseases. Education in infant feeding and domestic hygiene had, Fryberg claimed, reduced mortality of the latter type, but death rates of the former type were still high. Seventy-three of

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137 Queensland, *Annual Report on the Health and Medical Services of the State of Queensland for the Year 1945–46* (Brisbane: Government Printer, 1946), p. 85.

138 C. E. Chuter to W. M. Hughes, 29 October 1935, QSA, Series 12355, Item 8892; Raphael Cilento, 'Preliminary Report on the Re-organisation of the Home Department,' p. 23; Virginia Thorley, 'Softly, Softly: How the Mothercraft Association of Queensland Co-existed with Government Policy, 1931–1961,' *Health and History*, 3(2), 2001, pp. 80–4.

139 Abraham Fryberg, 'Infantile Mortality from a Social Aspect,' n.d., p. 3, QSA, Series 12355, Item 8892.

140 A. Jefferis Turner to Raphael Cilento, 22 July 1935; A. Jefferis Turner to Raphael Cilento, 27 May 1935, QSA, Series 12355, Item 8892.

the 195 infant deaths in Brisbane hospitals in 1936–37 were linked to prematurity and hospitals did not always record the exact cause of death. Stillbirths were not recorded at all. Some 103 deaths were firstborns, suggesting the need, Fryberg argued, for a pamphlet concerning antenatal care that could be sent to women within three months of marriage. The state might also, he suggested, withhold baby bonuses if women failed to access available antenatal care.<sup>141</sup> The state's preferred approaches thus included a thorough medical record of the population as well as educational, and sometimes punitive, measures aimed at disciplining that population in hygiene.

Those records that did exist indicated that many infant deaths were due to complications, such as albuminuria and malpresentation, which could be prevented or detected early. Fryberg thus stressed the importance of improving access to antenatal care, by improving the training and skills of nurses and private practitioners attending births, mandating faster notification of premature births, providing visiting nurses and granting allowances for low-income women who might be forced to work until giving birth or who might seek an abortion. This was in addition to increasing the number of maternity hospitals and antenatal clinics, providing obstetrics and paediatrics consultation for general practitioners and extending nursing services in rural areas.<sup>142</sup> A 1940 report similarly noted the importance of making notification of births compulsory within three days instead of the previous limit of 60 days: 'In many cases mistakes had been made and harm done before the nurses were able to visit mothers and their babies.'<sup>143</sup> The upbeat report claimed that state maternal and infant welfare services now reached 90 per cent of mothers and pregnant women in Queensland via personal visits, telephone calls, pamphlets, letters and other publications. With the help of clinics and welfare services, '[m]others have learned the value of natural feeding and have come to regard it as their babies right'.<sup>144</sup> It was imperative to acquire as much data as possible on the life, health and development of mothers and children, and thus of the population. Maternal and infant welfare were thus part of a public health apparatus that combined programs of education with extensive surveillance.<sup>145</sup>

141 Fryberg, 'Infantile Mortality from a Social Aspect,' p. 4.

142 *ibid.*, pp. 1–6.

143 Superintendent to C. E. Chuter, 'Maternal and Child Welfare Service,' 23 July 1940, p. 1, QSA, Series 12355, Item 8892.

144 *ibid.*, p. 2.

145 See Reiger, *The Disenchantment of the Home*, Ch. 4.

Public interest in maternal and infant welfare services remained high, especially among prominent local figures and councils in remote areas of the tropical north and west. Turner frequently received requests for the establishment of either a welfare centre or a travelling nurse in remote towns such as Hughenden, Mossman, Roma and Barcaldine.<sup>146</sup> Some requests emphasised the national imperative of settling the tropics. The Chairman of the Douglas Shire Council informed Turner that local women were enthusiastic about infant welfare services and suggested that a clinic would act as an 'inducement to a further settlement of our undeveloped fertile lands with virile workers and offspring to pave the way'. 'Our ideal of a White Australia must be a living force,' he wrote, 'especially in our tropical areas with its many problems.'<sup>147</sup>

Diet and nutrition were at the core of public health and social medicine in the 1930s, running through maternal and infant welfare and school health in particular. Nutritional research in Britain was beginning to expand and develop knowledge of the relationship between diet and human health in the 1920s. Identifying the specific role of particular vitamins remained a central preoccupation, including the roles of vitamins A and D in disease resistance.<sup>148</sup> There was also a growing interest in the effect of dietary deficiencies on women and pregnancy that reflected concerns about persistently high rates of disability and mortality among pregnant women and infants. A raft of studies emerged suggesting that malnutrition was the chief cause of the various 'toxaemias' of pregnancy.<sup>149</sup> Edward Mellanby, a professor of pharmacology at the University of Sheffield, became a particularly vocal advocate of nutritional reform in Britain. Throughout the 1920s and 1930s, Mellanby spoke often about the impact of deficiencies of vitamins, calcium, iron, phosphorus and other constituents of food on the development of teeth and bones, the

146 A. Hodges, Secretary, Hughenden Branch, Queensland Country Women's Association, to A. Jefferis Turner, 10 June 1935; Mrs C. H. Young to A. Jefferis Turner, 18 June 1935; A. Jefferis Turner to Raphael Cilento, 18 June 1935; M. Duncombe to A. Jefferis Turner, n.d., QSA, Series 12355, Item 8892.

147 Secretary, Douglas Shire Council, to A. Jefferis Turner, 1 June 1935, QSA, Series 12355, Item 8892.

148 H. N. Green and Edward Mellanby, 'Vitamin A as an Anti-infective Agent,' *The British Medical Journal*, II(3537), 20 October 1928, pp. 691–6.

149 Lucy Wills, 'Treatment of "Pernicious Anaemia of Pregnancy" and "Tropical Anaemia",' *The British Medical Journal*, I(3676), 20 June 1931, pp. 1059–64; G. W. Theobald, 'The Aetiology and Prevention of the Toxaemias of Pregnancy,' *The British Medical Journal*, II(3790), 26 August 1933, pp. 376–81; Edward Mellanby, 'Nutrition and Child-bearing,' *The Lancet*, 222(5751), 18 November 1933, pp. 1131–7.

health of infants and childhood development.<sup>150</sup> This work, and that of American laboratory investigators such as Elmer McCollum at Johns Hopkins, led to an international consensus on the need for a balanced diet, for mother and child, of fresh fruit and vegetables, eggs, butter and milk—the so-called ‘protective foods’.<sup>151</sup>

By the 1930s, nutrition studies had progressed from molecular and physiological research to investigations of the economic and social aspects of diet and health.<sup>152</sup> The League of Nations published a series of reports focused on creating standards in dietary requirements, including daily caloric needs and ideal daily intakes of proteins, carbohydrates, fats, vitamins and minerals. It also sought to outline diets for different sections of society, including women, expectant mothers, children and men engaged in various types of labour.<sup>153</sup> Wallace Aykroyd’s study of nutrition and low incomes appeared in the League of Nations Health Organization’s *Quarterly Bulletin* in 1933.<sup>154</sup> In 1935, Aykroyd and Etienne Burnet published in the same journal a much larger investigation of nutrition in public health generally. The report asserted that nutrition was as important a subject in public health as infectious disease and water supplies:

In so far as public health activity is concerned not only to defend populations against disease, but also to create a maximum of physical well-being, nutrition is perhaps the most important subject with which it has to deal.<sup>155</sup>

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150 Edward Mellanby, ‘Diet and Disease, with Special Reference to the Teeth, Lungs, and Pre-natal Feeding,’ *The British Medical Journal*, I(3403), 20 March 1926, pp. 515–19.

151 Mellanby, ‘Nutrition and Child-bearing,’ p. 1137; Commonwealth of Australia, *Report of the Advisory Council on Nutrition. No. 4* (Canberra: Government Printer, 1937), p. 8; Nutrition Committee of the National Health and Medical Research Council, *Diet and Nutrition for the Australian People* (Sydney: Angus & Robertson, 1943), p. 9. See also Cullather, ‘Foreign Policy of the Calorie,’ p. 354.

152 Hardy, ‘Beriberi, Vitamin B1 and World Food Policy,’ pp. 64–6.

153 Weindling, ‘Social Medicine at the League of Nations Health Organisation and the International Labour Office Compared,’ pp. 144–5.

154 W. R. Aykroyd, ‘Diet in Relation to Small Incomes,’ *Quarterly Bulletin of the Health Organisation of the League of Nations*, 2, 1933, pp. 130–53.

155 Burnet and Aykroyd, ‘Nutrition and Public Health,’ p. 328.

Its appeal to the need for 'vigorous' and ideal 'physical development and efficiency' reflected the influence that social medicine and the notion of 'positive' health had attained internationally.<sup>156</sup> A mixed committee of the League of Nations, including Mellanby, published its final report on nutrition in 1937, covering the health, agricultural and economic aspects of diet.<sup>157</sup>

These international investigations of the economic and social aspects of nutrition and the research of Mellanby, McCollum and others were important sources for Cilento and informed discussions of nutrition at national and state levels in Australia.<sup>158</sup> At the first meeting of the NHMRC, Hughes stated:

I believe that in an ill-balanced dietary [sic] from which vitamins, essential chemical elements and roughage have been eliminated, we have the cause of very much of the ill-health and many of the diseases from which people in this and most civilized countries suffer.<sup>159</sup>

When Cilento presented the Livingston Lectures at Camden College in Sydney in 1936, he asserted: 'Nutrition is, indeed, the chief governing factor in the great parabola of the human life course—the constant chemical activator.'<sup>160</sup> The problem, however, went beyond physiology to include, Cilento argued, 'psychological, agricultural, commercial, and industrial problems that underlie both our culture and world comity'.<sup>161</sup> Cilento shared this perspective on the international dimensions of nutrition with many others. Indeed, it was the Australian representative at the League of Nations, former prime minister Sir Stanley Bruce, who called in 1936 for an international campaign to study diet internationally and alleviate malnutrition and undernourishment by increasing trade in food crops.<sup>162</sup> The Commonwealth Advisory Council on Nutrition, which included Cilento, was formed that year and, in planning local nutritional

156 *ibid.*, pp. 327–8.

157 League of Nations, *Final Report of the Mixed Committee of the League of Nations on the Relation of Nutrition to Health, Agriculture and Economic Policy* (Geneva: League of Nations, 1937).

158 Weindling, 'Social Medicine at the League of Nations Health Organisation and the International Labour Office Compared,' p. 144. See papers and notes for Cilento's Camden College lectures in Cilento Papers, UQFL44, Box 17, Item 83. See Earle Page's speech at a meeting of the British Medical Association in Melbourne, 5 September 1935, Page Papers, MS 1633, Folder 564.

159 *Report of the National Health and Medical Research Council*, 1st Session, p. 4.

160 Cilento, *Nutrition and Numbers*, p. 25.

161 *ibid.*, p. 46.

162 Gillespie, *The Price of Health*, pp. 53–4. See also, Bashford, 'World Population and Australian Land,' p. 214.

studies, it adopted methods of the league and the International Labour Organization (ILO). The establishment of the council thus reflected Australian initiatives in the international arena.<sup>163</sup> One of the council's aims was to collect information on the actual nutritional status of Australians. To this end, the council distributed booklets in which housewives were to record family meals, although it admitted that this method tended to record food purchased rather than consumed.<sup>164</sup> The council also initiated a direct medical survey of remote inland communities in Queensland, Victoria and South Australia, in which F. W. Clements, a Commonwealth health officer, made physical examinations of school students and inquired about their diet.<sup>165</sup> The aim was to determine levels of nutritional quality, undernourishment or actual malnutrition through measurements of weight, height, an arm–chest–hip index and x-ray examination of the wrist.

The Nutrition Council urged the states to create their own agencies that would act as local committees. The Queensland Nutrition Council originally fulfilled this role after Cilento, academics, government officials and representatives of the National Council of Women, the Mothercraft Association and other organisations established it in 1935.<sup>166</sup> When the government formed the official State Nutritional Advisory Board, however, the independent council was superseded. The board, on which Cilento served as chairman, was responsible for investigating the standard of nutrition in Queensland, with special reference to schools, public institutions and industry. It could also initiate inquiries into the quality of fruit, vegetables, meat and bread produced in Queensland.

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163 The council included Cumpston as chairman; Cilento; Douglas Lee, Professor of Physiology, University of Queensland; Sir David Rivett, CEO of the Commonwealth Council for Scientific and Industrial Research (CSIR); Sir George Julius, the Chairman of the CSIR; S. M. Wadham, Professor of Agriculture, University of Melbourne; Professor Harvey Sutton; C. G. Lambie, Professor of Medicine, University of Sydney; W. A. Osbourne, Professor of Physiology, University of Melbourne; Sir C. Stanton Hicks, Professor of Physiology and Pharmacology, University of Adelaide; and Henry Priestly, Professor of Physiology, University of Sydney. See Commonwealth of Australia, *Report of the Advisory Council on Nutrition. No. 2* (Canberra: Government Printer, 1936), p. 5.

164 *ibid.*, pp. 8–11.

165 Commonwealth of Australia, *Report of the Advisory Council on Nutrition. No. 3* (Canberra: Government Printer, 1937), p. 9; Commonwealth of Australia, *Report of the Advisory Council on Nutrition. No. 4*, pp. 9–11.

166 'Preliminary Meeting Queensland Nutrition Council,' 21 July 1936, QSA, Series 14769, Item 86221.

Food had long been a concern of public health authorities, beginning with sanitation concerns over the possible contamination and adulteration of milk in the nineteenth century.<sup>167</sup> Where older sanitarians had been worried about the addition of molasses, water and chalk to milk, or the transmission of infectious diseases, the Queensland board focused on the safety of modern coal-tar dyes used in foods and the value of synthetic proprietary brands of baby food, bread and fruit juice.<sup>168</sup> Douglas Lee, a member of both the Queensland Nutrition Council and the State Nutritional Advisory Board, investigated the vitamin and mineral content of Queensland produce, and his findings suggested it did not suffer from any intrinsic deficiencies that could ever lead to malnutrition or malnourishment.<sup>169</sup> One of the most persistent topics with which the board dealt was the creation of bread standards to govern the production of different kinds of white, wholemeal, brown and wheatgerm bread. Regulations would require that loaves not conforming to these standards had to display labels with their nutritional content. A memorandum on bread standards that Lee submitted to the board noted the higher cost of producing nutritious bread and suggested incentives such as bonuses, concessions in fixed price or weight concessions.<sup>170</sup>

The government's interest in nutrition intersected with domestic science and ideas about public education. Cilento wrote in frustration to one interested citizen:

One of the difficulties in a democracy is the fact that it is impossible to institute reforms by order, however well recognised the necessity for reform may be. The one thing in which the Australian worker will not tolerate dictation is in the matter of his breakfast table. Education along sound lines appears to be the only solution and it is a very difficult and thankless task.<sup>171</sup>

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167 Deborah Dwork, 'The Milk Option: An Aspect of the History of the Infant Welfare Movement 1898–1908,' *Medical History*, 31(1), 1987, pp. 31–69; P. J. Atkins, 'Sophistication Detected: Or, the Adulteration of the Milk Supply, 1850–1914,' *Social History*, 16(3), 1991, pp. 320–1.

168 'Minutes of the State Nutritional Advisory Board,' 26 January 1939; 'Minutes of State Nutritional Advisory Board,' 18 May 1938, QSA, Series 14767, Item 86217.

169 Raphael Cilento, 'Report of the State Nutritional Advisory Board,' 1937–38, pp. 2–3, QSA, Series 14767, Item 86217.

170 D. H. K. Lee, 'Bread Standards,' n.d. p. 3, attached to 'Minutes of the State Nutritional Advisory Board,' 20 April 1937, QSA, Series 14767, Item 86217.

171 Raphael Cilento to F. Kemp, 4 September 1936, QSA, Series 14769, Item 86221.

The board dealt with public education about food in a way that reflected established ideas about domestic science and the role of women in cultivating both a hygienic home and a vital nation. Kerreen Reiger and Michael Gilding have both shown how late nineteenth-century industrial capitalism fostered a lasting ideological division of public and domestic spheres, in which the latter came to represent a moral refuge from the strain and debasing competition of the former. Bourgeois discourse strongly gendered these spheres, dictating that the primary duty of mothers was to bear children and provide a domestic environment that ensured the health of her offspring. Reiger and Alison Bashford have also identified a fundamental contradiction in this aspect of modern capitalist culture—namely, that although the domestic female role was supposedly natural and apart from the world of industry, the emerging class of trained experts and professionals disseminating this discourse also insisted on the need for motherhood to be taught according to scientific principles and knowledge. Indeed, the discourse of the female domestic sphere as a space for scientific investigation was an important basis on which many women created a professional career in the public sphere.<sup>172</sup>

Health and nutrition in Queensland clearly reflected these ideologies. The government largely excluded the Queensland Mothercraft Association, formed in 1931, from maternal and infant welfare. The association definitely had a voice, however, in discussions about nutrition. Phyllis Cilento, herself a specialist in maternal and infant welfare and the first president of the Mothercraft Association, was a noted public advocate for including domestic science and hygiene in the state curriculum for schoolgirls.<sup>173</sup> Her prominence in organisations involved in infant welfare enabled her to contribute to the State Nutritional Advisory Board, providing an avenue through which expert women could influence government policy and propaganda on nutrition. W. J. Sachs, a nurse from the Mothercraft Association, provided a paper on ‘Domestic Science as a Factor in National Health Service’ to a meeting of the board in April 1939 that illustrates the gendered discourse of nutrition and health. Reflecting the penetration of the domestic sphere by scientific principles, Sachs asserted:

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172 Reiger, *The Disenchantment of the Home*, pp. 62, 216; Alison Bashford, *Purity and Pollution: Gender, Embodiment and Victorian Medicine* (Basingstoke, UK: Macmillan, 1998), pp. 8–16; Alison Bashford, ‘Domestic Scientists: Modernity, Gender, and the Negotiation of Science in Australian Nursing, 1880–1910,’ *Journal of Women’s History*, 12(2), 2000, pp. 132–9.

173 ‘Ideal Conditions for Motherhood: Lady Cilento Addresses Q.W.E.L.’ *Telegraph*, 18 July 1935, QSA, Series 12355, Item 8892.

Recognition of the chemical nature of food constituents and in particular the determination of the molecular structures of the vitamins have made food preparation a science as well as an art. The quantitative estimations of the laboratory worker now dictate kitchen procedure.<sup>174</sup>

The qualified and up-to-date domestic science teacher, using demonstrations and lectures, and always a woman, could thus become the best asset for improving national health as long as received wisdom bowed to the 'research worker'.<sup>175</sup> The greatest obstacle to good nutritional health was the 'ignorance' of the housewife and, as the 'girl of to-day is the mother of the near future', it was crucial to instruct young women in the principles of a healthy diet. The improved physical condition of future generations that would result from the instruction of young women in principles of domestic science, Sachs contended, 'must lead to a "positive improvement of health, the induction of a more buoyant health and gains in national health, efficiency and longevity"<sup>176</sup> In 1939, Sachs was a member of a subcommittee of the board, which Phyllis Cilento chaired, that wrote revisions for the official *Queensland Mothers' Book*, a government publication that provided instructions for breastfeeding, weaning and the preparation of artificial feeding mixtures.<sup>177</sup>

Public interest in nutrition in Queensland was significant, but it was skewed towards the educated middle class. Indeed, one of the chief problems that health officials identified in the Commonwealth's nutrition survey was the tendency for those participating to be a select group of educated women who were already interested in nutrition and domestic science.<sup>178</sup> While the Commonwealth was responsible for the content and production of publicity on diet, such as pamphlets and booklets, the state board was responsible for their distribution to schools and maternal and infant welfare clinics. Interested citizens and domestic science teachers frequently wrote to Raphael Cilento requesting copies of pamphlets on vitamins, milk and fruit and vegetables.<sup>179</sup> Schools would occasionally

174 'Domestic Science as a Factor in National Health Service,' n.d., p. 1, QSA, Series 14767, Item 86217. Sachs's emphasis.

175 *ibid.*, p. 2.

176 *ibid.*, p. 3. Sachs's emphasis.

177 'State Nutritional Advisory Board: Report of Subcommittee to Consider Diets in Queensland Mothers' Book,' n.d., pp. 1–4, QSA, Series 14767, Item 86217; Thorley, 'Softly, Softly,' pp. 83–4.

178 'State Nutritional Advisory Board: Minutes of Meeting,' 4 March 1938, p. 1, QSA, Series 14767, Item 86217.

179 Jean Casly to Raphael Cilento, 2 December 1940; Mrs J. A. Drynan to Raphael Cilento, 6 June 1941; Sister A. E. McCallum to Raphael Cilento, 12 May 1941; J. A. Adsett to Raphael Cilento, 22 June 1941; Margaret Butterworth to Raphael Cilento, 8 July 1941, QSA, Series 14767, Item 86217.

hold special events to encourage students to think about citizenship through subjects such as hygiene, agriculture and vocational training. The state school at Esk, north-west of Brisbane, organised a Project Club Day in December 1939, during which students were organised into separate groups of boys and girls, each with a chairperson, to prepare short lectures for the rest of the students. The boys were to discuss forestry and the girls domestic hygiene. When the young chairperson of the girls' group addressed the school, she stated: 'It is most desired that we girls should have some knowledge of such very important matters as Health and Nutrition.' Armed with that knowledge of vitamins, the nutritional value of foods and diets, they, the 'future citizens' of Australia, would 'continue to make us a progressive and virile nation'.<sup>180</sup> Cilento was impressed and helped to set up a prize at the Esk school for the best essay on nutrition.<sup>181</sup>

When reformers raised the issue of household income, they often identified 'ignorance' as the most important factor in nutritional problems. In her paper on domestic science for the State Nutritional Advisory Board, Sachs wrote:

Though noticeable deficiency diseases are not common in Australia, we shall not reach optimal standards of health till the intake of the essential food stuffs is increased. Increased purchasing power, which is so often advocated as a cure for this shortage, will not solve this trouble, while the housewife's ignorance of food values and correct methods of preparation leads her to choose food wrongly and in process of preparation frequently to discard the most valuable part.<sup>182</sup>

In *Nutrition and Numbers*, Cilento acknowledged that low incomes affected diets, yet asserted that 'the poor are often also ignorant, and poor incomes are often associated with crass stupidity in food purchase'.<sup>183</sup> People were creatures of habit, not machines, Cilento insisted, and much had to be done to overcome the 'class consciousness' that made workers aspire to a diet of meat and fewer vitamin-rich foods. There was thus much credence to complaints from trade unions that government investigations into nutrition tended to justify neglect of the question of wages.<sup>184</sup> Indeed, the final report of the Commonwealth Advisory

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180 Leona Blank, 'Address,' attached to L. W. Bailey, Head Teacher, to Raphael Cilento, 15 December 1939, QSA, Series 14767, Item 86217.

181 Raphael Cilento to L. W. Bailey, 16 February 1940, QSA, Series 14767, Item 86217.

182 'Domestic Science as a Factor in National Health Service,' p. 3.

183 Cilento, *Nutrition and Numbers*, p. 49.

184 Gillespie, *The Price of Health*, p. 55.

Council on Nutrition pointed to 'faulty selection of diets as the main cause of malnutrition, a selection sometimes necessitated by poverty, but more often the result of ignorance'.<sup>185</sup> The council's conclusions were poorly received. Labour representatives suspected they would justify reductions in wages, while the final report noted that husbands sometimes prevented their wives from recording household meals for the survey.<sup>186</sup> The council's work also faced criticism from economists who noted that the Australian investigations had avoided correlating malnutrition and income—a practice that had been central to international studies.<sup>187</sup> The board and the council essentially sought to address the physiological needs of the community within the framework of a capitalist democracy, reflecting Weindling's claim that social medicine amounted in many countries to the technocratic application of physiology.<sup>188</sup>

Nutrition reflected the larger tendency in public health in Australia and Queensland to combine efforts to develop pervasive mechanisms of surveillance and research with a gendered program of education in health and hygiene. Recognition of the role of various environmental factors—nutrition chief among them—increasingly fostered a conception of health that included notions of 'vitality', energy and physical development. Public health discourse now emphasised that the body was not simply a clean space that invading germs might infect, but also an organism whose development could be impaired. In their life and work, individuals needed quantities of energy that science could calculate. Many factors—such as diet, light, air, exercise, chemicals and germs—operated through life as potential causes of lasting sickness or reduced physical capacity. For health authorities with an interest in economic development and productivity—such as Cilento, Cumpston, Morris and others—achieving maximum individual and collective efficiency led to energetic campaigns to expand a range of measures designed to produce knowledge of individuals and populations and to coordinate mechanisms with which the state could intervene in the health, care and development of infants,

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185 Commonwealth of Australia, *Final Report of the Advisory Council on Nutrition* (Canberra: Government Printer, 1938), p. 32.

186 *ibid.*, p. 6.

187 James Gillespie, 'The "Marriage of Agriculture and Health" in Australia: The Advisory Council on Nutrition and Nutrition Policy in the 1930s,' in Suzanne Parry (ed.), *From Migration to Mining: Medicine and Health in Australian History* (Darwin: Historical Society of the Northern Territory, 1998), pp. 49–52.

188 Weindling, 'Social Medicine at the League of Nations Health Organisation and the International Labour Office Compared,' p. 137.

schoolchildren and workers. The state, in other words, backed with scientific authority, sought to keep its eye on individuals from life to death, provide protections for them in education and work and transform them into productive citizens.

## The city colossus and the tropical jungle: Diet and decline in the 1930s

Cilento was obviously indebted to international discourse, circulating through journals and reports, concerning the state, the medical profession and the community in 'civilised' industrial societies. The particular formulation of social medicine that Cilento developed owed much, however, to his colonial experience and his understandings of modern empire and globalisation. Many of the projects Cilento pursued in Queensland reflected an agenda for medicine he had developed in New Guinea. The nutritional research and reforms he initiated were particularly conspicuous examples of this, as was the assertion that medical knowledge must be at the heart of the governance of populations. Furthermore, Cilento explained sickness and demographic stagnation among white Australians and colonised peoples in the Pacific as a shared experience of economic globalisation. In this sense, he imagined the mind and body of the Australian people in relation to embodied colonial subjects in the Pacific.

Cilento became something of a public intellectual in the 1930s. While still a Commonwealth medical officer, he began giving lectures in which he connected population and health to nutrition and history. In his 1933 Anne MacKenzie Oration, 'The Conquest of Climate', delivered at the Institute of Anatomy in Canberra, Cilento added a historical perspective to his earlier refutations of climatic determinism, arguing that great civilisations had sprung from warm climates in Asia and the Middle East. Progress, he argued, derived not from an inherently superior quality of place, but from 'maintained accord between man and his environment'.<sup>189</sup> Having read Oswald Spengler's *The Decline of the West* and Thomas Malthus's works on population, Cilento became fond of overarching metanarratives involving historical cycles of civilisation, progress and decline. In this, Cilento emphasised the material interaction of food and

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<sup>189</sup> Cilento, 'The Conquest of Climate,' pp. 421–32.

health. In Malthusian population theory, the availability of food placed the most important check on population growth, and Cilento was drawn more and more to a Malthusian historical narrative in which social decline, disease and war were the consequences of population growth that outstripped available food.<sup>190</sup>

Although Malthusian theory had lost popular credibility by the late nineteenth century, Malthusianism did not die off. Rather, as Alison Bashford points out, it migrated from voluntary public activism to twentieth-century academic social science.<sup>191</sup> Twentieth-century demographers pointed to overpopulation, especially in Europe, and stressed the need for balance in the relationship between population, land and available food on a global scale. In fact, many demographers subjected national sovereignty, especially in settler-colonial contexts, to a neo-Malthusian critique that questioned the ethics of claiming land with low population density while denying settlement of that land to foreign subjects.<sup>192</sup> Cilento was thus one of a number of doctors, demographers and other professionals around the world for whom Malthus's ideas about the relationship between food, population and land were a critical intellectual framework for their work in social policy and practice.

Malthusian discourse in Australia was not homogeneous and Cilento's view diverged in important ways from Australian neo-Malthusians, including the government statistician George Handley Knibbs. Neo-Malthusian academics and professionals such as Knibbs and his counterparts overseas causally linked population growth and war, and sought peaceful international solutions to problems of overpopulation, resources and distribution.<sup>193</sup> Nationalism and the 'engines of destruction' built to violently maintain the present distribution of people had to give way, in their view, to peaceful international cooperation in allowing migration from overpopulated areas to those of low population density.<sup>194</sup> This was for Knibbs and other pacifist demographers a moral issue that had clear implications for Australia and the vast sparsely populated areas that it claimed exclusively.

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190 Such Malthusian perspectives had informed international diplomats since the end of World War I. See Brawley, *The White Peril*, pp. 11–14.

191 Bashford, 'World Population and Australian Land,' pp. 214–15.

192 *ibid.*, pp. 213–14.

193 Brawley, *The White Peril*, p. 12; Bashford, 'World Population and Australian Land,' p. 220.

194 George Handley Knibbs, *The Shadow of the World's Future; Or the Earth's Population Possibilities and the Consequences of the Present Rate of Increase of the Earth's Inhabitants* (London: Ernest Benn Ltd, 1928), p. 72.

Cilento's adherence to Malthusian theory actually hardened his nationalist commitment to white occupation of Australia through increasing and improving the population in the face of potential international racial conflict.<sup>195</sup> A Malthusian process was still in effect in his account, but it outlined a different response. In *Nutrition and Numbers*, the urgency of settling and developing the tropics still derived from the potential for invasion: 'War is still the final arbiter between land-hungry nations on the borders of subsistence, and lethargic peoples in half-developed lands.' It was thus vital to allow science to foster new agricultural and pastoral production that would increase the Australian population beyond a stalemate.<sup>196</sup> In *Blueprint for the Health of a Nation*, Cilento criticised Knibbs's supposed obsession with overpopulation in Europe: 'The only "over-population" that we need fear, or ever have needed to fear is among our enemies.'<sup>197</sup> Although Bashford notes that Knibbs never countenanced anything other than British settlement in Australia, Cilento forcefully emphasised the threat of Asian population growth—an old anxiety expressed in popular, political and academic texts, including serialised stories of invasion, numerous published cartoons and in the works of the American political scientist Lothrop Stoddard and British geographer J. W. Gregory.<sup>198</sup> In a 1936 article on race and population in the Pacific, Cilento argued that Japanese territorial ambitions arose from the pressure of population growth on agricultural land and production. War was a very possible outcome of this interaction.<sup>199</sup> In *Blueprint for the Health of a Nation*, Cilento wrote:

*The plain fact is that the aging civilisation of Europe with its offshoots in America, Australia, and elsewhere, is pressed on all its borders by the increasing hordes of Mongol and Mongoloid races.*<sup>200</sup>

It was therefore imperative, Cilento argued, to not only assure that Australians attained the status of the 'commando' instead of the 'coolie', but also secure the continent for white settlement through increased fertility.<sup>201</sup> His earlier emphasis on increasing the birth rate and improving the physical quality of Australians thus reflected Cilento's belief in the racial and martial struggle of international politics and history.

195 Gillespie, *The Price of Health*, p. 51.

196 Cilento, *Nutrition and Numbers*, p. 69.

197 Cilento, *Blueprint for the Health of a Nation*, pp. 93–4.

198 Stoddard, *The Rising Tide of Color Against White World-supremacy*; Gregory, *The Menace of Colour*.

199 Cilento, 'Some Problems of Racial Pressure in the Pacific,' p. 42.

200 Cilento, *Blueprint for the Health of a Nation*, p. 93. Cilento's emphasis.

201 *ibid.*, p. 113.

Cilento frequently qualified this insistence on a materialist Malthusian narrative by pointing to psychology and cultural decline. It was not only the availability of food that limited populations, but also the attitude of the upper classes in advanced, urbanised societies. From the early twentieth century, falling birth rates stoked anxieties that remained at a high pitch in Australia. New South Wales established a royal commission into birth rates in 1903 and, in the 1930s, it was still a matter of deep concern for politicians and public health officials. In a speech to the NHMRC, Hughes noted that worldwide declines in birth rates in the civilised world had '[s]pecial and alarming implications for this country':

Our national motto, 'Advance Australia', is not a boast, but a finger post to national salvation. We can only justify our claim to this great and fertile country by effectively occupying it. Australia must advance and populate, or perish.<sup>202</sup>

Cilento noted falling birth rates in his 'Open Letter' and followed up these warnings about a stagnant population in *Blueprint for the Health of a Nation*.<sup>203</sup> At a conference of officials, hospital staff and representatives of the medical profession convened to discuss abortion in Queensland, Hanlon declared that 'from the point of view of the nation we were approaching race suicide'.<sup>204</sup>

In his lectures, Cilento drew parallels with ancient China, Greece and Rome, where laws designed to increase the birth rate seemed to reflect a fear of 'race suicide'. Cilento deplored women who abandoned their duty as mothers of the race, encouraged by modern urban culture:

'The Ibsen woman' of the city Colossus feels, as Bernard Shaw states, that 'unless she repudiates her womanliness, her duty to her husband, to her children, to society, to the law, and to everyone but herself, she cannot emancipate herself!' Instead of children she has 'soul conflicts'; the robust family is something about which to be apologetic; the father of many children is in city life a subject for caricature.<sup>205</sup>

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202 *Report of the National Health and Medical Research Council*, 1st Session, p. 4.

203 Cilento, 'Open Letter to Medical Men,' p. 1; Cilento, *Blueprint for the Health of a Nation*, pp. 92–3.

204 Notes of a Conference Held on Tuesday, 26 October, n.d., QSA, Series 8400, Item 279715.

205 Cilento, 'Some Problems of Racial Pressure in the Pacific,' p. 46.

Speaking to the Queensland Mothercraft Association, Phyllis Cilento claimed that young married women were 'anxious to evade maternity at whatever cost ... It is we who are failing our nation in our refusal or inability to bear children and replenish and develop our land'.<sup>206</sup> In *Blueprint for the Health of a Nation*, Raphael suggested that urbanisation encouraged an obsession with the acquisition of social status through furniture, clothing and entertainment. The problem of the Australian birth rate was thus in part a psychological effect of city life, which led to neglect of national civic duty.<sup>207</sup> The upshot of industrial and scientific progress, Cilento argued, was the sacrifice of national virility and vigour to effete, and effeminate, urban culture.<sup>208</sup>

Public health discourse of the interwar period harboured ambivalent feelings about modernity that are evident in Cilento's work. Based in the laboratory and associated with science and progress, medicine and public health seemed to epitomise modernity. Yet many worried about the impact of modern society and culture on health and 'vitality'. Nutrition, especially, seemed to Cilento to demonstrate how industrial capitalism and urbanisation affected the health of people in 'civilised' countries. In *Nutrition and Numbers*, he noted how modern production had modified food for 'taste, appearance, portability, storage, or other convenience'.<sup>209</sup> The Queensland State Nutritional Advisory Board paid close attention to synthetic foods and food additives and framed regulations to preserve the nutritional value of urban working-class diets. Commercial production of tinned food, white bread and sweets, and artificial flavouring and colouring, tended to reduce the vitamin content of food available to urban populations. Such developments during the nineteenth century, Cilento wrote, led to 'chronic deficiencies among white workers' that remained in the 1930s.<sup>210</sup>

Cilento expressed such concerns within a wider apprehension about the affects on modernity on national culture. The globalisation of the economy led to the production and importation of canned and dried foods, often

206 *The Courier-Mail*, [Brisbane], 14 October 1937, p. 22.

207 Cilento, *Blueprint for the Health of a Nation*, pp. 96–7. See also Cilento, *Nutrition and Numbers*, pp. 62–70.

208 George Newman, a former Chief Medical Officer of the British Board of Education and Ministry of Health, discussed some of these dynamics between industrialisation, urbanisation and women's attitudes to maternity in a less sensational way in his *The Building of a Nation's Health* (London: Macmillan & Co., 1939), pp. 292–6.

209 Cilento, *Nutrition and Numbers*, p. 34.

210 *ibid.*, p. 34.

containing additives to make them more palatable.<sup>211</sup> Ordinary people, Cilento wrote, were led 'to live upon materials fractionated for the sake of taste, appearance, or convenience, treated by destructive methods, and preserved too long before consumption'.<sup>212</sup> The implications of the modern diet were not limited to health. For Cilento, it reflected the larger sense in which modernity made life artificial—deprived of the 'stimulus' of the struggle against nature that the comforts of city and domestic life had eliminated.<sup>213</sup> A distinction between the natural and the evolving on the one hand and the artificial and the stagnant on the other was important here. Cilento believed people had an innate 'taste' for nutritional value—seen in the way he understood the high value of some foods in New Guinean cultures as a nutritional instinct. In contrast, the metropolitan consumer's enthusiasm for white bread and other foods 'depraved' this instinct.<sup>214</sup> Individuals were being:

deprived of [their] capacity for selection by the flavours with which food is disguised, and he has been led, moreover, to look for the ready and delusive energy supplied in the form of sugar and starches.<sup>215</sup>

Cilento's ambivalence towards modernity thus focused on the way it appeared to him to disrupt the equilibrium of food and work fostered by being within a 'natural' environment.

In positing a disruption of balanced adaptation to environments, Cilento linked metropolitan modernity and imperialism by comparing the impact of urban modernity on the city dweller with the impact of colonisation on Pacific societies. As discussed in earlier chapters, Cilento attributed much of the sickness and social problems of New Guinea and Fiji in the 1920s to the impact of imperial integration within a global economy. The alienation of land in New Guinea and the growth of a community of Indian peasants in Fiji had severely affected traditional agriculture. Instead of producing and consuming local produce, indigenous people lived on tinned meat and rice. Their vitamin and mineral deficiencies were what primarily determined sickness and declining fertility in these populations. Cilento continued this theme in lectures and articles in the 1930s. 'The overflow

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211 *ibid.*, p. 42. On the transformations of British food consumption, see Andrew Thompson, *The Empire Strikes Back? The Impact of Imperialism on Britain from the Mid-nineteenth Century* (New York: Pearson Longman, 2005), pp. 45–9.

212 Cilento, *Nutrition and Numbers*, p. 44.

213 *ibid.*, p. 45.

214 *ibid.*, p. 38.

215 *ibid.*, p. 44.

of the West submerged the Pacific in a wave of arrogant commercialism, seeking new markets, raw products, and new homes', balancing these populations 'on a knife-edge of survival'.<sup>216</sup> In *Nutrition and Numbers*, he told his audience that indigenous people were increasingly drawn into the same 'industrial spate' that caused health problems among European workers: 'The growing exploitation of native lands for the production of the primary produce increasingly desired by Europe had very marked effects upon the native populations.'<sup>217</sup> Colonialism, Cilento argued, in drawing indigenous peoples into a global economy, disturbed a diet that, however inferior to an ideal European one, had been part of an equilibrium between population and environment that allowed a people to survive.

Returning to his insistence that cycles of progress and decline turned on material relations of population, subsistence and disease, Cilento likened the disturbance of colonialism to that of urbanisation. The impoverished diet that resulted from both processes led to problems with physical development, endurance and fatigue, as well as lowering resistance to diseases such as malaria and tuberculosis. The difficulty of obtaining adequate and nutritious food:

may explain the decay of primitive and sophisticated alike, for there is no less evidence that the same conditions occur in people resident in cities, where the difficulties of obtaining a properly balanced diet and live food are marked.<sup>218</sup>

Colonialism in the Pacific and modern urbanisation were equally disorienting for 'primitive' and 'civilised' peoples. For Robert Dixon, texts on tropical medicine were an exemplary instance of the importance of colonial discourse and practice in shaping Australian modernity. Public health officials such as Elkington and Cilento sought to subject European settlers in the Australian tropics to the same apparatuses of surveillance and government developed in India, the Philippines and the Dutch East Indies.<sup>219</sup> At the same time, literature on the tropics, especially the diaries of colonial officials and published travel narratives, reveal anxiety about nervous breakdowns and the dissolution of distinctions between the white and the indigenous subject.<sup>220</sup>

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216 Cilento, 'Some Problems of Racial Pressure in the Pacific,' p. 46.

217 Cilento, *Nutrition and Numbers*, p. 34.

218 Cilento, 'Some Problems of Racial Pressure in the Pacific,' p. 45.

219 Dixon, *Prosthetic Gods*, pp. 35–7; Anderson, *The Cultivation of Whiteness*, pp. 135–46.

220 Dixon, *Prosthetic Gods*, p. 17. See also Anderson, *Colonial Pathologies*, pp. 130–42.

In Cilento's work, one finds this relationship not just in his work on tropical settlement, but also in his work on Australian public health reform in general and in nutrition especially. Much important research on the constituents of food, especially vitamins, and the effects of dietary deficiencies on human health emerged in colonial settings in India and the Dutch East Indies. These studies would underpin nutrition science and policy around the world in the 1930s.<sup>221</sup> Cilento's own experience in New Guinea had convinced him of the role diet played in health, yet he also drew on new reports and research from Britain, the United States and the League of Nations. That nutrition found an important place in Australian public health in the 1930s thus reflected both Cilento's own experience of colonial governance and the global diffusion of colonial knowledge and practice. Beyond government, however, Cilento also incorporated the 'colonial' into 'Western' subjectivity. In all periods of cultural decline around the world, he wrote:

The stigmata of frustration follow their typical course, and find an outlet in apathy or exaltation, whether the victim be a native chewing on a betel nut, a Malay *amok*, a city neurasthene, an early Christian of the fifth century welcoming the barbarian sword as a passport to a glorious eternity, or his Egyptian forerunner of 2600 B.C.<sup>222</sup>

In Cilento's account, the physical and psychological 'crisis', to borrow Dixon's terminology, that modernity inflicted on the 'civilised' city dweller was the same crisis that the 'native' faced in the Pacific.<sup>223</sup> Indeed, the decline of Western civilisation tended to reveal in the civilised subject the latent characteristics of the colonial subject. Drawing on one of Spengler's motifs, Cilento represented the decline of civilisations as a pyramid crumbling at the top: 'At the last only the basic primitive blood—the "fellaheen" type—remains, robbed of its virile and progressive elements.'<sup>224</sup> Colonialism, in disrupting traditional diets and entrenching chronic sickness, precipitated the collapse and stagnation of indigenous populations and vitality. In the city, a similar deterioration in the quality of nutrition led also to stagnation and degeneration towards the status of 'the native'.

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221 McCarrison and Sinclair, *The Work of Sir Robert McCarrison*; Worboys, 'The Discovery of Colonial Malnutrition between the Wars,' pp. 214–15; Hardy, 'Beriberi, Vitamin B1 and World Food Policy,' pp. 61–77.

222 Cilento, 'Some Problems of Racial Pressure in the Pacific,' p. 43.

223 Dixon, *Prosthetic Gods*, pp. 14–15.

224 Cilento, 'Some Problems of Racial Pressure in the Pacific,' p. 43.

Cilento's contribution to public health had a complex genealogy and intellectual framework that reflected the colonial experience and global historical thought that he bore into the 1930s. In Australia, Cilento sought to bring health into the centre of government. He wanted to make it clear that government ought to be first and foremost concerned with the maintenance of individual health and the collective vitality of the nation, since productivity, efficiency, population and defence rested on the health of the population. Health should also be governmental, he argued, in that the state and the medical profession ought to foster health through close management of the exchanges and interactions between environments and individuals, such as their intake of protein, vitamins, air, water, industrial chemicals and exercise. To foster positive health required broad intervention in the daily lives of individuals and families, along with the central coordination of clinics, hospitals, personnel and professional training.

The conception of health that underpinned this insistence on preventive medicine and positive health was fostered in the social and governmental context of colonial New Guinea. Nutrition was the paradigmatic field of investigation in which individuals and populations could be figured as organisms in a dynamic relationship with their environment and amenable to positive intervention and improvement. Several scholars have noted the importance of colonial research in the development of knowledge and understandings of nutrition. Cilento's enthusiasm for dietary reform likewise arose in the colonial setting of New Guinea, which offered an opportunity to bring nutritional knowledge into government regulations. Cilento's efforts at implementing nutritional knowledge through a public health apparatus thus represented not just a derivation of investigations and considerations overseas, but also a policy commitment born of colonial experience.

Cilento's experience of empire fed into a larger vision of world order and history that provided urgency and an intellectual framework for health reform. Commentaries on falling or stagnant birth rates, abortion, sickness or poor physical development in children had long been manifestations of anxiety about national decline among Australian political, social and professional elites. Modernity in this context—conceived in terms of urbanisation, patterns of consumption, mass media and its effects on the health and psychology of Australians—became a topic on which medical professionals felt they could comment. Cilento's articulation of this story placed Australian sickness within a global movement of empire and

industrialisation. Australian decline in the metropolis was paired, Cilento argued, with the decline of indigenous societies precipitated by European colonisation in the Pacific Islands. Indeed, empire was an essential part of the globalised industrial economy that had so affected working-class health. All patterns of decline were in fact the same, as injurious environmental factors bled individuals and societies of their initiative and vitality.

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