Introduction

When Raphael Cilento drafted his unpublished autobiography, he called it 'The World, My Oyster'. Some of the other titles he considered—such as 'Confessions of an International Character', '20th Century Spotlight', 'Mankind in the Raw' and 'Tapestry of Humanity'—similarly evoked his international career. Other alternatives—such as 'Topical Confessions of a Tropical Doctor', 'Where the Fever Lurks, There Lurk I' and 'The Southern Cross is Hard to Bear'—instead suggest how Cilento, an Australian doctor, colonial official and administrator, remained preoccupied with health and sickness across the tropical spaces of northern Australia, the Pacific Islands and South-East Asia.[1] Like many public health experts in the twentieth century, Cilento enjoyed significant mobility across the imperial and international professional networks of the time. Between 1918 and 1950, he studied and worked in northern Australia, British Malaya, New Guinea and other Pacific Island colonies, as well as Europe, the United States, Latin America, Palestine and other states in Asia and the Middle East. He stayed for several years in some places, as in the Mandated Territory of New Guinea in the mid-1920s, while elsewhere he simply passed through as a student, a conference participant or a member of an international health survey.

Cilento's memoir titles and the breadth of his colonial and international experience are, at first glance, striking for a man who dedicated his career to national health and racial fitness. In the 1920s, even as knowledge of the causes and preventability of disease spread among the medical profession and the public, the belief that European residence in tropical climates led to sickness in the short term and to racial deterioration over a few generations still cast doubt on the realisation of the White Australia

1 Raphael Cilento, 'The World, My Oyster,' n.d., Papers of Sir Raphael Cilento [hereinafter Cilento Papers], UQFL44, Box 1, Item 4, Fryer Library, University of Queensland.

Policy.[2] As a senior Commonwealth Medical Officer between 1922 and 1934, and then as Director-General of Health and Medical Services in Queensland until 1946, Cilento was part of a cohort of reformers who challenged this lingering orthodoxy and pursued a white Australia through state-provided medicine and hygiene.[3] He wrote extensively for public audiences about race and health in the tropics, intervened in the medical policing and segregation of Aboriginal people, and vocally urged the state to enlarge its role in organising health and medical services. Gendered anxieties about racial decline and impurity were central to his thought and action, as time and again he returned to the importance of cultivating both the whiteness and the virility of Australia. Cilento thus emerged as the foremost champion of the view that individual hygiene knowledge and discipline, racial segregation and the organisation of health and medical services by the state would ensure Australia remained a 'white man's country'.

Cilento's memoir titles are nevertheless a reminder that his experience and vision stretched across the Pacific Islands, Asia and, ultimately, the world. In fact, his nationalist public health agenda in Australia was rooted in larger fields of colonial and international discourse and practice. In his 1926 book, *The White Man in the Tropics*, Cilento sourced much of his advice on personal and domestic hygiene from British, French and American texts on colonial life in Asia and Africa. Cilento spent his early working life in New Guinea and Malaya and, for much of the 1920s, it was Australia's imperial role in the Pacific that held his attention.

2 Russell McGregor, 'Drawing the Local Colour Line: White Australia and the Tropical North,' *The Journal of Pacific History*, 47(3), 2012, pp. 329–46.

3 There has been much study of this aspect of Cilento's work. See Suzanne Saunders, 'Isolation: The Development of Leprosy Prophylaxis in Australia,' *Aboriginal History*, 14(2), 1990, pp. 168–81; Suzanne Parry, 'Tropical Medicine and Colonial Identity in Northern Australia,' in Mary P. Sutphen and Bridie Andrews (eds), *Medicine and Colonial Identity* (London: Routledge, 2003), pp. 103–24; James Gillespie, *The Price of Health: Australian Governments and Medical Politics 1910–1960* (Cambridge: Cambridge University Press, 1991); David Walker, 'Climate, Civilization and Character in Australia, 1880–1940,' *Australian Cultural History*, 16, 1997, pp. 77–95; Andrew Parker, 'A "Complete Protective Machinery": Classification and Intervention through the Australian Institute of Tropical Medicine, 1911–1928,' *Health and History*, 1, 1999, pp. 182–201; Alison Bashford, '"Is White Australia Possible?" Race, Colonialism and Tropical Medicine,' *Ethnic and Racial Studies*, 23(2), 2000, pp. 248–71; Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (Basingstoke, UK: Palgrave Macmillan, 2004); Warwick Anderson, *The Cultivation of Whiteness: Science, Health and Racial Destiny in Australia* (Melbourne: Melbourne University Press, 2002); Diana Wyndham, *Eugenics in Australia: Striving for National Fitness* (London: The Galton Institute, 2003); Rosalind Kidd, *The Way We Civilise* (Brisbane: University of Queensland Press, 2005); Meg Parsons, 'Fantome Island Lock Hospital and Aboriginal Venereal Disease Sufferers 1928–45,' *Health and History*, 10(1), 2008, pp. 41–62.

He explicitly linked public health in Australia to wider networks of colonial knowledge and practice, often claiming that his training in London and experience in the Pacific and South-East Asia uniquely positioned him to tackle tropical hygiene in Australia. 'Probably no man,' acknowledged *The Mail* in Brisbane, 'medical or otherwise, knows more about the habits and customs of the aborigines of Queensland and the nearer islands of the Pacific than does Dr. R. W. Cilento.'[4] He recommended on several occasions that specific strategies for surveillance and management of indigenous people in New Guinea be adopted across Aboriginal reserves and missions in Queensland. National security and the preservation of indigenous populations against Asian migration and microbial invasions were, moreover, the central premises of Australian engagement with international health in the Pacific.

In Cilento's thought and practice, the threads of race, gender, food, land and population both bound together and distinguished national and colonial spaces of government. In working among colonised peoples in foreign and testing environments, experts in tropical medicine such as Cilento could believe they exemplified white masculinity, leading the kind of productive, physical, vigorous and commanding life that Theodore Roosevelt and others had promoted.[5] Such beliefs had grown in part from anxiety about racial deterioration in Europe and settler-colonial societies. For some politicians, scientists and reformers, evidence of declining physical and mental quality among the urbanised masses in the late nineteenth century made the deepest impression.[6] Others dwelt on stagnant fertility rates and depopulation, especially in settler-colonial societies and the Pacific Islands, where the fear of invasion or other foreign demands on unoccupied land loomed large.[7] Cilento wrote in 1944 that 'we cannot preserve our frontiers unless we can effectively occupy the lands we claim'—a geopolitical situation that demanded an increased birth rate.[8] He always insisted, however, on steering a middle

4 *The Mail*, 22 October 1933, National Archives of Australia [hereinafter NAA]: A1928, 4/5 SECTION 1.

5 Michael Roe, 'The Establishment of the Australian Department of Health: Its Background and Significance,' *Historical Studies*, 17(67), 1976, pp. 186–7; Marilyn Lake and Henry Reynolds, *Drawing the Global Colour Line: White Men's Countries and the Question of Racial Equality* (Melbourne: Melbourne University Press, 2008), p. 104.

6 Deborah Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898–1918* (London: Tavistock Publications, 1987), pp. 3–9.

7 David Walker, *Anxious Nation: Australia and the Rise of Asia 1850–1939* (Brisbane: University of Queensland Press, 1999), p. 113; Anderson, *The Cultivation of Whiteness*, pp. 159–60.

8 Raphael Cilento, *Blueprint for the Health of a Nation* (Sydney: Scotow Press, 1944), p. 94.

road between unbridled pronatalism and eugenic control.[9] Where some doctors and scientists emphasised eugenic intervention in reproduction, Cilento's proposals for public health reform in the 1930s were in keeping with mainstream international thought on the social and environmental roots of sickness.[10] He argued that beyond the preservation of racial purity, the state must safeguard and maximise the health of white Australians, and therefore national efficiency, against the effects of modern food production, industrial working conditions, urban housing and cultural decadence. In this sense, Cilento echoed longstanding apprehensions about the effects of industrial urban modernity on national and racial health.[11]

If Cilento moved comfortably through imperial and international networks, much of his work was also grounded in place. A new biographical study can thus deepen understandings of how public health took shape across connected imperial spaces in Australia and the Pacific. In embracing biography, historians have insisted on taking it beyond a traditional focus on the agency and achievements of high-profile individuals. The job of the historian as biographer, it is said, is not to simply narrate the life of an individual, but to also describe and analyse in detail their relationships to local communities, larger societies, culture and material exchanges.[12] The individual subject, in other words, serves as a hook to gather historical threads that might otherwise remain separate or overlooked. The scale of biographical studies of such relationships can thus range from the family or neighbourhood to the movement of people and ideas across regions, empires or even the globe.

9 ibid., p. 98.

10 Paul Weindling, 'Social Medicine at the League of Nations Health Organisation and the International Labour Office Compared,' in Paul Weindling (ed.), *International Health Organisations and Movements, 1918–1939* (Cambridge: Cambridge University Press, 1995), pp. 109–33; Dorothy Porter (ed.), *Social Medicine and Medical Sociology in the Twentieth Century* (Atlanta: Rodopi, 1997).

11 See, for example, Paul Weindling, *Health, Race and German Politics between National Unification and Nazism, 1870–1945* (Cambridge: Cambridge University Press, 1989), p. 11.

12 Nick Salvatore, 'Biography and Social History: An Intimate Relationship,' *Labour History*, 87, 2004, pp. 188–9; David Nasaw, 'AHR Roundtable: Historians and Biography—Introduction,' *American Historical Review*, 114(3), 2009, pp. 576–7; Alice Kessler-Harris, 'Why Biography?,' *American Historical Review*, 114(3), 2009, pp. 626–7; Barbara Caine, *Biography and History* (Basingstoke, UK: Palgrave Macmillan, 2010), pp. 1–6.

Tracing Cilento's career relates tropical medicine and public health in Australia to a larger web of connections in the Pacific. Fedora Gould Fisher based her conventional biography of Cilento on thorough research of published works and a range of personal, government and institutional archives. She endeavoured to situate Cilento's work within wider historical contexts of medicine and public health. Yet her work remains a traditionally heroic narrative of his achievements as an individual, centring Cilento as an autonomous subject intervening in the world. She left aside, for the most part, a detailed and critical examination of his work. In New Guinea, for example, Fisher focused on Cilento's role in building a public health system in difficult political and environmental circumstances. In doing so, she largely reproduced Cilento's own image of himself as a pioneer: 'Cilento's work in New Guinea was of a magnitude much greater than can be described here.'[13] The emphasis here is on the scale and extent of Cilento's individual mission. Even though Fisher acknowledged conflict within the New Guinea administration, she represents this as an obstacle that Cilento had to overcome rather than the main subject of analysis.[14] Fisher lists policies and practices that Cilento introduced in New Guinea without scrutinising their governmental objectives and discursive frames.[15] This book instead examines those discourses and practices of tropical medicine, as well as the connections between colonial government in the Pacific and Australia. There is thus great value in writing about Cilento in an extensive fashion again by adopting critical approaches in biographical history that focus on relationships between subjects and their contexts.

Cilento framed and enacted public health in ways that make postcolonial accounts of the entanglement of nations and empires obvious.[16] Historians have been trying to escape the confines of the nation-state for some time, hoping to understand a wide array of past connections, subjectivities

13 Fedora Gould Fisher, *Raphael Cilento: A Biography* (Brisbane: University of Queensland Press, 1994), p. 55.

14 ibid., p. 52.

15 ibid., pp. 52–6.

16 Ann Laura Stoler, 'Tense and Tender Ties: The Politics of Comparison in North American History and (Post) Colonial Studies,' *The Journal of American History*, 88(3), 2001, p. 848; Catherine Hall, *Civilising Subjects: Metropole and Colony in the English Imagination 1830–1867* (Cambridge: Polity Press, 2002), p. 12; Angela Woollacott, 'Postcolonial Histories and Catherine Hall's *Civilising Subjects*,' in Ann Curthoys and Marilyn Lake (eds), *Connected Worlds: History in Transnational Perspective* (Canberra: ANU E Press, 2006), pp. 63–4.

and spatial imaginaries.[17] 'Transnational' has emerged as a particularly popular catch-all term for such studies of international or global history.[18] Yet the meanings of all these terms have veered from reframing specific national histories to attending to mobilities and diasporic communities that transcended or defied the nation-state.[19] Critics have also suggested that transnational and global histories tend to reproduce neoliberal claims about the smooth flow of ideas, people, capital and goods, while ignoring the channels, frictions, adaptations and blockages arising from the material power of nation-states and modern empires.[20] These critical readings of 'transnational', as well as reminders of the insights of postcolonial thought, resonate with Cilento's career, which itself illustrates the expanding scientific and intergovernmental networks that allowed health officials to move between imperial territories and places.[21] The surveillance, management and cultivation of individual subjects and populations were shared aspects of public health everywhere in the

17 See Akira Iriye, *Global Community: The Role of International Organizations in the Making of the Contemporary World* (Berkeley: University of California Press, 2002); Erez Manela, *The Wilsonian Moment: Self-determination and the International Origins of Anticolonial Nationalism* (New York: Oxford University Press, 2007); Adam McKeown, *Melancholy Order: Asian Migration and the Globalization of Borders* (New York: Columbia University Press, 2008); Mathew Connelly, *Fatal Misconception: The Struggle to Control World Population* (Cambridge, MA: Harvard University Press, 2008); Mark Mazower, *Governing the World: The History of an Idea* (New York: The Penguin Press, 2012); Glenda Sluga, *Internationalism in the Age of Nationalism* (Philadelphia: University of Pennsylvania Press, 2013); Alison Bashford, *Global Population: History, Geopolitics, and Life on Earth* (New York: Columbia University Press, 2014); Mark Harrison, 'A Global Perspective: Reframing the History of Health, Medicine and Disease,' *Bulletin of the History of Medicine*, 89, 2015, pp. 639–89.

18 Anne Curthoys and Marilyn Lake, 'Introduction,' in Anne Curthoys and Marilyn Lake (eds), *Connected Worlds: History in Transnational Perspective* (Canberra: ANU E Press, 2006), pp. 5–9.

19 On national reframing, see Ian Tyrrell, 'American Exceptionalism in an Age of International History,' *American Historical Review*, 96(4), 1991, pp. 1031–55; Lake and Reynolds, *Drawing the Global Colour Line*, pp. 184–222. On larger communities and connections, see A. G. Hopkins (ed.), *Globalization in World History* (New York: W. W. Norton & Co., 2002); Kevin Grant, Philippa Levine and Frank Trentmann (eds), *Beyond Sovereignty: Britain, Empire and Transnationalism, c. 1880–1950* (Basingstoke, UK: Palgrave Macmillan, 2007); Desley Deacon, Penny Russell and Angela Woollacott, 'Introduction,' in Desley Deacon, Penny Russell and Angela Woollacott (eds), *Transnational Ties: Australia Lives in the World* (Canberra: ANU E Press, 2008).

20 Sarah Hodges, 'The Global Menace,' *Social History of Medicine*, 25(3), 2011, pp. 719–28; Warwick Anderson, 'Making Global Health History: The Postcolonial Worldliness of Biomedicine,' *Social History of Medicine*, 27(2), 2014, pp. 374–8; Alecia Simmonds, Anne Rees and Anna Clark, 'Testing the Boundaries: Reflections on Transnationalism in Australian History,' in Alecia Simmonds, Anne Rees and Anna Clark (eds), *Transnationalism, Nationalism, and Australian History* (Singapore: Palgrave Macmillan, 2017), pp. 1–14.

21 On imperial networks, see David Lambert and Alan Lester, 'Imperial Spaces, Imperial Subjects,' in David Lambert and Alan Lester (eds), *Colonial Lives Across the British Empire: Imperial Careering in the Long Nineteenth Century* (Cambridge: Cambridge University Press, 2006), pp. 21–4; Tony Ballantyne and Antoinette Burton, 'Empires and the Reach of the Global,' in Emily Rosenberg (ed.), *A World Connecting: 1870–1945* (Cambridge, MA: Belknap Press, 2012), pp. 285–431.

twentieth century, not just colonial territories.[22] Cilento's experience of public health administration in New Guinea and his engagement with larger networks of colonial research and legislation shaped his general understanding of health and disease. The ways in which he represented diet, health and race in Australia rested on an understanding of how a modern, imperial world order had transformed relationships between populations and their environments on a global scale. In turn, Cilento's nationalist ideal of racial homogeneity informed his understanding of colonial government and international health. In many ways, therefore, he embodied the postcolonial claim that empire was a 'spatialized terrain of power'.[23]

Rather than tell a comprehensive story of a life, the chapters of this book focus on examples of how Cilento's work connected tropical hygiene, international health and social medicine across the colonial spaces of Australia and the Pacific. The first explores how Cilento joined a growing number of students passing through imperial institutions in London, Liverpool and elsewhere in the twentieth century, absorbing knowledge and ideas while bearing a particular political and cultural subjectivity.[24] Cilento was born in Jamestown, South Australia, in 1893, but his grandfather Salvatore had arrived in Adelaide from Italy in 1855. Instead of sweeping his heritage under the rug, Cilento would reconcile his Italian background with a white Australian subjectivity throughout his life. His path to the

22 David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-century India* (Berkeley: University of California Press, 1993), p. 9; Shula Marks, 'What is Colonial about Colonial Medicine? And What Has Happened to Imperialism and Health?,' *Social History of Medicine*, 10(2), 1997, pp. 205–19; Warwick Anderson, 'Postcolonial Histories of Medicine,' in Frank Huisman and John Harley Warner (eds), *Locating Medical History: The Stories and their Meanings* (Baltimore: Johns Hopkins University Press, 2004), pp. 299–300; Waltraud Ernst, 'Beyond East and West: From the History of Colonial Medicine to a Social History of Medicine(s) in South Asia,' *Social History of Medicine*, 20(3), 2007, pp. 505–24.

23 Antoinette Burton, 'Introduction: On the Inadequacy and Indispensability of the Nation,' in Antoinette Burton (ed.), *After the Imperial Turn: Thinking with and through the Nation* (Durham, NC: Duke University Press, 2003), p. 5.

24 Michael Worboys, 'The Emergence of Tropical Medicine: A Study in the Establishment of a Scientific Speciality,' in Gerard Lemaine, Roy MacLeod, Michael Mulkay and Peter Weingart (eds), *Perspectives on the Emergence of Scientific Disciplines* (The Hague: Mouton & Co., 1976), pp. 75–98; Michael Warboys, 'Manson, Ross, and Colonial Medical Policy: Tropical Medicine in London and Liverpool, 1899–1914,' in Roy Macleod and Milton J. Lewis (eds), *Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London: Routledge, 1988), pp. 21–37; John Farley, *Bilharzia: A History of Imperial Tropical Medicine* (Cambridge: Cambridge University Press, 1991), p. 17; Mark Harrison, *Public Health in British India: Anglo-Indian Preventive Medicine, 1859–1914* (Cambridge: Cambridge University Press, 1994), pp. 150–58; Ryan Johnson, 'The West African Medical Staff and the Administration of Imperial Tropical Medicine, 1902–14,' *The Journal of Imperial and Commonwealth History*, 38(3), 2010, pp. 419–39.

London School of Tropical Medicine emerged out of chance and initiative. After serving briefly as an army medical officer in occupied German New Guinea, Cilento grew bored of private practice in Adelaide and applied for an advertised position in the Federated Malay States. While he was there, the nascent Commonwealth Department of Health (CDH) offered him the job of Director of the Australian Institute of Tropical Medicine (AITM) in Townsville, Queensland, on the condition that he study for a diploma in London. These years shaped Cilento's professional identity as a mobile expert in tropical hygiene who could adapt a body of portable colonial knowledge to particular places. Yet these years also sharpened his sense of Australia's particular situation in the world as he began to engage in a more conscious way with contemporary discourses about health, race, population and conflict.[25]

Cilento returned to New Guinea in the mid-1920s as Director of Public Health in the Mandated Territory, while he was also nominally head of the AITM. His appointment was part of a plan to expand the Commonwealth's activities from quarantine to responsibility for a unified medical service for the Australian tropics and territories. As Chapters 2 and 3 show, public health in New Guinea under Australian administration was enmeshed in exchanges between empires of knowledge, ideas and practices. As elsewhere, in New Guinea, public health aimed to govern populations through forms of surveillance—by justifying and enforcing racial segregation and devising systems for managing labour.[26] Yet, while in New Guinea, Cilento also began to conceive of health and difference in terms of social and environmental histories beyond strictly hereditary conceptions of race, especially in his growing interest in nutrition.[27]

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25 Cilento, like other Australians, was very interested in the work of Charles Pearson, Lothrop Stoddard, J. W. Gregory and others. See Raymond Evans, '"Pigmentia": Racial Fears and White Australia,' in Dirk A. Moses (ed.), *Genocide and Settler Society: Frontier Violence and Stolen Indigenous Children in Australian History* (New York: Berghahn Books, 2007), p. 119; Lake and Reynolds, *Drawing the Global Colour Line*, pp. 314–19; Bashford, *Global Population*, pp. 109–12.

26 See, for example, Donald Denoon, *Public Health in Papua New Guinea: Medical Possibility and Social Constraint, 1884–1984* (Cambridge: Cambridge University Press, 1989); Megan Vaughan, *Curing their Ills: Colonial Power and African Illness* (Stanford, CA: Stanford University Press, 1991); Arnold, *Colonizing the Body*, p. 9; Lenore Manderson, *Sickness and the State: Health and Illness in Colonial Malaya, 1870–1940* (Cambridge: Cambridge University Press, 1996), pp. 1–5; Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham, NC: Duke University Press, 2006).

27 See Veronika Lipphardt and Alexandra Widmer, 'Introduction: Health and Difference—Rendering Human Variation in Colonial Engagements,' in Veronika Lipphardt and Alexandra Widmer (eds), *Health and Difference: Rendering Human Variation in Colonial Engagements* (New York: Berghahn Books, 2016), pp. 1–19.

In formulating policies and practices for workers' rations and racial segregation, Cilento looked to Asian, African and Pacific colonies for guidance. At the same time, Australia administered New Guinea under a League of Nations mandate that gave Cilento a language with which to critique existing colonial policies and promote his expert knowledge. While the practical efficacy of the mandate system was itself minimal, the discourse surrounding the status of the mandated territories shaped public health politics in New Guinea through the initiative of officials such as Cilento.

Cilento's emphasis on surveillance, hygienic discipline and racial segregation in New Guinea extended to Queensland, where a variety of colonial intersections shaped the discourses and practices of Australian tropical hygiene, examined in Chapter 4. *The White Man in the Tropics*, Cilento's major work in the mid-1920s, drew from Asian and African colonial texts to advise on clothing, diet, bathing, exercise, housing and patterns of work and leisure that would keep white settlers healthy both in northern Australia and in Australian territories in the Pacific. The Australian Hookworm Campaign of the 1920s, which sought to instruct working-class communities in better personal and domestic habits, was funded by the International Health Board (IHB) of the Rockefeller Foundation and relied on methods it used in campaigns across the southern United States, Latin America and Asia.[28] In the ongoing colonisation of northern Australia, white working-class communities in Queensland thus became subjects of hygienic scrutiny and discipline in ways that drew on ideas and practices from colonial Asia and the Pacific Islands.

As Cilento sought to cultivate white settler health in the tropics, he simultaneously sought to reform and reinforce racial segregation on the basis of hygiene. In promoting changes to the institutionalisation of Aboriginal people, Cilento appealed to his own experience of tropical hygiene in the Pacific and South-East Asia. As in New Guinea, he reimagined and reorganised the segregation of Aboriginal people in Queensland as the hygienic management of labour, yet on a much more extensive and profound scale. In keeping with conventions of tropical medicine, Cilento described Aboriginal communities as 'reservoirs' of disease, either because they harboured pathogens or because they created environments

28 Robert Dixon, *Prosthetic Gods: Travel, Representation and Colonial Governance* (Brisbane: University of Queensland Press, 2001), pp. 24–46; Anderson, *The Cultivation of Whiteness*, pp. 139–46.

in which they might flourish.[29] His construction in the late 1930s of a new leprosarium on Fantome Island to separate Aboriginal inmates from Europeans patients at the Peel Island institution is indicative of his segregating impulses.[30] Yet this regime of racial hygiene developed relative to wider imperial concerns and practices. Health officials had long blamed Chinese immigrants and indentured Melanesian labourers for introducing leprosy and hookworm to Aboriginal communities in Queensland.[31] Cilento argued further that the growth of mixed communities of Aboriginal, Melanesian and Asian peoples—'indistinguishable' from 'native communities in the Pacific Islands'—meant that public health problems in the urban spaces of Queensland were little different from those of Rabaul or Suva.[32] Indeed, the health problems of such colonial spaces seemed to arise from historical relationships between them. The focus of Queensland's existing *Aboriginals Protection and Restriction of the Sale of Opium Act* (1897) on a narrow definition of 'Aboriginal' meant that the state was unable to effectively control these heterogeneous communities. Cilento thus defined problems of race and health in Queensland as typically colonial, collapsing racial categories into an idea of the 'native' as a broad social and administrative category familiar in the Pacific.[33] Amendments to the Act in 1934, which gave the state more control over a broader range of 'half-caste' groups, followed soon after Cilento's reports, although the Queensland Government had many more reasons to change the law.[34]

To Australian health officials, the Pacific Islands seemed like stepping-stones for diseases brought from Asia on steam ships. Cholera or smallpox could invade Australia directly from the islands, but they might

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

30 Gordon Briscoe, *Counting, Health and Identity: A History of Aboriginal Health and Demography in Western Australia and Queensland, 1900–1940* (Canberra: Aboriginal Studies Press, 2003), pp. 319–20; Bashford, *Imperial Hygiene*, p. 94; Meg Parsons, 'Spaces of Disease: The Creation and Management of Aboriginal Health and Disease in Queensland 1900–1970,' (PhD Thesis, University of Sydney, 2008), pp. 325–43.

31 A. T. Yarwood, 'Sir Raphael Cilento and *The White Man in the Tropics*,' in Roy MacLeod and Donald Denoon (eds), *Health and Healing in Tropical Australia and Papua New Guinea* (Townsville, QLD: James Cook University, 1991), p. 55.

32 Raphael Cilento, 'Report of a Partial Survey of Aboriginal Natives of North Queensland,' p. 3, NAA: A1928, 4/5 SECTION 1.

33 See Stewart Firth, 'Colonial Administration and the Invention of the Native,' in Donald Denoon with Stewart Firth, Jocelyn Linnekin, Malama Meleisea and Karen Nero (eds), *The Cambridge History of the Pacific Islanders* (Cambridge: Cambridge University Press, 2004), pp. 253–88.

34 Regina Ganter, *Mixed Relations: Asian–Aboriginal Contact in North Australia* (Perth: University of Western Australia Press, 2006), p. 81.

also catastrophically depopulate the islands of Melanesia. As prospects of further Australian territorial expansion dimmed, the Department of Health organised the first International Pacific Health Conference, in Melbourne in 1926, where delegates from New Zealand, several Pacific Island colonies and various Asian states met with Australian officials to discuss the potential of a regional epidemiological intelligence service, standardisation of quarantine regulations, training programs for medical officers and coordinated research in the Pacific Islands. By the mid-1920s, such practices had become the standard repertoire of international health under the Office International d'Hygiène Publique (OIHP) in Paris and the League of Nations Health Organization (LNHO) in Geneva.[35] For Cilento, the explicit aim of such practices was to define a space in the Pacific in which an Australian institution, not an international organisation, would determine the development and administration of public health. In shaping medical knowledge and health practice in the region, Australia would enhance its epistemic authority, prestige and security. Chapter 3 thus explores how Australia—much like the United States in Latin America—sought to turn northern Australia and the Pacific Islands into a distinct space of hygiene governance and a sphere of influence for Australian imperial dreams.[36]

While the direct connections between hygiene in the Pacific Islands and in northern Australia reflected an ongoing colonial project, an imperial mentality remained central to Cilento's contributions to national public health in the 1930s. As Director-General of Health and Medical Services in Queensland from 1934, he often framed his proposals for national reform in terms of 'social medicine'. Although it had a long genealogy, it was not until the 1920s that health officials and medical schools across

35 Martin David Dubin, 'The League of Nations Health Organisation,' in Paul Weindling (ed.), *International Health Organisations and Movements, 1918–1939* (Cambridge: Cambridge University Press, 1995), pp. 56–80; Lenore Manderson, 'Wireless Wars in Eastern Arena: Epidemiological Surveillance, Disease Prevention and the Work of the Eastern Bureau of the League of Nations Health Organisation, 1925–1942,' in Paul Weindling (ed.), *International Health Organisations and Movements, 1918–1939* (Cambridge: Cambridge University Press, 1995), pp. 109–33; Mark Harrison, 'Disease, Diplomacy and International Commerce: The Origins of International Sanitary Regulation in the Nineteenth Century,' *Journal of Global History*, 1, 2006, pp. 197–217; Anne Sealy, 'Globalizing the 1926 International Sanitary Convention,' *Journal of Global History*, 6, 2011, pp. 431–55.

36 See Alexandra Minna Stern, 'Yellow Fever Crusade: US Colonialism, Tropical Medicine, and the International Politics of Mosquito Control, 1900–1920,' in Alison Bashford (ed.), *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present* (Basingstoke, UK: Palgrave Macmillan, 2006), p. 41–2; Ana Maria Carillo and Anne-Emmanuelle Birn, 'Neighbours on Notice: National and Imperial Interests in the American Public Health Association, 1872–1921,' *Canadian Bulletin of Medical History*, 25(1), 2008, pp. 225–54.

Europe, the United States and much of Asia widely embraced the idea that sickness had social and environmental roots.[37] Cilento drew extensively on cross-Atlantic exchanges of articles, surveys and official reports, and shared widespread anxieties about declining fitness and fertility in imperial and settler-colonial societies.[38] British inquiries and texts, for example, conflated national and imperial decline against a backdrop of population growth and anticolonial agitation in Asia.[39] As Chapter 5 shows, however, Cilento's articulation of social medicine also spoke to specific nationalist and Pacific colonial contexts. His commitment to state supervision of collective and individual health in New Guinea, through surveillance and preventive practices, differed little in principle from social medicine elsewhere. Nutrition was a central element of social medicine in the 1930s and became a major topic of international discussion, especially through the LNHO.[40] Cilento's own belief in the importance of nutrition, however, came directly from his practical experience in New Guinea, while colonial research in South and South-East Asia had produced much of the basic nutritional knowledge on which he and others relied.

Race was fundamental for Cilento throughout all these spaces, where it worked as a global organising concept and a prism through which to view anxieties about transformation and decline.[41] As he moved through Queensland and the Pacific Islands, Cilento constructed white, Aboriginal, Asian and Pacific Islander peoples in relation to each other. If the superiority of white men and the importance of racial homogeneity were articles of faith for him, whiteness also seemed to be always changing or under threat. Cilento had made it his mission to show that tropical climates did not themselves cause disease or degeneration. Yet in *The White Man in the Tropics*, he also had to admit that:

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37 Dorothy Porter, 'Introduction,' in Dorothy Porter (ed.), *Social Medicine and Medical Sociology in the Twentieth Century* (Atlanta: Rodopi, 1997), pp. 4–5; Warwick Anderson and Hans Pols, 'Scientific Patriotism: Medical Science and National Self-fashioning in Southeast Asia,' *Comparative Studies in Society and History*, 54(1), 2012, pp. 98–9.

38 Gillespie, *The Price of Health*, p. 51; Dorothy Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999), pp. 165–93.

39 Dwork, *War is Good for Babies*, pp. 6–10; Connelly, *Fatal Misconception*, pp. 34–5.

40 See E. Burnet and W. R. Aykroyd, 'Nutrition and Public Health,' *Quarterly Bulletin of the Health Organisation of the League of Nations*, 4(2), 1935, pp. 323–474; Commonwealth of Australia, *First Report of the Advisory Council on Nutrition* (Canberra: Government Printer, 1936); Joseph L. Barona, 'Nutrition and Health: The International Context during the Inter-war Crisis,' *Social History of Medicine*, 21(1), 2008, pp. 87–105; Bashford, *Global Population*, pp. 206–10.

41 Christian Geulen, 'The Common Grounds of Conflict: Racial Visions of World Order 1880–1940,' in Sebastian Conrad and Dominic Sachsenmaier (eds), *Competing Visions of World Order: Global Moments and Movements, 1880s – 1930s* (New York: Palgrave Macmillan, 2007), pp. 69–72.

> The race is in a transition stage, and it is very apparent that there is being evolved precisely what one would hope for, namely a distinctive tropical type, adapted to life in the tropical environment in which it is set.[42]

This new type was 'tall and rangy', with 'long arms and legs', but also 'moves slowly', which in women 'becomes a gracefulness of movement that reminds one of those nations of the East that live in similar environments'.[43] Although not explicitly Lamarckian, Cilento clearly represented race, fitness and health as historically and environmentally contingent. Remarking on indigenous population decline in New Guinea, Cilento suggested that nutrition shaped both the health of individuals and 'the place to which a tribe or race has won in manliness, energy, and soldierly instincts'.[44] In later arguing against climatic determinism, Cilento reminded readers that 'belief in national superiority has been a universal delusion'. Civilisation was instead 'ephemeral', the product of 'maintained accord between man and his environment'.[45] This of course meant that races and societies could also deteriorate if such a balance was lost.

In public lectures and journal articles in the 1930s, Cilento dwelled on cycles of progress and decline that linked sickness in New Guinea and urban Australia within a causal network of empire. The importance of a stable relationship between populations, local agriculture and diet remained a central theme in Cilento's writing about national health. In fact, he argued, Australians and Pacific Islanders shared a dietary deficiency that underpinned their poor physical development, 'instability of the nervous system', fatigue and lack of resistance to infectious disease. This, he suggested, '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'.[46] In addition to situating Australian health reform in international networks of knowledge and practice, Chapter 5 thus also examines how empire lay at the heart of Cilento's construction of the white Australian subjects of public health.

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42 Raphael Cilento, *The White Man in the Tropics: With Especial Reference to Australia and its Dependencies* (Melbourne: Government Printer, 1926), p. 74.

43 ibid., p. 74.

44 Raphael Cilento, 'Report on Diet Deficiencies in the Territory of New Guinea,' n.d., p. 1, NAA: A1, 1925/24149.

45 Raphael Cilento, 'The Conquest of Climate,' *The Medical Journal of Australia*, 1(14), 8 April 1933, p. 424.

46 Raphael Cilento, 'Some Problems of Racial Pressure in the Pacific,' *British Medical Journal (Supplement)*, 1 February 1936, pp. 42–46.

These themes of equilibrium, mobility and disruption are keys to how Cilento thought about race, national health and world order. After volunteering for the United Nations Relief and Rehabilitation Administration (UNRRA) in 1945, he joined the United Nations itself, where population growth and migration animated much international discussion and research on demography, public health, agriculture, education, family planning and other fields.[47] The final chapter explores Cilento's time as director of the social welfare program of the UN Department of Social Affairs, which worked with various government departments and universities to provide fellowships and expert consultants in welfare legislation, social work training and other related fields when governments requested them. These practices—which also underpinned the UN Technical Assistance program of the 1950s—recognised and promoted the nation-state as the fundamental unit of world order.[48] For his part, Cilento continued to express settler-colonial anxieties about the threat of Asian population growth to Australian nationhood and peace in the Pacific. The larger aim of the UN social welfare program was, in his view, to ameliorate regional and global effects of population growth across a decolonising Asia, which would in the future make these people 'a threat to every specialized frontier of culture and civilization'.[49] Since is was impossible to arrest such growth, it was vital for international organisations, through social and economic programs:

> To direct the activities, the intentions and the ideas of the peoples of these huge undeveloped areas in such a way that … their actions will be along lines that experience has proved to be the most progressive socially.[50]

Cilento's understanding of the aims of UN social welfare and development programs thus stemmed from his old preoccupations with race, population and empire. His ideal world order was static—one of arrested cycles of decline and progress and of settled peoples, 'rooted in the soil'.[51]

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47 Connelly, *Fatal Misconception*, pp. 115–55; Bashford, *Global Population*, pp. 267–354.

48 See also Sunil Amrith, *Decolonizing International Health: India and Southeast Asia 1930–65* (Basingstoke, UK: Palgrave Macmillan, 2006) p. 76–83.

49 Raphael Cilento, 'Underdeveloped Areas in Social Evolutionary Perspective,' *The Milbank Memorial Fund Quarterly*, 26(3), 1948, p. 299.

50 ibid., p. 298.

51 Raphael Cilento, 'A Correlation of Some Features of Tropical Preventive Medicine, and their Application to the Tropical Areas under Australian Control' (Doctor of Medicine Thesis, University of Adelaide, 1922), p. xiii.

While many scholars have recently shown how imperialism and racial thought influenced the United Nations and its specialised agencies, Cilento eventually concluded that the United Nations represented a rupture with the imperial world order he had worked within.[52] Rapid economic development and modernisation, human rights and Cold War politics seemed to him a decisive break with gradual colonial development of the kind represented by the League of Nations mandates.[53] He felt increasingly out of step with these trends in liberal internationalism and decolonisation, and said so in a letter to Robert Menzies shortly before resigning from the United Nations.[54] Decolonisation was, in reality, a protracted process, while policies of racial segregation and immigration restriction remained in place in Australia and South Africa well after World War II.[55] By the 1970s, however, the Australian Labor Party had dropped the White Australia Policy from its platform, while the admission of students and refugees from Asia ushered in the policy's final collapse. In one of his last public statements, Cilento prepared a recorded lecture for the far-right League of Rights in 1972 on the subject of 'Australia's Racial Heritage', warning about the 'incompatible racial clots that might end in disaster' if biological and social racial mixing continued.[56] Cilento clearly felt the world was changing beyond recognition. He had worked with Labor governments in Queensland in ways that contributed to comparatively expansive public health services in Australia, which made medical services more widely available, and yet he was enmeshed in empire. If many of the institutions and practices of contemporary public health took shape in Cilento's time, few now would frame their purpose in his terms.

52 Mark Mazower, *No Enchanted Palace: The End of Empire and the Ideological Origins of the United Nations* (Princeton, NJ: Princeton University Press, 2009), p. 40–1; Glenda Sluga, 'UNESCO and the (One) World of Julian Huxley,' *Journal of World History*, 21(3), 2010, pp. 405–7; Bashford, *Global Population*, pp. 301–4.

53 Susan Pedersen, *The Guardians: The League of Nations and the Crisis of Empire* (Oxford: Oxford University Press, 2015), p. 299.

54 Raphael Cilento to Robert Menzies, 11 September 1950, p. 1, Cilento Papers, UQFL44, Box 4, Item 11.

55 Lake and Reynolds, *Drawing the Global Colour Line*, pp. 352–6.

56 Raphael Cilento, *Australia's Racial Heritage* (Adelaide: The Australian Heritage Society [Australian League of Rights], 1972), p. 4.

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