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The White Man in the Tropics

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In 1925, when he published *The White Man in the Tropics*, Raphael West Cilento was a young man of 32 (born in 1893) with an already impressive list of medical qualifications and achievements. Having graduated with First Class Honours at the Medical School of the University of Adelaide, he served as a captain in the Australian Army Medical Corps in the former German New Guinea during the First World War. After the war, he was appointed medical officer in the Federated Malay States, based at Teluk Anson (1920-21). Whilst there, in 1921, he was visited by Dr J.S.C. Elkington, Director of Quarantine in the Commonwealth Department of Health, who offered him a position as Medical Officer for Tropical Hygiene at the Australian Institute of Tropical Medicine in Townsville. Before taking up the Townsville position, he attended the London School of Tropical Medicine, where he took the Diploma of Tropical Medicine and Hygiene. On his return to Australia he was appointed Director of the Australian Institute of Tropical Medicine, a position he held until 1928.

According to Cilento's unpublished autobiography, shortly before leaving London he was asked by an academic from the School of Tropical Medicine, Dr Philip Manson-Bahr:

“And what would you say is the vital problem on which you will spend the life you are now beginning?”

“Populating tropical Australia” I said at once, to which, with a chuckle, he replied: “Not alone, I hope.” and waved his hand in farewell.¹

Populating tropical Australia was indeed Cilento's passion, but the word 'populating' must be understood in a quite restrictive sense. By it, Cilento meant 'populating with white people'. Tropical Australia, he was confident, could and should be densely populated with prosperous communities exclusively of European descent. He wrote *The White Man in the Tropics* to boost that project's prospects of success at a time

¹Quoted in 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: James Cook University, 1991), p.51.



when some experts – albeit a declining number – continued to argue the traditional line that white men – and, even more, white women – were congenitally unfitted to tropical environments.

This brief account of Cilento's early career prompts three questions:

Why was the viability of permanent European residence in the tropics a matter of contention?

Why were the arguments about populating northern Australia framed in terms of whiteness?

Why were medical scientists like Cilento so closely engaged in demographic questions that today would normally be seen as a provenance of social scientists?

To answer these questions we must go back to the beginnings of British efforts to colonise the northern parts of Australia. This lecture will then move forward in time, up to the year in which Cilento published *The White Man in the Tropics*.

By the time the British began to establish settlements in tropical Australia, an image of the tropics as disease-ridden, sweltering and hostile was well established in British minds, confirmed by experience in India and Ceylon, in Africa and Southeast Asia. The first British attempts at northern Australian settlement were made in the 1820s, at Fort Dundas and Fort Wellington, and in the 1830s at Port Essington, all in what is now the Northern Territory. They were intended to validate British claims of sovereignty over the entire continent, and to foster trading links with Asia. They were all dismal failures, the longest-lasting (Port Essington) struggling along for eleven years before its ailing and exhausted garrison abandoned the site. The attempted British colonisation of the north did not get off to a good start.

In the second half of the nineteenth century, new efforts were made to colonise the north. The town of Rockhampton, just over the Tropic of Capricorn, was founded in 1855-56, but the major expansion of European settlement in northern Queensland came after the Kennedy District was opened in 1861. From that time, too, European



settlements were established in other parts of the north such as Palmerston (Darwin) in 1869, and Cossack and Broome in the North-West in the 1870s and 1880s. However, the designation 'European' is not quite accurate. Throughout the north, both towns and rural districts held sizable non-European populations: Chinese, Malay, Japanese, Pacific Islander, Ceylonese and, of course, Indigenous Australians. These non-European peoples performed vital roles in the northern economy, as pearl divers and market gardeners, as sugar plantation labourers and pastoral workers, as miners and domestics, and in a vast array of other activities. Most northern towns of any size in the late nineteenth century had their Chinatowns and other areas populated mainly by Asians and other 'coloured races'. Northern Australia, it seemed, was developing along the multi-ethnic lines typical of other tropical regions colonised by Europeans.

Not only was late-nineteenth-century northern Australia multi-racial, but many Europeans resident there were appreciative – if somewhat ambivalently – of the fact. Historians such as Henry Reynolds and Cathie May have shown that in the north at this time there was a high degree of tolerance for, even appreciation of, the Chinese and other 'coloured' peoples in the local community.² We should not romanticise this tolerance as if it were something akin to the modern-day celebration of multicultural diversity. Late-nineteenth-century European settlers in northern Australia tolerated 'coloured races' provided they recognised their allotted place in the racial hierarchy. Whites occupied the first rank; certain Asians (Japanese, sometimes Chinese) held positions of lesser but still substantial status, wealth and power; other Asians such as Ceylonese and Filipinos below them; Melanesians on the next rung down; Torres Strait Islanders below them; and Aborigines at the bottom of the heap. Some degree of mobility between strata was possible, but this was not an egalitarian society. The viability of the whole depended on its inequality, its racial stratification. Nonetheless, the extent of racial diversity and tolerance in the north irked many southern-based devotees of White Australia. In the 1890s the *Sydney Bulletin*

²Henry Reynolds, *North of Capricorn: The Untold Story of Australia's North* (Sydney: Allen and Unwin, 2003); Cathie May, *Topsawyers: The Chinese in Cairns, 1870-1920* (Townsville: James Cook University, 1984).



magazine disparaged the north as 'Piebald Australia', castigated Queensland as 'Queensmongreland' and complained that in Cairns white men 'ate with the Chows'. From the *Bulletin's* perspective, the tolerance shown to 'coloured races' in the north was unbecoming of decent, race-proud white Australians. The doctrine that was gaining ground in the latter decades of the nineteenth century was White Australia, conceived as a nation free of colour and of the social tensions, racial animosities and economic inequalities that were assumed to be the inevitable concomitants of racial diversity. The desire for a white Australia was one of the primary motivations behind the movement for the federation of the Australian colonies in the 1890s; and, true to form, legislation to ensure a white Australia (the *Immigration Restriction Act* and *Pacific Island Labourers Act*) were the first substantive issues to be dealt with by the Commonwealth parliament when it was created in 1901. As prominent federationist Isaac Isaacs explained, the purpose of the immigration restrictions was to protect Australia 'for all time from the contaminating and degrading influence of inferior races'.³ Whiteness was to be a foundation-stone of Australian nationhood.

Contemporaneous, though causally unconnected, with the push for federation, the late nineteenth century witnessed major advances in the diagnosis and prevention of tropical diseases. The old idea that diseases emanated directly from the local environment – from putrefying organic matter for example – was being discredited by a new medical science that showed diseases to be caused by specific micro-organisms, often carried by specific vectors and hosts. A brief history of changing understandings of malaria illustrates the point. Until late in the nineteenth century, it was generally believed that malaria (literal translation: 'bad air') was caused by the poisonous vapours given off by swamps and stagnant water; the disease was a direct product of environmental conditions. This theory was overturned by the findings of medical science, beginning with Charles Laveran's identification of a parasite as the cause of malaria in 1880 through to Ronald Ross's identification of the *Anopheles* mosquito as the vector in 1897. For present purposes, the primary significance of these and similar

³*Commonwealth Parliamentary Debates*, vol.IV, 1901-02, p.4845.



advances in medical science is that they undermined the notion that the prevalence of disease was inherently and inevitably bound to geography, promoting in its place the idea that diseases were caused and carried by specific organisms. These organisms – whether mosquitoes, parasites, worms, or, for that matter, other people – could be controlled and regulated in ways that the physical environment could not. Location counted for less than microbes.

Despite advances in tropical medicine, older ideas about the inherent hostility of the tropics to the white race persisted into the early twentieth century. At the 1907 meeting of the Australasian Association for the Advancement of Science, Matthew MacFie insisted that efforts to settle a numerous white population in northern Australia were doomed to disaster. This part of Australia, he argued, should be exempt from the strictures of the white Australia policy. Citing ‘the collective testimony of numerous high authorities’, MacFie maintained that:

the world is divided into color-zones, and that *each climate is exactly suited by natural law to the particular human racial type evolved under its influence, but cannot be adjusted to any other.*⁴

The inhospitability of the tropics did not mean, to MacFie, that the white race had no place there at all. He envisaged in northern Australia ‘large tropical and sub-tropical agricultural undertakings promoted by white capitalists and superintended by men of the same race’ but worked by ‘colored labor’. For the latter, he suggested ‘the natives of New Guinea’, or Pacific Islanders or Indians. He made no mention of utilising the labour of Aborigines, whose skin colour eminently qualified them for working under the tropical sun – not to mention the fact that they must have evolved to meet the requirements of their ‘color-zone’. Perhaps MacFie considered Aborigines unsuited to plantation labour; perhaps he, like most Australians at the time, believed that they would soon be extinct; perhaps he never spared a thought for Aborigines.

⁴Matthew MacFie, ‘How can Tropical and Sub-tropical Australia be Effectively Developed’, *Report of the Eleventh Meeting of the Australasian Association for the Advancement of Science*, 1907, pp.597-99 (italics in the original).



MacFie's talk about 'color-zones' was in line with the long-standing idea that each race had its proper place on the planet; moving to a different place invited racial degeneration. This idea still held credibility in the late nineteenth century, among scientists and medical practitioners as well as the wider public.⁵ However, by the early twentieth century, it was coming under sustained attack. The 1907 meeting of the AAAS, at which MacFie presented his paper, was also attended by the notable Adelaide medical researcher and anthropologist, Dr William Ramsay Smith. In the ensuing discussion, Ramsay Smith pulled apart MacFie's arguments, point by point.⁶ In opposition to MacFie's claim that certain climatic zones were in themselves unhealthy for certain races, Ramsay Smith argued that since diseases were caused by specific organisms, they were amenable to control through hygienic, sanitary and other measures. According to Ramsay Smith, the white race was perfectly capable of living – and thriving – in the tropics provided they made appropriate adjustments to the environment.

In 1906 Ramsay Smith had carried out investigations on behalf of the South Australian government into the health and future prospects of the Northern Territory. His report was optimistic, Ramsay Smith claiming that as 'regards both climatic conditions and the non-occurrence of preventable diseases, the Territory is highly favoured'. He acknowledged that the acclimatisation of white people to the tropics demanded both physical and mental effort; but the human organism was adaptable since its evolution was predominantly dependent on cerebral functioning. He also raised the possibility of the moral degeneration of white people in the tropics, a fear that threaded through many earlier writings on the topic. In line with this, Ramsay Smith thought it appropriate to

⁵Nancy Stepan, 'Biological Degeneration: Races and Proper Places', in J.E. Chamberlin and S.L. Gilman (eds), *Degeneration: The Dark Side of Progress* (New York: Columbia University Press, 1985), pp.98-104.

⁶*Report of the Eleventh Meeting of the Australasian Association for the Advancement of Science, 1907*, pp.612-16.



conclude with a caution. In Australia, and especially in tropical Australia, we are dealing with people – I mean white people – whose physical surroundings are very different from those in which the bodily organisations they inherit and the moral code they profess to adopt were evolved; and the results of climatic influences on the bodily organisation are too often evidenced in the less fettered exercise of various passions, and in moral and immoral actions and modes of life that appear to be very different from those they would probably have exhibited in their original homes.⁷

In the torrid zone, licentiousness grew lushly. But that too, Dr Ramsay Smith intimated, could be kept under control.

A key figure in the scientific promotion of a white tropical Australia was Dr Anton Breinl, first director of the Australian Institute of Tropical Medicine in Townsville from 1910 to 1921. Breinl had been trained at the Liverpool School of Tropical Medicine in the UK, where he was awarded the Mary Kingsley Medal for distinguished contributions to tropical medicine. His primary research interests were into disease causation and control in tropical lands. However, his work at the Institute in Townsville was directed by political interests, specifically the interest in ensuring a white tropical Australia. Consequently, he devoted most of his efforts to researching, not the causes and control of specific diseases, but the effects of climate on 'a working white race'. The central question here was whether white people could perform all forms of manual labour, through to the most strenuous and arduous, in the heat and humidity of the tropics. On a positive answer to that question depended the viability of a tropical white Australia, for only if whites could perform the heavy labour could the north avoid the contamination of colour and the corruptions of racial hierarchy that were presumed to be the inevitable concomitants of racial diversity. Unsurprisingly, Breinl's research gave a positive answer.⁸

7W. Ramsay Smith, *Report on Hygiene in the Northern Territory of South Australia* (Adelaide: Government Printer, 1906), pp.1-2, 8.

8Lorraine Harloe, 'Anton Breinl and the Australian Institute of Tropical Medicine', in Macleod and Denoon (eds), *Health and Healing*, pp.35-46.



In 1911, shortly after he had become established in Townsville, Breinl was coopted into the service of the Commonwealth government as the medical researcher in the scientific team appointed to assess the future prospects of the Northern Territory. This was immediately after the Commonwealth assumed control of the Territory from South Australia. Breinl's report on the Northern Territory took a favourable view of prevailing health conditions. On the whole, he stated, the white population showed 'a comparative freedom from disease, if Malaria be excepted'; and malaria, he explained in detail, could be easily controlled. He noted also that the Aborigines were not a major source of contagious disease.⁹

Breinl's point about the Aborigines posing little threat to the health of white people in tropical Australia was one on which there was virtual unanimity among scientific investigators.¹⁰ Unlike the indigenous peoples of other tropical lands in Africa, Asia and Latin America, the Aborigines of tropical Australia did not constitute a reservoir of diseases that might threaten white occupancy. Not only that, but the Indigenous peoples of northern Australia were relatively few in number and, and according to the received wisdom of the day, were fated to extinction in the near future.¹¹ The claims about Aborigines not constituting a reservoir of disease should not be interpreted to mean that they were healthy. In the wake of the European invasion, disease and ill-health were rife in Aboriginal communities. The point, more often implicit than explicit in the statements of medical scientists, was that the flow of infectious diseases was generally from Europeans (and Asians) to Aborigines, not, as was the case in other

⁹Anton Breinl, 'Report on Health and Disease in the Northern Territory', *Bulletin of the Northern Territory*, no.1, March 1912, pp.32-54.

¹⁰Warwick Anderson, *The Cultivation of Whiteness: Science, Health and Racial Destiny in Australia* (Melbourne: Melbourne University Press, 2002), pp.112-13, 122, 132-33, 136, 151.

¹¹Russell McGregor, *Imagined Destinies: Aboriginal Australians and the Doomed Race Theory, 1880-1939* (Melbourne: Melbourne University Press, 1997).



tropical lands, from the indigenous peoples to the newcomers. Fears of contagion were certainly racialised in northern Australia, but for white newcomers the feared sources of disease were other – especially Asian – newcomers, not the original inhabitants. Asian contagions could be controlled, even completely stopped. That was one of the purposes of the white Australia policy.

In August 1920 the findings of a decade of research by the Australian Institute of Tropical Medicine were presented to the Australasian Medical Congress, which met that year in Brisbane to discuss the prospects for white settlement in the tropics. The Congress declared that ‘the opinion of the medical practitioners was overwhelmingly in favour of the suitability of North Queensland for the successful implantation of a working white race’.¹² A generation earlier, such a medical consensus on the viability of the tropics would have been inconceivable. By 1920, however, the combination of research carried out by Breinl and others, advances in the understanding of tropical diseases, increased appreciation of the distinctive demography of northern Australia, and political determination to secure a truly white Australia had given rise to optimism about the possibilities for northern Australia. The new generation of medical scientists insisted that white people had to make an effort to live successfully in the tropics: they had to modify their diet, clothing and housing; they had to be vigilant in personal hygiene and moral behaviour; but these were achievable changes for the individuals involved, and by doing so they would further the achievement of an all-white Australia.

Despite the growing consensus about the habitability of tropical Australia for the white race, medical scientists acknowledged that there were diseases endemic to the region. Perhaps the most notable was ancylostomiasis or hookworm disease, whose symptoms included severe lassitude in adults and stunted growth in children. This had been diagnosed in northern Australia since the late nineteenth century, but the campaign against hookworm began in earnest in 1916, with funding from the American-based Rockefeller Foundation. As historian James Gillespie has pointed out,

¹²Quoted in Anderson, *Cultivation of Whiteness*, p.127.



the hookworm campaign in northern Australia was dominated by political considerations; it was used as a lever by senior medical bureaucrats such as Drs Cumpston and Elkington to force a greater commitment to public health initiatives on the part of the federal government.¹³ In any case, ancylostomiasis was a preventable and controllable disease. It could be cured in individuals by the drugs thymol and oil of chenopodium; while at the community level, incidence of the disease could be drastically reduced through basic sanitary and public health measures. Although the disease was found to be reasonably prevalent among whites in northern Australia, and exceptionally prevalent among Aborigines, its controllability and relatively moderate symptoms ensured that it could not overturn an increasingly benign view of the healthiness of the tropics.

Although by 1920 medical opinion had moved decisively in favour of the viability of the white race in the tropics, their optimism was not shared by all scientific experts. Some geographers, in particular, continued to argue that tropical environments inevitably set severe limits to the extent of white habitation. The most prominent – and pugnacious – of these geographers in Australia was Thomas Griffith Taylor, who insisted that the climate and resources of northern Australia ruled it out as a site of large-scale white settlement. This was a part of Griffith Taylor's broader attack on the 'boosters' of his day, who held out visions of an Australia densely populated over its entire surface, with 100 million, 200 million, even 500 million white people thriving on the continent. For denouncing these ambitions, he was pilloried as 'unpatriotic', a reputation that was exacerbated by his open opposition to the white Australia policy and his support for Chinese immigration into tropical Australia. Griffith Taylor was a keen controversialist who seems to have relished the outrage he inspired, but the fact that he continued to advance these ideas about the inhospitability of the tropics to the white race indicates that arguments over the destiny of the north were by no means over in the 1920s.

¹³James Gillespie, 'The Rockefeller Foundation, the Hookworm Campaign and a National Health Policy in Australia, 1911-1930', in MacLeod and Denoon (eds), *Health and Healing*, pp.64-87.



This was the context in which Cilento wrote *The White Man in the Tropics*: medical science and a considerable body of public opinion had adopted a generally optimistic stance on the viability of the Australian tropics for the white race, but there remained a small, though significant, segment of opinion pessimistic on the question. Cilento's book contained little in the way of original research, apart from a sociological survey of north Queensland conducted by nurse Annie Gorman. His strengths were not so much as a medical researcher but more as a synthesiser of the research of others and as a publicist for the ideals he cherished: white Australia, public health, and progress and prosperity in the tropics.

A large part of *The White Man in the Tropics* was devoted to the need for white people to adapt to the local environment. Nurse Gorman's survey and Cilento's own observations revealed that many north Queenslanders had not yet made those adaptations: houses were often hot and poorly ventilated, lacking appropriate kitchen and other facilities; locals persisted in wearing clothes ill-suited to the climate; they failed to take appropriate sanitary and hygienic measures. But Cilento's point was that the adaptations could be made, and a start was already being made. Dedicated though he was to the doctrine of white superiority, he did not hesitate to recommend architectural styles appropriate to the tropics drawn from other peoples, particularly Indians and southeast Asians. Similarly for clothing, he suggested that white people could learn from coloured peoples long resident in the tropics. Cilento was not so racist as to imagine that 'coloured people' had nothing worthwhile to offer. He simply believed that they did not belong on the Australian continent.

In *The White Man in the Tropics* Cilento referred frequently to tropical Australia's distinctiveness in 'possessing no large resident native population'. He explained that:

The tropical areas of Australia are unique in that they have no teeming native population, riddled with disease, but are occupied by many thousands of pure-blooded European settlers... These settlers, some of them the second and third generation, make up altogether the largest mass of a population purely white in any part of the tropical world, and represent a huge, unconscious experiment in



acclimatization, for here the white settler is not in a position of lord of a native race, but is simply a working man, carrying out every occupation from the most laborious tasks to the higher grade of mental effort.¹⁴

The final point in this passage was vitally important to Cilento. In his view it was crucial that in north Queensland white people could and should perform every kind of labour and occupation, for that was a prerequisite for an all-white Australia. Cilento was firmly committed to the ideal of racial purity. Coloured labour in the north would inevitably introduce contaminants into the national bloodstream and debase the social order. A 'working white race' was a prophylactic against racial contamination.

Cilento argued that not only were white people adaptable to the tropics but also their adaptation was producing a distinctive type of white person. He stated that:

There is, indeed, beginning to be a very definite type of North Queenslander, or tropical-born Australian... He is tall and rangy, with somewhat sharp features, and long arms and legs. Inclined to be sparely built, he is not, however, lacking in muscular strength, while his endurance is equal in his own circumstances to that of the temperate dweller in his. This North Queenslander moves slowly, and conserves his muscular heat-producing energy in every possible way. One can pick him out in the streets by the fact that, as a general rule, he walks more deliberately. In the women this becomes a gracefulness of movement that reminds one of those nations of the East that live in similar environments. ... 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.¹⁵

The white man in the tropics would be different from his compatriot in temperate Australia, but he would be still, unequivocally, a white man with all the qualities –

14Raphael Cilento, *The White Man in the Tropics: With Especial Reference to Australia and its Dependencies*, (Commonwealth Department of Health Service Publication no.7, 1925), p.9.

15Cilento, *White Man*, pp.73-4.



physical, moral and intellectual – that Cilento and his contemporaries assumed to inhere in whiteness.

Conclusion

Some might find it reassuring to imagine that a positive assessment of the ability of Europeans to live in tropical Australia represented a victory of empirically-based science over prejudice and obscurantism. But that would be simplistic. Certainly, scientific research was conducted and empirical evidence gathered on the viability of European habitation in the tropics. However, the medical and scientific studies were inextricably entangled in a political agenda: the demand for an all-white Australia. Today, many Australians look upon the white Australia enthusiasm of their forebears with some embarrassment, even guilt, but in the early twentieth century white Australia was one of the few ideals that could command assent (almost) across the political spectrum. White Australia was regarded as *the* foundation-stone of nationhood; and only if whiteness were continent-wide could the Australian nation validate its moral claim to the country. On the ground, individual people might have any number of motivations for setting up home in the north; but from the perspective of the state and of medial, scientific and other experts, it was not merely a matter of individual choice. It was a matter of national importance. The medical campaign to habituate European people to the tropics was enmeshed in the nationalist project of white Australia. Raphael Cilento's book *The White Man in the Tropics* was not the final word on the topic, but it represented the culmination of decades of medical effort to make the whole of Australia a home for the white race – and the white race alone.

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