

Chapter 2

A primitive and dying race

Attention to the first Indigenous health article in an Australian medical journal emphasises both the silence that preceded it, and the significance of the work that followed. Prior to this article no one chose to write about Indigenous people's health. After this first article, tentatively at first, a complex and changing Indigenous health discourse has emerged in Australian medical journals. The first author and his article, and many other early articles, occupied an uncertain space, wedged between silence and an established Indigenous health discourse. There was not yet an obvious way to write about Indigenous health, but some early publications contain several elements that have influenced the subsequent discourse.

The first such publication appeared in an Australian medical journal in 1870. Its author was Andrew Ross, a doctor from Molong (about 300km west of Sydney), and was published in the *New South Wales Medical Gazette*.¹ Born in Scotland where he also studied medicine, Ross emigrated in 1857 and soon moved to Molong.²

The article described the role of Aboriginal medicine in the 'startling' recovery of an Aboriginal man from an abdominal spear wound.³ The patient's condition had declined during the first two days following Ross's surgical removal of the barbed spear. The doctor noted that when he visited his patient on the third day, the surgical dressing had been removed and replaced by a poultice of gum leaves and shoots. Ross then stated that 'the slight chance of his recovery seemed now to be completely taken out of my hands'.⁴ To his surprise, he documented the patient's steady improvement over the next two weeks.

The patient's recovery would have appeared much more amazing to Ross's contemporaries than to current medical readers, as deaths from infected surgical wounds were then common. Joseph Lister's ideas about antisepsis and aseptic surgery had been published in the *Lancet* only in 1867 and were not then widely accepted or implemented.⁵ The germ theory of infection had not yet been proposed and the subsequent discoveries of vaccines and then antibiotics were still to occur.⁶ At a time when Western medicine was far less effective than today, Ross could see the advantage of investigating effective Aboriginal treatments as yet unknown to Western medicine. After describing the patient's illness and recovery, Ross explained to readers the purpose of his article:

Reading doctors' writing

In submitting so remarkable a case to the notice of the medical profession, I do so to stimulate research in the matter, and to attract special attention to the effects of so novel and simple a remedy, than with the view of pluming myself with any degree of credit for the recovery of the patient, a circumstance more indebted, I fully believe, to the efficacy possessed by this species of the Eucalypti than any services which I may have rendered the unfortunate sufferer.⁷

His circumlocutory writing style and stylistic embellishments were typical of writing in the early Australian medical journals, and are very different from the arid scientific writing today. Ross wrote several more articles for the *New South Wales Medical Gazette* over the next couple of years, but did not mention Indigenous people again except when he quoted this first article in a letter to the editor in 1872.⁸ His publications reflect the differences between medical journals in the 1870s and those in the twenty-first century. Medical journals today would be unlikely to publish Ross's long rambling reflections entitled 'Jottings on vitality; or, the physical basis of life' because they do not conform to the current requirements for conciseness and precision in articles with a predictable structure.⁹

Early medical journals in Australia

The *New South Wales Medical Gazette* was not the first Australian medical journal and was published only from 1870 until 1875. The medical journals in the early Australian colonial days were not always certain of survival, and many folded after only a few years. Their status as an appropriate place to publish any medical research, not just Indigenous health research, was also not assured.

These tentative beginnings were similar to the history of medical journals in England. The earliest medical journals in Europe in the seventeenth and eighteenth centuries were mainly short-lived and of relatively low status. Many European medical scientists chose to publish their research in scientific rather than medical journals. The nineteenth century saw the beginnings of the general medical journal. These were journals for all doctors (not just a single specialty) and they usually combined original research papers with commentary and news items.¹⁰ In England, the *Lancet* was first published in 1823 and the *British Medical Journal*, the journal of the British Medical Association, was first published in 1857 (although it began as the *Midland Medical and Surgical Reporter* in 1828).

Medical journals and associations in Sydney

The first medical journal published in Australia was probably the *Australian Medical Journal*.¹¹ It was published in Sydney from August 1846 but continued only until September the following year, though a later but unrelated Victorian journal used the same name.

The first Australian Medical Association was formed in 1859.¹² Over the next ten years it held more than a hundred meetings where scientific papers were given and other professional matters were discussed. In 1869 the association eventually ceased to function (except for its Benevolent Fund) because of falling subscriptions and poor attendances at meetings. The association's final president, Frederick Milford, blamed its downfall on the absence of a medical journal to publish the papers read at meetings. The necessary mutual support of a medical association for its medical journal and vice versa did not occur in Sydney until the 1880s. Two more medical journals, the *New South Wales Medical Gazette* and the even shorter-lived *Australian Practitioner*, began and then closed shortly after in the 1870s.¹³

A New South Wales branch of the British Medical Association (BMA) was formed in 1880. The BMA had been formed in England in 1832 with branches outside Britain first established in 1877 in Jamaica, and in 1879 in South Australia.¹⁴ In the following year, 1881, the *Australasian Medical Gazette* was first published. It was initially published privately, but the New South Wales branch of the BMA purchased and took over its publication in 1895, and it became the official publication of all Australian branches of the BMA (except the Victorian branch).¹⁵

The *Australasian Medical Gazette* was the most enduring early general medical journal published in Sydney. It also published three-quarters of the Indigenous health publications from Australian general medical journals before 1914: most of these in its last four years. In 1914, the *Gazette* amalgamated with the Melbourne-based *Australian Medical Journal* to form the *Medical Journal of Australia (MJA)*.¹⁶

Medical journals and associations in Melbourne

The early history of the medical profession and of medical journals in the Victorian colony was different to that in New South Wales. Unlike the more uncertain beginnings in Sydney, doctors in Melbourne had a professional association with its own journal from the 1850s.¹⁷ The medical school at the University of Melbourne was established in 1862, twenty-one years before the first medical school in Sydney.¹⁸ Their first professional association, the Port Phillip Medical Association, was established in 1846, just eleven years after John Batman's 'purchase' of 60,000 acres of land (including what is now Melbourne) from the Kulin.¹⁹ The association lasted only five years but it was succeeded the following year by the Victoria Medical Association which survives today, after a few name changes, as the Medical Society of Victoria. In 1907, the Medical Society of Victoria amalgamated with the Victorian Branch of the BMA, which had formed in 1879 and had initially competed with the society for members.²⁰ After this amalgamation, the society continued only as the title holder of the branch's land and buildings.

Reading doctors' writing

The society first published the *Australian Medical Journal* in 1856. The journal was renamed the *Intercolonial Medical Journal of Australasia* in 1896 after its amalgamation with the *Intercolonial Quarterly Journal of Medicine and Surgery*. It belatedly returned to its original name in 1910, some years after federation.²¹ The journal's interests did not include Indigenous health and it did not publish any Indigenous health publications after the 1870s; nor did any of the five short-lived rival medical journals published in Melbourne.²²

Amalgamations

The *Intercolonial Quarterly Journal of Medicine and Surgery* had begun in 1894 after a successful resolution at the 1892 Intercolonial Medical Congress which proposed: 'That it is desirable to found an Australian Medical Journal'.²³ However, this journal lasted only one year before it amalgamated with the *Australian Medical Journal*. At the next congress, held in Dunedin, New Zealand, in 1896, a proposal was made to amalgamate the three journals of the various Australasian branches of the BMA: the *New Zealand Medical Journal*, the *Intercolonial Medical Journal of Australasia*, and the *Australasian Medical Gazette*. The proposal was rejected, as was a proposal to form an Australian medical association in order to facilitate a single journal.²⁴

Discussions between the editors continued, and the *New Zealand Medical Journal* amalgamated with the *Australasian Medical Gazette* in January 1897. Growing dissatisfaction among New Zealand doctors led to the dissolution of the amalgamation and the re-appearance of a separate *New Zealand Medical Journal* in 1900.²⁵

There was no formal national structure to link the branches of the BMA in the different Australian colonies (then states) until the Federal Committee of the BMA in Australia was formed in 1911. This national body quickly resolved to establish a national weekly medical journal. In 1913, the committee formed the Australasian Medical Publishing Company, with directors from each state branch of the BMA. The company then purchased the two remaining Australian medical journals (the *Australasian Medical Gazette* and the *Australian Medical Journal*) before replacing them with the first truly national Australian medical journal: the *Medical Journal of Australia*.

The first issue of the *Medical Journal of Australia* was published on 4 July 1914, an event described by the President of the Victorian branch of the BMA as the most significant event so far in the history of the Australian medical profession.²⁶ The first editor of the journal was Henry Armit. After Armit's sudden death in 1930 there were only two editors of the journal until 1977: Mervyn Archdall (1930–57) and Ronald Winton (1957–77).²⁷ The stability and influence of these three editors is remarkable both because of the transience of medical journals prior to 1914 and because there were nine editors in the twenty years following Winton's resignation in 1977.

Whilst there was no truly national forum for Australian doctors before the *MJA* and the Federal Committee of the BMA, there were large Intercolonial (and after 1905, Australasian) Medical Congresses held regularly in Australia and New Zealand. The first

of these congresses was organised by the newly formed South Australian branch of the BMA, held in Adelaide in 1887 and attracted 155 people.²⁸ In 1902, 420 doctors attended the sixth congress in Hobart.²⁹ The transactions of these congresses were all published, and included some Indigenous health research. Transactions of later congresses were published as supplements to the *MJA*. Before the formation of the *MJA*, the congresses and their transactions had a more important role in the dissemination of medical information to a *national* medical audience. Apart from these transactions of the congresses there were no significant medical journals published outside New South Wales and Victoria before 1914.³⁰

The tentative beginnings of Indigenous health research

Before 1914 and the *MJA*, there were not many publications about Indigenous people in Australian medical journals.³¹ More than half of these were written anonymously. As well as news items and commentaries, these anonymous publications included extracts from newspapers, compilations of letters from named authors, and reports from papers given by named researchers at various meetings. Whilst the editors thought these extracts and reports about Indigenous health of interest to their medical readers, perhaps the researchers thought there were other more appropriate ways to disseminate their work.

The dramatic increase in Indigenous health publications in the last few years of the *Australasian Medical Gazette* (see figure 2.1) included more publications submitted by named authors. This was a time of greatly increased certainty and optimism about the status of Australian medicine and medical journals. There was no similar peak in citations in these years from either the transactions of the medical congresses or from the most commonly cited non-medical journals.

The small number of these publications cannot be explained by a possible preference to publish in British medical journals. For much of this period, Australia was still a collection of British colonies, and members of the BMA in Australia received the *British Medical Journal* as well as the journals produced by local branches. Before 1914 there were very few Indigenous health publications in the *British Medical Journal*, the *Lancet*, or in the British journals of the emerging specialty of tropical medicine.³²

In contrast, publication in anthropological and anatomical journals and the transactions of meetings of Australian general scientific associations seem to have been the preferred alternatives. The *Journal of the Royal Anthropological Institute of Great Britain and Ireland* had the most Indigenous health citations before 1914 in Moodie and Pederson's Aboriginal health bibliography.³³

In the introduction to their bibliography, Moodie and Pederson acknowledged that the selection criteria for publications from non-medical journals to be cited in their Aboriginal health bibliography were somewhat 'arbitrary'.³⁴ It was likely to have been more difficult than for publications in medical journals. The bibliographers had to decide

whether the non-medical publications were about Aboriginal people and also their health, and so they chose to exclude many of these publications about social anthropology. There may have been many more articles listed from non-medical journals if they had been published in a medical journal. However, an article in a medical journal would have had wider influence on doctors than the same article published in a non-medical journal.

All publications about Indigenous peoples' health do not have the same influence on the representations of Indigenous people and their health in the associated discourse. I believe that the most influential texts have been those either written primarily for a medical audience, or those which proclaimed the medical expertise of their author or authors. I have chosen to concentrate on the *MJA* and, in this chapter, the Australian medical journals (and transactions of medical congresses) before the *MJA* was established. These texts often quite clearly stated that they were about Indigenous people and their health, and so they indicated that they were part of the creation and reproduction of this discourse. It is the telling and the retelling of the stories and ideas in these texts that has been most important in the way doctors and other Australians think about Indigenous health. Related texts and discourses were important in the creation of these core Indigenous health texts and may also be extremely important in understanding Indigenous health (which is different to understanding the representation of Indigenous health).

The case that Ross's article was the first in an Australian medical journal about Indigenous people's health seems sound, even though Moodie and Pederson's bibliography cites an earlier article from the *Australian Medical Journal* in 1867. This article was about the introduction of typhoid in North Queensland and did not directly mention Aboriginal people. There were also a few passing references to Indigenous people in earlier articles uncited by the bibliography, but no earlier articles primarily or largely about Indigenous people and their health. These included a short footnote (to a remark that there had been no smallpox in the colony) in an 1846 article in the Sydney-based *Australian Medical Journal*. It referred to an unconfirmed smallpox-like disease that had 'proved very destructive among the aboriginal tribes'.³⁵ In 1869, in the Melbourne journal of the same name, there was a brief reference to the body of an Aboriginal person in a news item from Tasmania about Dr Crowther's dismissal from the General Hospital. Readers were told that he was being sacked for his 'alleged connection with the mutilation of the body of the last of the aboriginals'.³⁶ The body belonged to the man thought to be the last Tasmanian Aboriginal man. The theft of his skull before burial and then the theft of his body from his grave are iconic events in the memories of medical science's entanglement with the brutalities of colonialism. Crowther's grandson described the events in an article in the *MJA* in 1934, but exonerated his grandfather because '(if he were responsible) his scientific zeal was to blame'.³⁷

Primitive medicine and surgery

After Ross's article in 1870, many of the other publications about Aboriginal people in these early medical journals also discussed Aboriginal medicine or surgery, with more detailed discussions in the earliest of these publications.³⁸ The authors of these early publications described some of the treatments used by Aboriginal people as effective and some as ineffective or even harmful. When treatments were described as effective, a Western biomedical explanation of the success (or an equivalent Western treatment) was usually provided. Ross attempted to provide such an explanation for the therapeutic effectiveness of the eucalyptus leaves in his patient's poultice and their camphor-like aroma:

It is probably due to these aromatic ingredients, combined with some kind of astringent mucilaginous extract or principle, that it owes such extraordinary therapeutic properties — properties, I believe that are not only sedative, antiphlogistic, but even catalytic or antiseptic.³⁹

In contrast, Indigenous peoples' explanations of disease causation were rarely included in publications, although Aboriginal claims that illness was caused by sorcery were mentioned twice.⁴⁰ These non-Indigenous authors were writing to an audience they supposed included no Indigenous people. The authors assumed the superiority of their own non-Indigenous explanations of disease causation. Seemingly odd non-Indigenous lay and scientific explanations were more frequently discussed and tested (even if they were only quickly refuted) than Indigenous explanations. One example was the detailed discussion and animal experiments by John Burton Cleland, who became the most prolific author of Indigenous health research in the first half of the twentieth century, to test the 'popular' belief that donovanosis was transmitted to Aboriginal women by sexual contact with their dogs.⁴¹

The stated purpose of Ross's 1870 article (to identify new and possibly useful treatments for all people) was not typical of the rest of these descriptions of Aboriginal medicine. In Ross's subsequent publications in the *New South Wales Medical Gazette*, it became clear that his motivating spirit was an ardent parochialism rather than a respect for Aboriginal knowledge. Ross promoted a local approach to medicine based on Australian descriptions and names of diseases, which used locally available therapeutic agents, like eucalyptus-based potions, rather than importing 'foreign dicta' about medicine.⁴² A similar parochialism informed the many articles in the series by the botanist T.W. Shepherd about indigenous and acclimatised medicinal plants written for the *New South Wales Medical Gazette*. Shepherd's only mention of Aboriginal people in this series of articles was extremely derogatory and emphasised their primitiveness whilst reluctantly explaining how even they had rendered poisonous cycad nuts edible.⁴³

Ross later wrote to the editor of the *Gazette* following its 1871 publication of an extract from a French medical journal in which two French doctors claimed to have discovered the therapeutic properties of eucalypts.⁴⁴ He claimed that any honour for the discovery belonged to the New South Wales colony not to Paris, but he did not write that the honour belonged to Aboriginal people. He then quoted a long extract from his 1870 article as proof. In 1880 Ross began to voice his local pride in a different venue: the New South Wales Parliament, where he became known as a strong protectionist. He was the local member for Molong until 1904.⁴⁵

The apparent purpose of most of the other descriptions of Aboriginal treatments in these early medical journals was to provide a better understanding of Aboriginal life. The description of Aboriginal medicine would have been a part of contemporary and past Aboriginal culture of special interest to a medical audience. John Creed explained his choice of publication in the *Australasian Medical Gazette* of his 1833 descriptions of subincision of the penis and other surgical procedures by central Australian Aboriginal people: 'as it [subincision] is surgical in its nature, the *Gazette* appears to be the best medium for the purpose'.⁴⁶ He seemed to imply that because he was discussing an Aboriginal *surgical* procedure he should be writing in a medical rather than an anthropological journal.⁴⁷

Most authors emphasised the exotic and 'primitive' elements in Indigenous medical practices: such as subincision of the penis.⁴⁸ Less than forty years after both Ross's article and Lister's introduction of aseptic surgery, Heuzé Hogg's comment to the 1902 Intercolonial Medical Congress was not atypical. He said, 'With regard to the surgery of the Tasmanian aboriginals, it was, as might be expected, of a most primitive character. Bleeding was stopped by the action of clay and leaves.'⁴⁹

In spite of this seeming emphasis on practices quite different to Western medicine, authors often described these practices using the language of Western medicine. A 1903 report in the *British Medical Journal* made the training and practice of Aboriginal healers more familiar and comprehensible to readers by using the lexicon of Western medical training: examination, admission, 'a kind of General Medical Council', and 'taken off the register'.⁵⁰

These descriptions of Aboriginal medicine as a primitive version of Western medicine had a role in the construction in readers' minds of representations of both 'primitive' Aboriginal culture and 'modernist' Western medicine. In *Gone primitive*, Marianna Torgovnick wrote of Western writers and artists' exploitative use of representations of primitive Others. These representations, still common today, can be exploitative even if primitiveness is portrayed as noble and untainted rather than just backward. She has argued that the purpose of these representations is often not to understand non-Western lives, but merely to provide a comparative standard in an examination of Western culture.⁵¹ Writers also use the primitive to stand for their own Western origins, and to reflect upon what

Western society has lost and gained.⁵² The representations of the primitive give a clearer picture of the authors' assessments of their own society than of the non-Western society they describe.

Similarly, these early stories of primitive Aboriginal medicine could have been read primarily as the stories of the origins of Western medicine with its modernist notions of beginnings and linear progress to the present. The readers' certainties about the strengths of Western medicine and its modernity would have been reinforced, but at the expense of emphasising the apparent backwardness of Indigenous people.

The attention to ulcerating granuloma of the pudenda

The only disease to attract sustained attention in Indigenous health publications in these early medical journals was an uncommon tropical disease we now call donovanosis. It was discussed in a quarter of the publications in figure 2.1.⁵³ In these journals it was then called a variety of names but most commonly 'ulcerating granuloma of the pudenda'. Donovanosis is a mutilating disease of the genitals. It was first described in 1896 in the *British Guiana Medical Annual* and was usually assumed to be sexually transmitted.⁵⁴

The first published description of donovanosis in Aboriginal or Torres Strait Islander people was written by Dr F. Goldsmith, the Protector of Aborigines in the Northern Territory.⁵⁵ On 1 November 1898, Goldsmith wrote to Patrick Manson, 'the Father of Tropical Medicine'.⁵⁶ Manson had included a description of the disease in the first edition of his classic text of tropical medicine, *Tropical diseases: a manual of the diseases of warm climates*, which had been published in London earlier that year. Goldsmith was quick to receive his copy of the book in Darwin and then write to the author before the end of the year about a little-known condition illustrated on page 440 of the manual. Manson published extracts of Goldsmith's letter with his own introductory and concluding remarks in the January 1899 issue of the *Journal of Tropical Medicine*.

In his letter, Goldsmith described his difficulty in treating this condition in two Aboriginal women. Hospital treatment had lasted six months: four months failed systemic anti-syphilitic treatment followed by a couple of months of successful topical treatment. Manson's book had arrived after cure and discharge. Goldsmith had probably read this book quickly, looking for advice about this clinical problem which he had recently struggled to treat and understand. He then discussed two other similar cases before concluding that the disease was transmitted sexually, was different to syphilis, and was not confined to Indigenous people. Goldsmith described a case of the disease in a white man, but he clearly implied that an Aboriginal woman was the source of that infection.

I was consulted yesterday by a white man with an ulceration on the under surface of the glans penis with corresponding ulceration on the contiguous portion of the prepuce. He

informed me that he had had connection with a [lubra] months ago, and that the sore had remained unchanged for the last two months.⁵⁷

Similarly, most of the subsequent publications about donovanosis described it as a largely Aboriginal or Torres Strait Islander disease. They implied that Indigenous people were always the source of infection with this disease even if they acknowledged that donovanosis could also affect non-Indigenous Australians. J.B. Cleland even proposed calling the infecting pathogen *Spirochaete aboriginalis*; he had mistakenly thought the responsible organism was a spirochaete as in syphilis.⁵⁸

Goldsmith later included donovanosis in a more general discussion of tropical medicine in northern Australia in a paper given to the 1899 Intercolonial Medical Congress. Donovanosis was discussed by other authors in papers at the 1902, 1908 and 1911 congresses, and in four publications in the *Australasian Medical Gazette* in 1911. At least two other congress papers and another article from the *Australasian Medical Gazette* described donovanosis but were not cited in the bibliography. What are we to make of this emphasis on donovanosis? Perhaps it was not just chance that a mutilating disease of the genitals that most assumed was sexually transmitted was the first disease to receive such concentrated attention in Indigenous health research.

The clinicians were no doubt excited by their descriptions of the more effective treatments that they had tried for this new and difficult-to-treat condition. They also shared the enthusiasm of those searching for an aetiological organism. It is likely that each new publication encouraged others to publish in this search for the cause and treatment of a relatively rare but 'interesting' condition. The aetiological organism was finally identified in 1913 by two Brazilian researchers.⁵⁹ After this, authors of Indigenous health publications in the *MJA* lost interest in donovanosis although other sexually transmitted diseases continued to be mentioned. There were only twelve publications that even mentioned donovanosis in passing in the more than three hundred *MJA* publications about Indigenous health before 1970.⁶⁰ In the last few years of the twentieth century, there was a renewed research attention on donovanosis among Aboriginal people in central and northern Australia associated with the availability of new shorter courses of treatment and new diagnostic advances.⁶¹

Donovanosis was probably not the most important health problem for Indigenous people at the beginning of the twentieth century. However, historian Suzanne Parry has reported that it was an important reason for attendance at a small medical clinic in Darwin in the first decades of the twentieth century.⁶² Regardless of its uncertain national contribution to Indigenous ill health, each new publication discussing donovanosis in Indigenous people would have emphasised to readers the idea that donovanosis was of special concern in Indigenous health. Readers also would have noticed that sexually transmitted diseases (STDs) were prominently discussed in overviews of Indigenous (and tropical) health.⁶³ Given this prominence in the emerging Indigenous health discourse,

readers may not have been surprised that James Hope, the principal medical officer of Western Australia, chose to discuss *only* donovanosis in the section about diseases amongst Aboriginal people in the abstract of his annual report that was published in the *Australasian Medical Gazette* in 1911.⁶⁴

Hope was not the only government official to emphasise the importance of STDs over other diseases in Indigenous people. The control of the sexuality of Indigenous people, especially Indigenous women (but rarely their sexual partners if they were white men), was a central element of colonial policy and power. The representation of Indigenous people as a source of STDs in non-Indigenous Australians was a justification of the policy of police examinations of Indigenous people followed by isolation and incarceration of those found with STDs in lock hospitals [they were called ‘lock hospitals’ and were ‘locked’] on islands in Western Australia and Queensland.⁶⁵ This policy was an example of the close links between medicine (including the representations of Aboriginal and Torres Strait Islander people in health research) and some of the cruellest excesses of colonialism.

Photographs of sexualised colonial power

Not only was donovanosis the most prominent disease discussed in these publications but all of the photographs of Aboriginal or Torres Strait Islander people in these early Indigenous health publications were of people with donovanosis. There were few other photographs of people in these early Australian journals; there were many more photos of dead people and their parts, in particular freakish pathology specimens such as foetuses with monstrous deformities.

There were six photos of donovanosis (five of Aboriginal people and one of a Sri Lankan) in the two thousand pages of the 1911 volume of the *Australasian Medical Gazette* and the transactions of the 1908 Australasian Medical Congress. Only nine other photographs of people appeared in these two publications. These were of people with either rare conditions of the vulva, disfiguring skin conditions or polio. In the series of four photographs of people with polio, one of the patients was naked but the photograph had been altered so that the genitals were erased. This suggests an odd prudishness absent from other photographs. The photographed polio patient was white.

There was considerable medical interest in other STDs, especially the ‘red plague’ syphilis, in Australia at this time.⁶⁶ But it was the colonial context of the representations in tropical medicine that appears to have most influenced these representations of Indigenous people with donovanosis. In the 1909 volume of the *Journal of Tropical Medicine and Hygiene*, as well as the seven photos of Aboriginal people with donovanosis, there were more than thirty other photographs of people. These included a few formal photographs of the staff of the London School of Tropical Medicine. Like the photographs of Aboriginal people with donovanosis, most of the remaining images were of the grotesque

with an emphasis on the sexual: conditions like elephantiasis of the scrotum and bilharzia of the anus and penis.

The photographs of Aboriginal people with donovanosis were part of a broader discourse: the way British (and other European and American) tropical medicine writers represented the indigenous peoples in their colonies. This discourse of tropical medicine was a specific example and component of the more general colonial discourse that Edward Said has called Orientalism. Marianna Torgovnick emphasised the importance of sexuality and sexual voyeurism to this discourse. The photographs on the covers of her book *Gone primitive* and Said's *Orientalism* are perfect examples of the images in this sexualised colonial discourse. Man Ray's famous and sexually charged photograph *Kiki*, also known by the more revealing title *Noire et blanche* (Black and white), juxtaposes his lover's naked upper body beside an African mask on the cover of Torgovnick's book. And Said's book cover shows a painting of a naked performing boy wrapped in a snake in front of his audience and some Islamic frescoes.

Other writers about colonial discourse have made similar remarks about its very sexual images. The Martiniquan psychiatrist Frantz Fanon has discussed the excessive focus by whites on the myths of the sexual potency and the genitals of blacks (especially, but not only, of men) in his classic text *Black skin, White masks*. He wrote that 'one is no longer aware of the Negro but only of a penis; the Negro is eclipsed. He is turned into a penis. He is a penis'.⁶⁷ More recently, Robert Young has claimed that nineteenth century racial theories were explicitly and unashamedly about sex. But he wrote that there was an unresolved tension in this discourse; writers repeatedly described a repugnant sexuality of blacks that they found *both* disgusting and fascinating.⁶⁸

It is not implausible to see the concentration on images and diseases related to sex in both the Australian Indigenous health publications and in tropical health publications about other colonised peoples as both contributing to and influenced by this broader sexualised discourse. The Indigenous people with donovanosis were photographed either completely naked or partially disrobed with their disfigured genitals exposed. In some photographs, only the genitals were shown; in others, most of the person was shown including their face. As in other photographs in these medical journals, there was no attempt to hide or protect the patient's identity.

The photographs in a 1909 article in the *Journal of Tropical Medicine and Hygiene* by Cleland and Hickinbotham were of Aboriginal people in much more humiliating positions than the other photographs of both donovanosis and other genital diseases.⁶⁹ One photograph was taken from behind a naked emaciated twelve-year-old boy bending forward with his head resting on the bed and looking back between his legs at the camera. In another photograph, we can see a woman we are told is called 'Polly' lying on a bed. The photo was taken from the end of the bed looking straight at her exposed mutilated perineum; because of the low camera angle we can only see her perineum and legs and a

tangle of either sheets or clothes. A white man is shown standing beside her and is with some effort opening her legs in order to expose her genitals to the camera. All we see of him are his hands pushing against her thighs, his dark suit, his white cuffs and his white handkerchief in his breast pocket.

Whilst this and other photographs graphically displayed the disfigurement of the genitals caused by donovanosis, they reveal even more about power (not just sex) and colonialism. The absence of photographs of the genital lesions of the white men with donovanosis, also discussed in these same articles, is revealing. We can see the white man's power over this Aboriginal woman and her loss of dignity in the name of medical science. Herbert Basedow, the first Chief Protector of Aborigines (and Chief Medical Officer) in the Northern Territory, acknowledged this possibility but did not address its implications. He chose to embed the following anecdote and a similar story from central Australia in a discussion of the 'strange' and seemingly contradictory Aboriginal attitudes and behaviours towards nudity and clothing.

It so happened that for scientific purposes it was necessary for me to photograph a semi-civilised lubra of the Daly river district in an attitude that under other conditions would have been considered most unbecoming. Although the woman submitted to the ordeal, she later went to my brother, who was at the time acting in the capacity of district-magistrate, and laid the following charge: "Boss, this man" — pointing to me — "been take 'em wrong picture longa me. I want you tell 'em Gee Arr." (GR referred to the Government Resident who was also the Chief of the Judiciary at Port Darwin).⁷⁰

I have chosen not to include reproductions of these photographs. Although the shock of seeing them might have reinforced my arguments, it would also replicate the abuse of power and the loss of dignity caused by their original publication.

Aboriginal people as a 'doomed race'

The Medical Superintendent of the General Hospital in Brisbane wrote in 1911 that a detailed investigation of donovanosis was 'necessary for the preservation of a rapidly passing away race'.⁷¹ Most readers and writers of this early medical research believed Aboriginal people had little hope of a future and would inevitably become extinct. Russell McGregor has described the history of this 'doomed race theory' in his book *Imagined destinies*. This predicted extinction was not necessarily related to the scant demographic data available.⁷² The idea was most widely accepted at the end of the nineteenth century but was still largely unquestioned in the early decades of the twentieth century when the Aboriginal population had started to increase again.⁷³ Between the wars, medical scientists, anthropologists, humanitarians and Aboriginal activists questioned and began to undermine the certainty of the assertions about the inevitable demise of Aboriginal people.⁷⁴

This 'incorrect' idea of a dying race had an enormous impact on colonial thinking and policies about Aboriginal people. Most people believed that little could be done to prevent the inevitable demise of the race, so only palliative services would be required for the short time that remained before this final moment, 'smoothing the pillow of a dying race'. But many humanitarians took this pillow-smoothing very seriously and earnestly applied themselves to this seemingly urgent task. They campaigned against frontier violence, even though they confidently accepted Aboriginal extinction as inevitable. This combination was also seen in medical research.⁷⁵ McGregor has warned that this idea of a doomed race was not merely a neat excuse to assuage white guilt about the cruel effects of colonialism and frontier violence on Indigenous peoples, but, of course, many did make use of this consolation.⁷⁶

There were two essential elements to acceptance of the doomed race theory: Aboriginal people were believed to be a different race and this race was thought more primitive than Europeans. It was thought that such a primitive and inferior race would not survive long following the arrival of the superior Europeans.⁷⁷ This prediction of imminent extinction was frequently referred to by authors of early Indigenous health publications.⁷⁸

Doctors usually represented Aboriginal bodies as very different from non-Aboriginal bodies, although a few of the earliest medical research publications included Aboriginal patients alongside non-Aboriginal patients in case series without comment.⁷⁹ In the first Indigenous health research publication, Ross implied an expected difference when he expressed doubt whether the Aboriginal medicine he had described would 'act so obediently in similar cases in the European subject'.⁸⁰ Cleland emphasised the distinctiveness of Aboriginal people by describing cases of common conditions just because they had occurred in an Aboriginal person.⁸¹ In a 1912 description of autopsy specimens from two Aboriginal patients with the common disease, tuberculosis, he wrote:

The Australian aboriginal is fast disappearing. In settled portions of the south of the continent pure-blooded individuals are rarely seen, and in some of the States are already almost extinct. It seems of value, therefore, to record every occurrence of disease amongst them, and still more so when the manifestations of such disease seem to differ from those usually found in Europeans. It is with this object in view that the two following cases of tuberculosis in Australian natives are recorded.⁸²

Aboriginal people were described as not only different and doomed, but also as a race. The term 'race' was used much more broadly in the nineteenth century; the tighter, present-day definitions of race, culture and nation were then conflated as race. Such broad racialised explanations permeated the arts as well as the sciences.⁸³ The science of race did not create race but fed off race's explanatory power: merely substantiating pre-existing cultural notions of race. 'All is race', the future British Prime Minister Benjamin Disraeli

wrote in 1847.⁸⁴ And Robert Young has claimed that, in late nineteenth century Europe, race had replaced the Bible as the fundamental determining principle of historical explanations.⁸⁵ However, Elazar Barkan has written that such broad and imprecise definitions of race, with their inevitable ambiguities and contradictions, were one of the reasons for the later decline of scientific racism between the world wars.⁸⁶

Nationality, ethnicity and inherited race were conflated as ‘race’ in early Australian medical publications, and they were sometimes used interchangeably. Such imprecise and broad definitions of race meant that the authors’ racial explanations and distributions of disease did not necessarily imply a fixed *inherited* immunity or susceptibility to disease, as present-day definitions of race might imply.

It is not so surprising, therefore, that those words that are associated with the idea of an inherited racial explanation of disease (‘half-castes’, ‘full-blooded’, and ‘pure-blooded’)⁸⁷ were only rarely used compared with the frequent use of the word race. These words were used at the time in other contexts. The laws of the colonies and then the states and the new Commonwealth largely defined Indigenous people by their fractions of ‘blood’. Australian legislation first referred to ‘half-castes’ in 1839 in the New South Wales.⁸⁸ These terms, which now we would acknowledge as offensive to Indigenous people, were used much more commonly in subsequent decades in the *MJA*.

Not only were some of the words associated with race science largely absent from this Indigenous health research in these early medical journals, but there was also little physical anthropology included. In the second half of the nineteenth century, physical anthropology became central to the science of race and the increasingly scientific definitions of race. At the turn of the century, physical anthropology was most powerful and its ideas most convincing internationally.⁸⁹ Australian doctors would have been influenced by these ideas even though there were only a few publications in their Australian medical journals before 1914 describing the physical anthropology of Indigenous people.⁹⁰ This absence may have merely reflected the status and tentative beginnings of the Australian medical journals, compared to the *Journal of the Anthropological Institute of Great Britain and Ireland*, which did publish such physical anthropology.

Medical journals throughout this period promoted a view that Aboriginal people were relatively healthy prior to contact with Europeans. This included not only Aborigines before 1788 but also contemporary Aborigines in remote Australia who had had little contact with Europeans.⁹¹ Hogg’s comments to the Intercolonial Medical Congress in 1902 were typical:

Before European colonisation, they seemed to have been a healthy race. The scientists of D’Entrecasteaux’s expedition found but little trace of disease...After English colonisation, however, various diseases spread amongst them, syphilis, phthisis, and pneumonia becoming frequent and fatal.⁹²

Many authors conflated the causes of the destruction of the healthy idyll of pre-contact Aborigines with the effects of 'civilisation', which included the intended and unintended elements of colonisation. Raymond Williams has explained how the word 'civilisation' was used in the nineteenth century to describe both a process and its historical endpoint.⁹³ But he noted that even some early nineteenth century English writers, such as Mill and Coleridge, described both the positive and negative elements of this process and endpoint. The more neutral relativism inherent in the plural civilisations began to appear only in the late nineteenth century. The use of civilisation as an explanation of Indigenous ill health relied on the earlier meanings of the word and implied that Indigenous people were inferior and less advanced historically than Europeans. Norton Manning, the Inspector-General of the Insane in NSW, told the 1889 Intercolonial Medical Congress:

So far as can be gathered from the accounts published by explorers and early colonists, insanity was a very rare affection among the Australian aborigines whilst in their primitive and *uncivilised* condition...As time rolled on, and the aborigines were brought more in contact with Europeans, and became acquainted with the vices and the cares of *civilisation*, we find more frequent notices of mental disease [my italics].⁹⁴

Manning did not return to describe how 'the cares of civilisation' induced insanity but explained more about civilisation's 'vices'. In particular, he emphasised alcohol, as did a report in the *British Medical Journal* in 1903, which stated: 'Under the influence of drunkenness and other evils which civilization has brought in its train, the aboriginal tribes are fast dying out'.⁹⁵ But far more commonly mentioned in the medical journals were the diseases that civilisation had introduced. At the 1902 congress, Hogg described the effects of European contact on TB (phthisis) amongst Tasmanian Aborigines:

Lung diseases became very common amongst the Tasmanian natives, and were the chief cause of the final extinction of the race. Inflammation of the lungs was often very rapid and fatal, and phthisis was prevalent, partly because of the alteration of the habits of the race, partly, no doubt, because of the introduction of that disease by Europeans.⁹⁶

Whilst a few publications discussed the changed habits subsequent to contact (or pre-contact behaviours that made people susceptible to disease) many more discussed various theories about the origins of the infectious diseases introduced to the Aboriginal population. Whilst these representations did not necessarily emphasise Indigenous inferiority and primitiveness, they did imply that their bodies were inherently more vulnerable and less experienced than European bodies. An example was the debate, in the *Australian Medical Journal* in 1877, about the spread of smallpox to the Aboriginal people of the Murray River forty years earlier.⁹⁷

Whilst authors often accepted the role of English colonisation in the spread of disease, they rather more vigorously explored non-English origins of disease. Alternative theories about the source of smallpox concentrated on the French, and in a later publication, the Dutch East Indies.⁹⁸ Macassan traders were blamed for the introduction of leprosy to

Aboriginal people the Northern Territory, and a Chinese cook was blamed in Western Australia.⁹⁹ The origins of hookworm and other tropical diseases were also discussed.¹⁰⁰ But unlike tropical medicine research in other colonies, and with the exception of sexually transmitted diseases, Indigenous people were only rarely described as a source of infection for the non-Indigenous population.¹⁰¹

Medicine and the policies for a dying race

The claims in these early medical journals that (non-Indigenous) civilisation and its introduced diseases were the cause of Indigenous ill health were both consistent with and justified the government policy of 'protection' of Indigenous people. This was most clearly articulated in an anonymously written discussion in the *Australasian Medical Gazette* in 1913 of Baldwin Spencer's 'Preliminary Report on the Aborigines of the Northern Territory'.¹⁰² It described Aboriginal people as having been 'degraded by a civilisation that they did not understand and from which they needed protection'. The proposed protection involved the appointment of protectors, the creation of large reserves, and the prohibition of supplying opium and alcohol to Aborigines.

Two earlier articles in the *Australasian Medical Gazette* in 1911 had promoted a special role for medicine in the colonial administration of Indigenous people, a not surprising emphasis given the medical audience of the journal.¹⁰³ These articles were written anonymously and may have been read as the opinion of the Australian branches of the BMA (who published the journal) and now reflected a more unified political voice of an organised medical profession in Australia. The first article was a response to a pastoral letter about Aboriginal people written by the Anglican bishops. The article concluded with these comments:

One of the chief problems to be solved, most grievous wrongs to be righted, is a medical one. It is earnestly to be hoped that the matter will be taken up in a true Federal spirit by the Commonwealth and that a capable and energetic medical man will deal and deal thoroughly with those aspects of their case that are our more especial province.¹⁰⁴

In 1911, following the transfer from South Australian to Commonwealth administration of the Northern Territory, Herbert Basedow was appointed as both the Chief Medical Officer and Chief Protector of Aborigines in the Northern Territory (a combination repeated by Cecil Cook from 1927 to 1939). With this appointment, the colonial control and medical care of Aborigines were combined in one position. This did not last, as Basedow resigned one month after taking up his position.¹⁰⁵ In a news item in the *Australasian Medical Gazette*, the anonymous author wrote with regret that Basedow's resignation was due to conflict with the Department of External Affairs. The writer accepted Basedow's claim that because of his professional status he should not have to take orders from anyone in the department except the minister in Canberra.

Reading doctors' writing

One of Basedow's recommendations, not approved by the department, was his proposal for a permanent unique identifying mark scratched onto the skin of all Aborigines in the Northern Territory. This would have become an extreme physical manifestation of the colonial control (and the complicity of medicine and no doubt eventually medical research in that control) of Aboriginal lives. Basedow claimed that it was necessary for his 'scheme of protection, management and *medical* supervision of the aborigines' [my italics].¹⁰⁶ Basedow was replaced by Baldwin Spencer. The journal's news item finished with this sentence: 'Mr. J.T. Beckett, chief inspector of aborigines, is to undertake part of the administrative work, and so leave Professor Spencer free to devote his time to scientific inquiry'.¹⁰⁷

This scientific research of Aboriginal peoples seemed not only more urgent but also more valuable because readers and writers of this research believed the Aboriginal race was fast dying out. They believed that this information would soon be lost to science. McGregor has suggested that there was an element of self-interest in these claims of urgency as researchers may have hoped they would lead to either extra funding or importance for their work.¹⁰⁸ Such claims were more frequent in the limited amount of physical anthropology published in the medical journals. An article in the *Lancet* in 1911 was typical. It praised several times the 'usefulness' of Melbourne University's Professor R.J.A. Berry's collection of data about Aboriginal people's skulls.¹⁰⁹ But this research was surely not useful to the seemingly rapidly declining numbers of Aboriginal people: it was only useful to 'science'. The concern over the possible loss to science from an Aboriginal demise often seemed as important to the researchers as their concern over the loss of human lives. Whilst there were references to the value of science in helping Aboriginal people, this dying race was of much more interest as objects of research rather than as the potential recipients of benefits of medical research.