

***THE BEGINNINGS
OF ABORIGINAL HEALTH
RESEARCH IN AUSTRALIA***

David Thomas

**VicHealth Koori Health Research
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Tel: (03) 8344 0813 Fax: (03) 8344 0824 E: koori@cshs.unimelb.edu.au

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VICHEALTH KOORI HEALTH RESEARCH AND COMMUNITY DEVELOPMENT UNIT

Discussion Paper Series

The VicHealth Koori Health Research and Community Development Unit (VKHRCDU) was launched in June 1999 and has been developed in partnership with the Victorian Community Controlled Health Organisation, the Victorian Health Promotion Foundation (which funds the Unit) and the University of Melbourne through the Centre for the Study of Health and Society where the Unit is located.

At the core of the Unit's work is a commitment to undertaking, collaborating in and supporting research that directly benefits the Koori community. The work of the Unit spans academic and applied research, community development, and medical education. The combination of these activities is a central and innovative aspect of the Unit's function, as is the identification and use of mechanisms to link research with the improvement of health care practices and policy reform. Overall, these tasks are guided by both an Advisory Committee and a Research Advisory Group.

In relation to the research program, five key areas govern the inquiry undertaken within the Unit. These comprise: historical research into Koori health policy and practice; historical and contemporary research into health research practice, ethics and capacity building; applied research on the social and cultural experience of Koori health, well-being and health care delivery; health economics research on the factors and processes that impact on the provision and use of Koori health care; and the evaluation of Koori primary health care and related health promotion programs.

The Discussion Paper Series (DPS) is directly linked to this diverse program of research and provides a forum for the Unit's work. The DPS also includes papers by researchers working outside the Unit or in collaboration with VKHRCDU staff. Individual papers aim to summarise current work and debate on key issues in Indigenous health, discuss aspects of Indigenous health research practice and process, or review interim findings of larger research projects. It is assumed that the readership for the series is a broad one, and each paper is closely edited for clarity and accessibility. Additionally, draft papers are 'refereed' so as to ensure a high standard of content.

More information on the series, on the preparation of draft papers, and on the work of the Unit can be obtained by directly contacting the VKHRCDU.

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**VicHealth Koori Health Research & Community
Development Unit**

Centre for the Study of Health & Society

University of Melbourne

Victoria. 3010

Tel: (03) 8344 0813 Fax: (03) 8344 0824

E: koori@cshs.unimelb.edu.au

THE BEGINNINGS OF ABORIGINAL HEALTH RESEARCH IN AUSTRALIA

Summary

The way in which health researchers have written about Indigenous Australians has influenced the way non-Indigenous Australians think about Indigenous people and even how Indigenous people think about themselves. This discussion paper examines the representation of Aboriginal and Torres Strait Islander people in medical research publications produced before 1914.

The most common disease discussed in these publications is donovanosis—a mutilating sexually transmitted disease (STD). What are we to make of this emphasis on donovanosis? In part, it can be ascribed to the researchers' enthusiastic search for the causative organism and for a better treatment for this 'new' and 'interesting' condition. However, the photographs in these articles suggest that they are part of a larger tradition in tropical medicine that emphasised a sexualised portrayal of colonised peoples. In Australia, the research publications contributed to making the control of Indigenous peoples' sexuality an important element of colonial policy and power. They could be used to justify some of the cruellest excesses of colonialism—police examinations followed by the isolation and incarceration of those found with STDs in lock hospitals on islands in Western Australia and Queensland.

Authors of these medical research publications generally accepted the idea that Aboriginal people were a 'doomed race'. Researchers seemed particularly concerned about the loss to 'science' should Aboriginal people become 'extinct' as expected. As a result, researchers in the first half of the twentieth century concentrated on accumulating information on Aboriginal people before they were 'lost to science' rather than on addressing Aboriginal health problems. But we need to exercise some caution when approaching such a discredited idea from the past. Authors who accepted the inevitability of the prediction could also be appalled by it and campaigned to prevent it. In addition, these early publications used the concept of 'race' quite differently to later authors.

I hope this paper and research project will assist present-day researchers of Indigenous health to reflect upon their own work and encourage them to ask the following questions: How will they choose their next research question? How will they represent Aboriginal and Torres Strait Islander people and their illnesses in their next paper? What are the links between their own research and the history of colonialism and relations between Indigenous and non-Indigenous Australians today?

THE BEGINNINGS OF ABORIGINAL HEALTH RESEARCH IN AUSTRALIA

David Thomas

Danila Dilba Health Service, Darwin

Introduction

Many Aboriginal and Torres Strait Islander people and their organisations have been extremely critical of Indigenous health research (NAHS 1989), as they claim that both its processes and results often just reflect the exploitative history of colonialism in this country. Along with many others, I have largely accepted this Indigenous critique and used it in letters to the editor in response to Indigenous health articles in the *Medical Journal of Australia (MJA)* (Thomas 1992, 1994; Thomas & Anderson 1997).

This discussion paper investigates the beginnings of Indigenous health research in Australia's earliest medical journals and medical congresses up until 1914, the year that the *Medical Journal of Australia* was first published. The *MJA*, the journal of the Australian Medical Association (AMA) and before the AMA was formed in 1962 of the British Medical Association in Australia, became the leading generalist Australian medical journal and accounts for 17 per cent of the citations in both of the only bibliographies of Aboriginal health research before 1986 (Moodie & Pederson 1971; Thomson & Merrifield 1988). This paper is also part of a larger project investigating the history of Indigenous health research in Australia before 1970.¹

The purpose of this project is not to gain an overview of Aboriginal and Torres Strait Islander people's health but to describe how non-Indigenous researchers have written about Indigenous people and their health.² What research questions have they chosen? What explanations do they give for the causes of the various diseases they describe? What do they suggest are the reasons for the 'Aboriginal health problem'? What strategies do they propose to deal with these diseases and this 'problem'? The answers to these questions and other observations are then be used to address the underlying larger question: how have Aboriginal and Torres Strait Islander people been represented in health research writings?

1. This larger project, entitled 'Reading Doctors' Writing: Race, politics and Indigenous health research, 1870–1970', was funded by a NH&MRC PhD scholarship and was based at the Menzies School of Health Research in Darwin; this thesis was submitted in March 2001.
2. Indigenous Australians have only recently begun to publish writings in medical journals, so wrote none of the research publications I have described. However, I will not be investigating their other methods of disseminating medical knowledge.

This work is in part a response to my reading of Marcia Langton's essay on the politics of the representation of Aboriginal people in the film *'Well I heard it on the radio and I saw it on the television...'* (1993). She writes in the introduction, of her hopes that her essay will be the beginning of what she calls 'an anti-colonialist cultural criticism of representation' in many fields. Indigenous health research seems a particularly appropriate field to study, as representations from Indigenous health research have a prominent place in most current discussions about Aboriginal and Torres Strait Islander people. These representations have also influenced the way that I, as a non-Indigenous doctor working in an Aboriginal community controlled health service, and my non-Indigenous and Indigenous colleagues think about Aboriginal and Torres Strait Islander peoples' health and illnesses.

By concentrating on the more widely disseminated ideas in the *MJA* rather than those in specialist journals and other publications, I hope to avoid two of the most common complaints about research using discourse analysis; that it places too heavy an explanatory load on texts that only a few have read, and that it discusses these texts out of their historical context (Jordanova 1995). I also hope to begin to understand (but not necessarily to justify) the intentions of those researchers who created these representations. For if we do not move beyond the now discredited and often racist ideas in their published writings, they will teach present-day researchers little and only reinforce the smugness of today's researchers' claims of difference and discontinuity with this racist past. By trying to understand our predecessors better, we emphasise the possibility that the present has both continuities and similarities with this racist past. This possibility might increase the awareness of present-day researchers of the potential links between their writings and the histories of colonialism and racism.

Early medical journals in Australia

Australia's earliest medical journals were quite different from those published today. The earliest medical journals, which appeared in Europe in the seventeenth and eighteenth centuries, were mainly short lived and of relatively low status. Many medical scientists chose to publish their research in scientific rather than medical journals (Lock 1986). The nineteenth century saw the beginnings of the general medical journal. These were written for all doctors (not just a single specialty) and they usually combined original research papers with commentary and news items (Lock 1986). In England, the *Lancet* was first published in 1823 and the *British Medical Journal*, the journal of the British Medical Association (BMA), in 1857, although it had first appeared in 1828 as the *Midland Medical and Surgical Reporter* (Lock 1986). Bynum has suggested that journals published by medical associations and societies were more likely to survive than those put out by individuals. The *Lancet* is a

notable exception to this rule. It was independently published and its first editor and owner was the crusading Thomas Wakley (Bynum 1998).

The early history of medical journals in the Australian colonies is somewhat similar to the situation in England. The first journal was probably the *Australian Medical Journal*,³ which was published in Sydney from August 1846. However, it only continued until September the following year (a later but unrelated Victorian journal used the same name). Two other medical journals — the *New South Wales Medical Gazette* and the *Australian Practitioner* — started up and then closed after only a few years of publication in the 1870s (Cumpston 1914), despite the valiant efforts of a small group of doctors.

The *Australasian Medical Gazette*, published in Sydney, was the fourth and most enduring early generalist medical journal. The *Gazette* first came out in 1881 and soon became the official journal of all of the newly formed state branches of the British Medical Association in Australia (except the Victorian branch). It published three-quarters of the Indigenous health publications from generalist 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 *MJA* (Anon. 1925).

In contrast to the more tentative beginnings of their counterparts in Sydney, doctors in Melbourne had a professional association with its own journal from the 1850s. However, they still had problems as the journal, the *Australian Medical Journal* (which was known as the *Intercolonial Medical Journal of Australasia* from 1896 until 1910 when it reverted to its original name), was often criticised for its elitism. Many saw it as dominated by the interests of the small number of doctors from Collins Street, Melbourne Hospital and the university (Gandevia 1952). Their interests certainly did not include Indigenous health; the journal only published four Indigenous health publications, all in the 1870s.⁴ The five short-lived rival medical journals published in Melbourne published no articles about Indigenous health.

In Figure 1, with the Indigenous health publications from these Australian generalist medical journals, I have included those publications from the transactions of the medical congresses held in Australia. These transactions were later published as supplements to the *MJA*. The first of these congresses, held in Adelaide in 1887, was organised by the newly formed South Australian branch of the British Medical Association and attracted 155 people (Stokes

3. McIntosh (1951) claims that there are two references to the existence of an unnamed earlier medical journal but there is no further evidence that such a journal existed.

4. These publications were a short case report of an Aboriginal woman who survived a snake-bite as part of larger case series, a two-part series of letters reprinted from newspapers about smallpox epidemics in Aboriginal people in the eighteenth century and a short summary of newspaper reports of the visit of a French anthropologist (Anon. (Gwynne, H.) 1875; Anon. 1877; Anon. 1879).

1937). I have also included those few publications from the British generalist and tropical medicine journals, as for much of this period Australia was still just a collection of British colonies and members of the BMA in Australia received the *British Medical Journal* as well as the journals produced by the local branches.

The last decades of the nineteenth century saw the birth of tropical medicine as a specialty with the discovery of the insect vectors of filariasis, yellow fever and, most importantly, malaria. These discoveries were followed in 1899 by the founding of both the Liverpool and London Schools of Tropical Medicine. Australia soon followed with the opening of the Australian Institute of Tropical Medicine in Townsville in 1910 (Douglas 1977a, b). Since the 1980s, historians have increasingly drawn attention to the role of tropical medicine as a tool of colonialism (Arnold 1988; MacLeod & Lewis 1988).

The earliest publication in Figure 1 was an article written in 1870 by Dr Andrew Ross of western New South Wales for the *New South Wales Medical Gazette*, in which he described the ‘remarkable’ recovery of an Aboriginal man following treatment with Indigenous medicines. However, it is difficult to identify others writing on the subject as more than half of the Indigenous health publications in these early Australian medical journals were penned anonymously (in contrast there have been no anonymous Indigenous health publications in the *MJA* in the 1990s). As well as news items and commentaries, these anonymous publications include extracts from newspapers, compilations of letters from named authors, and reports from papers given by named researchers at various meetings.

This most likely indicates that writers chose to publish or disseminate their work elsewhere and that editors of the Australian medical journals then published ‘anonymously’ reports of these earlier ‘publications’. With some journals having insufficient written material on any topic, it seems unlikely that authors were submitting Indigenous health articles that were not accepted for publication. Although this situation began to change in the last few years of the *Australasian Medical Gazette*, it is puzzling as to why researchers chose not to publish in the Australian medical journals when the editors of these journals seemed to think that their work was of interest to readers.

The reason for this was probably because authors believed that the older scientific journals had a higher academic status than the new Australian medical journals, or that Indigenous health was more appropriately discussed in an anthropological or a general scientific journal than in a medical journal. According to Moodie and Pederson’s Aboriginal health bibliography, the journal with the most citations before 1914 was the *Journal of the Royal Anthropological Institute of Great Britain and Ireland*. Published in London

since 1844 under several different names, it had twenty-seven citations including seven before 1870 when the first Indigenous health publication appeared in an Australian medical journal. The other frequently cited journals included others on anthropology, anatomy journals and the journals of Australian general scientific associations.

The second Indigenous health article written by a *named* author especially for an Australian medical journal was published in 1883—more than a decade after the first article. Written by John Creed, who had been the surgeon on the South Australian Government Exploring Expedition to north Australia, it discussed Aboriginal subincision surgery. Early on in the piece, he explained that his reason for publishing in the *Australasian Medical Gazette* was because ‘it (subincision) is surgical in its nature, the *Gazette* appears to be the best medium for the purpose’ (Creed 1883). He appears to be saying that because he is discussing an Aboriginal *surgical* procedure he should be writing in a medical rather than an anthropological journal. This could imply, if not equivalence of Aboriginal and non-Aboriginal surgery, at least some interest by white surgeons in Aboriginal surgical practice.

The report of the monthly meeting of the Victorian branch of the BMA that follows this article provides another, more mundane, reason for his choice of journal. At the meeting, Creed was unanimously elected editor of the *Australasian Medical Gazette*. Had he not been he might well not have chosen to publish his article in this journal.

In spite of the uncertain beginnings of the Australian medical journals and their scarcity of published research about Aboriginal and Torres Strait Islander people, some ideas about Indigenous people begin to emerge in these early texts. Throughout the period, most authors seemed to believe that Indigenous people had been relatively ‘healthy’ prior to contact with Europeans. Several speculated on the possible origins of the diseases suffered by Aboriginal people, especially smallpox (Anon. 1877; Breinl 1913; Goldsmith 1901; Hope 1911; MacDonald 1907; O’Brien 1909). The negative health impacts of colonialism were ascribed not only to introduced diseases but also to ‘the vices and cares of civilisation’ (Manning 1889). There was a much greater emphasis on the transmission of disease from settlers to Indigenous people than on the discourse common in other colonial contexts that described Indigenous people as a reservoir of disease that may infect the settlers, although this was also mentioned particularly when discussing STDs. This description by Stirling in 1894 is typical:

Gonorrhoea and syphilis are extremely rife, too often, I fear, the result of intercourse with the whites; but there is another aspect of the question under which the whites frequently become the victims. (p. 226)

The ideas espoused in these medical journals were both consistent with and justified the policy of the 'protection' of Indigenous people from the white population, and the isolation (and incarceration) of Indigenous people with diseases (in particular STDs) that might affect the white population. Some articles even suggested that there should be a special and dominant role for medicine and science in the governance of Indigenous people.

Donovanosis

In this period, the only disease to attract sustained attention was an uncommon ailment we now call donovanosis, which then had a variety of names its most common being 'ulcerating granuloma of the pudenda'. A mutilating disease of the genitals, donovanosis was first described in the medical literature in the 1890s and was generally assumed to be sexually transmitted. The disease was discussed in one-quarter of the publications in Figure 1 (Breinl 1913; Cleland 1909; Cleland & Hickinbotham 1909; Goldsmith 1901; Hickinbotham & Cleland 1909; Hope 1911; Jackson 1911; Manson 1899; McLean 1911; Strangman 1911; White 1903).

Donovan identified the diagnostic microscopic features (Donovan bodies) in 1905, and Aragao and Vianna named the aetiological organism *Calymmatobacteria* in 1913 (Breinl, *et al.* 1914). After this, authors of Indigenous health publications in Australian medical journals lost interest in donovanosis, although treatment was often unsuccessful until recently (Bowden & Savage 1998) and other sexually transmitted diseases continued to be mentioned. In the more than 300 *MJA* publications about Indigenous health before 1970, only twelve refer to donovanosis at all (Anon. (Cleland, J. B.) 1922; Anon. 1959; Binns 1945; Breinl, *et al.* 1914; Breinl & Priestley 1916; Cleland, *et al.* 1930; Cook 1966; Earle 1941; King & Wallace 1939; Nimmo 1939, 1941; Watsford & Alderman 1953). However, in the last few years, the availability of new shorter courses of treatment and new diagnostic advances in donovanosis has led to renewed research attention on the disease in Aboriginal people in central and northern Australia (Bowden & Savage 1998).

The first published description of donovanosis in Aboriginal and Torres Strait Islander people was written by Dr F. Goldsmith, the protector of Aborigines in the Northern Territory, in a letter to Patrick Manson quoted at length in the *Journal of Tropical Medicine* in 1899 and at the Intercolonial Medical Congress held in Brisbane that year (Goldsmith 1901; Manson 1899). As well as describing the disease in Aboriginal people, Goldsmith wrote of a case of the disease in a white man but he 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 *bibra*⁵ months ago, and that the sore had remained unchanged for the last two months. (p. 157)

Similarly, most of the subsequent publications about donovanosis in the transactions of other medical congresses, the *Australasian Medical Gazette* and tropical medicine journals describe it as a largely Aboriginal or Torres Strait Islander disease. They imply that Indigenous people are the source of the infection even if they acknowledge that donovanosis also affects non-Indigenous Australians. John Burton Cleland even proposed calling the infecting pathogen *Spirochaete aboriginalis*—he had mistakenly thought the responsible organism was a spirochaete as in syphilis (Cleland & Hickinbotham 1909).

Cleland was the first author to write about cases of diseases just because they had occurred in an Aboriginal person, which emphasised the ‘otherness’ of Aboriginal people, of their response to diseases and of Aboriginal health. Earlier writers had included Aboriginal with non-Aboriginal cases with only a passing mention of, but no comment about, their Aboriginality. Cleland was also the only author to contribute more than a single Indigenous health article to any of the Australian medical journals before the *MJA*. He also had two papers published in English tropical medicine journals before 1914 (Cleland 1912; Cleland & Hickinbotham 1909), and two papers published from the 1908 Australasian Medical Congress about Indigenous health (Cleland 1909; Hickinbotham & Cleland 1909). In fact, he was the most prolific author of Indigenous health publications in the *MJA* in the first half of the twentieth century. He and his work have been discussed in detail in the larger project.

What are we to make of this emphasis on donovanosis? Was it just chance that a mutilating disease of the genitals, assumed by most to be 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 they had tried for this new and difficult-to-treat condition. They also shared the enthusiasm of those searching for an aetiological organism. Each new publication would have encouraged others to search for the cause and treatment of this relatively rare but ‘interesting’ condition.

Even though donovanosis was probably not the most important health problem for Indigenous people, it was still an important cause of both

5 The Englishman, Manson, has obviously not recognised Goldsmith’s use of the word ‘lubra’ to describe an Aboriginal woman and therefore incorrectly transcribed it as ‘bibra’.

morbidity and attendance at medical clinics (Parry 1992), if not mortality. Each new publication discussing donovanosis in Indigenous people would emphasise to readers the idea that the disease was of special concern in Indigenous health. Similarly, readers would have also noticed that STDs were prominently discussed in overviews of Indigenous (and tropical) health (Breinl 1913; Goldsmith 1901; Hogg 1903; Hope 1911; Stirling 1894–95). They may not have been surprised that Dr James Hope, the principal medical officer of WA, chose to discuss *only* donovanosis in the section about diseases among Aboriginal people in the abstract of his annual report published in the *Australasian Medical Gazette* in 1911.

Dr 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 non-Indigenous men), was a central element of colonial policy and power (Austin 1997). The representation of Indigenous people as a source of STDs in non-Indigenous Australians helped to justify the policy of police examinations of Indigenous people, followed by the isolation and incarceration of those found with STDs in lock hospitals on islands in WA and Queensland (Hope 1911; Lewis 1998). This policy is 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.

Not only is 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 are of those with the disease. There are hardly any other photographs of people in these early Australian journals, but there are many illustrations of dead people and their parts, in particular freakish pathology specimens such as foetuses with monstrous deformities.

In the 2000 pages of the 1911 volume of the *Australasian Medical Gazette* and the transactions of the 1908 Australasian Medical Congress, there are six photographs of people with donovanosis (five Indigenous and one Sri Lankan). Only nine other photographs of people appear in these publications, all of which are 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 is naked but the picture has been altered so that the genitals have been erased. This suggests an odd prudishness absent from other photographs. The photographed patient is white.

While there was considerable medical interest in other STDs in Australia at this time (McCalman 1998; Parry 1992), it is the colonial context of the

representations in tropical medicine that appears to have most influenced these representations of Aboriginal donovanosis. As well as the seven photographs of Aboriginal people with donovanosis in the 1909 volume of the *Journal of Tropical Medicine and Hygiene*, there are more than thirty other pictures of people, including 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 are of the grotesque with an emphasis on the sexual—with pictures of conditions like elephantiasis of the scrotum and bilharzia of the anus and penis.

The photographs of Aboriginal people with donovanosis fit into a broader discourse; namely, the way British (and other European and American) tropical medicine writers represented indigenous peoples in their colonies. (A discourse is an institution's accepted but constrained way of thinking, talking and writing.) Foucault was particularly interested in 'medicine' and its medical discourse. He said nothing in medicine exists outside this discourse, which gives medicine all its meaning, and indeed medicine is constructed from within that medical discourse (Turner 1987).

Edward Said's 1978 book *Orientalism* was the catalyst for a great deal of academic attention on the way the West has written about its colonies and their peoples (Gandhi 1998). Said defined Orientalism as both the academic study of the Orient and the more general Western 'style of thought' that stressed how different the Orient is from the Occident. Finally, Said describes Orientalism as a Foucauldian discourse:

Orientalism can be discussed and analysed as the corporate institution for dealing with the Orient—dealing with it by making statements about it, authorizing views of it, describing it, by teaching it, settling it, ruling over it: in short Orientalism as a Western style for dominating, restructuring, and having authority over the Orient.(p.3)

In the twenty years since *Orientalism* was published, scholars in the new field of postcolonial studies have added greater complexity to Said's ideas and emphasised the links with present-day representations of the Orient. One such author is Marianna Torgovnick, who has investigated Western ideas about the so-called 'Primitive' in a variety of fields such as art, fiction, anthropology and the popular culture of Tarzan (1990). Her work emphasises the importance of sexuality and sexual voyeurism to this discourse. The photographs on the covers of both her book, *Gone Primitive: Savage Intellectuals, Modern Lives* (1990), and Said's *Orientalism* emphasise this point. Torgovnick's features Man Ray's famous and sexually charged photograph *Kiki* (or *Noire et Blanche*), which juxtaposes his lover's naked upper body beside an African mask. 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 written about the excessive focus by whites on the myths of the sexual potency and the genitals of blacks (especially but not only of men) in *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.’ (Fanon 1967: 170) More recently, both Ann Laura Stoler and Robert Young have described more complex evidence and theoretical arguments about the importance of sexual images in the production of colonial discourses of race (and discourses of class in Europe) in the nineteenth century (Stoler 1995; Young 1995). In *Colonial Desire*, Young made a strong argument that nineteenth-century racial theorists repeatedly described a repugnant sexuality of blacks that they found both disgusting and fascinating. He has claimed that their racial theories were explicitly about sex:

Nineteenth-century theories of race did not just consist of essentializing differentiations between self and other: they were also about a fascination with people having sex—interminable, adulterating, aleatory, illicit, inter-racial sex. (1995: 181)

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 possibly being influenced by this broader sexualised discourse. The Aboriginal people with donovanosis are photographed either completely naked or partially disrobed with their disfigured genitals exposed. In some photographs, only the genitals are shown; in others, most of the person is shown including their face (as in other photographs in these medical journals there is no attempt to hide the patient’s identity).

The photographs in a 1909 article in the *Journal of Tropical Medicine and Hygiene* by Cleland and Hickinbotham are of Aboriginal people in much more humiliating positions than the other photographs of people with donovanosis and other genital diseases. One picture is taken from behind a naked emaciated twelve-year-old boy who is bending forward with his head resting on the bed and looking back between his legs at the camera. In another photograph we see a woman, whom we are told is called ‘Polly’, lying on a bed. The photo is 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 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.

While this and other photographs graphically display the disfigurement of the genitals caused by donovanosis, do they show us something more? The absence of photographs of the genital lesions of the European men with donovanosis that were also discussed in these same articles is revealing. Can we 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,⁶ acknowledged this possibility but did not address its implications. Rather he chose to embed the following anecdote and a similar story from central Australia in a discussion of the 'strange' and seemingly contradictory (to his non-Aboriginal eyes) 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'æpointing to me'æbeen take 'em wrong picture longa me. I want you tell 'em Gee Arr'.⁷ (Basedow 1935: 21)

I have chosen not to include reproductions of these photographs. The purpose of this paper is not to teach clinicians about the clinical signs of donovanosis and I do not wish to join those of my colleagues who continue to use such demeaning images simply to shock and titillate. I now move from donovanosis to an idea that was similarly frequently discussed and accepted by these early Indigenous health publications but that has since been discredited.

Aboriginal people as a 'doomed race'

Early researchers often promoted the usefulness of more Indigenous health research. This was given more urgency because of the widely accepted and frequently mentioned idea that the objects of that research, Aboriginal people, might become extinct and their potential contribution to science lost (Anon. 1877; Anon. 1879; Anon. (MacPherson, J.) 1903; Anon. 1910; Anon.

6. Basedow was appointed following the transfer of the Northern Territory from South Australian to Commonwealth administration in 1911. His resignation one month after taking up his position was discussed in a news item in the *Australasian Medical Gazette* (Anon. 1911c). The anonymous author says his resignation 'is a matter for regret, especially as ... the reason for his resignation was a conflict with the Department of External Affairs ... As head of a professional department he certainly declined to take his instructions from anybody, as he wanted to make his recommendations and suggestions personally for the approval of the political head.' One of his recommendations, which was not approved by the Department, was the proposal for a permanent unique identifying mark scratched onto the skin of all NT Aborigines. He claimed that this extreme physical manifestation of colonial control (and the complicity of medicine and no doubt eventually medical research in that control) over Aborigines' lives was necessary for his 'scheme of protection, management and medical supervision of the aborigines' (Basedow 1911).

7. GR was the Government Resident, at that time also the Chief of the Judiciary at Port Darwin.

1911a,b; Anon. (Stirling, E. C.) 1912; Anon. (Spencer, B.) 1913; Cleland 1912; Cleland & Hickinbotham 1909; Hogg 1903; Manning 1889; McLean 1911). Their concern over this possible loss to science often seemed as important to the researchers as their concern over the loss of human lives. There may have also been an element of self-interest in these claims of urgency, as they may have hoped for either extra funding or recognition for their work on Indigenous health research.

Russell McGregor (1997) has called this the ‘doomed race theory’ in his history of this idea in anthropology and the administration of Aboriginal Affairs in the Northern Territory. McGregor cautions that the same people who confidently accepted that Aboriginal people would become extinct sometimes also campaigned against frontier violence and the bad treatment by settlers of Aboriginal people. This apparent paradox also occurred in the medical writings (Anon. 1911a,b,c). So, McGregor says:

The doomed race theory was neither merely a sop for disturbed consciences nor an empirical demographic prediction. More than anything else, it was a manifestation of ultimate pessimism in Aboriginal abilities. (p. 18, my emphasis)

McGregor claims that the ‘doomed race theory’ was not necessarily related to demographic data; the Aboriginal population was probably increasing during the early decades of the twentieth century when this idea was still widely accepted (Briscoe 1996). Such an ‘incorrect’ idea had an enormous impact on colonialist thinking and policies about Aboriginal people. McGregor says people believed that ‘the best that could be done for the Aboriginals was to protect them from overt injustice and brutality—for the short time they had left upon this earth’ (1997: 18).

Similarly, the research questions chosen by Aboriginal health researchers may have been influenced by their acceptance of this idea during this period. Research often focused on accumulating information before Aboriginal people were ‘lost to science’ rather than on how best to address Indigenous health problems. An exception was the research that attempted to identify the aetiological organism and compare different treatments in donovanosis, as it was very much concerned with addressing a contemporary Indigenous health problem.

Did these authors and their readers believe that ‘race’ was the cause of Indigenous peoples’ health problems and diseases and probable demise? In his study of scientific racism in biology and anthropology in Britain and the US, Elazar Barkan (1992) gives this warning:

At the beginning of the twentieth century, the term ‘race’ had a far wider meaning than at present, being used to refer to any geographical, religious, class-based or color-based grouping. Although sanctioned by science, its scientific usage was multiple, ambiguous and at times self-contradictory. (p. 2)

Barkan suggests that the lack of any exact definition of racial categories was one of the reasons for the decline of scientific racism between the world wars. Race was used with a similar imprecision in Australian medical publications. The author of the paper 'Race and Insanity in New South Wales, 1878–1887' given at the 1889 Intercolonial Medical Congress, after some discussion used both 'race' and 'nationality' similarly to describe nationality (Ross 1889).

Physical anthropology was central both to the 'science of race' and to the definitions of race, and was at its most influential at the turn of the century (Barkan 1992). Its association with Indigenous health research is important because of the resilience of the negative stereotype of Indigenous health researchers as 'skull measurers'. While these early authors of Indigenous health publications and their readers may have been influenced by the ideas in physical anthropology publications in non-medical journals, only a few of the publications in Australian medical journals before 1914 described the physical anthropology of Indigenous people.⁸ This, however, may just reflect the status and tentative beginnings of Australian medical journals compared to publications like the *Journal of the Anthropological Institute of Great Britain and Ireland*, which did publish such physical anthropology.

Thus, even though authors often described Indigenous people as a 'race' and discussed the possible causes of diseases that were distributed according to racial descent, they did not necessarily say that immunity or susceptibility to disease was inherited by a racial group (Anon. 1908). Therefore, it is not so surprising that those words associated with the idea of an inherited 'racial' explanation of disease—'half-castes' (Manning 1889; Stirling 1894–95; McLean 1911), 'full-blooded' (Bancroft & Cleland 1913), and 'pure-blooded' (Cleland 1912)—were rarely used compared with the frequent use of the word 'race'. They were, however, used at the time in other contexts. In a discussion of descriptions of Indigenous people in legislation, McCorquordale says that the colonies and then the states and the new commonwealth government largely but variously defined Indigenous people racially, frequently referring to quotients of Aboriginal 'blood' (McCorquordale 1986). Legislation first referred to 'half-castes' in New South Wales in 1839, South Australia in 1844, Victoria in 1864, Queensland in 1865, Western Australia in 1874, and Tasmania in 1912. 'Blood'-based definitions and descriptions were incorporated quickly into Commonwealth legislation after Federation, with the first mention in the *Sugar Bounty Act* of 1905.

8. There was a derisory letter to the editor of the *New South Wales Medical Gazette* (Kreffit 1873) describing two Aboriginal peoples' skulls, a short news report promoting the study of Aboriginal peoples' skulls in the *Australian Medical Journal* (Anon. 1879), and a discussion in the *Australasian Medical Gazette* of a dentiferous cyst in the skull of an Aboriginal woman taken from a grave in Victoria (MacPherson 1903). There were later reports about the physical anthropology of Aborigines in the *British Medical Journal* (Anon. (Smith, S. A.) 1908) and the *Lancet* (Anon. 1911b).

These terms—that we would now acknowledge as offensive to Indigenous people—were employed by the *MJA* much more commonly in subsequent decades. This sort of language accompanied an acceptance by researchers of the notion of inherited biological race and their search for haematological markers of ‘race’. I have discussed this research into blood groups and ‘race’ by J. B. Cleland and others in another part of the larger project.

Why history?

I conclude with a brief discussion of what history might offer both health care workers and researchers in Indigenous and Torres Strait Islander health. A week before I formally commenced this project, the *Lancet* published two articles promoting the value in medical education of examining the history of medicine and medical research (Horton 1997; Biddiss 1997). The first, by *Lancet* editor Richard Horton, advocated the reading of a ‘canon’ of great medical texts. His plea was about strengthening medicine by promoting its ‘foundations’ and ‘the intellectual estate of medicine’. It was not really about encouraging any historical analysis of these texts or about analysing or questioning medicine’s power or place in society (or the place of society in medicine).

The second article was written by Michael Biddiss, an English historian. While not suggesting a disregard of the histories of great men (and rarely women) and the contributions of their discoveries in medicine, he celebrated the increasing emphasis on the social context of medicine in recent historical research. These newer social histories of medicine, which have begun to include those marginalised by earlier historiography because of class, ethnicity or gender, contain patients’ stories, discuss changing ideas about health and healing, and even address bigger questions like the changes in the role of the state and state power.

In contrast to the triumphalist linear version of history in Horton’s canon, Biddiss says new historians actively seek out and explore past ‘blind-alleys’ in the history of medicine and medical research. He says that they tell us much about the complexity of past societies and provide a critical antidote to the complacency of our conceptions of present ideas. In so doing, history gives us a greater understanding of ‘our context in time’ (Biddiss 1997). This emphasis on the social and historical context of medicine has considerable value in the current medical education system (and health care practice), which is saturated with enormous quantities of technical ‘facts’ bleached of any contextual information and focused on the most recent medical ‘advances’ and evidence.

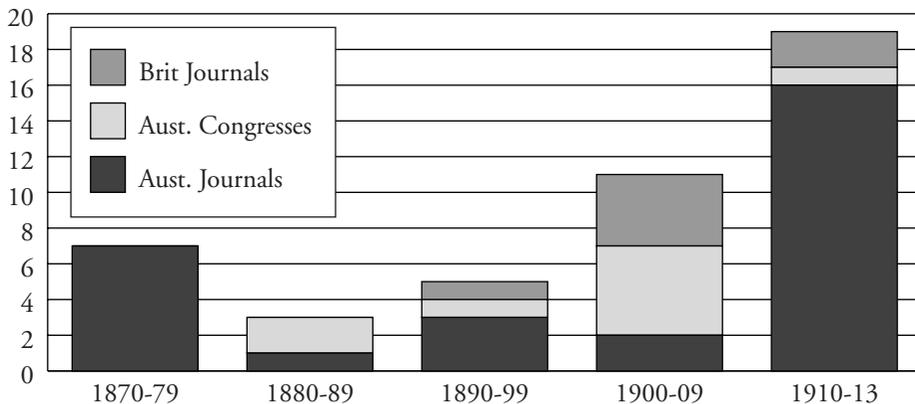
My project is not about undermining the contributions of Australian medical science. I do not deny that recent Indigenous health research has been most useful in leading to much simpler diagnoses and treatment of people suffering

from donovanosis (Bowden & Savage 1998).⁹ However, we should also acknowledge the less successful and even negative elements of Indigenous health research—I see no point in trying to hide this part of the story. Apart from the intellectual and moral dishonesty of such a ‘white blindfold’ approach to Australian history, I believe this strategy suggests researchers can do no better. I disagree.

The medical scientists I work with often believe, or at least hope, that their work is untainted by the messy world of politics—truth rather than values. Yet from the distance of the present they can sometimes see the work of earlier researchers being influenced by the values of their times. I hope this paper and research project will be used by present-day researchers of Indigenous health (particularly but not exclusively non-Indigenous researchers) as a starting point for reflections about their own work. How will they choose their next research question? How will they represent Aboriginal and Torres Strait Islander people and their illnesses in their next paper? What are the links between their own research, the history of colonialism, and relations between Indigenous and non-Indigenous Australians today?

Researchers may find such questioning difficult and confronting at times; much more difficult than just camouflaging offensive concepts from the racist past in more acceptable language from the present. Indeed, it may even lead researchers to highlight rather than hide any colonial and racist stains on their work. Such an acknowledgment may assist ‘reconciliation’, lead to a better relationship between health researchers and Aboriginal and Torres Strait Islander people and their organisations, and, ultimately, enable the development of more cooperative Indigenous health research.

Early Indigenous health publications by decade



9. It can now be diagnosed by swabbing the genital sore rather than by a biopsy, a much more unpleasant procedure which involves cutting out a small piece of the sore. Antibiotic regimens are now more flexible and involve far fewer doses than earlier regimens, which involved at least daily antibiotics for several weeks that were rarely completed and so often did not lead to a cure.

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