Raphael Cilento in Medicine and Politics: Visions and Contradictions

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At the end of his working life as a medical bureaucrat, Raphael Cilento twice tried his hand at Australian federal politics. After an initial joust at a Senate seat, he was encouraged by the fledgling Australian Democratic Union to try the House of Representatives. His choice of electorate was heroic. The seat of McPherson (Qld) was held by Arthur Fadden, one time prime minister and perennial member for this Darling Downs electorate. Standing as an ‘Independent Democrat’, Cilento targeted the Italian community in Stanthorpe, a district where he picked up half the vote in his otherwise unsuccessful campaign. His candidature attracted some notice. Brisbane’s Truth described Sir Raphael as ‘the most distinguished Queenslander to ever enter the Federal political arena’. This might seem a little hyperbolic, but seen in the larger context of Cilento’s national and international work, it was a defensible proposition. Seen literally, it is slightly less defensible since Cilento was not Queensland born. Rather, he came to adopt Queensland — and to seek to advance its standing as an example of successful white settlement of the tropics.

Cilento was among the group of Australian progressives, intellectuals who have attracted much scholarly attention for their contribution to Australian tropical medicine and for their articulation of national futures predicated on advancement of a white and British race in a region dominated by other racial types and cultures.1 This very engagement with the future carried its own contradictions: tropical medicine, for example, would protect the white race but do so by improving the health of other populations. The mind that imagined a world under constant threat also exhibited a vital interest in a world that existed outside the parochial boundaries of the nation. In the permutations of a long and varied career in medicine and medical administration, Raphael Cilento exemplified these tensions. Remembered by some in later generations as reactionary and racist, Cilento’s career stands as a reminder of the twisted lines that connect our modern preferences to uncomfortable foundations. As I will recall below, Cilento was an internationalist who deserves to be remembered for a founding role in post-war refugee administration; a political progressive whose career in public health shaped a free public health system in Queensland; a critic of the conditions endured by Aborigines on the state’s reserves and missions. His affiliations with the extreme right of Australian politics in his declining years looks like an embarrassment against the background of an earlier seemingly progressive career. But that can only be so if we see ideas and politics in simple polarities, and ignore the possibility that some of our political preferences have multiple lineages. As an early practitioner of public health — a specialty that
shares a lineage with racial eugenics — Cilento is an illuminating example of the contradictions of political activism. In what follows, I pursue these interpretations of a complex figure through first, a brief account of his work in tropical medicine; second, an account of his work as an architect of public health; and third, as a player in the development of the United Nations refugee administration in Europe at the end of World War II and later in Palestine. In conclusion, I will suggest that such a career casts Cilento as a Queensland figure of considerable distinction, even while we may recognise the limits of his vision.

**Medicine in the Tropics**

Raphael West, as he was christened, was born on 2 December 1893 at Jamestown, South Australia, the son of Raphael Ambrose Cilento and Frances Ellen, née West.² His father was a railway station master, son of an Italian migrant who ran a shipping business in Adelaide. His mother was musically talented and close to Raphael. In later years, after separation from her husband, she lived with Raphael and the family in Brisbane.³ Raphael (later commonly known as Ray) was educated at Adelaide High School and Prince Alfred College before he won a scholarship to Adelaide University, where he took a medical degree in 1918, with first-class honours. He enlisted in the Australian Army Medical Corps in the last months of the war and was posted to Rabaul. There he became acquainted with the field of tropical medicine, which he was to make a specialty. His reports on medical conditions in New Guinea in 1919 were sent to senior administrators in Rabaul and Melbourne, but failed to get him a continuing post after the war. He returned to Australia in October 1919. In March 1920, he married Phyllis Dorothy McGlew, who had been the sole female student in Cilento’s year at Adelaide Medical School. She was to achieve much in her own right after Ray’s star began to wane.

Cilento’s difficulty in obtaining employment in Australia was compensated for by an appointment in Asia that enabled him to advance his interests in the region and its health challenges. Shortly after his marriage, he obtained a position as physician
to the Sultanate and State of Lower Perak in Malaya. There he and Phyllis developed their expertise in tropical medicine. For Raphael, already absorbed by his wartime experience in New Britain, the Malayan posting consolidated a lifelong interest in the countries of the Asia-Pacific; forty years later, as President of the Australian-Asian Society of Queensland, he was prominently represented among Queensland dignitaries celebrating the creation of Malaysia. From the 1920s on, he insisted that Australia should be actively involved with the countries closest to it, those constituting its geographical domain. Cilento’s experiences in Malaya also added to his depth of knowledge and commitment to international issues in public health, reflected in his later career.

As a physician interested in public health, the tropics and research, Cilento was very well placed to take some advantage of emerging opportunities bringing these interests together. Within a year of the Cilentos’ arrival in Perak, Raphael was offered a post in the new Commonwealth Department of Health as Medical Officer for Tropical Hygiene, based in the Australian Institute of Tropical Medicine (AITM) in Townsville. His appointment required him first to undertake study in London for the Diploma of Tropical Medicine and Hygiene, an enterprise he completed with distinction. On returning to Australia, he became a leading figure in the development of tropical medicine. His achievements at the AITM attracted the attention of the Commonwealth government. From 1925 to 1928, he was seconded to be Director of Public Health and Quarantine in the Mandated Territory of New Guinea (1925 to 1928). In this post, Cilento continued his research, adding inquiries and data regarding tropical diseases in New Guinea to the work continuing in Townsville. Along with two other pioneers of Australian public and preventive medicine, J. H. L. Cumpston and J. S. Elkington, Cilento helped shape policy and practice in quarantine and tropical disease management.

During these years, Cilento also became intensely interested in a fashionable research problem — indeed, a political obsession, of the time: could the white man settle successfully in the tropics? Pursuing this question with his characteristic energy, Cilento became a major advocate of the view that the evidence demonstrated clearly that the white man could colonise the tropics. There was a qualification — the white man could do this successfully, but subject to some conditions, including sensible diet and dress. It was Phyllis, however, who would in the long run become the more famous advocate of these prescriptions for a healthy life.

Already, Cilento’s career was demonstrating evidence for him being an internationalist before his time. Yet his ardent demonstration of the white man’s potential in the tropics was also an influential engagement with the narrowing vision of ‘White Australia’ as a political and social ideal in the inter-war years. In this enterprise, we see Cilento’s most fatal flaw. Much of his brilliance, energetically applied to the development of sound research and policy in the control and eradication of tropical diseases, was directed also to applying the developing techniques of epidemiology and tropical medicine in the service of ideas about racial hierarchies which had a firm basis in the nineteenth century. These ideas eventually would be discredited by the history as well as science unfolding from the 1920s, but even so Cilento hung on to them well past their waning. Into the 1950s, 1960s and 1970s, he was still writing about the white man in the tropics and racial vitality in ways that ensured his reputation for good work in other domains would struggle to survive his own monomania.
Public Medicine and Private Obsession

Following his time in New Guinea, Cilento was appointed as Director of Tropical Hygiene, and the family moved back to Townsville. His six-year appointment there ended in 1934 when the Commonwealth Department of Health closed the Division and appointed Cilento to a post in Canberra. Reluctant to settle in Canberra, Cilento also resisted moving the family there. Favoured by some for the post of Administrator in New Guinea, he was nonetheless overlooked. He was saved by a Queensland Labor government known for its radical approaches to public medical provision. There is some evidence to suggest that Cilento had worked with Forgan Smith on the development of a significant innovation in the creation of a Health Department. Whatever the case, in 1934 Edward (Ned) Hanlon, the reforming Labor Home Secretary, appointed him the first Director-General of Health and Medical Services in Queensland.11 This was a post for which his intense work on tropical medicine already shaped a vision of public health with a powerful role for the state in securing the prosperity of white settlers in northern Australia. In a compelling contextualisation of Cilento’s work of this period, Robert Dixon proposes that we recognise the links between Cilento’s work in the tropical colonies of Britain and Australia since the 1920s — ‘laboratories of modernity’, as he describes them — and the public health regimes that developed in Queensland for the advancement of its white settler subjects.12

Cilento threw himself into the task of creating a new public medical system, writing new legislation in general medicine as well as mental health. His keen interest in research continued. Australian medical research was stimulated under Cilento’s active role on the new National Health and Medical Research Council. In Queensland he was a fervent advocate of government sponsorship of medical research, seeing this bear fruit in the establishment of the Queensland Institute of Medical Research in 1944. A key supporter of the establishment of Queensland’s first medical school, he was appointed in 1937 to the (honorary) position of Professor of Social and Tropical Medicine, a post he held until 1946.13 During his time controlling Queensland Health Services (to his portfolio was added the rest of the Home Department in 1937), Cilento continued to pursue his own medical research, especially into the state of Aboriginal health: his reports on the poor conditions on Queensland’s reserves made political and bureaucratic waves and in retrospect have been considered exceptional. Even before his Queensland appointment, Cilento was a critic of the state’s Aboriginal administration, which he blamed for the poor diet underlying Aboriginal medical problems including leprosy, malaria and tuberculosis. For historian Ros Kidd, Cilento was a central figure in the emergence from the 1920s ‘of a range of clinical professionals as investigators, exposers, critics and challengers of Aboriginal health policy’.14

Cilento was an activist in other causes too, including women’s health through the advancement of the state’s system of free maternal and child health clinics. His enthusiasm in this cause also embraced a more ambiguous role — as a policeman of reproduction, a role he exhibited in personal surveillance and apprehension of Queensland abortionists. Archival records from the late 1930s examined by historian Wendy Selby disclose that:

when a doctor or midwife was suspected of conducting abortions, Cilento and police officers from the CIB sat in an unmarked car outside the building, usually
late at night. When a woman emerged from the building, she was taken by the police and Cilento to his offices where Cilento conducted a medical examination to determine if she had just had an abortion.

In spite of this intense activity in the service of the pro-natalist, anti-abortion policies of Hanlon, there is little evidence of the success of the campaigns, with very few convictions resulting from an already small number of prosecutions.15

World War II brought Cilento once again into the national picture. It would even precipitate his shift on to the international stage in a way that changed his life. In spite of his pre-war associations with local Italian fascists and their sympathisers, he evaded the threat of internment. While he admitted much later that he had been approached in 1936 and 1938 by the Italian government to head health administration in Ethiopia, this is something that he would have sought to keep quiet during the war. The invitation was not unlikely, given his standing in tropical medicine and his progressivist leanings.16 Some place him among the ranks of ‘fascism’s antipodean fellow travellers’; on the basis of rumours and allegations raked up by police and intelligence officers in the early war years.17 These were dangerous rumours at a time when Queensland’s Police Commissioner would have preferred to put all Italo-Australians behind wire.18

Avoiding internment and remaining at the head of his department, Cilento’s intellectual energies were absorbed by debates over the development of a state medical service. As a senior state bureaucrat, he became a member of the Commonwealth government’s Social Security Committee, first under the conservative Menzies government and then continued under Labor. The Committee was charged with post-war planning, including the provision of medical services. Although Cilento was not opposed to private practice, he insisted on the importance of a salaried medical profession serving the general public. He had already pushed significant changes that limited medical autonomy in the Queensland public health system. Now he attempted to map out his more ambitious plans for a comprehensive national medical system in Australia. Conflict with the medical association saw his plan refused government publication. He then published it privately as *Blueprint for the Health of a Nation* (1944), provoking serious conflict with the medical profession.19 This episode was a signal of the intense conflict over the future of Australian health provision that developed during post-war reconstruction under the Chifley government. By that time, though, Cilento was out of this particular fray.

The Politics of Refugees

Frustration with his fate in Australian medical politics may have inclined Cilento to embrace other opportunities that emerged during the war. His experience as a leading public health practitioner, bureaucrat and advocate proved to be a much-needed resource in the conditions developing as war’s end approached. In November 1943, the Allies formed the United Nations Relief and Rehabilitation Association (UNRRA) to administer food and medical relief to war-affected civilians and displaced persons. As a leading expert in malaria prevention, Cilento was invited in 1944 to take up a post with UNRRA in the Balkans. He left Australia and became a senior administrator in UNRRA for the next six years.

From 1944 to 1946, Cilento served first in the Balkans and then as Director of the British Zone relief effort in Germany. His formal title was UNRRA Zone
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Director (in the post of Major-General) of the British Zone in Occupied Germany.\(^{20}\) In July 1945, he was the first civilian doctor to enter Belsen concentration camp. His papers, held in the Fryer Library, capture the extraordinary complexity of this work. The task demanded administrative capacities of a high order to manage the refugee problem and prevent the outbreak of diseases like typhus. The evidence suggests his work was highly regarded. After service in Germany, he began work for the UN Secretariat as head of the fledgling Division of Social Affairs. And then, in 1948, he was appointed UN Director of Disaster Relief in Palestine, a period of intense and dangerous conflict during which he made his sympathies with the dispossessed Palestinian refugees very clear. The danger of the work — refugee organisation in the middle of a bloody war between Israeli defence forces asserting their newly declared independence and the Arab states and Palestinian opponents of Israel — was evident in the assassination of the UN Mediator Count Bernadotte in September 1948.\(^{21}\) Bernadotte’s attempts to establish a right and mechanism of return of Palestinian refugees to the places from which they had fled during fighting earlier that year were bitterly resented by Zionist hardliners, who organised his assassination by terrorists of the Stern Gang.\(^{22}\) Cilento himself was the target of another assassination attempt. His direct responsibility for refugee relief ended with his return to New York as head of the Social Division. His energies were taken up with the organisation of international meetings on social welfare in the Middle East, focused on understanding of the Arab position. The politics of refugees interfered with any prospect of such meetings making much headway. Cilento’s service ended in disappointment when his resignation — perhaps offered to force another outcome — was accepted in 1950.\(^{23}\)

Cilento’s memory of his time with the United Nations and the international arena speaks of profound disillusion. His sardonic view was already evident in notes on the back of a photo taken in his cell-like office in Geneva on 3 October 1946, when he describes himself as ‘So called Director of Division of So-Called Refugees and Displaced Persons of so-called United Nations’. In 1951 he began to compose a reminiscence of his UN years. The outlines of a fifteen-chapter book, with an introduction and up to a hundred pages of text, remain in his papers. The title was to be ‘Escape from UN-reality’. By the end of his time with the United Nations, Cilento saw the organisation as crippled by its charter (which encouraged bloc voting), its bureaucracy and its tendency to ignore local contexts in favour of big solutions from outside, most notably from the United States. Notes for Chapter XIV, which he called ‘New Wine in Old Bottles’, foresee a longer troubled history of international aid — ‘Social Programmes,’ he wrote, ‘are effective only if grown from local social patterns — they are not exportable in bulk from [the] USA.’ The United Nations was a focus of great expectations — but the internal reality was ugly:

> From within, however, if you are placed high enough to see clearly, the wistful dreams of the millions are merely adapted to the property masks and stage effects in the corridors of the information bureaux. The problems of this or that ‘international issue’ are muted down to half-page memoranda — I wrote dozens of them.

A consequence was the loss of many good officers from the United Nations in its early years. Cilento describes a general malaise, characterised by what he saw as
administrative ineptitude, manifest in what again he calls the ‘organized inertia of 1948 and 1949’, culminating in the collapse of his own commitment by 1950. As he says, ‘The crisis came when by the end of 1950 a sort of “morality play”, cynically staged for the public, was blatantly combined with a degree of political parasitism that, seen backstage, made it all intolerable.’

The book was never completed, perhaps because Cilento could not distance himself from his own disgust with events and people seen too closely. On an ABC Radio ‘Forum of the Air’ in December 1952, he returned to some of these themes when he took the negative in a debate on whether the United Nations was worthwhile. Again, he castigated the lamentable failures of the organisation, attributing these to the crippling and corrupting effects of bloc voting.

Cilento’s mix of progressive social policy, free trade and internationalism did not help either his political ambitions or his chances of getting suitable government employment in the Cold War world of the early 1950s. He was an early advocate of the importance of Australia’s Asia-Pacific context. Indeed, during his time at the United Nations, he identified Eurocentrism as a force inhibiting international development. Opening a UN social welfare seminar in Singapore in August 1947, he acknowledged the keen interest in the organisation’s potential that he observed in the region: ‘This is without doubt the greatest field for the UN if only it can get off its fat end and realise that Western Europe is not the world; in fact it may not be important much longer compared with the lands that border the Pacific.’

Such sentiments reflected his long-standing engagement in South-East Asia and the Pacific. Such an experience had its imperial and colonial context, but was one that could also foster an openness to future possibilities at odds with the politics of White Australia. In such thinking, Cilento was also ranked among those Australians who saw Australian security implicated in the position the country took in its geopolitical region.

In his later years, Raphael Cilento was tempted to embark on moral rearmament enterprises. This was linked to his fierce anti-communist stance, but he was unwise in his associations, with a number of adventures allying him with the extreme right of Australian politics. His trip to South Vietnam in 1967 in the company of Henry Fischer, a dubious political intriguer, was a signal of his drift in the political seas. But Cilento was still capable of talking good sense. He was an occasional radio speaker on ABC Radio from the 1930s to the 1960s. In January 1963, for example, he spoke again about Australia’s place in Asia. Australia was criticised for being too slow to look outwards, to recognise the signs of a changing world. He had been travelling in Asia and was struck by the perception of Australia as a place that was only interested in Asia as an outlet for unsaleable exports. With Britain entering the Common Market, there was also a danger that Australia would be locked out of the multilateral trade pacts being pursued in Asia. Australia’s very security would be threatened: ‘My Asian friends (on a recent trip) said that if Australia is not willing to make Asia a central objective, we will be ignored and passed over in the arrangements that are being actively established at present; and will inevitably be over-run in the future.’ The perspective is that of a person who was capable of very much more than is evident if one looks only at his anti-communist associations of these years. It was, however, those associations and his continuing embrace of racial hierarchies (including a defence of apartheid South Africa) that cocooned him from a wider influence.
Cilento’s anti-communism was not that of a 
*laissez-faire* ideologue — indeed, quite the opposite, since he had been a forceful advocate of strong government in social policy at both the national and international levels. He was critical of what he called in 1939 ‘idealistic socialism’, which he though would lower ‘vitality in a national sense’, but was otherwise a forceful advocate of state medicine. Like many of his time, he was fascinated with the interaction of population and resources. He considered that ‘the conquest of climate’ was ‘primarily, essentially the conquest of disease’. The orientation of his thought in the inter-war years was towards the concept of race — essentially, he was and remained a eugenic thinker, but that was a mode of thought that captured both left and right in the first half of the twentieth century. Cilento was too swayed by its historicist ethos, but he was also an acute observer of medical phenomena in their social context in a way that places him among the pioneers of public medicine. Both tendencies are evident in his 1933 lecture, entitled ‘Some Medical Aspects of Racial Resistance’. Its theme was really the decline of civilisations:

[The] lowering of racial resistance . . . [is] . . . a medico-economic problem and if in my remarks the economic and social history of particular periods seems over-stressed it is because I claim that the health of every individual is the vital factor in the progress of every civilization, just as his highest welfare is its avowed objective.

On this basis, his lecture went on to examine the ‘important effects on racial vitality of epidemic disease, of endemic disease, and of the economic factors that lessen resistance and fertility’ in the fall of the Roman Empire, the close of the Middle Ages and the rise of Western civilisation.

Cilento’s difficulty in finding suitable appointment in later life was matched by his failure to develop beyond his earliest ideas — his co-authored history of Queensland, *Triumph in the Tropics* (1959), regurgitated arguments of the 1920s, but added offensive commentary on Aboriginal societies to the mix, its language reminiscent of attitudes that emerge strongly in his private correspondence. Yet, as we have seen, his research in the 1920s and 1930s on Aboriginal health — the state of which he regarded as threatening the ‘survival of the race’ — had prompted severe criticism of government policy and administration.

In spite of distinguished international service, Cilento failed to obtain any significant appointment after his return to Australia in 1950. Eventually, he was forced to resume private medical practice. Yet his long public involvement and restless energy saw him turn to other activities, especially in the Royal Queensland Historical Society (of which he had first been president as early as 1936). He is remembered too as chair of the National Trust in Queensland. Cilento died in Brisbane on 14 April 1985, after a long illness during which he had been profoundly incapacitated. He was survived by Phyllis, his tolerant and able partner of more than sixty years, an influential medical advocate of good health and mothercraft, and by their six children, four of them doctors, another an artist, and Diane, an actress who made the family name famous on the world stage and screen.

Was Cilento, in 1954, the ‘most distinguished Queenslander ever to enter the Federal political arena’? One answer might be to suggest that there was not a lot of competition for this encomium! Whatever his frailties and his political and social attitudes on issues of which we speak quite differently now, Cilento’s achievements
were momentous — and rare in their distinction for an Australian on the world stage. Three areas in particular I think deserve recall (and are increasingly the subject of research): his work in public health and disease prevention; his systematic planning of Australia’s future health provision; and his pioneering work in refugee administration, one of the most profound challenges of the post-war world and one with which we live today. To these we might even add his prescient vision of Australian engagement in the Asia-Pacific region. The origins of these concerns and commitments were profoundly colonial in their context, their progressive and modernist elements ineluctably attached to attitudes and programs that demeaned the autonomy and cultures of subject peoples. At the same time, we cannot understand adequately the contradictory impulses that shaped contemporary possibilities if we remember only the racist discourse or reactionary politics of one like Cilento in his prime or decline.

Endnotes


3 Fisher, Raphael Cilento, p. 69.

4 See, e.g., Cilento at University of Queensland celebration of inauguration of Malaysia, 20 September 1963, National Archives of Australia (NAA): A1501, A4681/2.


9 Bashford, ‘Is White Australia Possible?’. 

10 See, e.g., his sesquicentennial history of Queensland, Raphael Cilento, triumph in the tropics: an historical sketch of Queensland (Brisbane: Smith & Paterson, 1959).

12 Dixon, Prosthetic gods, pp. 36–47.
19 Raphael Cilento, Blueprint for the health of a nation (Sydney: [s.n.], 1944); Fisher, Raphael Cilento, pp. 166–73.
20 Sir Raphael Cilento Papers, UQFL 44/133 (Fryer Library, University of Queensland); Fisher, Raphael Cilento, Ch. 11.
21 He recalled the circumstances and impact of this event in a 1974 interview with his biographer: see Raphael Cilento and Fedora Gould Fisher, The assassination of Bernadotte as related by Sir Raphael Cilento (St Lucia: University of Queensland Fryer Memorial Library, 1974).
22 The bitter politics of the Israeli refusal to take back the Palestinian refugees is richly documented in Benny Morris, The birth of the Palestinian refugee problem revisited (Cambridge: Cambridge University Press, 2003); for Cilento and Bernadotte’s assassination, see Fisher, Raphael Cilento, pp. 247–50.
23 Fisher, Raphael Cilento, p. 260 and Ch. 13 for his Palestine service; see also Cilento Papers, UQFL 44/15.
24 Cilento Papers, UQFL 18/107 for the manuscript.
28 Moore, The right road.
31 Cilento Papers, UQFL 19/130.