Procedures of sterilisation were being advocated by a variety of doctors across the British Empire and its offshoots during the inter-war period. Homosexual emancipists, Malthusian reformers, feminists, birth control advocates, penal reformers and imperial administrators were just some of the people pushing for laws that legalised sterilisation, both compulsory and voluntary. While motivated by vastly different visions, these reformers were all positioned within a broad discourse of ‘race improvement’. This article examines the discourses about sterilisation of two Australian trained doctors and medical reformers—Norman Haire (1892-1952) and Cecil Evelyn Aufrere Cook (1897-1982)—in London and the Northern Territory respectively, during the inter-war period. Haire and Cook both underwent their medical training at the University of Sydney at a similar time. By analysing the vastly different sets of scientific knowledge that informed their discussions of sterilisation, this paper seeks to glimpse the contours of the complicated field of sterilisation discourse within which Cook and Haire were positioned somewhat differently.

Keywords: Sterilisation, Norman Haire, Cecil Cook, Eugenics, Rejuvenation, Whiteness

Today I begin by telling two tales about sterilisation, one that occurred in inter-war Britain, the other in Australia. In the miserable winter of 1933, Irish nationalist poet, William Butler Yeats began to suffer from a terrible bout of writers’ block. In early 1934, on the advice of a friend, he went to see Dr Norman Haire, a sexologist and well-known Australian personality amongst the literati in inter-war Europe. Haire had a pricey practice in the heart of London and a visit to him promised not only cutting edge medical attention but also a brush with bohemia.

A zealous sex reformer, Haire was a birth control advocate, a member of the Eugenics society and at times a homosexual emancipist. In Haire’s consulting room, Yeats, at the age of sixty-eight, poured forth his anxieties about ageing. The verse making had come to a standstill, he said, and it seemed that his attempts at lovemaking were also going terribly, terribly wrong. Haire assured him that a simple scientific procedure could intervene in his ‘degeneration’, possibly even turn back the process of ageing. In May 1934, after anaesthetising his patient, Haire removed a section of each of Yeats’ vas deferens, or sperm ducts, performing a double vasectomy. It was a sterilisation operation.

Meanwhile faraway under the moody tropical skies of the Australian periphery, after the long and trying wet season of 1933, Dr Cecil Cook, the most senior public health official in the Northern Territory, began to consider the sterilisation procedure for a very different purpose. Writing to the head administrator of the Northern Territory, Cook claimed that ‘from time to time there appear amongst half-castes removed to the Half-Caste Institutions ... congenital idiots and
other mentally defective children’. Cook sought ‘advice from the Crown Law Officer as to whether, I as Chief Protector of Aboriginals, may consent on behalf of such an aboriginal child to the performance of a minor operation directed towards the sterilisation of the individual’. This was a period when White Australia made a sharp distinction between ‘full-blooded’ Aboriginal people and people—usually with an Aboriginal mother and a white father—who were referred to as ‘half-castes’.

Cook’s request landed on the desks of a series of bureaucrats in Darwin and Canberra at a historical moment when both internationally and domestically there was a heated debate underway about the legal status of sterilisation. By the time the Nazi Eugenic Sterilisation Law came into effect in 1934, laws to sterilise the ‘unfit’ had already been enacted in thirty American States, as well as in Denmark, Finland, Sweden, Norway, Iceland, Switzerland and Canada. In Australia, however, the paper trail reveals that ultimately Cook was not granted the requested powers.

Today I outline the parallel sets of scientific knowledge and cultural contexts that informed Haire’s use and Cook’s desired use of sterilisation procedures. Influential figures in their respective fields, both these medical men have attracted a substantial amount of attention from scholars. Historians have examined in detail Cook’s role as ‘Chief Protector of Aborigines’ during the inter-war years and in particular his policies to ‘breed out the colour’ from the Northern Territory. Most recently, Alison Bashford and Warwick Anderson have foregrounded the medical knowledge—the ‘race science’—that underpinned policies for Aboriginal ‘protection’ in the inter-war period. While some of these scholars of Australian race relations have mentioned Cook’s sterilisation request in passing, this document has not received the attention that it deserves. Indeed, examinations of sterilisation in Australia, often embedded within histories of ‘eugenics’, have tended to overlook sterilisation rhetoric directed at Aboriginal people.

Haire’s views on the various uses of sterilisation on the other hand have been well documented by historians. With particular reference to sterilisation for the purpose of ‘rejuvenation’, Diana Wyndham has examined in detail Yeats’ operation under Haire’s care, and Chandak Sengoopta has sketched the cosmopolitan Euro-American intellectual milieu in which ‘rejuvenation’ found popular support. Likewise, Haire’s position on sterilisation for the purposes of birth control has been detailed within accounts of his energetic reform activity in inter-war Europe. However, such histories of reform in the ‘metropole’ have yet to be placed alongside the vigorous reform activities that were unfolding at the ‘peripheries’ of British colonisation in Australia, signalling something of a gap in the historiography between the studies of ‘eugenics’ and the studies of ‘race science’.

Indeed, Cook and Haire make an interesting pair and in this paper I examine whether placing them on the same analytical page opens up possibilities for historical analysis. While they pursued very different careers in sexology and tropical medicine, they both grew up in Australia and undertook medical training at the University of Sydney in the 1910s. The sudden rise in the incidence of venereal diseases during the Great War (1914-1919) led the Australian government to pour enormous resources into the study of sexual diseases and it was within this fertile intellectual climate that Haire and Cook cemented their respective medical interests in human sexuality. However, soon after peace was declared in 1919, Haire departed for the heart of
metropolitan London to further his study of the science of sex. In sharp contrast, Cook’s medical
gaze turned to sexual relations at the imperial edge of White Australia.

In 1927, Cook was simultaneously appointed to the positions of Chief Protector of Aborigines,
Chief Medical Officer and Quarantine Officer. The latter two of these three posts explicitly
entrusted him with the responsibility for the health of the white body politic. Bashford has shown
that Cook’s attempts to manage leprosy were inextricably tied to his policies for Aboriginal people
and that the spatial management of health and race became the same project during his time in
the Northern Territory.\(^{18}\) Anderson has recently drawn attention to the similarities in institutions
that housed leprosy sufferers in the American Philippines and the homes that detained ‘half-caste’
Aboriginal children in Australia.\(^{19}\) Thus I now turn my attention to Cook’s writings about the
epidemiology of leprosy for clues to the logic that underpinned his desire to sterilise certain
Aboriginal people.

Epidemiology was the study of how diseases moved through the population: leprosy,
understood at that time to arise from interracial sex, was a focal point for doctors interested in the
‘cultivation of whiteness’—to use Anderson’s phrase.\(^{20}\) In Cook’s account of leprosy, this threat to
white health was introduced to Australia by what he called ‘infected coloured aliens’.\(^{21}\) This
medical discussion about Chinese people and South Sea islanders interacted with the labour
politics of the day in a very interesting manner, but I leave this aside for now and focus on the
views he formed about women in the tropics. In Cook’s account these ‘coloured aliens’ had sexual
relations with Aboriginal women, resulting in the infection of the Aboriginal population. Then, ‘in
the absence of a population of European females … co-habitation [with] natives was later followed
by the appearance of leprosy amongst European males’.\(^{22}\) So Cook identified the scarcity of white
women and the abundance of Aboriginal women as a key condition that made possible the spread
of tropical diseases to the white population.

Bashford has argued that, through his policies towards ‘half-caste’ girl children, Cook
attempted to remedy this race and gender imbalance. I show, however, that sterilisation was one
of the techniques he sought to use.\(^{23}\) During the inter-war period, Australian commentators were
expressing alarm about the growing population of ‘half-caste’ children. An anonymous writer in
1921 described them as ‘a breed that is a menace to society for all time’ and expressed discomfort
that ‘these children came in all shades of colour from jet black to white’.\(^{24}\) As Tony Austin and
others have detailed, the theft of ‘half-caste’ children—particularly girl children from Aboriginal
mothers—was at the very centre of Cook’s protectorate policies to ‘breed out the colour’ that so
unsettled white society.\(^{25}\) By placing children in ‘half-caste’ homes Cook’s vision was to provide
moral education alongside vocational training that would colonise both the minds and bodies of
young women in particular, to use Ashis Nandy’s phrase.\(^{26}\) As Austin has shown, Cook’s aim was
to create a class of women, trained in domestic service, who would harbour disgust for ‘full-
blooded’ Aboriginal men and ‘coloured aliens’ and preserve themselves for the exclusive sexual
access of white men. Essentially they would play the role usually reserved for white women on
imperial frontiers.\(^{27}\)

Indeed, from 1929 Cook began to encourage marriages between white men and Aboriginal
women from these ‘half-caste’ institutions. Cook anticipated that in children arising from such
unions ‘generally by the fifth and invariably the sixth generation, all native characteristics of the
Australian aborigine [would be] eradicated’.\(^{28}\) Thus Cook’s policies to ‘breed out the colour’
included colonising Aboriginal women’s bodies, through the institution of marriage, to produce babies that would be whiter with every generation. At an intergovernmental conference in 1937, Cook proudly boasted to government officials and Aboriginal ‘protectors’ from other States that in the Northern Territory ‘during the last seven or eight years between 40 and 50 coloured girls have married whites’.29

However, for children in ‘half-caste’ homes whose minds and bodies were never going to be successfully colonised, Cook, in 1933, began to consider sterilisation as an option. In his sterilisation request he outlined the economic burden that a mentally defective ‘half-caste’ child placed on the state. He was particularly concerned with heterosexual intimacies at the onset of puberty: if the individual were not ‘subject to an unusual degree of restraint’, he or she would have to ‘be maintained wholly at government expense’.30 If, however, he or she were permitted sexual liberties, it would ‘almost certainly result in the propagation of type, [and] a permanent charge upon the Commonwealth’.31

From Cook’s letter, it is unclear whether it was Aboriginal-ness or mental defectiveness that was going to be passed on to the next generation. Either way, in the case of the young mentally defective ‘half-caste’ woman, she would never be marriageable to a white man and thus she, and any children she had, would continue to be a cost to the government. Cook reasoned that an operation to sterilise the individual would solve the problem. Following the sterilisation he could foresee ‘no reason whatever for preventing the child’s return to complete liberty with the aboriginals’.32 He envisaged that their release from the ‘half-caste’ home back into the Aboriginal community would remove the economic burden from the state.

The proceedings of the 1937 conference reveal the outlines of another, less active and far more problematic form of sterilisation that was possibly going on, directed towards Aboriginal women not detained in institutions. In a discussion about the ‘full-blooded’ Aboriginal population, Cook stated:

Were a policy of laissez faire followed, the aborigines would probably be extinct in Australia within 50 years. Most of the [full-blooded] women would become sterilized by gonorrhoea at an early age; many would die of disease others of starvation.33

On the other hand, ‘if [full-blooded] aborigines are protected physically and morally, before long, there will be in the Northern Territory, a black race, already numbering about 19, 000, and multiplying at a rate far in excess of the white’.34 Cook forecast that ‘we shall have in the Northern Territory, and possibly in North-Western Australia also, a large black population which may drive out the white’.35 He postulated, however, that ‘If we leave them alone, they will die, and we shall have no problem, apart from dealing with those pangs of conscience which must attend the passing of a neglected race’.36

Now Cook oversaw and was a part of a team of medical men who clearly at times come across incidents of gonorrhoea. Did these doctors, who knew that their inaction would render infected women sterile, in fact deny Aboriginal women treatment? Or was there a gap between what Cook said and what Cook and his medical underlings did in practice? The details of how many Aboriginal women were rendered sterile from untreated gonorrhoea during this period in the Northern Territory are near impossible to determine, although there exists some attempts by historians to arrive at numbers.37 Cook’s rhetoric, however, suggests that he anticipated, hoped
and simultaneously felt uncomfortable with the knowledge that his inaction would render some ‘full-blooded’ Aboriginal women sterile.

The Aboriginal women who could not be enlisted in his project to ‘breed out the colour’ Cook wanted to render sterile, through both action and inaction. Two days after he penned his request for sterilisation powers, a confident assurance from Cook appeared in a newspaper article by British journalist Ernestine Hill. In this article it was suggested that due to Cook’s policies ‘the problem of our half-castes will be quickly eliminated by the complete disappearance of the black race, and the swift submergence of their progeny in the white’.38

I’m now going to jump across the Indian Ocean back to William Yeats, whose degenerating body we left under Norman Haire’s surgical knife. Haire moved in a select circle of intellectuals and famous reformers who included Bertrand and Dora Russell, Magnus Hirschfeld and Havelock Ellis. Heavily influenced by Viennese sexologist Eugen Steinach, Haire became a prominent London practitioner of what was known as the ‘Steinach’ operation, one of a range of rejuvenation procedures. These were procedures that were believed to turn back the signs of ageing, increase sexual desire and performance, stimulate the intellect and even prolong life.

While in the introduction to his treatise on these rejuvenation procedures he confirmed that the average length of human life had increased under the influence of modern science, Haire doubted ‘whether the period of vigour ha[d] been correspondingly lengthened’.39 Indeed Haire suggested that ‘under the growing stress of modern life, it is possible that we age more quickly than earlier generations’.40 He identified ‘loss of mental vigour, physical and sexual vigour, changes in the hair and skin, impairment of vision’, as some of the external signs of ageing and as manifestations of the ill health of the internal organs.41 He described the body of the ageing individual as ‘a commonwealth in which the organs are mutually interdependent, imperfection in one leads to disturbance in another, a vicious cycle is formed, and the changes of senescence go on increasing’.42

The sex organs were central to this economy of the body according to the science of sexology. Haire outlined, for an educated lay audience, that the testicle and ovary contained an organ called the ‘puberty-gland’, which produced both internal and external life-giving secretions. The external secretions, ‘ovum’ and ‘spermatazoa’, he said, when combined, gave ‘rise to a new individual’.43 The internal secretions, or ‘hormones’, were released into the blood stream and were vital to the life and vigour of the modern individual in Haire’s account. In the male, Haire wrote:

\[
\text{this hormone is carried away from the testicle in the blood stream, and is} \\
\text{believed to be the chief factor governing the physical and psychical} \\
\text{characters of the male as well as determining the direction of his sexual} \\
\text{desire towards the female.}44
\]

By Haire’s account these sex-hormones were the very essence of difference between men and women, heterosexuality and homosexuality.

Indeed, according to rejuvenation specialists, these external and internal secretions were the fluid of life itself and if harnessed could halt the process of ageing. Haire outlined Steinach’s findings that if an ageing individual was sterilised, the external-secretions produced by the ‘puberty-gland’ ceased. He suggested that such an operation stimulated the ‘puberty-gland’ resulting in an increase in the quality and quantity of internal-secretions.45 The idea was that following the sterilisation these improved sex-hormones would be ‘poured out into the blood’.46
rather then expelled out of the body and the fountain of life would be turned inwards. As Diana Wyndham has suggested, the logic underpinning rejuvenation via sterilisation was that instead of giving life to children, ageing men could give life to themselves.47

The idea took off amongst the ageing intelligentsia in the urban centres of Europe and North America amidst the cultural obsession with youth in the roaring twenties. A handful of doctors promoted sterilisation as the latest technique in the ‘Conquest of Old Age’, while journalists declared the discovery of the ‘elixir of life’ and anticipated the arrival of sex-doctors ‘to make the old young’.48 As Chandak Sengoopta has recounted, Steinach’s name became a verb as hundreds of ageing university professors and teachers, writers and scientists rushed to a small coterie of doctors to have themselves ‘steinached’.49 Some of the most well known of these were Sigmund Freud, novelist Gertrude Atherton and, of course, Yeats.50 It’s important to note that a small number of women like Atherton underwent steinach operations for the purposes of rejuvenation, but whether these procedures sterilised these women is unclear in Haire’s literature.51

Yeats’ awoke from his operation a little sore but very excited to embark on what he described as his ‘strange second puberty’.52 According to Yeats, the operation was a complete success on the creative front. He informed Norman Haire shortly afterwards that ‘he had written new poems which, in the opinion of those whose opinions he valued most, were amongst his best work’.53 The news was less positive on the sexual front. Ethel Mannin, a novelist sexually involved with Yeats, informed Haire that the operation had failed to improve Yeats’ dismal performance in the bedroom. Indeed, the initial rejuvenation sterilisation marked not the conquest of old age, but rather the beginning of a doctor-patient relationship that saw Haire and Yeats embark together on a battle against sexual senility. Within six months of his Steinach operation, Yeats was receiving daily hormone injections from Haire, designed to stimulate his sex-drive.54 Yeats clung to the belief that ‘I am of a healthy long lived race, and our minds improve with age’.55 At the age of seventy he joined the Eugenics Society as an expression of his increasing dedication to the project of ‘race improvement’.56

Yeats’ death in 1939 marked the beginning of the Second World War and the close of an era of belief that sterilisation operations could combat senility and even deliver prolonged life. In the Northern Territory, it was the year that Cecil Cook left the Northern Territory and that medical service provision for the white population and ‘protection’ for the Aboriginal population began to be separated as policy areas. Along with the end of inter-war peace, 1939 brought to a close a medical era.

To end today I will stitch these two stories together using some tools provided by Michel Foucault. I emphasise that the following are not conclusions by any means. At best they are promising beginnings, at worst wrongheaded speculations.

Epidemiological and sexological sciences informed Cook and Haire’s vastly different visions for the use of sterilisation. While Cook’s research into leprosy highlighted a racialised gender imbalance (or perhaps it was a gendered racial imbalance) in the tropical body-politic, Haire’s rejuvenation literature drew attention to a hormonal imbalance in the white ageing bourgeois body. Both these doctors envisaged sterilisation as one in a range of techniques that could be deployed to correct these imbalances.

However, they had very distinct ways of discussing human sexuality. Haire theorised sex at the level of the individual body, while Cook worked at the level of the body-politic. Haire was
interested in how health or disease moved through the ‘commonwealth’ of mutually interdependent organs of people who could afford his consultation fees. He was concerned with what Foucault called the ‘anatomo-politics of the human body’. Cook, on the other hand, was dedicated to understanding the economy of health and disease, life and death and its ebb and flow across racial boundaries: a project closely tied to the fiscal economy of that other commonwealth—the state. Cook was concerned with what Foucault called the ‘biopolitics of the human race’. In Foucault’s account, anatomo-politics of the body and biopolitics of the body politic are the two broad targets of medical knowledge that constitutes what he calls ‘biopower’—the configuration of power-relations that emerged when the modern state replaced monarchic rule.

Viewing Haire and Cook’s respective rhetorics about sterilisation as detail in a snapshot of a historically specific moment of ‘biopower’ opens up a range of exciting possibilities. Could this trajectory of research reveal the connections (or lack thereof) between metropolitan circuits of scientific knowledge and imperial circuits of scientific knowledge? What are the complications that arise with treating metropole and colony, centre and periphery, as one analytic unit decades after Australia ceased to officially be a British colony? Does it matter? Where do Aboriginal women who may have been sterilised due to medical neglect fit in to this picture?

In Society Must be Defended, Foucault suggests that in the days of sovereign rule, the power over life and death was the power of the king’s sword. With one swipe of murderous action, the ruler could bring death upon a subject. Alternatively the monarch, through gracious inaction, could let this subject live. Thus the power over life and death was exercised through an asymmetry of action and inaction: the power to kill or let live. It is Foucault’s argument that with the rise of ‘biopower’, life and death becomes principally the domain of medicine and the ruler’s absolute power to kill or let live becomes a far more diffuse power: to make live or let die.

Foucault’s framework of action/inaction to make live or let die offers one way of placing Haire and Cook’s visions for the uses of sterilisation alongside each other. Sterilisation for the purposes of rejuvenation was about cultivating the lives of white, bourgeois intellectuals whose bodies were being gnawed away by age and impending death: it was about making live. Cook’s project to make the white race live in the tropics at times coincided at times with letting Aboriginal people die. His request for sterilisation powers over inmates in ‘half-caste’ institutions can be interpreted as an attempt to speed up the colonising process that he hoped would see the ‘complete disappearance of the black race’.

Such a framework of analysis raises exciting possibilities as well as serious methodological issues for historians. Is it possible to write the history of medical inaction? Does Aboriginal sovereignty and possible attempts by Aboriginal people to avoid contact with white doctors complicate the project to examine medical neglect as a technique in the violence of colonisation? Indeed, where does Aboriginal resistance fit into Foucault’s notion of ‘biopower’? Can every action by a doctor onto a body (whether an individual or collective body) to cultivate life, be interpreted as inaction with regards to the innumerable numbers of similarly suffering bodies who are not recipients of that medical attention? Does, then, every action to ‘make live’ also necessarily ‘let die’ these innumerable number of ‘Others’? Along what gender, class and racial divisions was this line drawn between who should live and who should die? Ultimately, is the modern medical project to make some live, governed as it is by the economics and politics of who receives medical attention, always the project to let ‘Others’ die? I’ll leave it there for today.
Notes

1 All papers in this collection have been subject to double-blind peer review in accordance with DEST requirements.


6 Chief Protector of Aborigines NT, C. E. Cook to Administrator of the Northern Territory, R. H. Weddell, 30 March 1933. ‘Sterilization of mental defectives—Northern Territory, A1 1933/3589, Item 8, (hereafter Sterilization file) National Archives of Australia (hereafter NAA), Canberra.

7 Cook to Weddell, 30 March 1933, ‘Sterilization file’.


9 Childs, 15.

10 Crown Law Officer, E. T. Asche to Chief Protector of Aborigines NT, C. E. Cook, 28 April 1933. ‘Sterilization file’, Item 45, NAA.


15 Chandak Sengoopta, “‘Dr Steinach Coming to Make Old Young’": Sex Glands, Vasectomy and the Quest for Rejuvenation in the Roaring Twenties,’ *Endeavour* 27, no. 3 (September 2003): 122-6.


18 Bashford, 105-7.


20 Anderson, *Cultivation of Whiteness*. 

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21 Cecil Evelyn Cook, ‘Appendix III, Leprosy in Australia: A General Summary of the Australian Position in Respect of Its Epidemiology and Control’, Federal Health Council of Australia first session (Canberra: Government Printer, 1927), 17. This report summarises Cook’s findings from his extensive research into leprosy, initially published as Cecil Evelyn Cook, The Epidemiology of Leprosy in Australia: Being a Report of an Investigation in Australia During the Years 1923-1925 under the Terms of the London School of Tropical Medicine (Sydney: University of Sydney, 1927).


24 Austin quoting the Northern Territory Times, 6 January, 1921 in I Can Picture the Old Home So Clearly, 88.

25 Cook regularly used the phrase ‘Breed out the Colour’ in stating the aims of his policies towards the ‘half-caste’ population: Austin, I Can Picture the Old Home So Clearly, 146.

26 Ashis Nandy frames the imperial project as the simultaneous colonisation of minds and bodies in Ashis Nandy, The Intimate Enemy: Loss and Recovery of Self under Colonialism (Delhi: Oxford University Press, 1983).

27 Bashford makes this argument with reference to Cook’s views about the role that European women play in maintaining racial boundaries in the tropics in Bashford, Imperial Hygiene, 112. More broadly various feminist scholars of colonial rule have made the argument that white women have historically been accorded roles to police class and racial boundaries at imperial frontiers. For example see Anne McClintock, Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest (New York: Routledge, 1995), 24, 167-8.


29 Cook, Aboriginal Welfare, 17.

30 Cook to Weddell, ‘Sterilization file’, NAA.

31 Ibid.

32 Ibid.

33 Cook, Aboriginal Welfare, 14.

34 Ibid.

35 Ibid.

36 Ibid.

37 Lewis, 34-41.

38 Markus quoting the Sydney Sun 2 April 1933, 93.

39 Haire, Rejuvenation, 19.

40 Ibid.

41 Ibid.

42 Ibid., 19-20.

43 Ibid., 23.

44 Ibid.


46 Ibid.


Ibid.

Haire, *Rejuvenation*, 193-204.

Wyndham, ‘Versemaking and Lovemaking’.

Quoting Norman Haire in Ibid., 38.

Ibid., 45.

Ibid., 40.

Childs, 15.


Ibid., 243.

Ibid., 253.

Ibid., 253.

Markus, 93.