

FROM MICHAEL ROE: Linda Bryder may be right in suggesting that I should have worked harder at exploring the meaning of material I present in *Tuberculosis and Tasmanians*, but (of course) I think that I gave near-sufficient guidance to sympathetic and informed readers. Dr Bryder seems sometimes to fall short of that mark. [See Linda Bryder's review of Michael Roe's *Life over Death. Tasmanians and Tuberculosis*, in *Health & History*, vol. 1, no. 4, 1999, pp. 361-4.]

One instance is where she bewails my treatment of Aboriginal Tasmanians, complaining that 'after 1840 there is absolute silence regarding this group's experience of the disease'. In fact, I do heed the issue. My index has fourteen pertinent cross-referenced citations under 'Aboriginal Tasmanians' and 'Cape Barren Island' (for long the chief location of most Aboriginal descendants). The more important of these early citations tell of the disease at Cape Barren around 1912, a visit thither of the State's Chief Medical Officer providing best evidence. Then there is a jump to 1937 when Tasmania's Minister for Health addressed (in London) an Empire conference on the scourge, affirming that native people in his care avoided such terrible incursions as elsewhere was common among indigenes. He attributed this to the Tasmanians' use of mutton-bird oil, a substance integral to their lives, of which I speak from time to time, not only in relation to Aboriginals. My next references qualify such optimism as the minister's, citing cases of both tuberculosis and tuberculophobia at Cape Barren. One instance was that of an Islander girl being taken to Launceston Chest Clinic by her grandmother, evidently one of the community's long line of caring matriarchs. Off-setting that, in turn, was bureaucratic report of 'a sort of half-caste' woman being active in sexual high jinks at the Hobart Sanatorium in 1946. A similar note sounded in 1960 with a current outbreak at Cape Barren being attributed to 'shiftless' residents. Then returned more positive themes with L. A. F. Young,

Director of Tuberculosis from 1962, declaring in 1976 that there appeared no racial variation in Tasmania's incidence. When a mini-epidemic did appear among Hobart Aborigines in 1983, Young remarked the community's prophylactic counter-action. Where Bryder hears 'absolute silence', I see historical data.

Similar responses could be made to other charges in her review. She finds deficient my attention to tuberculophobia and 'occupational tuberculosis, particularly relating to mining'. The former subject scores fourteen index citations, 'miners' thoracic troubles' eleven. The paragraph that Bryder quotes at length to illustrate my alleged bad habit of lumping together disparate materials, in fact has thematic unity by reason of presenting various aspects of tuberculosis-induced problems in Tasmania's mining districts; the 'providence' [*sic*] of my remarks as to Queenstown's climate and drinking habits will be no mystery to any visitor to that place. Bryder likewise rebukes me for not probing generalisations about Tasmania's suspicions of institutions and injections. The twelve indexed passages for 'compulsory hospitalising' almost all deal with the former, and several of the nine for 'BCG' with the latter.

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LINDA BRYDER'S RESPONSE: Far from being an unsympathetic and uninformed reader, I have enjoyed a passionate interest in all aspects of the history of tuberculosis since starting research on the subject for my doctoral thesis nearly twenty years ago. During the last four years alone I have reviewed or acted as a publisher's reader for seven monographs on the history of tuberculosis. It is my sympathy for past sufferers of the disease that made me so disappointed not to learn more about tuberculosis and, for example, the Tasmanian Aborigines. Upon re-reading Roe, using the index rather than relying upon the flow of the text to inform the reader, I concede that the claim of absolute silence overstates the position. Roe's fourteen cross-referenced citations, however, is equally exaggerated. The references to the Aborigines are often contained within a quotation, frequently to 'half-caste' people without further

explanation. Roe tells us he picks up the story (after 1840) in 1912 when Dr Purdy visited; the latter referred to 'three half-caste families' who were tubercular. What happened between 1840 and 1912? Roe does not tell us that Purdy's visit was part of a broader process which led to the Cape Barren Island Reserve Act of 1912—just one example of his lack of contextualisation. The passing references Roe mentions, such as the 'sexual high jinks at the Hobart Sanatorium in 1946', do not amount to a convincing account of the experience of tuberculosis among Aboriginal and 'half-caste' people.

In my review I did not 'rebuke' Roe for his failure to develop certain themes; rather I wished to highlight themes such as miners' phtthis where the distinctive Tasmanian experience could contribute to the international literature on tuberculosis. The passing references enumerated in the index do not achieve this. Further, I found interesting his statement that the Tasmanian objection to institutions 'probably remained yet truer in the island than the nation at large', which suggests a distinctively Tasmanian response. This was not dealt with under the references to 'compulsory hospitalisation' as suggested by Roe. The latter is a social policy with which policy makers throughout the twentieth century in Australia as elsewhere have grappled, counterbalancing the rights of the individual against the rights of the community. The former is a public or individual response to any form of institutionalisation.

Where Roe sees 'historical data', I see an absence of analysis. It is, of course, for individual readers to make their own assessment of the clarity and comprehensiveness of the story he tells.

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