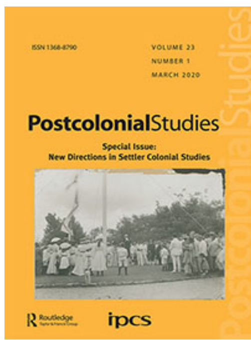

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'The Chinese Doctor James Lamsey': performing medical sovereignty and property in settler colonial Bendigo

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ABSTRACT

This article traces the spatially grounded operation of 'medical sovereignty' by reading property alongside medical practice and regulation in a settler colonial city. It does so through the lens of the Antipodean life of one Canton-born doctor, James Lamsey, who was a prolific proprietor in the regional Australian city of Bendigo and used his interlinked proprietorial and medical powers to mediate between the Bendigo Chinese community and white settlers and doctors. Reading medical power through the lens of Lamsey's life, shaped, as it was, by European-made laws, shows how settler medical sovereignty was enacted in a dynamic relation with Chinese medical sovereignty, performed here in the urban context of Bendigo, on unceded Indigenous Dja Dja Wurrung land. With support from the common law system, health-related boards were, in the late nineteenth century, intensifying a settler sovereignty, where board members and doctors practised increasingly exclusive forms of discretionary power and exercised the right to exclude non-white people from membership. At the same time, Lamsey was enacting a diasporic medical sovereignty that drew on Chinese imperial and British colonial authority. He leveraged his medical sovereignty towards promoting collective Chinese entitlements to health and to counter the exclusions of a whitening settler sovereignty.

KEYWORDS
Medicine; property; sovereignty; Chinese migration; settle colonialism

On a gallery wall of the Chinese Golden Museum, Bendigo, a temperate city in southeast Australia, is mounted a picture of Canton-born doctor, James Lamsey, and his Ireland-born wife, Jane Boyd-nee Lamsey. The two have dressed in ornate ceremonial regalia to sit side by side in a carriage, parked on the glistening, paved street of McCrae Street, Bendigo's main thoroughfare. Their gazes are focused. James is looking authoritatively into the camera, while Jane looks at the street ahead. Behind them is their residence, Jubilee Villa, a red and white brick, metal-lattice trimmed villa surrounded by a lattice fence and lush treed garden. The couple is pausing for the camera before they move away from their white settler-celebrated residence to join the annual spectacle that was the annual Chinese Easter parade. After moving off, they would have been met by spectators gathering in their thousands and passed by Lamsey's medical practice, located further down on the opposite side of the road (Figure 1).

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On reflection, the photo captures the couple's remarkably conspicuous autonomy at a time when mixed-race relationships were often denigrated, and when the Victorian settler legislators were searching for ways to exclude people of Chinese descent from the colony that would be acceptable to the British metropole. The parade the couple was about to enter was an annual assertion of collective Chinese entitlement to inhabit settler space, and the Villa was a daily enactment of their individual proprietorial entitlement.[1] In 1866, James Lamsey had commissioned Bendigo's most renowned architect, the German-born W. C. Vahland, to design the Villa so that it was built in time for the Queen's Jubilee Celebration, and the settler press celebrated the Villa's impressive aesthetic virtues. The scene might orient us to connections between proprietorship, medical power and racial belonging, for by the time he paused for this photograph, Lamsey had built a medical career first in Chinese imperial spaces and then in British settler towns and cities, most enduringly on the unceded First Nations land of the Dja Dja Wurrung people. This article asks: how was medical sovereignty performed and constituted? And how, and where, did Lamsey position himself as an exception to white exclusion, to live as a medical sovereign unto himself and the diasporic Chinese community he often represented?

In Lamsey's antipodean life, he negotiated a complex colonial matrix of power. Property, health, law, race, gender, sexuality, architecture, philanthropy, urbanity and respectability all figured in his accrual of status. It is, though, with the relationship between medical and proprietorial power that this article is primarily concerned. While both of these modes of power have been observed by settler colonial studies, the nexus between

Figure 1. Jane and James Lamsey outside Jubilee Villa, circa 1888. Courtesy of the Bendigo Chinese Association, catalogue number AP005.

these, I suggest, is key to understanding the operation of settler sovereignty in this era. Through Lamsey's life we can begin to view a located settler sovereignty produced in diverse spaces, through relations between autonomous medical, legal and lay non-Indigenous subjects. Most importantly, we may view how a settler medical sovereignty operated in dynamic relation with a diasporic one.

Settler sovereignty and medical sovereignty

Definitions of historical and contemporary settler sovereignty are contested. Jodi Byrd has drawn on the work of Jacques Derrida to articulate 'the paradox of settler colonialism where inclusion, symmetry, and equation function as the basis for rights on the one hand and termination of indigenous lives and nations on the other'. Against Lisa Ford's frontier-focused conception of 'perfect settler sovereignty', derived in the Australian context, Byrd has suggested that settler sovereignty works through contradiction, simultaneously co-constituting settler and Indigenous sovereignty while usurping the latter: 'Settler sovereignty requires the indigenous as sovereign at the same time that it seeks to conquer it, appropriate it, and render it contained if not nullified once and for all'.[2] Here, we view this contradictory process operating in relation to non-Indigenous people of Chinese descent. One the one hand, the healing services of practitioners of Chinese descent had proved too attractive for white settlers to abandon.[3] On the other, in this era people of Chinese descent were deemed and legally treated as 'undesirable' migrants, deferred settler belonging through increasingly stringent control of their ocean-going mobility and their participation in the colonial economy. This diffuse model of sovereignty helps us think through a biopolitics of settler colonialism, operating on and through bodies and subjects.

As a project to replace Indigenous peoples with a non-Indigenous population, settler colonialism in Australian has been, and is, a thoroughly biopolitical project requiring the implantation and reproduction of a mass of people. Jane Carey and Penelope Edmonds have argued that the 'politics of reproduction is a crucial but too often understudied aspect of what James Belich has termed the "settler revolution"'. '[T]he true settler "revolution"', they write, was one 'that is biopolitical and dependent on new colonies being made through Indigenous and white women's bodies'.[4] Accordingly, they suggest 'that Australian settler-colonial histories might be invigorated by greater attention to gender, mixed relations and the questions of settler biopolitics'.[5] Following this call to interrogate the biopolitical, this article explores – through a grounded urban context and a lens that heeds relations in and between individuals, institutions and the state – how medicine was crucial to (re)producing non-Indigenous lives, and hence to maintaining settler sovereignty.

To date, numerous historical studies of medicine in Australia have demonstrated that medicine was an important site in which racial hierarchies were both registered and produced. '[T]ropical medicine', Allison Bashford has argued, 'was one of the primary sites for the formation of Australian governmental racism and nationalism'.[6] As numerous Australasian historians have demonstrated, what was settler colonial about medicine in Victoria was that it was geared towards and shaped by anxieties about health and, by the same token, the maintenance and growth of a non-Indigenous population to justify the ongoing occupation and capitalist use of Indigenous land. 'Colonisation', so Aileen

Moreton-Robinson has written, 'is the historical process through which the performativity of the white male body and its relationship to the environment has been realized and defined'.[7] Yet, as Leigh Boucher has written of the 1870s, white bodies were vulnerable to ill health, and the 'ostensibly … masculinist advancement and (re)placement of white male bodies onto colonial space' was 'less than assured'.[8] Previous scholarship, however, has tended to focus on white settlers' racial fears of non-white people as perceived carriers of disease, and in tropical climes, rather than consider non-white people as medical doctors and leaders and innovators of knowledge themselves.[9] Where non-white people have entered medical histories, the focus is usually on non-white patients or, at times, on Chinese practitioners and their so-called traditional medicine.[10] Yet, in this era, and as I have written about elsewhere, practitioners of colour were becoming ever more explicitly political.[11] Chinese and Indian nationalist movements were tied to ideas of rights to self-government, in part based on the traditions and efficacy of so-described 'traditional' medical knowledge – variously Chinese, Ayurvedic and Unani.[12] Members of the Chinese and South Asian diasporas made similar claims in Australia. As the prestigious India-born masseur Teepoo Hall, the founder of physiotherapy in Australia, massaged his way into the heart of Melbourne's medical world in this era of white medico-legal exclusion, so did Lamsey push his medical capital to political and diplomatic use. Approaching medicine through an integrated spatial, social legal lens brings into view how agentic medical practices reflected and were constitutive of settler sovereignty. In Lamsey's story, we can moreover observe a diasporic medical sovereignty that was at once independent of and formed against settler racism, and bound up with ongoing imperial and intergenerational medical authority in China.

'Medical sovereignty', as conceived here, is a more specific form of sovereignty than that usually discussed in settler colonial analyses. Like settler sovereignty, which is much concerned with biopolitical questions of life and death, and is widely understood to enact genocide on Indigenous bodies, medical sovereignty works between the body and the population, between human life and practitioners' attempts to lengthen, terminate and regulate it.[13] In the last decade, many critical scholars have been attracted to Giorgio Agamben's dictation of Carl Schmitt's definition of sovereignty as operating through the 'the very life of men' rather than in law itself, and as constituted through exclusion. The sovereign, he has written, 'is the one who decides the exception'.[14] A number of scholars have suggested that sovereignty is not necessarily located in the state (in this case, the British Crown) but may be more socially diffuse.[15] Useful for the settler colonial treatment of 'populations' as governable lives and deaths, Foucault has suggested that the classical privilege of sovereign power is the 'right to *take* life or *let* live'; that, as he puts it, sovereignty manifests itself as a right to kill when the sovereign's existence is in danger.[16] Agamben has argued with attention to the doctor as a miniature sovereign; that, as Verena Erlenbusch has put it, 'when the body became the ground of the sovereign subject – the door was opened to the displacement of the sovereign by another figure' – a 'miniature sovereign' – namely, the doctor, the one responsible for the care of the body'.[17] According with Agamben's attention to doctors as sovereigns, David Lawrence has written of 'physician sovereignty', inspired by Paul Starr's history of medicine in the United States, which, Starr demonstrates, emerged in the nineteenth century through contestations for medical supremacy and is manifested in medical practice.[18] As will become clear, 'medical sovereignty' emerges through the history at hand as the

right to regulate life and of death through diverse practices of medicine and healing, and is enacted through relationships in and between (live and contestable) laws and people who claim and inhabit roles as 'doctors' and 'patients'.

It is not the governance of population (people as bodies) alone, however, that has underwritten the (re)placement of Indigenous peoples from their lands. While pumping organs and living flesh profoundly matters, so has the recoding of Indigenous country as 'property', the stuff of bricks and stone, mortar and locks been a cornerstone of settler colonialism. Property has operated in the British-driven colonisation of Australia as a form of capital produced through the ever incomplete project of actively converting Indigenous country into demarcated, saleable and possessable sections of land.[19] The erection of buildings has enabled settlers not only to occupy Indigenous land but also to house settler bodies and nuclear families to (attempt to) govern and rule ourselves and Indigenous people, and to perform our entitlement to do so.[20] Robert Nichols has recently drawn on the insights of Indigenous scholars to write against static understandings of property:

> dispossession can be usefully reconstructed to name a unique historical process, one in which property is generated under conditions that require its divestment and alienation from those who appear, only retrospectively, as its original owners. In this formulation, the term therefore names not only the forcible transfer of property but transformation into property.[21]

This means, as Ben Silverstein puts it in this issue of *Postcolonial Studies*, that historians might not look for 'how … sovereign capacities [are] recognised, but how … people enact themselves as sovereign'.[22]

I suggest that Lamsey enacted himself as a medical sovereign by 'doing' property, that is, through performing his occupation of Indigenous land in ways that agreed with the imperatives of settler colonialism to continuously transform country into spaces that look as if they are possessed, and rightly so. In a symbiotic relation that parallels the mutual power of built spaces and of bodies, the power of property and of medicine were interlinked in *fin-de-siècle* Bendigo. The locatedness of medical sovereignty is, then, key. Practitioners of heterogenous racial backgrounds practised medicine in built spaces, coded as property and possessed medical power in relation to them. Some of these – namely hospitals and asylums – were formally invested with state power and associated funding, while others were valuable to settlers and the state for the power of possession and (the pretense of) permanency and entitlement communicated through architectural design. Within this context, cities such as Bendigo were not only symbols of civilisation but also locales of dense populations.[23] There was at work in Bendigo a positive settler colonial imperative to create a city that symbolised and constituted possession, and housed a healthy, and so alive, population capable of self-rule. This was the basic and necessary condition of a sovereign non-Indigenous population, by which we can begin to understand how Lamsey gained status among the intensifying, exclusionary workings of white settler nationalism.[24] Reading the practices of medicine and of property together, and through Lamsey's strategic engagement with white settler persons, aesthetics, boards and laws allow us to view closely how the body–space power nexus had played out to enact both settler and diasporic medical sovereignties.

This article outlines scholarship on the history of Chinese migration in Australia, settler colonial studies and migration, and settler sovereignty, before focusing on Lamsey's life story to offer a perspective on the ever-contested and contestable medical makings of settler sovereignty in this era, when health – people's physical well-being – and medicine – the application of various and varying knowledges to attempt to improve health – were socially and legally shaped by race. In this story, white health and lives were valued over others, and so were medical knowledges and practitioners hierarchically ordered in ways bound up with the settler colonial project to terminate and (re)place Indigenous lives and sovereignty. Drawing on a spatially attentive case study, it illustrates how medical sovereignty was practised as patriarchal possession, situated in an expertise justified by a set of claims and space- and subjectivity-making practices, and dispersed and negotiated through individuals and collectives, boards and organisations.[25]

Chinese migration, medicine and settler colonialism

People of Chinese descent began arriving in Victoria in the 1840s, within a decade of the start of British colonisation, yet they have rarely figured in settler colonial histories. In Australia, the United States, Canada and elsewhere, critical settler colonial scholarship has tended to focus on Indigenous people and, more recently, on the lives and positions of racialised people, particularly of Black and South Asian people in North America, and South Asian and Greek people in Australia.[26] The line between the 'settler' and the 'migrant' – a line, so the works of Beenash Jafri, Samia Khatun and others teach us – does not fit with colonial identity categories and liberal formulations.[27] As Scott Morgenson has written, reflecting on the works of Candice Fujikane, Jodi Byrd and others, the 'settler' is a term 'creased by racialisation'.[28] Lamsey's story indeed alerts us to the ambivalent status of people of Chinese descent.

In Australian historiography, non-Chinese historians have long been wont to narrate and, at times, to adjudicate the position of individual people of Chinese descent as 'settlers' or 'sojourners', thus risking re-employing 'divide and rule' either/or colonial categories of belonging.[29] More recently, historians including Mei-Fen Kuo, Kate Bagnall, Alanna Kamp and Sophie Loy-Wilson have narrated the life trajectories of people of Chinese descent in transnational and diasporic frames, and considered the agency of Chinese in negotiating social, legal and geographically uneven forms of racial oppression.[30] Lamsey's social and legal contestations of the tightening racial boundaries of medical exclusion resonate with the research of historian Mark Finnane, which demonstrates that settler immigration law responded to Chinese legal actions as an 'assertion of their entitlement to recognition and fair play in the countries of their diaspora'.[31] Here, I extend understandings of Chinese agentic relations to settler law to begin to argue – through a small but significant case study – that performances of medical and proprietorial capital were the basis of enacting a robust and enduring Chinese medical sovereignty. Tracing Lamsey's front-footed engagement with white-dominated medical boards and spaces shows how diasporic and settler medical sovereignties were forming in dynamic relation, at times inside white-dominated courtrooms, but more regularly, outside of them, inside houses, pubs and medical practices and on streets.

While the above histories move away from placing people of Chinese descent as ready victims of white racism, and decentre the Australian nation as frame of non-/belonging,

Chinese Australian histories have to date scarcely been in conversation with settler colonial studies or, for that related matter, with Indigenous history. This likely speaks to a broader unresolved tension in narrating Australian history. As Zora Simic and Ruth Balint have recently reflected,

> As an animating theme in Australian history, migration sits awkwardly in relation to colonialism and dispossession. Under the … dynamic of settler colonialism, British colonisers became "settlers" and Indigenous people were positioned not as first, but last, a dying race … [S]ubsequent immigration was … premised on colonial and governmental fantasies of a nation … "more British than the British".[32]

Historians working in the contexts of Hawaii and the United States, notably Candace Fukikane, Jonathan Y. Okamaru, Dearn Itsuji Saranillo and Renisa Mawani, have encouraged closer attention to the particular position of people of Asian descent in the relations of settler colonialism and have shown that questions of so-called 'coloured migration' were variously 'haunted by' and directly legislatively related to questions of Indigenous sovereignty.[33]

Debates around who is 'settler' and who is 'migrant' have often hinged around questions of intent and choice, and Patrick Wolfe has controversially suggested that 'being a settler is not an effect of the will'.[34] I here avoid asking whether Lamsey can or should be defined as a 'settler' or a 'migrant' for two reasons. First, this is because applying these categories as a white scholar can be a form of racialisation, and worse, of violence. Second, I suggest that in understanding how race and settler colonisation mutually operate, it is more fruitful to adopt an understanding of property and medical sovereignty as performances and processes of power, decision-making and autonomy.

Medical practitioners in the settler colonial context of Bendigo had the (literally) vital responsibility of maintaining the health of a non-Indigenous polity: of maintaining settler life and, thereby, sovereignty. From the 1880s until he died in 1912, Lamsey treated white and Chinese patients at his Bendigo practice, as well as in Melbourne and regional cities, variously meeting patients in person and sending diagnoses and prescriptions via post.[35] He paid fortnightly visits to Castlemaine, where he consulted with patients at C. Lee Sueey's Forest Street store.[36] It appears that Lamsey was famed both in and beyond Victoria for his extensive employment by expressly 'white' patients in particular. A Queensland commentator wrote in 1888, for instance, that 'in Melbourne Lamsey has a multitude of white patients', and his obituary would recount that his practice 'extended to every part of Victoria'.[37] In supporting white and Chinese health, Lamsey thus contributed to the project of Indigenous dispossession – in effect though not necessarily in intention. Using the lens of Lamsey's antipodean life story, we can to begin to work out how contestations over medical power were contestations over sovereignty in the urbanising spaces erected on Indigenous land – through the way in which Lamsey established himself as a prominent medical figure, and then became a medical sovereign. Lamsey performed property, notably through his settler-approved architectural choices. How, and where, as I trace here through Lamsey's story, were Chinese diasporic and white settler forms of medical sovereignty enacted through such relational claims?

Medical brokerings of belonging

Lamsey was born in 1831 in the province of Toi San, in Canton, Southern China, into a family of successful physicians. He began practising medicine at a time when the boundaries between Western and Chinese medicine had yet to be hardened, and he was part of entwined British and Chinese imperial medical worlds. After training at the missionary-founded King's College in Canton, he migrated to Victoria via San Francisco in the mid-1850s. In moving south of the equator, Lamsey was at once part of a wider phenomenon of nineteenth-century medical migration and part of the massive relocation of Cantonese people to the antipodes impelled by the discovery of gold in the Australian state of Victoria. For reasons that are not entirely clear, Lamsey worked in Geelong, Melbourne and Beechworth before settling in Bendigo in the mid-1870s.[38] Bendigo, or Sandhurst as it was then known, one of the wealthiest gold-mining cities in Australia, if not the world, lay on the unceded lands of the Dja Dja Wurrung people. At this time, the majority of Dja Dja Wurrung had moved by force and choice onto missions and reserves, in particular to Coranderrk reserve some 100 miles southeast of Bendigo, where leader Tommy Dunnolly was supporting Wurundjeri leaders in an emerging pan-clan land rights movement.[39]

Lamsey had evidently struggled to gain a foothold in the economy, but in Bendigo he had a reversal of fortune. He built up his medical clientele. He rose to a position of widespread trust among European and Chinese patients, and also among Chinese political leaders, becoming the President of the Chinese Masonic Association, a prominent philanthropic donor to the Bendigo Hospital and the Bendigo Benevolent Asylum, and an important processional figure in the annual Bendigo Easter Fair. By the mid-1880s, Lamsey had amassed sufficient capital to begin to purchase property and, moreover, to hire the city's most renowned and respected architects to design his residence and medical practice. The two buildings still stand today – Howard Place and Jubilee Villa, built in 1887 and 1889, respectively.

Like other contemporary non-white practitioners, Lamsey had many incentives to fortress his medical and social authority against the exclusionary forces of white racism. The nineteenth century had seen the concomitant emergence of a Pacific-Rim Chinese diaspora, and the introduction of immigration restriction acts across British settler colonies, Acts in force in Victoria from 1855. Subsequent iterations of these acts gradually denied Chinese property rights, albeit in ways that varied between the Australian colonies. In 1881, people legally designated 'Chinese' in Victoria were disenfranchised, and the introduction of the 1901 *Immigration Restriction Act* at Federation would more stringently deny Chinese citizenship, voting rights and rights to welfare. As many historians have observed, though, settler discrimination against people of Chinese descent was modulated by class, so that merchants and other elite Chinese were less prone to negative attitudes and discrimination than were market gardeners and carpenters.[40] Accordingly, so Bagnall's research is showing, many applications for naturalisation by people of Chinese descent in the late nineteenth and early twentieth centuries related to the desire to own property. Lamsey applied for and received his certificate of naturalisation in 1883, becoming a British subject three years before he first purchased a house.[41] But if Lamsey had racially circumscribed imperatives to own property, and to impress an increasingly hostile polity of white settlers with his architectural choices, we cannot rush to assume

whose eyes the facades of his residence and Place medical practice were intended to impress. Bendigo was not only a city under the purview of British eyes but of the Chinese Imperial gaze as well.[42]

In the early 1880s, Lamsey rented a room in the mainstream pub/hub that was the Shamrock Hotel, where he often met patients. His proprietorial life came into focused public attention in 1886, the year before two significant and connected events in the history of Bendigo and, debatably, of Australia – the Queen's Jubilee celebrations and the visit of a delegation of commissioners sent by the Chinese Imperial government. In June 1886, Lamsey announced a design tender, and Bendigo's most renowned architect, the German-born W. C. Vahland, was successful. Vahland is noteworthy for having designed some 200 buildings in and around Bendigo, including such public sites as the School of Mines and the Bendigo Hospital. Howard Place was built quickly, in good time for the Jubilee Celebration of June 1887, when the whole of Bendigo was lit up, and buildings became 'posts' from which to shine your affection for and allegiance to the Queen. Chinese merchants exploded an 'enormous amount of firecrackers' and Lamsey also joined in the royal fervour by decorating the verandah of his Howard Place practice with lights.[43]

In a colonial context that valued permanence of occupation, Lamsey's investment in Howard Place surely did not just signal his wealth to observers but also his intentions to stay put in Bendigo. The mid- to late nineteenth century saw the concomitant rise of a self-conscious 'White Australian' settler identity, and the treatment of Australia-born people of Chinese descent and China-born people treated as 'perpetual foreigners', even as they became enmeshed in the daily social life of Victoria and other colonies – a denial of settler belonging that Gabriella Haynes has described as 'the myth of impermanence'.[44] By the time of the Jubilee celebrations, news about the social harshness and legal sanction of settler racism in Australia was circulating in China, and so, coinciding with the Jubilee celebrations, the Chinese Imperial government sent commissioners to check how their subjects were being treated in the antipodes. The Chinese Imperial government sought reciprocal privileges for their subjects, and the commissioners called for the rights of their Chinese subjects to migrate freely through the British Empire. Their June visit to Bendigo was to have important performative outcomes for the ever-unsettled racial politics of medicine and of medical sovereignty.

Lamsey was reportedly first to greet the commissioners when they alighted at the Sandhurst train station, after which he, the commissioners and a group of influential Chinese and European Bendigonians went together to the Shamrock. There, Lamsey heard that the commissioners were 'pleased to see the good relations between the Chinese and the British Empires'. Then, on the first evening of the commissioners' visit they were 'entertained at dinner' by 'their medical countryman, James Lamsey, of Howard-place',[45] the press here mapping Lamsey's name onto his newly built medical practice as, it appears, had been Lamsey's plan. The following day the group took a tour of other locales of 'Bendigo pride, visiting the Garden Gully mine' before lunching 'at the Shamrock Hotel then continuing on to the Hospital Benevolent Asylum, School of Mines, and the Mechanic's Institute'.[46]

As Khatun has written in the context of nineteenth-century South Australia, settler land titles 'imposed the imaginative geography of private property on Aboriginal geographies'.[47] In *fin-de-siècle* Bendigo, this geography was, crucially, imposed by the quasi-

permanent fixtures of streets, fences, gates and buildings. In the 1840s, Europeans had cleared land and laid the grid of streets that comprised Sandhurst, a settler process that pretended to usurp Dja dja Wurrung sovereignty. In 1892, for instance, the *Illustrated Sydney News* celebrated the features 'worthy of admiration' that marked Bendigo as a British settler city, including the street's 'right angles' and 'English trees', and 'the principle business thoroughfare' Pall Mall, 'the resort of mining speculators [and] auctioneers'.[48] Hence, in taking this tour, the commissioners were touring a settler urban landscape that reflected a British capitalist and commercial form of belonging, with many doors Lamsey was able and entitled to enter.

This convivial tour took a tense turn when the group visited the Bendigo Hospital. A committee man had telephoned the hospital to let them know the group was coming, but when the commissioners and Lamsey arrived in person at the hospital, one Doctor Colquhan 'declined to take the party through the hospital, since the Chinese doctor was a member of the party'.[49] Colquhan's refusal 'raised the ire of the party', and when he was asked to explain his decision he penned a written reply, which stated that after he had received the initial telephone call

> I then informed the mayor and Mr. McGowan [board member of the Bendigo Hospital, mining businessman and Bendigo councillor] that I refused to be introduced into any company where Lamsey was, and that under those circumstances I declined to escort the party round the ward.[50]

While some non-Chinese settlers expressed annoyance with Colquhan for ruining the delegations' visit, his decision was backed up by a number of doctors. Notably, the hospital president, Van Damme, was 'also of opinion that the committee had no right to question Dr. Colquhan's conduct, where he had acted in a manner which he believed to be correct'.[51] The exclusion of Lamsey from the space of the Bendigo Hospital was exposing in a highly publicised fashion the racial and spatial limits to Lamsey's autonomy. Let us take pause with Lamsey and company outside the walls of the Bendigo Hospital and turn our attention to the ways in which medicine already operated as a site of racial politics.

At the time of the commissioners' visit, medicine had emerged as an intense site of racial power in the colony. The 1865 Medical Practitioners Statute stated that an applicant who wished to register as a doctor should have taken a 'regular course of study', where the meaning of 'regular' remained unstipulated.[52] In the 1880s, attempts to modify the statute were not least shaped by an 1875 contest when members of the Victoria Medical Board refused a prominent Canton-trained Ballarat-based Chinese doctor Yee Quock Ping membership on the basis that his qualifications were not up to standard. Thy board argued it was their right to do so since he had not studied anatomy, and that 'anyway there was nothing to prevent him from practicing among his own countrymen (the Chinese population) in Victoria'.[53] The trial thus raised questions of whether their decision to dismiss Yee Quock Ping's qualification was just, as well as of the Medical Board's powers broadly.[54] Justice Stephens said that 'the Medical Board must be given perfect control over the admission of persons in their own body',[55] and in July the court decided that the board had discretionary power, and upheld its decision. Yee Quock Ping, however, then appealed, and Chinese people rallied to raise funds to support his case. Yee Quock Ping then evidently submitted another application and the board again claimed that he

was not ‘sufficiently qualified’, and rejected the application.[56] The question of Yee Quock Ping’s individual admission – and whether he would become the first Chinese person to become a board member – thus bled into questions of sovereignty. The upshot was that the court admitted the sovereign powers of the Medical Board; ‘sovereign’ here, as in decisive, autonomous and discretionary.

Following the board’s refusal to grant Yee Quock Ping membership, the authority of practitioners of colour in Victoria in this era was never a settled matter – doctors of colour were regularly if unevenly subject to social and legal denigration, variously by European doctors and aggrieved settlers and, in turn, by the English-language press.[57] Such was the impetus to keep Chinese practitioners subordinate that it would not be until the year 2000 that a Chinese medical board was established in Victoria.[58] And yet, through the late nineteenth and into the twentieth century, Chinese herbalists continued to push against and contest the legislated exclusions of European dominance, and many advertised as doctors until instructed otherwise.

Lamsey, who was likely aware of Yee Quock Ping’s story, persistently advertised as a ‘Chinese doctor’.[59] Other practitioners of Chinese descent too continued to display advertisements as ‘doctor’ or ‘Chinese doctor’ on the walls and doors of their houses and practices, and in doing so became susceptible to be charged under the 1890 *Medical Act* for advertising their services without being a registered doctor. For some judges and European commentators, though, the title of ‘Chinese doctor’ claimed a different medical authority to the unmarked ‘doctor’ – one recognisable as having authority, but an authority different enough to lie outside of the question of registration.[60] At the same time as policing the perpetually unsettling authority claims of self-defined ‘Chinese doctors’, European doctors were attempting to locate supreme medical authority in the persons of surgeons, and between the walls of hospitals. In reality, ‘medical competition remained intense’,[61] and medical power, knowledge and practice were not centralised in the hospital but rather exercised by all of the diverse collection of pharmacists, chemists, dentists, homoepaths, masseurs and herbalists.

It was in this context, where Chinese practitioners had learnt to test the racial boundaries of settler medical sovereignty, that Lamsey approached the clay brick exterior of the Bendigo Hospital. For Colquhan, located, as he was, within the white-ruled spatial centre of the medical profession, there was clearly something of gravity at stake in Lamsey’s potential entrance into the hospital. In his written defence of his decision, published in the *Bendigo Advertiser* and other newspapers, Colquhan described a need to push his authority as a medical officer with institutional privilege thus to insist on medicine’s colonial racial boundaries.

> [P]ersonally I had no option but to act as I did, in consideration of my position as an officer in charge of a public hospital. Although, unfortunately, the laws against unlicensed practitioners are frequently evaded, it is assuredly no part of the duty of a hospital surgeon to connive at such evasions. [62]

Lamsey had pushed the boundaries of inclusion into white settler and medical belonging through his architectural choices. But his arrival outside the hospital – in the company of persons embodying imperial sovereignty, moreover – revealed that he could only push this inclusion so far. If, as Salter has argued of violations of sovereign borders; ‘Entry is a moment of crisis – a moment of absolute surrender to the sovereign power of the

state',[63] then the entrance of Lamsey through the hospital doors would have constituted nothing less than a (temporary) crisis of settler medical sovereignty via spatial transgression. Reports of Lamsey's potential transgression sent affective ripples across and beyond the colony. One Queensland commentator on Colquhan's exclusion of Lamsey from the hospital explicitly linked the action of this individual medical sovereign to questions of racial inequity and the sanctity of state sovereignty.

> Let us reverse the tables, and ask what that particular medical man would feel if he went to China and wished to visit a Chinese hospital in company of a sovereign; how would he feel if the medical superintendent treated him as so much dirt..?[64]

Boards, sovereignty and discretionary power

This micro-story of medical sovereignty was bound up with the autonomous engagement of Lamsey and other Chinese practitioners with settler-ruled boards and law. The practices of governmentality and medical regulation focused on here, beginning in early nineteenth-century England and carried on in the Australian colonies, was a process whereby medical boards formed with rights to decide who could learn, be titled and practise as a 'Doctor'. In 1815 England, the *Apothecaries' Act* entitled the Society of Apothecaries to hold examinations and to grant medical licences. In 1838, the New South Wales Medical Board was formed via an Act of parliament which gave the governor the right to appoint members to the medical profession based on their training, and four years later settlers founded the Medical Register in Victoria, then called Port Phillip.[65] The 1890 *Medical Act* was symptomatic of the way 'medical men of Victoria' sought 'a complete monopoly' over the medical landscape, to use the words of one contemporary legislator.[66] It amended the 1866 Medical Practitioners Statute to empower board members to exercise discretionary power, ruling that only persons certified by the Victorian Medical Board could legally advertise themselves as doctors, with the board able, 'from time to time [to] remove any member of such board and appoint another in his stead'.[67] The Act had explicit spatial dimensions – it prohibited unregistered practitioners from 'holding an appointment' in hospitals, lunatics asylums, gaols and 'other public institutions' – and implicit racial ones – it contained reference to Yee Quock Ping's case, prescribing 'that a diploma of a foreign university, conferring the degree of doctor of medicine, is not a sufficient qualification without proof that the applicant has passed through a regular course of medical study *Ex paree Yee Quock Ping*'.[68] Important to note for our purposes is that European medical professionals sought to possess an exclusive right to practise and to profit from medicine, a right with racial edges.

The *Medical Act* was not the only socio-legal intensification of settler rights to exclude. In the same year, settlers passed the 1890 *Chinese Act*, which defined in Clause 15 a Chinese immigrant as 'any male adult native of China or its dependencies or of any islands in the Chinese seas not born of British parents or any person born of Chinese parents'.[69] This Act also granted greater discretionary powers to justices to decide who was 'Chinese' or not, noting:

> that the justices adjudicating may decide upon their own view and judgment whether any person produced before them is a Chinese within the meaning of this Part of this Act … that a person named or referred to therein is a Chinese shall be sufficient proof thereof until the contrary is shown.[70]

Designed to limit Chinese migration, it was stipulated that, 'No vessel shall enter any port of place in Victoria having on board a greater number of Chinese than one for every five hundred tons of the tonnage of such vessel'.[71] Read together, these Acts and board formations show how law licensed European settlers' discretionary rights to exclude from membership people they deemed, to use common legislative parlance of the period, 'undesirable'.

It was in this thick legal context that Colquhan saw it as his duty to enforce the laws passed against 'unregistered practitioners'. He wrote to McGowan and the director of the Bendigo Hospital Board justifying his decision on the basis that 'I personally had no option but to act as I did, in consideration of my position as an officer in charge of a public hospital'. And further, 'since the laws against unlicensed practitioners are so frequently evaded it is assuredly no part of the duty of a hospital surgeon to connive at such evasions'.[72] This incident might be put down to Colquhoun's authoritative personality or to the hospital's adherence to rules. But this was not just one man's prejudice; rather, it was a considered decision through which a collective consensus to exclude Lamsey was effected. In attempting to enter Bendigo Hospital as a Chinese sovereign, Lamsey thus exposed how settler sovereignty was located in the medical profession more diffusely, for here we see Colquhan acting as a medical sovereign, enforcing his position of institutional power. [73]

Colquhan's action was read by contemporaries as carrying weighty meaning. The subsequent debate was over whether it stood in for the ethics of the professionalising medical community at large. 'Most of the committeemen disagreed with the stand which the doctor had taken, but Dr. Hinchliff contended that Dr. Colquhan was justified in taking up the position as being in accordance with the ethics of the profession.'[74] Colquhan and his allies upheld their decision, and Lamsey and company were ultimately barred from entering the hospital. But not all Bendigo spaces were so policed by the flexing social muscles of white masculine settler sovereignty. The following day the commissioners together with Lamsey visited the School of Mines and later that afternoon they 'went to Lamsey's, where refreshments were provided' and some reportedly 'pleasant' interchanges took place with regard to Lamsey's relatives. The press reported that the Consul General was an 'intimate friend' of Lamsey's father and brother, who are both 'considered in China as eminent medical men'. Then, before they departed from Bendigo, the commissioners granted Lamsey Mandarin Honours, and also wrote and signed a testimony to Lamsey's character.[75]

Penned in both English and Chinese, and signed by the commissioners in the Shamrock Hotel, it reads:

> Sir, This is to make known to the public of the Australian Colonies that Mr. James Lamsey of Canton, now Chinese Doctor of Sandhurst has been for the last thirty five years the known to me as a medical practitioner in China, having received his education and certificate in the city of Canton, and practiced there very successfully … I can testify that for generations his father and grandfather were Doctors in their time, and were considered highly proficient in their profession … .,

signed 'Wu Tong, Consul General and Chinese Commissioners in Chief'.[76] Here, Lamsey was performing his right to practise medicine by offering an alternative basis of inclusion than that of the whitening medical profession, namely 'proficiency' and

intergenerational knowledge. This was a diasporic basis for medical authority, as opposed to recourse to law.

The architecture of medical sovereignty

Following the commissioners' departure, Lamsey's architectural strategies to impress both white and Chinese eyes clearly continued to buy him respect. In 1888, a travelling journalist wrote that before one left Bendigo, one 'must notice the well-known Chinese Doctor, who lives almost in the centre of the city. Lamsey is certainly clever, for he performs many cures and people come long distances to him'.[77] Lamsey, though, was not one to rest on his capital. Two years after the commissioner's visit, he built the aforementioned residence, Jubilee Villa, a name that clearly referenced the British Crown's Jubilee celebrations, in which Lamsey had participated. Designed by prominent Bendigo architect William Beebe, the Villa was just a block and a bit away from Howard Place on McCrae Street. While the move was a slight geographical shift – around 80 metres – it was a significant symbolic shift; it moved Lamsey from the fringe of the Chinese centre – a commercial and residential area prone to racially denigrating settler discourses –and into the heart of the Irish quarter, a place of relative respectability, though still removed from the hospital, the centre of settler medical power. The move also coincided with a change in Lamsey's domestic life; a move towards creating a respectable nuclear family. Lamsey had evidently left a wife and a deceased child back in Toi San, and in the 1870s had been living in a de facto relationship with his housekeeper, Irish-born Jane Boyd. In 1889, he married Jane at All Saints Anglican Cathedral, and they soon after adopted a white daughter, Kitty Boyd-nee Lamsey.[78] Pauline Rule has written that people of Irish descent in Victoria were 'ultimately included' in the English-dominated settler polity despite early attempts to denigrate them in the 1850s and 1860s.[79] In marrying Jane, then, James married into (an internally heterogenous) whiteness, at the same time as he moved closer to its respectable spatial heart.

The settler press celebrated Jubilee Villa, for its aesthetic virtues added value to the city of Bendigo at a time when there was a reported dearth of architectural progress, and when settlers often decried the buildings of nearby Chinatown as unkempt.[80] Lamsey was seen as a respectable property owner in contrast to other Chinese Bendigo residents. In the hierarchy of modes of belonging, ownership was seen as superior to leasing – it was, after all, a literal en-title-ment, and Lamsey's labour as a responsible home occupier and landlord was recognised in an 1887 *Bendigo Advertiser* article:

> There has been a terrible rumpus … over the … dwellings of the Chinamen … None of these men … are the owners of the properties occupied by them. They are all tenants. Four of the houses … are the property of the Chinese Doctor, James Lamsey, and they are in very good order … but some of the other buildings, which belong to Europeans, are in a very dilapidated condition.[81]

This spatially concentrated performance of possession was in accord with British and colonial property laws that prescribed 'improvement' as a condition of land occupation. Lamsey, the journalist suggested, was not only a more responsible proprietor than his fellow Chinese but a better proprietor than some Europeans.

The use of red and white rather than stucco brick on the Villa was in vogue, and most of the design features were familiar for a settler readership accustomed to Victorian aesthetics. Settlers, though, did not assume this intelligible design meant that Lamsey, too,

belonged in the city, for one of the Villa's features was marked 'strange'; 'A strange feature in the design is a pressed cement lion placed … in the centre out of respect for the British nation – a figure the doctor selected'.[82] Lamsey informed confused journalists that the lion was a symbol of his loyalty to the British nation. While Lamsey's statement was equivocal, the strangeness of the lion to settler eyes raises questions about the ambiguous meanings of this proud ornament. Perhaps, it suggested that Lamsey was even more loyal to the British Empire than the average settler; perhaps, it suggested power and protection, as it did in Yin and Yang philosophies or perhaps his outward-looking diasporic belonging. What is clear is that, in associating his name with the Howard Place practice and Jubilee Villa, Lamsey aligned himself with both the British and the Chinese empires, and, by a similar token, as both normal and exceptional. This racialised status of exceptionality was further evident in the 1887 nationalist volume *Australian Representative Men*, in which Lamsey is the only non-white person to appear.[83] An entry titled 'DOCTOR JAMES LAMSEY' stated that the 'Australian Anglo-Saxon does not desire to engage with [the Chinese] foreign element', and 'We owe little [to the Chinese]'. The author admitted that Lamsey's medical labour was desirable, for he 'excels … in the treatment of fractured bones'.[84] The entry thus permitted Lamsey to enter the nation as an individual with healing skills in contrast to an unassimilated mass of Chinese people, situating Lamsey as a candidate for exemption from exclusion.

To recapitulate, Lamsey's ability to leverage political power, I am arguing, can be understood in view of his accrual of interlinked medical and proprietorial forms of capital. Lamsey's medical work accorded with the imperative for white settlers to be healthy and to extend sovereignty through extending their lives. In supporting both white settler health and urban architectural 'improvement', Lamsey – in effect, if not in intent – supported the white settler-driven project to claim sovereignty over Indigenous land in and through the biopolitical and spatial occupation of that land. Lamsey enacted sovereignty as an individual, but had, in the pages of the 1887 book, entered the white nation.

Lamsey's white contemporaries recognised that medicine was a key site for the enactment and working out of sovereignty. A 1904 newspaper article entitled 'Medicine and the State' related that

> Chinese doctors, herbalists, clairvoyants, cancer curers &c. plied their trade without hindrance … It was only just that the unregistered, untrained, and ignorant men should be prevented from entering into competition with the men who had complied with the State's requirements as to training and mental equipment.[85]

Here, Chinese practitioners were construed as acting 'without hindrance', as if they practised a dangerously unchecked and wilful autonomy. In doing so, the writer articulated a racially variegated apex of medical authority, where European surgeons and doctors possessed the rightful power to decide what constituted proper and desirable medicine and medical practice. Lamsey clearly never accepted this hierarchy, and settler medical sovereignty was intermittently unsettled by his claims for membership of the medical profession.

In June 1894, a settler raised the question of whether or not the Engineer's Board could accept a certificate from Lamsey, verifying that a member was unable to work. In response, Lamsey applied to register with the Pharmacy Board. His application was refused and the case went to the Supreme Court. Justice Isaacs compelled the board to register Lamsey,

given that Lamsey's claim that he had sold herbs from a shop in Heathcote for 'not less than two months' before January 1877 so satisfied the board's requirements for admission. Two settlers testified that Lamsey had indeed done so, but the defence marked him as other. 'There was no other evidence that he had carried on the ordinary business of a chemist. He could not read English, and, of course, knew nothing of Latin'. The board decided Lamsey failed to meet the registration criteria, but Lamsey's counsel objected, and the magistrate suggested that the board members' unsubstantiated 'observations [of Lamsey] suggested a mind prejudiced against the applicant' and he 'could not accept the claims of anybody who was biased against the applicant on the basis of his nationality or any other reason'.[86]

Lamsey's refusal to accept his exclusion from the boards, and the legal cases that ensued had ongoing effects.[87] In 1903, a dentist and chemist William Westall applied to register with the Dental Board. When it denied his request Westall took it to court, the court calling on them to state the grounds of exclusion. One solicitor, 'Mr. O'Halloran went on to quote the case of Lamsey as precedence'.[88] The case was then transferred to a full court, where the Dental Board was pressured by the magistrate to accept Westall's registration application, against which the Board argued they had a 'quasi judicial duty to discharge'.[89] In this way, the settler state's investment of sovereignty in the medical, dental and other such boards, granted in order to exclude non-white doctors from membership, set up the universal legal conditions under which all practitioners in Victoria would be governed and legally treated. This expanded regulation of settler medicine was, in part, prompted by Lamsey's claims to and enactments of medical sovereignty. Lamsey's enduring public position in the life of Bendigo and Victoria can be explained by his autonomous enactment of medical sovereignty in a context where 'doing' property and maintaining the health and life a non-Indigenous population were literally vital to the ongoing, transformative, project of dispossession. Indeed, by the time that Federation produced the long-feared *Immigration Restriction Act*, Lamsey was a well-known and empowered figure. When he died age 83 in 1912, his obituary described him as the 'well-known … Chinese herbalist' who had 'many years' earlier been offered – and refused – 'the position of Chinese Consul to Victoria'.[90] Lamsey continued to work as a medical sovereign in the uncertain times wrought by legally sanctioned white nationalist fervour.[91]

Conclusion

This article has used an urban-centered story of an individual medical practitioner of Chinese descent, James Lamsey, to chart how and where settler and diasporic sovereignties were produced through agentic, masculine medical subjectivities, and their connections with wider biopolitical concerns. At important Bendigo sites – the hospital, the Villa, the Howard Place practice – these subjectivities were formed through the erection of architecture and territorial performances of spatial–racial inclusion and exclusion. Lamsey employed a medical sovereignty built both on the capital of his expertise in health and healing and on property and capital to position himself as a candidate for exception from white exclusion. By drawing on the interlinked capitals of medical practice and property, as well as on intergenerational, patriarchal Chinese imperial and British colonial authority, Lamsey lived as a medical sovereign unto himself and the diasporic Chinese community he often represented. A spatially attentive reading of interlinked medical

and property forms of capital renders it clear that medical sovereignty did not rest in a single figure, or in legislation, or even in the exclusive territories of board rooms and hospitals. It was made in the combinations of (living) bodies and (legible) colonial spaces, in *in situ* interactions between doctors and herbalists and patients and people acting to represent boards and government and the law.

Through the lens of Lamsey's story, we can begin to read the work and regulation of medicine as enacting something more insidious than previous histories of medicine in Australia articulate, for medical power was operating as a highly animated and sovereignty-making process. In the late nineteenth century, the professionalising, white(ning) medical institution intensified a settler sovereignty through spatially located, interpersonal practices of exclusion. This medical sovereignty both reflected and constituted settler self-rule. At the very same time, Lamsey was countering his exclusion by acting as his own diasporic medical sovereign.

Notes

1. Tsanhuang Tsai, 'From Cantonese religious procession to Australian cultural heritage: the changing Chinese face of Bendigo's Easter parade', *Ethnomusicology Forum* 25(1), 2016, pp 86–106.
2. Jodi Byrd, 'Follow the typical signs: settler sovereignty and its discontents', *Settler Colonial Studies*, 4(2), 2014, pp 151–154, p 153; See also Melissa Lucashenko, 'Writing as a Sovereign Act', *Meanjin*, Summer, 2018; J. Kehaulani Kauanui, *Hawaiian Blood: Colonialism and the Politics of Sovereignty and Indigeneity,* Durham, NC: Duke University Press, 2008.
3. For discussion of this dynamic in relation to contemporary South Asian practitioners, see Nadia Rhook, 'The Balms of White Grief: Indian Doctors, Vulnerability and Pride in Victoria, 1890–1912', *Itinerario* 42(1), 2018, pp 33–49; pp 44–45.
4. Penelope Edmonds and Jane Carey, 'Australian settler colonialism over the long nineteenth century', in *The Routledge Handbook of the History of Settler Colonialism*, Edward Cavanagh and Lorenzo Veracini (eds), London and New York, NY: Routledge, 2016, p 382.
5. Edmonds and Carey, 'Australian settler colonialism', p 372.
6. For a recent study, see Warwick Anderson, 'Coolie Therapeutics: Labor, Race, and Medical Science in Tropical Australia', *International Labor and Working-Class History* 91, 2017, pp 46–58; See also Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health*, Basingstoke: Palgrave Macmillan, 2004; Alana Piper (ed.) *Brisbane Diseased: Contagions, Cures and Controversies*, Brisbane: Brisbane History Group, 2016; Catharine Coleborne, 'Regulating "mobility" and masculinity in institutions in colonial Victoria, 1870s–1890s', *Law Text Culture* 15(1), 2011, pp 45–71.
7. Aileen Moreton-Robinson, *The White Possessive: Property, Power, and Indigenous Sovereignty*, Minneapolis, MN: University of Minnesota Press, 2015, p 35.
8. Leigh Boucher, 'Masculinity gone mad: settler colonialism, medical discourse, and the white body in late-nineteenth century Victoria', *Lilith*, 13, 2004, p 54.
9. Warwick Anderson, *The Cultivation of Whiteness: Science, Health and Racial Destiny in Australia*, Carlton: Melbourne University Press, 2002.
10. See, for instance, Rey Tiquia, '"Bottling" and Australian medical tradition: Chinese medicine in Australia in the Early 1900s', in *Otherland Literary Journal*, special edition, *After the Rush: Regulation, Participation and the Chinese Communities in Australia 1860–1940*, Sophie Couchman, John Fitzgerald and Paul Macgregor (eds), 2004, p 212.
11. See Nadia Rhook, 'Affective counter networks: healing, trade, and Indian strategies of In/dependence in Early "White Melbourne"', *Journal of Colonialism and Colonial History*, 19 (2), 2018.

12. See Ralph Crozier, *Traditional Medicine in Modern China: Science, Nationalism, and the Tensions of Cultural Change*, Cambridge: Harvard University Press, 1968.
13. See Ben Silverstein, *Governing Natives: Indirect rule and Settler Colonialism in Australia's North*, Manchester: Manchester University Press, 2018, pp 60–61.
14. Carl Schmitt quoted in Jayan Nayar, 'On the Elusive Subject of Sovereignty', *Alternatives: Global, Local, Political* 39(2), 2014, p 13; See also Giorgio Agamben, *State of Exception*, Chicago, IL: University of Chicago Press, 2005.
15. Mark B. Salter, 'When the exception becomes the rule: borders, sovereignty, and citizenship', *Citizenship Studies* 12(4), 2008, pp 365–380.
16. Michel Foucault, *The History of Sexuality: An Introduction, Vol. 1*, London: Penguin Books, 1990, p 136.
17. Giorgio Agamben, *State of Exception*, Kevin Attell (trans), Chicago, IL and London: University of Chicago Press, 2005, p 122. This is not to adopt Agamben's understanding of sovereignty wholesale. He has been criticised for having an a-contextual understanding of law as 'lifeless rules'. See Verena Erlenbusch, 'The place of sovereignty: mapping power with Agamben, Butler, and Foucault', *Critical Horizons* 14(1), 2013, p 40.
18. For discussion on why physician sovereignty matters contemporarily, see David M. Lawrence, 'Physician sovereignty: the dangerous persistence of an obsolete idea', *Center for Policy Research* 40, 2009, p 3.
19. See Tracey Banivanua Mar, 'Settler-colonial landscapes and narratives of possession', *Arena Journal* 37/38, 2012, 176–198; Brenna Bhandar, 'Possession, occupation, and registration: recombinant ownership in the settler colony', *Settler Colonial Studies* 6(2), 2016, p 122.
20. Julie Evans, 'The formation of privilege and exclusion in settler states: land, law, political rights and indigenous peoples in nineteenth-century Western Australia and Natal', in *Honour Among Nations: Treaties and Agreements with Indigenous People*, Marcia Langton (ed.), Carlton: Melbourne University Press, 2004.
21. Robert Nichols, 'Theft is property! The recursive logic of dispossession', *Political Theory* 46 (1), 2018, p 5.
22. Ben Silverstein, 'Reading sovereignties in the shadow of settler colonialism: Chinese employment of aboriginal labour in the Northern Territory of Australia', in this issue of *Postcolonial Studies*, 2020.
23. See Penelope Edmonds, *Urbanizing Frontiers: Indigenous Peoples and Settlers in 19th-Century Pacific Rim Cities*, Vancouver: UBC Press, 2010.
24. For more on the ways in which settler nation-building was a positive reproductive project, see Jane Carey, '"Wanted! A Real White Australia": the women's movement, whiteness and the settler colonial project, 1900–1940', in *Studies in Settler Colonialism*, F. Bateman and L. Pilkington (eds), London: Palgrave Macmillan, 2011, pp 122–139.
25. For discussion of how Médicins Sans Frontières attempted to enact a form of medical sovereignty in the late 20th century, see Miriam Ticktin, 'Medical Humanitarianism in and beyond France: breaking down or patrolling borders?', in *Medicine At The Border: Disease, Globalization and Security, 1850 to the Present*, Alison Bashford (ed.), Palgrave Macmillan, 2007, pp 120–122.
26. See, for instance, Andonis Piperoglou, '"Vagrant Gypsies" and respectable Greeks: a defining moment in early Greek Melbourne, 1897–1900', in *Proceedings of the Tenth Biennial International Conference of Greek Studies, June 2013*, 9–20, Adelaide: Flinders University, 2014.
27. Beenash Jafri, 'Desire, settler colonialism, and the Racialized Cowboy', *American Indian Culture and Research Journal* 37(2), 2013, pp 73–86, p 76; Samia Khatun, 'The book of marriage: histories of muslim women in twentieth-century Australia', *Gender and History* 29(1), 2017, pp 8–30.
28. See also Jodi Byrd's term 'arrivant' as opposed to settler in her *The Transit of Empire: Indigenous Critiques of Colonisalism*, Minneapolis, MN: University of Minnesota Press, 2011, p 31.

29. Kathryn Cronin, *Colonial Casualties*, Melbourne: Melbourne University Press, 1982; Keir Reeves, 'Goldfields Settler or Frontier Rogue?', *Provenance: The Journal of the Public Record Office* 5, 2006, pp 6–15.
30. Mei Fen-Kuo, *Making Chinese Australia: Urban Elites, Newspapers and the Formation of Chinese-Australian Identity, 1892–1912*, Melbourne: Monash University Publishing, 2013; Kate Bagnall, 'Potter v. Minahan: Chinese Australians, the Law and Belonging in White Australia', *History Australia* 15(3), 2018, p 474; Alanna Kamp, 'Chinese Australian women in White Australia: utilising available sources to overcome the challenge of "invisibility"', *Chinese Southern Diaspora Studies* 6, 2013, pp 75–101; Sophie Loy Wilson, *Australians in Shanghai: Race, Rights and Nation in Treaty Port China*, London: Routledge, 2017.
31. See Mark Finnane, 'Law as politics: Chinese litigants in Australian Colonial Courts', *Journal of Chinese Overseas* 9, 2013, p 194.
32. Zora Simic and Ruth Balint, 'Histories of migrants and refugees in Australia', *Australian Historical Studies* 49, 2018, pp 379–380.
33. See Tiffany Jeanette King, 'In the Clearing: Black Female Bodies, Space and Settler Colonial Landscapes', PhD Thesis, University of Maryland, 2013, p 52; Dean Itsuji Saranillio, 'Why Asian settler colonialism matters: a thought piece on critiques, debates, and Indigenous difference', *Settler Colonial Studies* 3(3–4), 2013, p 280; Renisa Mawani, 'Specters of Indigeneity in British-Indian Migration, 1914', *Law and Society Review* 46(2), 2012, p 374.
34. For an outline of this debate, see Iyko Day, 'Being or nothingness: indigeneity, antiblackness, and settler colonial critique', *Critical Ethnic Studies* 1(2), 2015, p 106.
35. In 1887, Lamsey was bought before the courts for not removing part of the placenta of a European woman who was suffering from blood poisoning, which had allegedly hastened her death. 'Sudden Death at Eaglehawk', *Bendigo Advertiser*, 15 December 1885, p 3. In 1886, he treated a European farmer, John Millen, 'Hospital Finances', *Bendigo Advertiser*, 7 April 1886. In 1886, the Castlemaine Hospital House Committee recommended that James Lamsey should be placed on the list of life members as he was a subscriber of L10 10s. 'Castlemaine Hospital', *Mount Alexander Mail*, 2 April 1886, p 2. In 1893, a European man met Lamsey at the Bull and Mouth Hotel on Bourke, where Lamsey told him that 'he had a great number of patients in different parts of the country': 'The Chinese Doctor Case', *Age*, Melbourne, 13 June 1897, p 7.
36. *Mount Alexander Mail*, 11 November 1908, p 2.
37. 'Moot Points', *The Queenslander*, 30 July 1887, p 178; 'Death of Mr. James Lamsey', *The McIvor Times and Rodney Advertiser*, 9 May 1912, p 2.
38. The settler press first locate Lamsey (Lamsay) at Mia-mia, *Argus*, 14 January 1879, p 7.
39. Giordani Nanno, *Coranderrk: We Will Show the Country*, Canberra: Aboriginal Studies Press, 2013, p 36.
40. Sascha Auerbach, 'Margaret Tart, Lao She, and the Opium-Master's Wife: Race and Class among Chinese Commercial Immigrants in London and Australia, 1866–1929', *Comparative Studies in Society and History* 55(1), 2013, p 37.
41. Kate Bagnall, 'A Legacy of White Australia: Records about Chinese Australians in the National Archives', in Paper, Fourth International Conference of Institutes and Libraries for Chinese Overseas Studies, Jinan University, Guangzhou China, National Archives of Australia, 10 May 2009.
42. Benjamin Mountford, *Britain, China and Colonial Australia*, Oxford: Oxford University Press, 2016.
43. 'The Jubilee of Queen Victoria', *Bendigo Advertiser*, 22 June 1887, p 1.
44. Gabriella Haynes, 'Shifting foundations: a short history of subversive spaces on the Pioneer River', *Australian Historical Studies* 48(4), 2017, p 538.
45. 'The Chinese Commissioners at Sandhurst', *Argus*, Melbourne, 1 July 1887, p 6.
46. 'The Chinese Commissioners at Sandhurst', p 6.
47. Samia Khatun, 'Beyond blank spaces: five tracks to nineteenth century Beltana', *Transfers* 5 (3), 2015, p 73.
48. 'Golden Bendigo', *Illustrated Sydney News*, 27 August 1892, p 8.

49. 'A Question of Medical Etiquette', *Argus*, Melbourne, 15 July 1887, p 7.
50. See 'Bendigo Hospital', *Bendigo Advertiser*, 10 November 1892, p 2.
51. See 'Bendigo Hospital', p 2.
52. 'Unregistered Medical Practitioner', *Argus*, 30 June 1875, p 7.
53. Mr Branson quoted in 'Unregistered Medical Practitioner', *Argus*, 30 June 1875, p 7.
54. 'A Chinese Doctor', *Argus*, 5 June 1875, p 8.
55. 'Chinese Doctors', *Herald*, Melbourne, 29 June 1875, p 3.
56. *Ballarat Courier*, Victoria, 7 September 1875, p 2.
57. Rhook, 'The Balms of White Grief'.
58. The Act set up had powers of property, and the right to exclude practitioners it deemed medical others. Clause 2(d), Part 67, 'Chinese Medicine Registration Act 2000', Victoria.
59. For instance, see 'The Governor and the Chinese of Bendigo', *Argus*, 26 April 1892, p 5. In the 1890s, Lamsey's advertisement with the title 'Chinese Doctor' became controversial. 'The Chinese Doctor Case', *Age*, 13 June 1893, p 7.
60. 'The Chinese Doctor Case', p 7.
61. For discussion of the heterogeneity of registered and alternative forms of medicine, see Paul Macgregor, '"Put yourself in nature's hands": a history of complementary medicine in Victoria', *Diversity: Natural and Complementary Health* 2(2), June–August 2000, pp 12–19.
62. 'The Visit of the Chinese Commissioners', *Bendigo Advertiser*, 14 July 1887, p 3.
63. Salter, 'When the exception becomes the rule', p 371.
64. 'Moot Points', *The Queenslander*, 30 July 1887, p 178.
65. Philippa Martyr, *Paradise of Quacks: An Alternative History of Medicine in Australia*, Paddington: Macleay Press, 2002.
66. Quoted in T. S. Pensabe, *The Rise of the Medical Practitioner in Victoria*, Canberra: ANU Press, 1961, p 123.
67. '1890 Medical Act', Victoria. http://www.austlii.edu.au/au/legis/vic/hist_act/ma189061.pdf (accessed 5 November 2018).
68. '1890 Medical Act', Victoria.
69. 'Chinese Act 1890', Victoria. http://www.austlii.edu.au/au/legis/vic/hist_act/ca189077.pdf (accessed 5 November 2018).
70. 'Chinese Act 1890', Victoria.
71. Part One, Section 6, 'Chinese Act 1890', Victoria.
72. 'Bendigo Hospital', *Bendigo Advertiser*, 14 July 1887, p 3.
73. 'Death of Dr. Colquhoun', *Bendigo Advertiser*, 11 November 1892, p 2.
74. 'A Question of Medical Etiquette', *Argus*, Melbourne, 15 July 1887, p 5.
75. Testimony, Signed Wu Tong, Consul General and Chinese Commissioners in Chief, Shamrock Hotel, 1 July 1887. Dennis O'Hoy's private collection.
76. Testimony.
77. 'The Sandhurst District', *Advocate*, 7 July 1888, p 18.
78. Census data show that Chinese men, in fact, more often married English women in the 1880s, but popular impressions of abundant Chinese-Irish marriages persisted. See Pauline Rule, 'Women and Marriage in the Irish Diaspora in Nineteenth-century Victoria', *Australasian Journal of Irish Studies* 8, 2008/2009, p 51.
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88. *Advertiser*, Adelaide, 19 February 1903, p7.
89. *Advertiser*, Adelaide, 11 March 1903, p 3.
90. Points, 'Death of Mr. James Lamsey'.
91. See Rhook, 'The Balms of White Grief'.

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