The Maori Health Nursing Scheme

AN EXPERIMENT IN AUTONOMOUS HEALTH CARE

IN HIS thesis ‘The Revival of a Dying Race’ R.T. Lange explores the issues and personalities surrounding Maori health policies in the early years of the twentieth century. It is a study that takes 1900 as a turning-point in policy implementation. Lange clearly shows that Maori were neither apathetic nor inactive in the process of health recovery, but active and indeed desperate to improve their appalling health status. He shows how Maori campaigned for autonomous systems of health care through the Maori Councils, Native Sanitary Inspectors and even a proposed independent hospital system. None of these initiatives achieved the anticipated results due to the lack of official Pakeha support. The Maori Health Nursing Scheme was another attempt at autonomous health reform. Maori women trained in the Pakeha hospital system were to be responsible for taking health care to their people. Lange was only able to touch on this chapter of Maori health; this paper explores the scheme in more depth.

At the second conference of the Te Aute College Students’ Association (TACSA) in 1897 Hamiora Hei, a graduate from Auckland University College, read a paper entitled ‘Maori Girls and Nursing’. Hei asserted that a scheme to train Maori women to tend the sick and to give advice on matters of hygiene, would ‘strike at the root of many evils. It would work below the surface with little trumpeting of its methods . . . and would tend to the increase of the numbers of the race.’ The ‘requisite training’, Hei insisted, should be gained in the European hospitals with the trainee nurses being supported by Education Department ‘Nursing Scholarships’. At the same conference Apirana Ngata, travelling secretary for TACSA, had spoken on the ‘Education of Maori Girls’. Ngata believed that women had a special role in lifting the health standards of Maori. He stated, ‘Train them to nurse the sick, and you give the doctor . . . invaluable

1 My thanks go to Moetatua Turoa and Margaret Tennant for their useful comments on this paper.
3 Papers and Addresses read before the Second Conference of the Te Aute College Students’ Association, Napier, 1898, pp.30-1. Hamiora Hei, of the Te Ehutu sub-tribe of Te Whanau-a-Apanui, was at the time an undergraduate at Auckland University College. In 1906 he graduated with an LL.B. and went on to practice law in Gisborne and Opotiki. He was to be a long-standing chairman of the Takitimu Maori Council (Poverty Bay). His sister was to be the first Maori woman to register as a nurse. See also Lange, pp.140-1.
aid, while their quiet influence will succeed, where teaching and remonstrance
may not, in breaking down the power of the Maori tohungas.4

Discussions between Hei and James Pope, Inspector of Native Schools,
followed, resulting in the announcement that Education Department scholar-
ships were to be made available. Candidates from one of the Maori girls’
secondary schools were to be chosen to work at a hospital for a year, gaining
experience in nursing which they would then take back to their communities.
Pope believed the Maori women thus trained would make the ‘most effective
sanitary reformers’. From these small beginnings Pope believed ‘that proved
utility would soon cause it to assume much larger proportions’.5

The scheme did expand; but not as its original advocates had hoped. When
the Native Health Nursing Scheme was assimilated by the Public Health
Department in 1911, the majority of nurses appointed were Pakeha. In little more
than a decade, from the scheme’s inception to its Health Department launch, the
ideal of change from within, through training Maori women to staff the project,
was abandoned. Due to resistance from within the hospital bureaucracy of the
day, there were never the numbers of Maori women needed to staff such a
project.

From a vision of autonomous health reform, with designated ambassadors
given the responsibility of selective acquisition and instruction in new health
techniques, the scheme enlarged to one where imported agents for health were
to instruct communities in foreign methods of health care. However Maori
remained cautious and circumspect, and held on to levels of autonomy. To obtain
co-operation the district nurses first had to fathom the power dynamics within the
community to which they were appointed. They had to achieve a balancing act
between their ‘scientific’ training and directives from head office and the reality
of living amongst Maori with their alternative views of childbirth, sickness and
death.6 As the client base of this service Maori could choose co-operation or
otherwise.

Through focusing on the Maori Health Nursing Scheme we gain insight into
official and unofficial relations between Maori and Pakeha in the early years of
this century. Such an examination uncovers contemporary attitudes towards
Maori women and also provides a rare view of European women interacting with
Maori. Conventional history has focused on the policy makers who, until most
recently, were men. By contrast this paper considers the service providers, those
who implemented the policy, in this case women. Such an investigation reveals
the discrepancies between formulated policy and how those policies were
implemented ‘on the ground’.

4 Papers and Addresses read before the Second Conference of the Te Aute College Students’
Association, Napier, 1898, p.29.
5 Appendices to the Journals of the House of Representatives (AJHR), 1898, E-2, p.12.
6 I do not intend a discussion on the Maori view of health except to say that while western
medicine focuses primarily on the physical aspects of a person the Maori concept of health integrates
the physical, mental and spiritual aspects of a person’s existence. Interested readers should refer to
Whakaaranga; Maori Health Planning Workshop, Department of Health, 1984. Te Rangi Hiroa (Sir
The idea as first conceived by Hamiora Hei had the immediate support of the young Maori leaders including Apirana Ngata, and more actively Maui Pomare and Te Rangi Hiroa (Peter Buck). These men were to promote the scheme from their various positions of power, both amongst government officials and within Maori communities. Members of the Maori Councils were consistent in their support for the scheme. In 1903 and 1905 at the General Conferences of Maori Councils held in Rotorua, motions were passed to ask the government to increase the provision for the training of Maori women as nurses. In 1910 those communities with qualified Maori nurses in their midst were claiming that the arrangement was ‘one of the greatest boons the Government has yet granted to the Maori race’. At this time only two Maori women had gained registration as nurses; Akenehi Hei and Heni Whangapirita both qualified in 1909 and were attached to the Native Branch of the Health Department. Although not registered, other women had succeeded in gaining nursing certificates. With their Education Department Scholarships they had spent up to three years working in a hospital gaining nursing experience.

That the nurses be Maori was fundamental to early supporters. James Pope believed that the health promotion work of the Education Department could only ever have an ‘external’ effect. With Maori women trained as nurses there would be ‘action from within’. Te Rangi Hiroa believed that the Maori woman’s intimate knowledge of the language and customs of her people gave her the edge over even the most highly trained Pakeha nurse. Similar views were held towards the Medical Officers of Health, also fulfilling the role of health ambassadors. Te Rangi Hiroa stated that Maori Medical Officers had an advantage ‘in their knowledge of the Maori language, customs, and etiquette, and in the fact that they had a blood tie with the people by virtue of their birth’.

By the end of 1898 two girls from Hukarere Protestant Girls’ School were holding scholarships and by 1902 Pope was able to report a small success in that

7 Maui Pomare graduated in medicine in 1899 and was appointed Health Officer to the Maori in 1900. Te Rangi Hiroa graduated in medicine in 1905 and joined the Public Health Department in 1906 as Native Health Officer. Apirana Ngata received an MA from Canterbury University College in 1894 and in 1896 completed his Law degree at Auckland University. He was admitted to the bar in 1897. The following year he took up the position as travelling secretary for the Te Aute College Students’ Association or Kotahitanga mo Te Aute. In 1902 Ngata was appointed organising inspector for the Maori Councils in 1902. In 1905 he won the Eastern Maori seat and entered a career in politics.

8 AJHR, 1903, G-1, p.4; 1905, H-31, p.57.
10 These women include Ema Mitchell of Pakipaki who entered Napier Hospital as a day pupil in 1898, Sara Burch of Waima who began her training in 1899 and Eva Wirepa of Te Kaha who began as a day-pupil at Napier Hospital in 1901. Gibbes to Mason, 27 November 1907, MA 1/1910, N.3921, National Archives (NA), Wellington.
11 AJHR, 1898, E-2, p.12.
12 AJHR, 1908, H-31, p.133.
14 These two girls were chosen, one from St Joseph’s Roman Catholic Native Girls’ School in Napier and the other from Hukarere, a Protestant girls’ school for Maori. One of these girls was Ema Mitchell of Pakipaki; the name of the other girl is not recorded, but it was stated in 1899 that the
the Maori community at Waima had the services of one of these girls and that her work was of ‘great use’.  

Early in the new century the Matron of Napier Hospital was to advise that one year’s training was not sufficient to give the Maori nurse the ‘mana or weight’ she needed to carry out her work effectively. Consequently, in 1902, the scholarships were extended so that the Maori women could spend up to three years in training. Further steps were taken to enlarge the scheme in 1905. One or two girls trained each year would never make the impact envisaged by proponents of the scheme. So by a Cabinet decision provision was made in the Hospitals Bill for Maori women to be taken on as probationers in the hospitals in the hope that more hospitals would co-operate in the scheme.  

In 1907 attempts were made to place the scheme on a more formal basis. At a conference attended by George Fowlds, the Minister of Health, Sir Edward Gibbs, the Secretary for Education, J.M. Mason, the Chief Health Officer, T.H.A. Valintine, Inspector General of Hospitals and Pomare, guidelines were formulated to train and subsequently employ the Maori women.  

It was decided that the Education Department would continue to select suitable applicants from one of the Maori girls’ secondary schools and maintain them while working in a hospital, for one year. During this time the candidate’s ‘capacity, reliability and suitability’ were to be assessed. If the girls were considered to be satisfactory they would then be taken over by the Hospitals Department and placed in regular training on the same pay as the Pakeha probationer, as well as being supplemented by an Education Department allowance. A special two-year course was introduced for those women whose deficiency in English made it impossible for them to complete the full three years. The reasoning behind the shortened course can perhaps be found in the words of Te Rangi Hiroa who feared that Maori nurses would be lost to ‘useless questions in physiology and anatomy’. A special certificate was to be issued to these women which would allow them to work as nurses in Maori communities. Once certificated, the Maori nurses were to be employed by the Public Health Department and placed in Maori communities.  

Despite humble beginnings there were ambitious plans for the Maori nurses. Native Health Officer Te Rangi Hiroa believed that the nurses would be best used in cottage hospitals strategically placed to cater to Maori communities. William Bird, Chief Inspector of Native Schools from 1904, stated that such hospitals were the logical outcome of the plan. He felt confident that Maori would contribute towards the materials and erection of the necessary buildings. The

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15 AJHR, 1902, E-2, p.2: The woman concerned was Sara Burch who entered Napier hospital as a day pupil in 1899. M.A.I, N.3921.  
16 AJHR, 1906, E-2, p.16.  
17 AJHR, 1908, H-22, p.133.  
18 Mason to Fowlds, 19 November 1907, MA, 1/1910, N.3921, NA, Wellington; ‘The Training of Maori Nurses’, 27 November 1907, H, 21/15, 15861, NA.
medicines which were currently being supplied by the Justice Department to
Native Schools were to be transferred to the Maori women staffing these
hospitals.19

Thus it appeared that with the necessary apparatus in place and support from
both government officials and many Maori, numbers of Maori women would be
trained as nurses who would then return to their communities to work at
improving the health of their people.

However, the scheme’s supporters were constantly having to trim their
enthusiasm, and became increasingly frustrated with the obstacles which hin-
dered progress. In 1903 Pomare stated, ‘At present I think there are only three
Native girls in training, there should be more . . . . The Maoris are dying by
hundreds for the need of them . . . .’ 20 The following year his impatience was
apparent; the government was merely ‘tinkering with the question’ of Maori
health and, he argued, if serious action were taken upon the suggestions made
then ‘there would be such a change in the Maori as would open the eyes of the
world’.21 Ngata, now Member of Parliament for Eastern Maori, believed that
there was ‘a real grievance on the part of the Maori people, in the lack of
enthusiasm displayed by successive Governments in the matter of medical
attendance on the Maori sick’.22

The scheme to train Maori women as nurses was from the start handicapped
by the attitudes of government and hospital officials towards Maori women.
Those with confidence in the plan labelled it a ‘project’ or a ‘scheme’; to those
more sceptical it remained an ‘experiment’ or a ‘trial’. Distrust in the inherent
capabilities of Maori women meant there was never the support such a scheme
needed from the hospital authorities of the day. Maori health was not regarded
as a government priority at this time. Often it only became a concern when it
threatened that of the non-Maori population. R.H. Makgill, District Health
Officer to Auckland, believed that the sanitary condition of Maori was a ‘very
serious matter’ simply because it was ‘a menace to the whole of the white
population’.23

Prime Minister Seddon stated that while the scheme ‘was worth a trial’, he
believed that once trained, the young women would be unlikely to return to
‘Maori life’.24 Similar views were initially held by William Bird who claimed
that the trained nurses would be ‘lost to their race’, preferring to stay in the towns
where wages and conditions were better. Such women were apparently not worth
the money invested in them and he recommended that hospital boards refuse to
accept job applications from trained Maori nurses. In fact, Bird had to admit, that
by 1906 only one girl out of nine trained had not returned to her community.25

George Hogben, Inspector-General of Schools since 1899, precluded any

20 AJHR, 1903, H-31, p.72.
21 AJHR, 1904, H-31, p.65.
22 New Zealand Parliamentary Debates (NZPD), 1907, 139, p.520.
23 AJHR, 1911, H-31, p.50; see also Lange, pp.311-12.
24 NZPD, 1899, 107, p.625.
plans there may have been to make the scholarships available to those beyond the walls of the elite Maori girls’ secondary schools:

with regard to nurses — I do not think one should shrink from stating the real fact — the ideas of the relations between the sexes among the Maoris are to some extent different. You have got to take great care as to how you allow the women of one race to go among the people of another race where different ideas prevail as to the relations between the sexes, and until the ground is prepared for them you will have danger.26

The Christian-based secondary school training may have averted the ‘danger’ the Maori girls posed to the morality of the Pakeha hospital environment, but Maori women were still believed to be inherently incapable of undertaking the necessary study required. Mr Young of the Waikato Hospital Board claimed that his hospital had tried the ‘experiment’, but that it had been unsuccessful as ‘the discipline, training and study necessary for their duties seemed to be too much for them’.27 Hester Maclean believed that the Maori women lacked ‘application and reliability’.28 Valintine, by 1911 Inspector-General of Hospitals and Chief Health Officer, stated that the Maori women were ‘rather inclined to shirk responsibility’.29 As late as 1929 the failure of one Maori girl to pass her exam papers was attributed to her ‘Maori concentration’, apparently deficient.30

An interminable problem faced by those administering the scheme was finding hospitals willing to accept Maori women as probationers. By 1905 only the Napier hospital trustees were actively supportive. That year, with attempts being made to enlarge the scheme, Wellington and Gisborne hospitals were approached. While Wellington Hospital agreed to take one probationer, Gisborne hospital declined, stating that they had no vacancies to which a Maori girl could be appointed; and again the familiar opinion was expressed that once trained the Maori girl would ‘prefer to work amongst whites’.31 The following year Bird announced that no more day-pupils could be accepted as not enough probationer positions could be found for them to move into.32 Pomare complained: ‘Objections were raised by one or two hospitals to the entering of Maori girls to be trained as nurses, because the Pakehas would not like the association. This state of affairs in this democratic country must be deplored.’33

In 1906 the Matron of Thames hospital stated quite emphatically, ‘I don’t want Maori nurses, I have quite enough trouble with the white ones.’ She went on:

we have to do our duty and leave them then to do theirs! I have got quite a number of our

29 AJHR, 1911, H-31, p.183.
30 Hunter (Matron of Hawera Hospital) to Cairney, 30 December 1929, H, 21/15, 15861, NA.
32 AJHR, 1906, E-2, p.16.
33 AJHR, 1907, H-31, p.54.
own women wanting to come and be trained in order to earn their bread and I don't see why I should have to put them off in order to make room for Maori girls. Let them get a Hospital of their own.34

In 1907 Mason, the Chief Health Officer, wrote to the Matron of the Waikato Sanatorium, to try to convince her to accept Maori women as probationers. He suggested that ‘before we could do this we would have to have another small cottage or room put up for the girls to sleep in, because of the possibility of the Pakeha nurses or probationers objecting to sleep in the same room’. The Matron agreed that training Maori girls was a good idea, but stated that it was ‘essential that we put up a small cottage’.35 Consequently there was a year's delay, while the accommodation was built, before Maori probationers could be accepted into the Sanatorium at Cambridge.36

In 1911 William Bird was to lament that although the need for Maori women trained as nurses was recognized, difficulties ‘beset every step when an attempt is made to arrange for such training to be given . . . . The hospital authorities — with one or two notable exceptions, of which the Napier Hospital Trustees are the most prominent — find many objections, and some of them even in districts with a fairly large Maori population decline to give any support whatever to the project.37

Despite a resolution taken in support of the scheme at the Hospitals’ Conference in June 1910, the hospital authorities resolutely refused to cooperate.38 Apparently Auckland and Napier hospitals were the most consistently supportive. However even those who did participate were at times only reluctantly magnanimous. In 1928 the matron of Napier Hospital was to write: ‘Personally I prefer not to have them at all but of course we have to help to train these girls to help their own people’.39 That same year the Matron of the Waikato Hospital declined to accept any more Maori women as probationers stating that ‘we ought to have a rest for a time and give one of the other hospitals the privilege of training a few’.40

The Maori women training as nurses no doubt would have confronted numerous impediments making the successful completion of their training difficult. Nursing probationers had to bow to a system which stressed obedience as fundamental to their training thereby negating any autonomy which the nurses may have had. Trainee nurses not only had to defer to the strict rules and regulations but also to work long and hard hours in an occupation in which working a whole year without a day off was not uncommon.41 Combined with the

34 Miss Stewart to Judge Edgar, 19 July 1906, MA, 21/20, N.154, NA.
35 Mason to A.S. Rochford, 19 November 1907; Rochford to Mason, 23 November 1907. MA, 1/1910, N. 3921, NA.
36 Rochford to Mason, 18 November 1908, MA, 1/1910, N. 3921.
37 AJHR, 1911, E-3, p.11.
39 Macdonald to Bicknell, 14 March 1928, H, 21/15, 15861, NA.
40 A.G.Keddie to Bicknell 5 July 1928, H, 21/15, 15861, NA.
ordinary rigours of the nurses’ training Maori women had to cross cultural barriers, confronting racism and a lack of confidence in their abilities from administrators, staff and patients. The courage and determination of these women, who undertook their training within a hospital system which saw fit to provide racially segregated accommodation, can only be imagined.

Hester Maclean, Assistant Inspector of Hospitals in charge of nursing services, believed that Maori women would not exert the necessary authority within Maori communities. An assumption was made about gender relations within Maori society, that women were unable to wield sufficient authority to inculcate new health techniques. Maori women may have been less inclined to challenge the tapu in place in the communities and be more likely to give Maori agency over how the health care was delivered. The nurses who were trained under the day-pupil system by all accounts gave valuable service in their communities.

In 1909 Nurse Akenehi Hei, the first Maori woman to gain state registration as a nurse, was despatched by the Public Health Department to Te Kao in the Far North. It appears that this appointment was by way of an experiment to see ‘how these Maori nurses act on their own responsibility’. She first visited Te Hapua on the Parengarenga harbour where her ‘intimate knowledge of the Maoris and their language’ was ‘of great benefit’. Her subsequent visit to Te Kao was less satisfactory, as the locals refused to co-operate with her instructions. The reasons for this non-co-operation are unclear. Hei did decide to take the ‘hardline approach’ on this, her first assignment, and perhaps her threatening manner alienated the people she was aiming to serve. However she was called back to Parengarenga harbour by local Maori who required her services to combat an influenza epidemic. Later posted to New Plymouth, Hei claimed she was well received and local Maori listened ‘attentively’ to her instructions. Hei was herself later to write that the greatest difficulty facing health workers amongst Maori was the balance needed so as ‘not to offend the patient’s beliefs, and at the same time uphold one’s own mission’. Expectations frequently preceded judgement. It appears that when a Maori nurse failed to receive co-operation from the community in which she was placed this was ascribed to her lack of authority. When Pakeha women failed it was the community which was placed at fault. Another point worth noting is that nowhere in the record is there any evidence of officials taking into account the Maori nurses’ tribal and hapu affiliations in their placements of the women.

So the scheme, as initially perceived by Hamiora Hei, was no more than marginally successful. With recruiting restricted to those Maori women who had attended one of the elite secondary schools, and only limited positions available for Maori women in hospitals, there were never the numbers of Maori women
needed to staff the ambitious health programme. However the wider aim of establishing a district nursing service for Maori was not dismissed by government health officials. In 1911 the Public Health Department was once again allocated the responsibility and funding for Maori health. Valintine, Inspector-General of Hospitals and Charitable Aid and Chief Health Officer, marked the occasion by declaring: ‘Having held for some years that the gospel of sanitation among the Natives would be best carried out by trained nurses under medical supervision, no time was lost in appointing nurses to visit the Native settlements and rendering aid where their services were required.’

The scheme taken over by the Public Health Department differed from Hei’s vision in that, with few exceptions, the district nurses were Pakeha. This can be seen as a matter of expediency in that there was never the number of trained Maori women needed. However another reason exists in that Pakeha women were seen as being more responsible, more authoritative and better agents of ‘scientific’ health practices. Under the auspices of the Public Health Department the district nursing scheme for Maori was established more securely as policy. With the proficient guidance of Hester Maclean and Amelia Bagley nursing posts were established and channels of communication kept open. The nurses were never overlooked as had happened in the past.

In theory it was stated that Maori nurses would be given ‘equal consideration with the pakeha nurses for these appointments’. Consideration was, however, weighted in favour of Pakeha nurses. Hester Maclean wrote: ‘It is questionable whether the Maori nurses will for some time carry sufficient weight of authority with their people to be able to do much good work alone.’ Valintine believed that ‘The trouble with the Maori nurse was that she was rather inclined to shirk responsibility. It was found the work was better done when they had a pakeha nurse to stiffen up the native nurse.’ Unlike the Pakeha nurses the Maori nurses, when first appointed, had to go through a trial period working as assistants, to prove themselves capable.

There appeared to be sound reasons for investing in a district nursing scheme for Maori. The first and perhaps most persuasive argument was budgetary. Until this time the most expensive measure employed by government to combat poor Maori health was the subsidising of doctors who treated Maori in their communities. In 1909, 54 doctors were being subsidised costing the Public Health Department £2,820 annually. As the most costly of measures employed for Maori health it is perhaps not surprising that it came under scrutiny. Criticism was levelled at the doctors for allegedly not giving Maori sufficient attendance

48 AJHR, 1911, H-31, p.4.
49 When responsibility for Maori health was transferred back to the Native Department late in 1909 the services of Hei were forgotten. Hei was forced to write to Ngata and Fisher (Under-Secretary for Native Department) asking for further instructions. She also wrote to Purdy, District Health Officer for Auckland asking ‘What is the delay I wonder? If my services are not required they might at least let me know.’ Hei to Purdy, 1 October 1909, MA, 1/1910, N. 3921.
50 AJHR, H-31, 1911, p.78.
52 Valintine to Buddo, 29 June 1909, MA, 21/20, N.154.
to warrant the subsidies.\textsuperscript{53} The arrangement did not suit Maori either. According to Te Rangi Hiroa the European doctors were too hurried when dealing with Maori patients, not even giving patients enough time to give an adequate description of the symptoms. Te Rangi Hiroa also believed that doctors made no attempt to cross language and culture barriers.\textsuperscript{54} Such a rapport seemed vital to Te Rangi Hiroa if effective health care was to be achieved. Female nurses promised to be a cheaper option. For the cost of subsidising one doctor annually for intermittent visits, a nurse could be employed to live and work full time in the Maori community.

Another incentive can be found in the fear of the Pakeha who were worried about the spread of infection from the Maori communities to their own. In 1911 R.H. Makgill, District Health Officer for Auckland, claimed of Maori that it was ‘high time that a Department was organized to break them of their uncivilized habits and teach them to be clean’.\textsuperscript{55}

One must not dismiss the persistent campaigning from members of the Young Maori Party nor the altruism of some Pakeha who wished to help people they saw in a desperate situation. W.H. Field, for Otaki, lamented that:

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if effective health care was to be achieved. Female nurses promised to be a cheaper option. For the cost of subsidising one doctor annually for intermittent visits, a nurse could be employed to live and work full time in the Maori community.
\end{quote}

it was pitiable to go into some of the Native villages and see the condition of things that prevailed there, particularly with regard to infants. He had brought this subject up over and over again, but little or nothing had been done. . . . The training of Maori nurses had been promised, but this was a slow process, and something must be done in the meantime.\textsuperscript{56}

So in 1911, with responsibility for Maori health transferred to the Department of Public Health, a district nursing service was incorporated into the Native Medical Service. Valentine announced that 17 ‘special’ district nurses would be appointed to those regions which contained large numbers of Maori. The nurses ‘would visit the kaingas, report on and attend to the sanitation and sickness amongst Maoris, and strive to educate the Maoris in these directions’.\textsuperscript{57} To launch the scheme Amelia Bagley, soon to be Superintendent in charge of the Native Health Nursing Service, was sent to the Ahipara, where an outbreak of typhoid was taking its toll upon the community.

The scheme resembled a divine mission befitting the contemporary enthusiasm amongst learned circles for their new-found religion, ‘science’. The nurses would have to exhibit attributes of ‘great devotion and self-sacrifice’ in their mission to ‘preach and show by practical example the gospel of cleanliness and proper sanitation’.\textsuperscript{58} The scheme was to be another tool of assimilation. Central to the nurses’ role was the education of Maori, apparently ignorant of all that was
necessary for their good health. What was needed was the complete adoption of Pakeha methods for sanitation and health. The Maori Health Nurses were to be the vehicles who would transport the knowledge to Maori.

However, the directives from head office assumed an open willingness on the part of Maori to absorb all that was European. By and large, directives ignored the reality of the impoverished conditions in which many lived. What faced the nurses on arrival in the communities was far removed from the ideals of head office. They were forced to accept compromise at every turn, if they were to receive co-operation. From their position as the consumers of this new government service Maori retained some agency: non-co-operation could negate any efforts by the district nurse to promote health. Selective acquisition of European health techniques appeared to be the happy compromise.

The earliest reports by the district nurses reflect the delicate cross-cultural situation in which they were placed. Although carefully screened by Hester Maclean, nurses were given no formal training to prepare them for district nursing. The gap between their hospital-based training and the realities of working in Maori communities was wide. These government agents of health, registered to verify their professional expertise and charged with the responsibility of inculcating Pakeha methods of health to Maori, were bound to confront opposition and customs for which they could find no reason. Akenehi Hei was to forewarn nurses:

Such customs (ancestral), having kept the Maori race in vigorous health for many generations, deserve consideration. They help Europeans to understand the workings of the native mind. A greater knowledge of the native mind will inspire a greater, and thereby a deeper sympathy for the Maori people, doing more for the uplifting of the Maori than all our Parliamentary laws and health regulations.59

Nurses often recorded that communities were initially suspicious of them and that it took a great deal of time and tact to allay distrust. Amelia Bagley was to advise nurses that ‘there are so many old prejudices and superstitions to get over; then they are people with some brains, and any inconsistency shakes their faith in you at once’.60 Nurse Gates believed that, in her district of Pongaroa, it would ‘take much time and patience, and infinite tact, to gain the confidence of the good-hearted, hardworking people, and to make them feel that one comes to be a help and comfort and not to uproot the traditions of generations’.61 Nurse Anderson, stationed in Rotorua, wrote that she was slowly breaking down the Maori fears about entering hospitals but ‘that it always depends on the sort of nurse who attends them. They are so quick to realise one’s attitude towards them, and a slight — fancied or real — will drive them away.’62

That the nurses had little understanding of Maori custom is reflected clearly in many of their statements. Of the community at Te Teko a nurse was to write

59 KT, III, 3 (July 1910), p.103.
60 KT, IV, 3 (July 1911), p.108.
61 KT, VI, 1 (January 1913), p.65.
that 'so many of the Natives there being addicted to very dirty living, as well as to a good deal of tohungaism. The Prophet Rua still has many of his long-haired followers there, who are hauhaus, and more difficult to teach better ways, on account of their many stupid superstitions.'

Nurse Cicely Beetham wrote that the 'most detrimental custom, common enough amongst these people, is that of parting with their children, as the result of the adoption of infants and children by relatives and friends. Undoubtedly this custom is one cause of the unhealthiness and mortality amongst the people.'

Amelia Bagley, first posted to the Far North, very quickly realised the need for compromise to circumvent resistance. On one occasion she caused great offence by throwing dirty mouth swabs on to a cooking fire. Another setback occurred when a patient's hair was cut off and burnt: 'all the older men and women were immediately in dark conclave, protesting at the scandalous practices of the Pakeha!' Despite these initial setbacks Bagley increasingly gained the confidence of the people in Ahipara who were obviously receptive to this Pakeha agent of health. She was later able to relate: 'I think they believe in me a bit, for Wakatai, one of the Maori council members, came to me this morning, and asked if I had any wishes to make known to them.... He said, "They do what you wish; they like you; you the good nurse!"' Although surprised, Bagley concluded that 'I may give enemas with impunity now',

Nurse Cicely Beetham, posted to the Hawera district in 1911, asserted the importance of a proper introduction to the community from a person of mana. She stated: 'It proves the greatest help in working amongst the Maoris, and is always necessary as regards success; otherwise they will not receive me nor willingly accept nursing assistance.' Nurse Emily Beswick, from her base at Koriniti, was introduced to other local Maori in settlements on the Whanganui River, at Pipiriki, Matahiwi, and Parikimo, by Rev. W.G. Williams of the Maori Mission Board. She wrote to Hester Maclean that 'one cannot help seeing the tremendous difference it makes to one's work to be introduced to these people by someone whom they know and respect'.

Nurses were encouraged to foster in young women of the tribe an interest for nursing. Often the nurse would find an assistant in one of these women who would be paid a small wage. Through these women many barriers were broken down, with the assistant acting as an interpreter: 'They are of the greatest assistance, and learn easily; they help the nurse pick up the Maori language — and — a very great point, only to be fully appreciated after being at this work for little time — they help one to understand Maori superstitions, many of which are very deeply rooted.'

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64 KT, VI, 1 (January 1913), pp.73-74.
66 KT, IV, 3 (July 1911), p.110.
67 AJHR, 1912, H-31, p.20.
68 Beswick to Maclean, 3 September 1930, H., 23/21/99, 15511, NA.
Nurses had to be flexible in their nursing techniques in order to gain the confidence of the people they were working for. Bagley warned nurses that they could not expect to work under the approved hospital style; they had to be prepared to work in the villages with the assistance of the people concerned. ‘By working with them and getting them to work with her on right lines the nurse is enabled to realise more the Maoris’ point of view, which is not without reason — and also to understand the difficulties which come in the way of their doing things “Pakeha fashion”, as we would like.’

Nurse Lillian Hill, working in Maori communities from 1926, explained: ‘You had to go along with them for a while, until you got to know them and they had confidence in you . . . and you would say to them “there you’ve shown me your ways now, what about you do it how I want you to do it”’, they would say “alright, you do it”. If they were satisfied it was a good way and it was a quick way . . . well then, you see, they would adopt that.

District nurses to Maori communities were instructed that when possible, they were to attend the confinements of Maori women. In fact the work of the district nurses involved very little maternity work at all. Bagley wrote in 1912: ‘For confinements, although most Maori methods are different from ours, they generally manage pretty well... and it is as well not to interfere with them too much, but they are at a loss with abnormalities.’

In fact Maori did have effective techniques for some ‘abnormalities’. From the nurses’ reports it is clear that Maori knew how to massage the uterus for haemorrhage, used steam baths to draw out the placenta and sometimes used a hip bath after delivery. Nurse Whittaker, stationed in Waiapu, claimed that the ‘Maori confinements are very funny, but there is a wonderful lot of common sense about them’. She was apparently advised by the local doctor that it was better to leave the Maori women unattended.

Nurse Margaret McNab, working in the early 1930s, explained that in the district of Te Kaha the old people would deliver the babies. Apparently they were very experienced and never tried to interfere with the natural process. Nurse Pickett claimed that in her district of Opotiki there was an old man who had delivered over 1000 babies without a fatality. Not surprisingly she reportedly did no maternity work at all.

Several nurses reported that Maori had herbal medicines for treatment. The use of dock leaves to draw out infection was widely reported. Nurse Hill decided to try them for herself, as she did most of their herbal remedies. The dock leaves

70 KT, VII, 4 (October 1914), p.159.
71 Interview with Lillian Ada Hill Nurses Education Research Foundation (NERF), Oral History Collection, MSC 46, LC 38, Side 2, Counter No. 425.
73 KT, V, 3 (July 1912), p.76.
74 KT, V, No.2 (April 12), p.25; V, 3 (July 1912), p.76; Interview with Margaret McNab, 23 August 1990, Whanganui.
75 KT, X, 2 (April 1917), p.70.
76 Interview with Margaret McNab, 23 August 1990, Whanganui.
77 Interview with Enid Pickett, 25 August 1990, Palmerston North.
she found ‘jolly good’ and very clean. Nurse Myra McCormick stated that she always let Maori use their own treatments. She believed that it was this willingness to compromise and the fact that she learnt to speak Maori which endeared Maori to her.

Nurse Jarrett, who had been working as a Maori Health Nurse since 1914, told nurses attending a refresher course in Auckland in 1928: ‘One must respect the Tapu of all sects. That is where a newly appointed nurse “falls in”. One must respect their religion, and be able and sincere when asked by the head of the household to hold a karakia (say a prayer) for their sick.’ Another nurse explained: ‘But of course there’s the Maori superstition and all that goes with it too, that . . . you must respect it and no fooling around.’

Despite the fact of tohungaism being outlawed from 1907 it is apparent from the nurses’ accounts that tohunga still flourished in many Maori communities. With two ‘experts’, both aiming to improve the well-being of the same people, yet springing from different cultural standpoints, it is hardly surprising that conflict sometimes arose. One nurse reported a ‘big barney’ with a tohunga who suspected that she had let a Maori die within the meeting house. He only ceased interrogating her when she finally managed to convince him she had carried her patient out on to the verandah before he had died. Nurse Hayman, working in Kawhia in the 1930s, was well aware that she was only consulted second in line to the tohunga.

An interesting incident was described by an ex-policeman who had been stationed in Matawai in the early 1940s. Sister Ethel Pritchard (born Watkins-Taylor), the local district nurse who had been working amongst Maori since 1919, informed him that to ensure a woman’s recovery she needed to be taken to a tohunga outside the district. He was instrumental in arranging the transport for the patient who soon after made a speedy recovery: an interesting case of a government health official and a policeman not only condoning but participating in the services of a supposedly outlawed person.

Maori were willing to adopt European scientific medicine, if carefully explained to them: one example was vaccination. During the smallpox epidemic of 1913 all district nurses were appointed Public Vaccinators and a vaccination campaign was undertaken. R.H. Makgill, District Health Officer for Auckland, was later to write: ‘It is pleasing to be able to put on record the fact that the Natives — backward as they are to take up sanitary matters on most occasions — showed a most exemplary willingness to comply with every requirement made on them in dealing with smallpox. Their willingness — indeed, eagerness — to undergo

78 Lillian Hill, NERF, Oral History Collection, MSC 46, LC 38.
79 Interview with Myra McCormick, 15 August 1990, Auckland.
80 KT, XVII, 3 (July 1928), p.139.
81 Lillian Hill, NERF, Oral History Collection.
82 The Tohunga Suppression Act was not repealed until 1962 with the Maori Welfare Act.
84 Francis Hayman, King Country Nurse, Auckland, 1964, p.80.
85 Interview with Ken Marley, 21 August 1990, Palmerston North.
vaccination was a pleasant change from the indifference and opposition of the European.'86 The community at Te Teko, while viewed as being ‘addicted to dirty living and tohungaism’ was ‘not averse to anti-typhoid inoculation’.87

Nurses were instructed that when illness was detected they were to ‘insist, with as much tact as possible on the patients being removed to the hospital’.88 It appears that few nurses exercised the necessary ‘tact’ to comply with this instruction, because of the deep-seated Maori fear of Pakeha hospitals. Nurse Jarrett, addressing Maori Health Nurses at a refresher course in Auckland in 1928, warned nurses of ‘the work of months being ... lost, by say a patient taken to hospital for a simple abdominal operation and dying of anaesthetic pneumonia’.89 Nurse Hayman, working in Kawhia in the 1930s, explained that Pakeha hospitals were very unpopular amongst Maori. She related that she had sent a young girl to hospital who later died. She was confronted by the grieving father who told her, ‘We should never have let her go to your hospital. Our people go there only to die.’ She wrote, ‘I hobbled into the house, oppressed once more by the feeling of failure. Again superstition had won. Again Pakeha help had come too late.’90

Parallels can be drawn with the efforts of reformers such as Hamiora Hei and his sister Akenehi, who attempted to institute an autonomous health system staffed by Maori, and modern day reformers who aim to secure autonomy in health care for Maori. In 1903 Pomare asked that ‘one or two Native nurses be admitted to each of the local hospitals throughout the country’.91 The Te Taha Hinengaro workshop held at the Hui Whakaoranga in 1984, recommended that ‘support be given to identifying and encouraging the use of Maori personnel in existing health services’ and that the ‘lack of Maori personnel in the health services be readdressed’.92 In 1910 Nurse Akenehi Hei urged nurses to give consideration to Maori custom surrounding their well-being,93 and at the Hui Whakaoranga it was recommended that ‘support and special status be given to the tohunga and traditional health practices’.94 Hamiora Hei, in 1897, envisaged that training Maori women as nurses would enhance the health status of the Maori at a community level. Eighty-nine years later Maori were still calling for ‘support [to be] given to establish marae based community initiated projects/programmes to meet needs which have been defined by local people promoted through local Maori organisations’.95

Through an investigation of the Maori Health Nursing Scheme insights can be gained into Maori/Pakeha relations in the early twentieth century. It is clear

86 AJHR, 1914, H-31, p.60.
87 KT, VIII, 1 (January 1915), p.87.
89 KT, XV, 3 (July 1928), p.139.
90 Hayman, 1964, p.67 and pp.80-82.
91 AJHR, 1903, H-31, p.72.
93 KT, III, 3 (July 1910), p.103.
94 Hui Whakaoranga, p.38.
95 ibid., p.39.
that many of the issues surrounding health care discussed by Maori in the early years of this century parallel similar concerns expressed today. However, with the view of assimilation dominating Pakeha judgement in those earlier decades, aspirations for autonomous health care could not be realized.

While the Maori Health Nursing Scheme did not expand as its original proponents had hoped, being staffed by a majority of Pakeha women, Maori had not lost all control over the health initiative. Maori approached the teachings of the nurses from a critical, even wary, standpoint. When trust had been established the nurses were then able to present their case for alternative health techniques. One nurse wrote: 'where at first they looked upon the pakeha nurse with suspicion, they now send for her and consult her freely.' While the district nurse supposedly had the weight of the Public Health Department behind her, this meant little in the remote rural districts of New Zealand. To gain the cooperation of a community the nurse had to achieve a balance between her hospital-based training and the health techniques of the culture within which she worked. Maori had not lost all autonomy.

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