

Introduction: Maori Health History, Past, Present and Future

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UNTIL THE 1990S, MAORI HEALTH WAS A RELATIVELY NEGLECTED FIELD in New Zealand history.¹ Much of the writing prior to this time dealt with anthropological, epidemiological or demographic topics, reflecting nineteenth- and early twentieth-century concerns about the ‘dying race’. The first overview was the chapter on ‘Maori Health and Welfare’ in F. S. Maclean’s 1964 history of public health in New Zealand. Maclean’s book, however, provided an incomplete picture. Based almost entirely on Health Department annual reports, it contained little political or other analysis. Despite these limitations, *Challenge for Health* was hailed by Charles Hercus, Professor of Public Health and Dean of the Otago Medical School, as a ‘brilliantly told’ story of the impact of European civilisation, which would be of international interest.²

Maclean’s book appeared at a time when attention was starting to focus upon the disparities between the health status of Maori and Pakeha (European New Zealanders) in the wake of J. K. Hunn’s *Report on the Department of Maori Affairs 24 August 1960*. Hunn’s findings brought a commitment on the part of government to eliminate those differences between the two groups that were based on inequality or discrimination. Few of the studies that appeared in the wake of this report offered more than a token acknowledgment of the historical background to these discrepancies.³

The first attempt to fill this gap was a 1972 Auckland University MA thesis by Raeburn Lange—*The Revival of a Dying Race: A Study of Maori Health Reform 1900–1918 and its Nineteenth Century Background*—which provided the political and social context omitted by Maclean and others. Although it nominally covered only the first two decades of the century, Lange’s book ranged in time from the 1840s

1. For an assessment of New Zealand medical historical writing to 1994 see D. A. Dow, ‘“To Set our Medical History into Order”: A historiography of health in New Zealand’, *Archifacts*, April 1996, pp. 15–40.

2. C. E. Hercus, ‘Foreword’, in F. S. Maclean, *Challenge for Health: A History of Public Health in New Zealand*, Government Printer, Wellington, 1964.

3. See, for example, B. S. Rose, *Maori–European Standards of Health*, Department of Health, Wellington, 1960; and I. A. M. Prior, ‘Health’, in *The Maori People in the 1960s*, E. Schwimmer (ed.), Longman Paul, Auckland, 1972. Prior was Director of the Wellington Hospital Epidemiology Unit.

to the 1930s. It is perhaps indicative of the lack of interest at this time in health history, and in Maori, that Lange's work remained unpublished for almost three decades.

The only general history to incorporate Maori health before the mid-1990s was Laurie Gluckman's *Tangiwai: Medical History of New Zealand prior to 1860*, privately published in 1976 by its author, an Auckland psychiatrist. Gluckman's stated aim was to 'help the intending doctor understand many of his future Polynesian patients and their problems'. To this end, almost half the book was devoted to the effects of European culture contact and specific diseases upon Maori.⁴ While some might question the relevance of pre-1860 events, Gluckman was adamant that 'The history of Maori medicine in New Zealand is of interest not only for its facts but more importantly for the moral lessons and implications.' He further demonstrated its relevance by citing health and other statistics from the 1960 *New Zealand Official Yearbook* as proof that the problems of Maori health had not yet been solved.⁵

In March 1984 the Health Department organised a seminar on Maori health (Te Hui Whakaoranga) at Hoani Waititi Marae in Auckland. This meeting launched the 'decade of Maori development' intended to improve Maori health through increased self-determination and recognition of Maori cultural perceptions of health and sickness.⁶ The first major work on the history of health care for Maori in the modern period appeared in 1994, and was penned by a Maori doctor, Mason Durie. Like Gluckman, Durie was a psychiatrist by profession, and a prolific writer on health issues from the mid-1980s. His *Whaiora: Maori Health Development* was as much about advocacy as it was about history. As he stated in the Preface: 'Maori health development is about the trials and discoveries of the past, the energies and initiatives of the present, and the priorities and plans for the future. It is also about Maori determination in the face of overwhelming odds.' The book was also a 'tribute to early Maori leaders and their total rejection of the concept of the dying race'. Although he included some discussion of matters of historical significance in the first three chapters, Durie's focus was set firmly on the events of the previous decade.⁷

4. Gluckman's book was an offshoot of research conducted for his 1966 Otago University MD thesis on makutu ('disorders of reputedly supernatural origin in the Maori'). This research had been undertaken on the understanding that he would not publish the thesis 'for a defined and substantial period of time'. See author's preface to *Tangiwai*. Gluckman's thesis was entitled *Makutu: A Study in the Ethnopsychiatry of the Maori, Past and Present*.

5. Gluckman, *Tangiwai*, p. 163.

6. See Health Department Annual Reports, *Appendix to the Journal of the House of Representatives*, 1984, E-10, p. 23 and 1985, E-10, pp. 5-6; Public Health Commission, *Our Health, Our Future: Hauora Pakiri, Koiora Roa: The State of the Public Health in New Zealand*, Public Health Commission, Wellington, 1994, pp. 59-60.

The importance of Maori health was recognised in Derek Dow's *Safeguarding the Public Health: A History of the New Zealand Department of Health* (1995), which incorporated separate sections on this topic in six of the eight chapters. The inclusion of only a few scattered references to Maori in Chapter 5 (1935–57), and none at all in Chapter 6 (1947–59), was indicative of the fact that these time-frames were 'veritable terra incognita', to use the phrase coined by Director-General of Health Michael Watt in the 1930s. When the book was reviewed by the English public health historian Anne Hardy she queried the use of a chronological approach, and suggested that the 'issue of Maori health, in particular, would have benefited from a thematic treatment'.⁸

Hardy's request was met in 1999 by the appearance of two monographs on Maori health. Lange's thesis, comprehensively revised, was published by Auckland University Press as *May the People Live: A History of Maori Health Development 1900–1920*, and was followed within the month by Dow's *Maori Health and Government Policy 1840–1940* released by Victoria University Press. Both were able to draw upon a number of MA theses completed during the 1990s.⁹ Extracts from two of these works also appeared in the *New Zealand Journal of History*, together with a number of other articles on this theme.¹⁰ A medical history conference held in Auckland in 1995 provided an additional outlet.¹¹

The invitation from *Health and History* to compile a special issue on Maori health is a welcome opportunity to extend and publicise the burgeoning interest outlined above. The first of these papers, by Damon Salesa, is a study of New Zealand doctors during the first three decades

7. M. H. Durie, *Whaiora: Maori Health Development*, Oxford University Press, Auckland, 1994, pp. vii, 3.

8. A. Hardy, *Medical History*, vol. 41, no. 2, 1997, pp. 248–9.

9. In chronological order these were: K. S. Goodfellow, *Health for the Maori? Health and the Maori Village Schools 1890–1940*, MA Thesis, University of Auckland, 1991; A. H. McKegg, "Ministering Angels": The Government Backblock Nursing Service and the Maori Health Nurses, 1909–1939, MA Thesis, University of Auckland, 1991; L. A. Ferguson, *Marae Based Health Initiatives within the Tainui Iwi From 1970–1995*, MA Thesis, University of Auckland, 1997; A. S. Day, "The Maori Malady": The 1913 Smallpox Epidemic and Its Nineteenth Century Background, MA Thesis, University of Auckland, 1998. All were supervised by Linda Bryder.

10. A. McKegg, 'The Maori Health Nursing Scheme: An experiment in autonomous health care', *New Zealand Journal of History (NZJH)*, vol. 26, no. 2, 1992, pp. 145–60; P. Goldsmith, 'Medicine, Death and the Gospel in Wairarapa and Hawke's Bay, 1845–1852', *NZJH*, vol. 30, no. 2, 1996, pp. 163–81; J. Stenhouse, "'A Disappearing Race before We Came Here": Dr Alfred Kingcome Newman, the dying Maori and Victorian scientific racism', *NZJH*, vol. 30, no. 2, 1996, pp. 123–140; D. Dow, "'Specially Suitable Men?": Subsidized medical services for Maori, 1840–1940', *NZJH*, vol. 32, no. 2, 1998, pp. 163–88; A. Day, "'Chastising its People with Scorpions": Maori and the 1913 Smallpox Epidemic', *NZJH*, vol. 33, no. 2, 1999, pp. 180–99.

of colonisation, 1840–70, and their role as ‘scientific intellectuals’. The ‘dying Maori’ has been investigated since Victorian times, and by historians since Harrison Wright’s *New Zealand, 1769–1840: Early Years of Western Contact* (1959) and Alan Moorehead’s *The Fatal Impact* (1966). It is only during the past decade or so that any detailed assessment of the medical aspects of this phenomenon has been attempted. Salesa’s is a more focused study than Malcolm Nicolson’s appraisal of Doctors John Savage (1800s), William Barrett Marshall (1830s), Arthur Saunders Thomson (1850s), and Alfred Kingcome Newman (1880s), or Stenhouse’s work on Newman.¹² It is also broader in scope than Jean Kehoe’s examination of medical discourse in pre-1870 New Zealand.¹³ Salesa contextualises the strivings of doctors to formulate careers in a new and sometimes inhospitable environment, and analyses their contributions to contemporary debates on colonisation, climatology and botany.

Derek Dow’s paper takes a fresh look at the legislation enacted in 1907 against Maori tohunga or traditional healers. It challenges the standard interpretation that the Tohunga Suppression Act was fundamentally political in character, arguing instead that health considerations provided the stimulus. Dow traces the co-existence of Indigenous and Western healing system during the nineteenth century, and the hardening of attitudes that followed the recruitment of Maori to the medical profession and the establishment of the New Zealand Department of Public Health in 1900. This reappraisal is timely. The National Advisory Committee on Core Health and Disability Support Services, set up in 1992 to help shape the National Government’s health reforms, emphasised the importance for Maori of traditional healing and access to tohunga rongoa in the new system.¹⁴ This advice was accepted by

11. See the following papers in L. Bryder & D. A. Dow (eds), *New Countries and Old Medicine: Proceedings of an International Conference on the History of Medicine and Health*, Pyramid Press, Auckland, 1995: P. Goldsmith, ‘Medicine, Death and the Gospel in Hawke’s Bay, 1845–1852’, pp. 354–60; H. L. C. Harte, ‘Maori Childbirth in the 1930s’, pp. 361–5; J. Keith, ‘What if They Had Listened to Florence? An essay in Contrafactus’, pp. 340–6; P. Laing, ‘Colonial Constructions of Maori Health: First encounters and the resistance of a dying race’, pp. 347–53; A. H. McKegg, ‘The Maori Health Nursing Scheme’, pp. 319–23; R. N. McKegg, ‘Te Waananga o Waipapa: Te Wahanga Hauora: Te Whanautanga, Te Kaupapa, Nga Tikanga, Me Nga Moemoea (Birth, Purpose, Methods and Dreams)’, pp. 366–72.

12. M. Nicolson, ‘Medicine and Racial Politics: Changing images of the New Zealand Maori in the nineteenth century’, in *Imperial Medicine and Indigenous Societies*, D. Arnold (ed.), Manchester University Press, Manchester, 1988, pp. 66–104; Stenhouse, “‘A Disappearing Race before We Came Here’”.

13. J. M. Kehoe, *Medicine, Sexuality, and Imperialism: British Medical Discourse Surrounding Venereal Disease in New Zealand and Japan: A Socio-Historical and Comparative Study*, PhD Thesis, Victoria University of Wellington, 1992. Kehoe’s abstract claimed that this discourse was used ‘to shape early constructions of the Maori, to shape changing socio-sexual relations with the colonial population, and to promote a particular sexual ethos’.

government health agencies. The Ministry of Health has been committed to addressing the place of rongoa Maori in mainstream health and has worked with Nga Ringa Whakahaere O Te Iwi Maori, the national organisation for Maori traditional healers, and other agencies in pursuit of this.¹⁵

Coincidentally, 1907 also saw the foundation of a voluntary national infant welfare organisation, the New Zealand Society for the Health of Women and Children, popularly known as the Plunket Society. Previous studies of this body have largely ignored Maori.¹⁶ Linda Bryder's paper examines the relationship between the Society, the Health Department and Maori to 1960, and what this reveals about New Zealand race relations in the first half of the twentieth century. It describes the demarcation lines which saw Plunket cater for European New Zealanders while the Health Department district (later public health) nurses were given responsibility for Maori, and analyses Maori and non-Maori infant mortality rates. Bryder attributes the different approaches to territorial disputes, racial prejudice and cultural insensitivity, and concludes that the resulting dual system disadvantaged Maori.

Academic researchers have begun to study 'what childbirth has been made to stand for in the relationship between aboriginal women and the agents of colonization'. The collection of oral histories is an important part of that process.¹⁷ The final two papers in this special issue, by Helen Harte and Aroha Harris, complement one another, and contribute to this expanding field. Sandra Coney's *Standing in the Sunshine* (1993) contained a series of vignettes on the health of Maori women

14. New Zealand: National Advisory Committee on Core Health and Disability Support Services, *Core Health & Disability Support Services for 1993/4: First Report of the National Advisory Committee on Core Health and Disability Support Services to the Minister of Health, the Honourable Simon Upton*, 31 October 1992, p. 51.

15. *Briefing Paper on Maori Health*, Ministry of Health, Wellington, 1994, p. 16; New Zealand: Ministry of Health, *Nga Matatini: Strategic Directions for Maori Health: A Discussion Document*, Ministry of Health, Wellington, 1995, pp. 15–17.

16. M. W. Raffel, 'A Consultative Committee on Infant and Pre-school Health Services', *New Zealand Journal of Public Administration*, vol. 28, no. 1, 1965, pp. 37–79; M. W. Raffel, 'Plunket Society—Health Dept: A controversy revisited', *New Zealand Journal of Public Administration*, vol. 39, no. 2, 1977, pp. 7–17; L. S. Milne, *The Plunket Society: An Experiment in Infant Welfare*, BA Research Essay, University of Otago, 1977; E. Olssen, 'Truby King and the Plunket Society: An analysis of a prescriptive ideology', *NZJH*, vol. 15, no. 1, 1981, pp. 3–23; G. Parry, *A Fence at the Top: The First 75 years of the Plunket Society*, Royal New Zealand Plunket Society (Inc), Dunedin, 1982; E. L. Cox, 'Plunket Plus Common Sense': Women and the Plunket Society 1940–60, MA Thesis, Victoria University of Wellington, 1996; M. Hickey, *Negotiating Infant Welfare: The Plunket Society in the Interwar Period*, MA Thesis, University of Otago, 1999. Both Cox and Hickey make passing reference to Maori.

17. J. Jasen, 'Race, Culture, and the Colonization of Childbirth in Northern Canada', *Social History of Medicine*, vol. 10, no. 3, 1997, pp. 383, 398.

and children¹⁸ but there have been few attempts to explore such issues in depth.¹⁹ Harte's interest in this area was sparked by sorting through the papers of her mother, a Maori health nurse during the 1930s. Over a period of six years she conducted interviews with twenty-four Maori women, now aged between seventy-nine and ninety-two years, who had first given birth in the 1930s. This was a period of transition for Maori childbirth, with the ratio of hospital births rising from c.17 per cent in 1937 to approximately 50 per cent a decade later. Harte's analysis, enriched by extracts from her transcripts of the interviews, helps locate this transition in its historical context.

Harris's work also stems from a deep personal interest. Her extended discussions over a period of twenty years with her paternal grandmother culminated in a structured interview in October 2000 about Violet Otene Harris's experiences as an untrained midwife living in a small Maori settlement in the North Hokianga. The reminiscences on which the article is based cover her apprenticeship with two older Maori women during the early 1940s, her views on the benefits of formal training, and her links with traditional Maori birthing customs.²⁰

The papers gathered here make an important contribution to Maori health history. In some cases, they help provide background information and an incentive for future researchers. Bryder, Harte and Harris all add to our understanding of family health, and the individual position of women and children. The scope to extend this is considerable. Goodfellow's history of health in relation to Native schools, for example, ends in 1940, a quarter of a century before mainstream schooling absorbed such institutions. The activities of the Women's Health League and the later Maori Women's Welfare League have received some attention from historians but much remains to be done.²¹ On a more pos-

18. S. Coney, *Standing in the Sunshine: A History of New Zealand Women since They Won the Vote*, Penguin, Auckland, 1993. See Maori Childbirth, pp. 58–9; Every Maori Mother's 'Sacred Duty', p. 65; Maori and Abortion, pp. 74–5; Nursing on Horseback, pp. 92–3; Maori and Menstruation, p. 97; A Maori Health Nurse, pp. 102–3; Maori Women's Welfare League, pp. 132–3.

19. The only work of which we are aware is a monograph in German, C. Binder-Fritz, *Whaka Whanau: Geburt und Mutterschaft bei den Maori in Neuseeland*, Peter Lang, Frankfurt am Main & New York, 1996.

20. For a parallel, but less detailed, account of a Maori midwife trained on the marae in traditional methods see W. Porter, 'Herstory: Introducing Ruby Taunoa', *Nursing Praxis in New Zealand*, vol. 7, no. 2, 1992, pp. 30–3.

21. See M. White (ed.), *The Unfolding Years 1937–1987: Women's Health League*, The League, Rotorua, 1988; I. Kingi, 'Women's Health League Inc', in *Fourth International Congress on Women's Health Issues: New Zealand Papers*, M. Pybus (comp.), Massey University Palmerston North, 1991, pp. 135–40; Chapter 9, 'Maori Women's Welfare League', in *Whina: A Biography of Whina Cooper*, M. King, Penguin, Auckland, 1983, pp. 166–87; A. Rogers & M. Simpson (eds), *Te Timatanga Tautau Tautau: Early Stories from Founding Members of the Maori Women's Welfare League*, Bridget Williams Books Limited, Wellington, 1993.

itive note, one scholar has recently begun to explore a complementary topic.²²

The articles by Salesa and Dow have relevance to the ongoing debate about the impact of colonisation upon Maori health. While Dr Benjamin Rose, medical superintendent of Queen Elizabeth Hospital in Rotorua, raised this issue tentatively in 1962,²³ it has been more vigorously debated since the acceptance from the mid-1980s of the Treaty of Waitangi as health document.²⁴ Sometimes the response has been more emotional than analytical. In 1990 Irihapeti Ramsden drew up a report on cultural safety in nursing education on behalf of the New Zealand Ministry of Education. The report opened with the following statement:

In common with indigenous peoples the world over, the Tangata Whenua of Aotearoa are beginning to recover sufficiently from the horrors of the colonial experience to make our voice heard. . . . This report comes at the end of a long and complex historical process which has included the replacement of the holistic Polynesian model of health with the reductionist one which the Nightingale nurses brought from England.

Ramsden also asserted that

These words have not been written lightly, they are the truth. There have been notable pakeha individual efforts but they have usually been despite the health service, not due to it. The service has not been designed to fit the people, the people have been required to fit the service.²⁵

Erihapeti Murchie's foreword to the third in a series of reports on Maori standards of health adopted a more temperate tone, while noting that:

This volume also draws attention to Maori ill-health being to a great extent as a result of socio-economic and socio-cultural factors which have their

22. See Chapter 11, 'Contraception for Maori, 1960s–70s', in H. Smyth, *Rocking the Cradle: Contraception, Sex, and Politics in New Zealand*, Steele Roberts, Wellington, 2000, pp. 113–24.

23. B. S. Rose, 'Maori Health and European Culture', *New Zealand Medical Journal* (NZMJ), vol. 61, 1962, pp. 491–5.

24. See, for example, J. Doms, 'The Treaty of Waitangi as a Health Document', *Nursing Praxis in New Zealand*, vol. 4, no. 2, 1989, pp. 16–9; and M. Durie, 'The Treaty of Waitangi and Health Care', NZMJ, vol. 102, 1989, pp. 203–5.

25. I. M. Ramsden, *Kawa Whakaruruhau: Cultural Safety in Nursing Education in Aotearoa / the Hui Waimanawa, Otautahi, 1988, Hui Piri Ki Nga Tangaroa, Manawatu, 1989, Hui Raranga Patai, Te Whanganui a Tara, 1990*, I. M. Ramsden, Wellington, 1990, pp. 1, 2. Ramsden, who had trained as a nurse and subsequently completed a degree in Anthropology, was the Education Officer, Maori Health and Nursing, at the Ministry of Education.

roots in colonialism, and the struggle to adapt to rapid change arising from post-World War Two urbanisation.²⁶

Most recently, in a background paper on Maori youth suicide strategy, Keri Lawson-Te Aho claimed that any attempt to explain 'Maori health inequalities by way of a culture of poverty . . . fails to recognise that the cause of Maori disadvantage is the impact of colonisation'.²⁷ In a section headed 'Culture and History: Colonisation and Its Effects', Lawson criticised colonial constructs of inferiority and dominance, claiming that Maori realities are not considered valid when weighed against dominant cultural realities, and that

[t]his continues to be relevant for Maori researchers, clinicians and others where western science and medical research is often seen to be the search for "truth" whereas the validity of Maori research processes is treated as doubtful.²⁸

This search for a Maori voice gathered strength in the mid-1980s. As part of this movement Dr Henare Broughton suggested to the Standing Committee on Maori Health that it should develop a Maori health information system and bibliography, to stand as a sub-set of the Australian Medline service. The inability to attract a researcher with training in both bibliography and Maori necessitated a change of direction, and the construction of a Maori knowledge base, or 'researcher's notebook' as an alternative to Broughton's proposal. Sam Rolleston, who headed the project, believed it would have been inappropriate to employ a non-Maori to research the intimate realms of Maori knowledge in the current climate of race relations. The exercise, according to Rolleston, was an attempt to present Maori health from a Maori perspective, while using Pakeha terminology and analytical terms to inform the non-Maori responsible for health. At the same time, he stressed that the main aim of the report was to 'emphasise that Maori health in the past has, too often, been viewed from a non-Maori standpoint'.²⁹

26. E. Murchie, 'Foreword', in *Hauora: Maori Standards of Health III. A Study of the Years 1970-1991*, E. Pomare, V. Keefe-Ormsby, C. Ormsby, N. Pearce, P. Reid, B. Robson & N. Watane-Haydon, Te Ropu Ranganu Hauora a Eru Pomare, Wellington, 1995, pp. 14-15.

27. K. Lawson-Te Aho, *A Review of Evidence: A Background Document to Support Kia Piki te Ora o te Taitamariki*, Ministry of Maori Development, Wellington, 1998, p. 12.

28. *ibid.*, p. 14.

29. S. Rolleston, *He Kohikohinga: A Maori Health Knowledge Base: A Report on a Research Project for the Department of Health Conducted into Maori Health, 1988-1989*, Department of Health, Wellington, 1989, pp. 1-2, 45.

During this decade New Zealand historians had tended to shy away from Maori topics. As Kerry Howe pointed out in 1988, they were all of European origin and fearful of being labelled ‘white academic imperialists’.³⁰ J. M. Boddy, a senior lecturer in Nursing Studies at Massey University, noted in the same year the growing belief that ‘it is only appropriate for Maori people to talk about Maori health’, while defending her own entry into the field as an ‘interpretation of knowledge shared with me by Maori colleagues’.³¹ As a result of such deliberations, some Pakeha health historians are still unwilling to comment on Maori issues. The preface to Kathryn Wilson’s history of nursing in Rotorua revealed she had omitted most of her ‘significant data’ on Maori health systems and practices ‘in case, even unwittingly, I might impart a Eurocentric perspective to distort the meaning of the events’. She believed the stories were not hers to tell, but hoped that Maori nurses would continue to research and illuminate their past, as a means of engendering justifiable pride in the development of Maori nursing.³² Despite such reservations, the majority of historians who have tackled Maori health in the 1990s have been non-Maori. It is pleasing, therefore, to be able to include two contributions by Maori historians in this collection of five papers.

Speaking at the Auckland Conference on the History of Medicine and Health in 1994 Warwick Brunton, a trained historian employed as a New Zealand Health Department manager/policy-maker for the previous two decades, hoped that the expansion of the history of medicine in New Zealand might be used to inform national health policy analysis.³³ A similar plea has since come from Professor Virginia Berridge, who heads the history group at the London School of Hygiene and Tropical Medicine. Berridge argued that public health policy developments in recent years have ‘regularly been justified by reference to the past’.³⁴ Her paper urged closer cooperation between historians and contemporary players, to be accomplished by the former working within the system, ‘living among the tribe’ but retaining their independence. As Berridge so eloquently put it: ‘Historians are not current health policy “poodles” but rather insider/outsideers, detached, yet part of the scene.’³⁵

30. K. R. Howe, ‘Essay and Reflection: On Aborigines and Maoris in Australian and New Zealand historiography’, *International History Review*, 1988, vol. x, no. 4, p. 605.

31. J. M. Boddy, ‘Maori Health—Is the future determined by the past?’, *Recent Advances in Nursing*, vol. 20, 1988, pp. 27–8.

32. K. Wilson, *Angels in the Devil’s Pit: Nursing in Rotorua 1840–1940*, Karo Press, Wellington, 1998, p. 7.

33. W. Brunton, ‘The Place of History in Health Policy-Making: A view from the inside’, in *New Countries and Old Medicine*, Bryder & Dow (eds), pp. 132–9.

34. V. Berridge, ‘History in Public Health: A new development for history’, *Hygiea Internationalis*, vol. 1, no. 1, 1999, pp. 24–5.

35. *ibid.*, p. 35.

Despite the reservations of Rolleston, Boddy and Wilson, this special issue of *Health and History* demonstrates that Maori and Pakeha historians each have a contribution to make to the study of Maori health history. Whether they are insiders or outsiders, the dialogue between historians can only enrich society's understanding of the attitudes, events and policies that have helped to shape the New Zealand health system.

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