

# *'Pruned of its Dangers': The Tohunga Suppression Act 1907*

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IN OCTOBER 2000 I WAS INTERVIEWED ON RADIO NEW Zealand's 'Sounds Historical' program to mark the ninety-third anniversary of the *Tohunga Suppression Act 1907*, which sought to prohibit the activities of Maori *tohunga*, defined by one recent health historian as a 'learned person, practitioner of Maori medicine, priest'.<sup>1</sup> A generation earlier, the anthropologist Joan Metge had offered a much fuller description of the complex role of these practitioners: 'For the *tohunga* are not only the counterpart of Pakeha faith-healers and practitioners of folk-medicine, they are skilled psychologists and religious counsellors, with the advantage for Maoris that they speak Maori and share Maori beliefs and values.'<sup>2</sup> In preparation for the interview I read or re-read a mass of published and unpublished material about these *tohunga*. This confirmed the impression, gleaned during a decade of research into New Zealand's public health, that the 1907 Act has often been interpreted out of context. I will argue that health issues played a far more important role in the debate than has generally been acknowledged.

Raeburn Lange, then an Auckland undergraduate, was the first historian to discuss the 1907 Act in any detail. His 1968 essay on *tohunga* and government in the twentieth century described the parliamentary debate that preceded the Act, before concluding that the legislation was enacted in response to the political activities of the Maori prophet and *tohunga*

1. R. Lange, *May the People Live: A History of Maori Health Development 1900–1920*, Auckland University Press, Auckland, 1999, p. 284.

2. J. Metge, *The Maoris of New Zealand*, Routledge & Kegan Paul, London, 1976, pp. 93–4.

Rua Kenana Hepetipa.<sup>3</sup> Rua, who claimed to be the successor of Te Kooti, the nineteenth-century military leader and founder of the Ringatu Church, founded his City of God at Maungapohatu in 1907. Although he gained support from the Tuhoe and Te Whakatohea tribes Rua's movement had limited appeal. The population of his religious community peaked at between five and six hundred people but had dropped to around thirty families by 1913.<sup>4</sup> Lange's interpretation of the Act as an attempt to curb Rua was subsequently endorsed by his biographers in 1979. Almost two decades later Judith Binney, the principal author of the 1979 volume, reiterated the claim that the Act had been 'directed primarily at Rua'.<sup>5</sup> Malcolm Voyce's detailed 1989 analysis of the Act described how 'transplanted English witchcraft provisions' were used from 1893 onwards to curb the activities of *tohunga*, before Rua supplied the motivation for the Tohunga Suppression Act.<sup>6</sup> His thesis was based on the premise that this was 'typical of the response of a colonial government to the perceived threat from a traditional or revitalised tribal religion'.<sup>7</sup> In 1999 the wheel turned full circle when Lange's monograph on Maori health development, 1900–20, cited the work of Webster, Binney *et al.*, and Voyce to support his own original contention.<sup>8</sup>

Writing in 1989, Voyce alleged that the Liberal Government, which held office from 1890 until 1912, did little for Maori health. He also stated that: 'If the 1907 Act was inspired by health concerns it was rather because a low standard of Maori health was regarded as a threat to Europeans'. The latter part of this claim was a misreading of

3. R. Lange, 'The Tohunga and the Government in the Twentieth Century', *Annual: University of Auckland History Society*, 1968, pp. 12–38.

4. J. Binney, 'Rua Kenana Hepetipa 1868/69?–1937', in *The Dictionary of New Zealand Biography: Volume 3: 1901–1920*, Auckland University Press with Bridget Williams Books, Wellington, 1996, pp. 444–7.

5. J. Binney, G. Chaplin & C. Wallace, *Mihaia: The Prophet Rua Kenana and His Community at Maungapohatu*, Oxford University Press, Wellington, 1979, p. 35. Concerning the perceived harmful nature of Rua's influence, they stated that: 'This view, expressed by the Maori mediators in Parliament, led directly to the passing of the Act to Suppress Tohungas, in September 1907, though the powers given to the Native Minister, Carroll, were not, in actuality, large.' See also Binney, 'Rua Kenana Hepetipa', p. 446.

6. M. Voyce, 'Maori Healers in New Zealand: The Tohunga Suppression Act 1907', *Oceania: A Journal Devoted to the Study of the Native Peoples of Australia, New Guinea, and Other Islands of the Pacific Ocean*, 60.2, 1989, pp. 99, 103–4, 107–8, 111.

7. *ibid.*, p. 116.

8. Lange, *May the People Live*, p. 249, p. 328 fn. 60.

Lange's 1972 MA thesis, which did not link the Act with other government health measures.<sup>9</sup> Voyce himself contradicted the statement that the Act was health related in very next paragraph of his article, where he argued that the 1907 legislation was 'not part of the Liberal Party impulse for social welfare'. Rather, he claimed, it was just one of a series of coercive measures implemented by the Liberals; these included the *Habitual Drunkards Act 1906*, the *Habitual Criminals and Offenders Act 1906*, and a proposed Juvenile Depravity Suppression Bill. Interestingly, he did not mention the *Quackery Prevention Act 1908*, which offers a direct parallel with the Tohunga Suppression Act.<sup>10</sup>

The publication of Voyce's article occurred at a time when Maori were increasingly questioning and reviewing their health status. In 1988 Sam Rolleston, a 'cross cultural understanding consultant',<sup>11</sup> was commissioned by the New Zealand Department of Health to compile a 'Maori health knowledge base', which would view Maori health from a Maori perspective. Rolleston identified a number of historical themes that should be central to any *marae* discussions. These included the Treaty of Waitangi, early twentieth-century epidemics, the Tohunga Suppression Act and its repeal, the work of Maui Pomare and Peter Buck (the first two Maori medical graduates), charismatic religious leaders, and the Waitangi Tribunal established in 1975. His recommendations incorporated a plea for research to provide a more balanced view of the events leading to the Tohunga Suppression Act.<sup>12</sup> This paper is intended as a contribution to that process.

9. See R. Lange, *The Revival of a Dying Race: A Study of Maori Health Reform, 1900–1918 and its Nineteenth Century Background*, MA thesis, University of Auckland, 1972, p. 311. (This thesis formed the basis of his 1999 monograph.)

10. Voyce, 'Maori Healers in New Zealand', p. 109. For two appraisals of the Quackery Prevention Act see J. M. Gray, *Potions, Pills and Poisons: Quackery in New Zealand, circa 1900–1915*, BA research essay, University of Otago, 1980; and L. May, *Medical Malversations: Quacks, the Quackery Prevention Act 1908, and the Orthodox Medical Profession's Push for Power*, BA research essay, University of Otago, 1994.

11. This was the designation used by Rolleston when he headed the organising committee of the Advisory Committee on the Medical Workforce in 1989. See Advisory Committee on the Medical Workforce, *Cultural Considerations in Health: Proceedings of the Rotoiti Hui, Waikohatu Marae, Lake Rotoiti, 8–10 February 1989*, Advisory Committee on the Medical Workforce, Wellington, n.d. [1989].

12. S. Rolleston, *He Kobikohinga: A Maori Health Knowledge Base: A Report on a Research Project for the Department of Health Conducted into Maori Health, 1988–1989*, New Zealand Department of Health, Wellington, 1989, pp. 1, 9, 18, 23. The project was formally launched at Bethlehem Marae on 16 April 1988.

There is a general consensus among historians that many early twentieth-century *tohunga* differed in important respects from their pre-European and nineteenth-century counterparts. In 1832 Dr George Bennett, one of the first European doctors to study Polynesian healing practices, recorded that Maori made frequent application to him for medicine and advice during his time in New Zealand, though some preferred to rely upon 'native remedies' administered by their own priests. He also acknowledged the ability of some *tohunga* to cure injuries that would have been serious for European victims.<sup>13</sup> Opportunities for Maori to avail themselves of Western medicine rose markedly with the increased presence of Christian missionaries and the arrival of white settlers, including trained doctors, from the early 1840s.

Some missionaries, such as William Williams of the Church Missionary Society (CMS), had completed all or part of the medical curriculum before their recruitment to the mission field. Others, like William Colenso, regarded the role of healer as part and parcel of their pastoral work.<sup>14</sup> In spite of this challenge to the authority of the *tohunga*, Bronwyn Elsmore's study of Maori prophets categorised the 1850s as the decade of the healers, as Maori responded to the dual impact of Christianity and imported disease. While some *tohunga* admitted that they were unable to deal with these new illnesses, and that their *karakia* (prayers) were no longer effective, others were apparently more successful in combining spiritual and physical healing.<sup>15</sup>

13. G. Bennett, 'The Practice of Medicine, Surgery, &c Among the New Zealanders and Natives of Some of the Polynesian Islands', *London Medical Gazette*, vol. IX, 1832, pp. 434, 436. For an outline of Bennett's career see *Australian Dictionary of Biography*, vol. 1, Melbourne University Press, Melbourne, 1968, pp. 85–6.

14. For a summary of missionary medicine and Maori see D. A. Dow, *Maori Health & Government Policy 1840–1940*, Victoria University Press, Wellington, 1999, pp. 18–23. For the work of Williams see F. Porter (ed.), *The Turanga Journals, 1840–1850: Letters and Journals of William and Jane Williams Missionaries to Poverty Bay*, Victoria University Press, Wellington, 1974, *passim*. For Colenso see P. Goldsmith, 'Medicine, Death and the Gospel in Hawke's Bay, 1845–1852', in *New Countries and Old Medicine: Proceedings of an International Conference on the History of Medicine and Health*, L. Bryder & D. A. Dow (eds), Pyramid Press, Auckland, 1995, pp. 354–60; and P. Goldsmith, 'Medicine, Death and the Gospel in Wairarapa and Hawke's Bay, 1845–1852', *New Zealand Journal of History*, vol. 30, no. 2, 1996, pp. 163–81.

15. B. Elsmore, *Mana from Heaven: A Century of Maori Prophets in New Zealand*, Moana Press, Tauranga, 1989, pp. 79–87.

Some knowledge of the resulting tussle for religious and medical supremacy is a necessary prerequisite to understanding the 1907 Act. In 1986 Mason Durie, widely regarded as an authority on Maori health, wrote that '[w]ithin two generations [of 1840], a spiritual basis to healing was being replaced by a scientific approach, the health professional had usurped the tribal elder as an authority in health matters, and a tradition of family and community care was subjugated to institutional care'.<sup>16</sup> Durie drew a direct link between this development and the 1907 Act. This transition was not as clear-cut as Durie's text implies, for in the sixty or so years of European settlement prior to this legislation there was a considerable degree of ambivalence about the activities of *tohunga*.

In November 1847 William Williams recorded in his journal that 'resort had been had during my [twelve-week] absence to a native doctor who for a time was in some repute, his practice consisting in the administration of herbs combined with native incantations'. Five months later he reported that only a small proportion of the fifty-three Christian Maori resident at Patutahi were to take communion since '[m]any have been led away by a native doctor, who in addition to his infusion of herbs, uses also divers enchantments'.<sup>17</sup> The repeated use of the term 'native doctor' is revealing, suggesting an acknowledgment that these *tohunga* possessed skills worthy of recognition by someone trained in Western medicine. This acceptance of *tohunga* as exponents of medical care apparently heralded a change of heart on Williams' part, for in June 1846 he had noted that '[a] sick native when left to native care has very little prospect of recovery'.<sup>18</sup>

Other missionaries demonstrated similar uncertainty about the validity of *tohunga* as healers. In 1857 another CMS worker, the Reverend Richard Davis, referred to one *tohunga* as a 'Waimate doctor', yet on a second occasion he expressed concern about Maori acceptance of *tohunga* medicine when

16. M. H. Durie, 'Implications of Policy and Management Decisions on Maori Health: Contemporary Issues and Responses', in *Perspectives on Health Policy: Australia, New Zealand, United States*, eds M. W. Raffel & N. K. Raffel, John Wiley & Sons, New York, 1986, p. 203.

17. Porter, *The Turanga Journals, 1840-1850*, pp. 456, 458, 486.

18. *ibid.*, p. 386.

they had ‘free access to valuable medicine’ at all the Society’s Northland stations.<sup>19</sup>

European medical men in practice in New Zealand were generally less charitable in their assessment of the work of *tohunga*. Shortly after he arrived in Wellington in 1840, Dr John FitzGerald began to promote the erection of a hospital, in part to combat Maori exposure to the ‘frightful ravages’ of disease.<sup>20</sup> In the following year, when he amputated the arm of a well-connected Maori, he voiced his anxiety for a favourable outcome, ‘in order that it might inspire the Natives with confidence in our art, with which they are yet but imperfectly acquainted’.<sup>21</sup> According to Fitzgerald’s biographer, Wellington Maori soon adopted a pragmatic approach to Western medicine, once they realised that European doctors often succeeded where the *tohunga* did not. For his part the young Irish doctor (he was only twenty-five when he arrived in Wellington) tried to ‘discredit the local *tohunga* in the belief that they were medical frauds’, a campaign that brought only partial success.<sup>22</sup> The seeds of opposition to *tohunga* on medical grounds were thus sown from an early date.

Doctors who remained in the colony for any length of time were rarely inclined to look favourably on *tohunga*. Matthew Scott was Native Medical Officer<sup>23</sup> for Wairoa on the East Coast from mid-1863, and acted as assistant surgeon to the East Coast Expeditionary Force in 1865. Scott submitted a report in 1868 on the ‘physical condition of the natives’ at the request of the Under-Secretary of the recently reconstituted Native Department. Commenting on the prevalence of typhoid during the previous five years, he remarked: ‘I at this time became acquainted with the Maori system of medicine, if it is a system, and can testify to the immense amount of injury thereby wrought.’<sup>24</sup>

19. Elsmore, *Mana from Heaven*, pp. 112, 122.

20. *New Zealand Gazette*, 16 May 1840, quoted in W. E. Henley, ‘The Early History of the Auckland Hospital’, *New Zealand Medical Journal*, vol. 71, April 1970, p. 201.

21. Fitzgerald Report, 13 November 1841, IA 1, 1841, 1526, National Archives, Wellington (NA).

22. R. Donaldson, ‘Dr J. P. FitzGerald, Pioneer Colonial Surgeon, 1840–1854’, *New Zealand Medical Journal*, vol. 101, 1988, p.637.

23. For an appraisal of the doctors who received government subsidies to treat Maori communities see D. Dow, “‘Specially suitable men?’: Subsidized Medical Services for Maori, 1840–1940”, *New Zealand Journal of History*, vol. 32, no. 2, 1998, pp. 163–88.

24. S. Deighton to Under-Secretary, 8 April 1868 and Report by Matthew Scott, *Appendix to the House of Representatives (AJHR)*, 1868, A–4, pp. 17–18.

In spite of the scepticism of European doctors, the government officials most involved with Maori often used medical labels in describing those involved with treating the sick. Hopkins Clarke, Native Officer for Tauranga, wrote to the Under-Secretary in the following terms in 1875: ‘It is often the case that the sick do not get proper medical treatment until the Maori doctor has exhausted his skill, and naturally enough, when brought to the hospital, are past all hope.’<sup>25</sup> Clarke’s use of the words ‘doctor’ and ‘skill’ suggest a recognisable medical function, even though he was scathing as to its utility. Similar sentiments were voiced by Hokianga Resident Magistrate von Sturmer at the time of the 1886 census, when he complained that even the most enlightened Maori entrusted their sick to the ‘Native doctor (*tohunga*)’ rather than the medical officer resident in the district.<sup>26</sup>

For some officials, acceptance that Maori healers had a role to play was slow to evolve. In 1881, G. T. Wilkinson, the Native Agent for Thames, reported the death after an unspecified accident of Hohepa Te Rauhihi, a ‘native of rank’. According to Wilkinson, the victim’s family

refused all offers of medical assistance, preferring to let the sufferer take his chance, at best a poor one, with their rough Maori usage, which, as is well known, is seldom successful, that if once in a while (by accident or otherwise) a cure is effected, it bears more the semblance of a miracle than the result of treatment; and the Natives, in the simplicity (and duplicity) of their hearts, extol it as such.<sup>27</sup>

The implication here was that any favourable outcome from such ministrations was rare, reliant upon chance, and often attributable to spiritual rather than physical care. A decade later, Wilkinson was more temperate. Reporting from Otorohanga in the Waikato, he noted there was no Native Medical Officer for the district, and the European woman who formerly distributed medicines to local Maori had now left the area. ‘The Natives’, he wrote, ‘have therefore to take their chance between the local Maori *tohunga*, or doctor, and

25. Clarke to Under-Secretary, 8 May 1875, *AJHR*, 1875, G-2, pp. 5-6.

26. S. von Sturmer to Under-Secretary, 4 April 1886, *AJHR*, 1886, G-12, p. 2.

27. Wilkinson to Under-Secretary, 28 May 1881, *AJHR*, 1881, G-8, p. 9.

the few proprietary medicines that are on sale at the local stores.<sup>28</sup> Wilkinson made no comment on the relative efficacy of these alternatives, though he might have been equally dubious as to the benefits to be obtained from either.

Wilkinson placed no qualifier on his use of the term 'doctor' to describe the Otorohanga *tohunga*. Gisborne's Resident Magistrate, whose annual report to the Under-Secretary was published at the same time, was more forceful. Announcing that Dr Grant had recently accepted appointment as Native Medical Officer at Waipiro, he expressed the hope that Grant's early successes with cases regarded as hopeless would 'perhaps induce the foolish people in cases of serious illness to apply to the doctor instead of going to their so-called Maori doctors who kill more than they cure'.<sup>29</sup> Although he cast doubts upon the capability and designation of the unnamed *tohunga*, the Magistrate's words can be interpreted as suggesting that *tohunga* might still have a place in treating trivial complaints.

If lay opinion was ambivalent about the merits of traditional Maori healing, the same was true of medical feeling on the subject. Some medical visitors to New Zealand bestowed the honorific of doctor upon *tohunga* with whom they became acquainted. John Batty Tuke, for instance, an Edinburgh MD who spent some months in the colony in the early 1860s, noted that 'the native doctors' had discovered the benefits of fish-oil in treating tuberculosis of the mesenteric glands.<sup>30</sup> At the same time Tuke advocated the medical mission as the form of missionary enterprise most likely to succeed in New Zealand, 'from his experience and observation of native character'.<sup>31</sup> In 1906 another visitor, the English physician Edwin Chill, reported an encounter with a group of Maori near Lake Taupo, whom he had visited at the request of a kindly hotel owner. Living sixty miles from the nearest

28. Wilkinson to Under-Secretary, 28 June 1892, *AJHR*, 1892, G-3, p. 2.

29. J. Booth to Under-Secretary, 11 July 1892, *AJHR*, 1892, G-3, p. 8. Norman McKay Grant, a Nova Scotian, qualified in Ontario in 1889 and was registered in New Zealand in November 1891.

30. J. B. Tuke, 'Medical Notes on New Zealand', *Edinburgh Medical Journal*, vol. 9, 1863/4, pp. 220-9, 721-8. Cited in R. E. Wright-St Clair, 'Maori Health in the Mid-Nineteenth Century', *New Zealand Medical Journal*, vol. 101, 1988, p. 15.

31. Tuke, 1863/4, p. 724.

doctor, they presumably had had little exposure to Western medicine and Chill observed that one mother was reluctant to let him see her daughter because this might break the spell of the Native doctor. This inborn native superstition, he opined, was a hindrance to treating tuberculosis among Maori, but not an insurmountable difficulty.<sup>32</sup>

Faced with competition from *tohunga* on a regular basis, New Zealand doctors employed a number of strategies to deal with this challenge. In some cases they were prepared to take a back seat until the issue resolved itself. In 1883 the Resident Magistrate for Mangonui in Northland noted that the local Native Medical Officer was not currently in great demand, since he was being upstaged by a female *tohunga* who ‘professed to cure in a very simple and agreeable manner all the many ills to which humanity is subject’. All was not lost, however, for her popularity was said to be on the wane and ‘as *tohunga* she will soon be a thing of the past’.<sup>33</sup> The assessment seems to have been borne out. Thomas Trimnell, MRCS, LSA, Native Medical Officer in Mangonui since 1859, retained his position until 1906, when he was aged seventy.

In at least one instance a doctor accepted a challenge to test his skills against traditional Maori medicine. On a visit to Rotorua, Christopher Maling, a distinguished soldier and holder of the New Zealand Cross, fell into a boiling spring and was scalded almost up to his hips. Dr Thomas Hope Lewis, a former Royal Navy surgeon, the first resident medical officer to the Rotorua Thermal Springs, 1882–84, and author of a *Medical Guide to the Mineral Waters of Rotorua* (1885), wished to take charge of Maling’s treatment, as did his Maori hosts. The two sides eventually reached a compromise, whereby Lewis would tend to one leg, using an oil and linseed dressing, while the other was encased in mud according to Maori custom. The latter proved more effective, with faster and less painful healing.<sup>34</sup> While this episode may have

32. E. Chill, ‘Phthisis and Superstition Among the Maories’, *British Medical Journal*, 18 August 1906, p. 376.

33. H. W. Bishop to Under-Secretary, 5 June 1883, AJHR, 1883, G–1A, p.1.

34. G. Mair, *Reminiscences and Maori Stories*, Brett Printing & Publishing Company, Auckland, 1923, pp. 29–30. According to Mair, who witnessed and recorded the event, ‘My esteemed friend Dr Lewis, though bitterly disappointed at being outpointed by ignorant savages, was too much of a sport to show it’.

affected Lewis's prestige in Rotorua,<sup>35</sup> there is no evidence to show if there was any long-term impact on the relationship between Maori and Western medicine.

Such direct confrontations were probably rare, but criticism of *tohunga* involvement in medical care seems to have become more vocal from the mid-1880s. James Pope's influential *Health for the Maori: A Manual for Use in Native Schools*, first published in 1884, incorporated a chapter headed 'Maori Doctors'. Although he acknowledged that these practitioners were competent to treat bruises and wounds, and to cure rheumatism, he clearly had little regard for their overall capabilities, describing the *tohunga* approach as 'all this folly' and advising Maori to seek help from a magistrate, teacher or minister of religion if no Western doctor was available. Pope also drew an interesting comparison with the Pakeha world by stating that Maori adherence to *tohunga* was no different in essence from that of Pakeha who embraced quacks.<sup>36</sup>

As Organising Inspector for Native Schools, 1880–1903, Pope's stated aim was to educate the rising generation of Maori so that they might 'escape extermination', still regarded by many observers in the 1880s as a real possibility.<sup>37</sup> His manual was adopted enthusiastically by the generation of young Maori who emerged from Te Aute College in the 1890s to form what would become the Young Maori Party.<sup>38</sup> Their number included Maui Pomare and Peter Buck who were destined to be the first Maori medical graduates. The recognised leader of this group was Apirana Ngata, the first Maori to graduate from the University of New Zealand. Addressing the Te Aute College Students' Association

35. Lewis's career suffered no lasting damage. From 1885 to 1900 he acted as Port Health Officer in Auckland, held a position as honorary surgeon to Auckland Hospital, and rose to be medical adviser to the New Zealand Defence Forces in World War I.

36. J. H. Pope, *Health for the Maori: A Manual for Use in Native Schools*, Government Printer, Wellington, 1884, pp. 80–2, 85–6, 88. Several editions of his manual were published, in English and Maori, between 1884 and 1901. For Pope's career see W. Renwick, 'Pope, James Henry, 1837–1913', in *The Dictionary of New Zealand Biography: Volume 2: 1870–1900*, Bridget Williams Books, Wellington, 1993, pp. 393–5.

37. Pope, *Health for the Maori*, Preface. For the most recent assessment of such beliefs see D. Salesa, "'The Power of the Physician": Doctors and the "Dying Maori" in Early Colonial New Zealand', in this volume.

38. See M. P. K. Sorrenson, 'Modern Maori: The Young Maori Party to Mana Motuhake', in *The Oxford Illustrated History of New Zealand*, K. Sinclair (ed.), Oxford University Press, Auckland, 1990, pp. 323–31.

conference in 1897, Ngata was scathing about a particular *tohunga* who claimed to cure everything from rheumatism to consumption: ‘He was surprised to see intelligent, sensible Maoris under the “thralldom of a man, whose one merit was that he sometimes presented mixtures from the chemist at Gisborne and sweet biscuits and tinned fruit from Kemp, Gardner & Co.’s store at Waipare”’.<sup>39</sup>

This attack on the calibre of modern *tohunga*, and the comparisons with European quackery, was fundamental to the thinking that brought about the Tohunga Suppression Act a decade later. Ngata, Pomare, Buck and other critics of contemporary *tohunga* stressed that their opposition was to such charlatans, who were far removed from the experts of old.<sup>40</sup> During the parliamentary debate on the 1907 Bill, Ngata disparagingly referred to them as ‘bastard tohunga’.<sup>41</sup>

The first legislation that specifically targeted *tohunga* was a sub-clause of the *Maori Councils Act 1900*, which was enacted to grant Maori communities a limited degree of self-government. Section 16, Subsection 5, permitted the new councils to pass by-laws ‘[f]or regulating the proceedings of tohungas, and the punishment by fine of those (whether European or Maori) who practise upon the superstition or credulity of any Maori in connection with the treatment of disease’. As the wording makes clear, this was aimed at restricting ‘quacks’ of either race. Unfortunately, from the point of view of its supporters, the legislation proved ineffective.

Over the next few years, opponents of alternative therapies became more vocal about the parallels between *tohunga* and their European counterparts. In 1901 one coroner passed a verdict of death due to natural causes ‘accelerated by the various practises of *tohunga* and quack doctors’, in the hope this would deter both from intervention prior to obtaining the services of a qualified doctor.<sup>42</sup> Three years later Dr James Mason, Chief Health Officer of the Department of Public

39. Quoted in R. R. Alexander, *The Story of Te Aute College*, Reed, Wellington, 1951, p. 114.

40. Voyce, ‘Maori Healers in New Zealand’, p. 101.

41. *New Zealand Parliamentary Debates (NZPD)*, 19 July 1907, vol. 139, p. 518.

42. Cited in Voyce, ‘Maori Healers in New Zealand’, p.105.

Health, called for ‘an act prohibiting the practices of quacks and tohungas’.<sup>43</sup> Mason’s antagonism to quackery pre-dated his arrival in New Zealand in 1895. Four years earlier he had contributed a short piece on ‘Quack Medicines and the Duty of the Medical Profession’ to the *National Review*.<sup>44</sup> His continued opposition to alternative practitioners would be an important feature in the fight to regulate practice.

Simultaneously with Mason’s call for legislation, Dr Maui Pomare, Maori Health Officer to the department since its formation in 1901, launched an attack of his own. ‘This matter of pakeha quackery’, he wrote, ‘is almost as bad as tohungaism, as it gives the Natives a wrong impression of proper medical methods, and less confidence in duly qualified men.’ A fourteen-point blueprint for Maori health, the headings of which included prohibiting ‘the practices of quacks and tohungas’, accompanied this statement.<sup>45</sup> Pomare softened the onslaught in his next report on Sanitation Among the Maoris, noting that officials should not be too hard on *tohunga* belief, given Pakeha addiction to patent medicines.<sup>46</sup> Later that year William Herries, MP for Bay of Plenty, asked Native Minister James Carroll whether steps were being taken to suppress *tohunga*. Carroll’s reply—‘[w]hatever the law permits to be done is being done’—did not satisfy Herries, who retorted there had been no successful prosecutions. He also complained that some Maori councils had authorised the issue of licenses, as allowed under the 1900 Act, to ‘these quack doctors on the East Coast’.<sup>47</sup>

Herries’ scepticism about the licensing of *tohunga* can be traced back to an earlier debate, when parliament discussed the Justice Department budget in August 1904. Making sense of the sequence of events requires some understanding of the convoluted chain of responsibility for Maori health in the early twentieth century. When the Native Department was

43. Health Department annual report, *AJHR*, 1904, H-31, p. 65.

44. *National Review*, vol. 17, March 1891, pp. 139–42.

45. Health Department annual report, *AJHR*, 1904, H-31, pp. 60, 65.

46. *AJHR*, 1905, H-31, pp. xiv–xv. Patent medicines are non-prescription medicinal compounds, intended to cure disease or relieve symptoms. They rapidly gained popularity from the late 1870s, especially in rural areas where there were few doctors or pharmacists. For an account of their rise see A. W. Bingham, *The Snake-Oil Syndrome: Patent Medicine Advertising*, Christopher Publishing House, Hanover, MA, 1994.

47. *NZPD*, 20 September 1905, vol.135, pp. 25, 29.

disbanded in 1893, control of Maori affairs was handed over to the Justice Department. The reconstitution of the former in 1906 led to a five-year wrangle between the Native and Health Departments as to which should have responsibility for Maori health, together with access to the Civil List coffers from which its meagre budget was allocated.<sup>48</sup> In the course of the 1904 debate Tame Parata, MP for Southern Maori, urged the Native Minister to discourage *tohunga* since they ‘were only killing the Native race’. Carroll promised the government would keep a close eye on the situation, stating that the licensing regulations were only ‘tentative in their character’ and would be repealed if they failed to check the acknowledged evils. He also noted that *tohunga* varied in character, ‘and when these men cured diseases by means of baths and herbs, and called themselves herbalists, he would like to know what machinery of the law could be brought to bear upon them’.<sup>49</sup> Once again, health was the paramount consideration, with Maori herbalists seen in the same light as the peddlers of patent medicines.

By the early 1900s another factor with an important bearing on Maori health care had come into play. When Maui Pomare obtained his MD at the American Medical Missionary College in 1900 he became the first Maori medical graduate.<sup>50</sup> Evangelical commitment was one motive for Pomare, and for his colleagues in the Young Maori Party, but it was overshadowed by his belief in the superiority of Western medicine. Peter Buck, the second Maori doctor, who qualified from the Otago Medical School in 1904, was equally convinced, as was Tutere Wi Repa who graduated in 1908. In 1911, Wi Repa suggested to Dr Mason that Maori fear of hospital was not based upon any logical thought process, but was ‘merely a frivolous excuse for removing the poor sufferers from legitimate medical attending to their own baseless “tohunga” practises’.<sup>51</sup>

48. For a summary of these negotiations see Dow, *Maori Health & Government Policy 1840–1940*, pp. 94–9.

49. NZPD, Justice Department Supply Debate, 19 August 1904, vol. 129, pp. 582–3.

50. For an evaluation of Pomare’s medical training and the influences brought to bear at that time see G. M. Valentine, ‘Maui Pomare and the Adventist Connection’, in P. H. Ballis (ed.), *In and Out of The World: Seventh-Day Adventists in New Zealand*, Dunmore Press, Palmerston North, 1985, pp. 82–108.

51. Wi Repa to Mason, 8 July 1911, H1 160/14, NA.

In addition to this vanguard of Maori doctors, in 1897 the Te Aute College Students' Association formulated a scheme to train Maori nurses. The proposal met with limited success, for reasons that are debated to this day.<sup>52</sup> Despite this slow start, the pro-Maori journalist O. T. J. Alpers praised these endeavours in a 1903 portrait of the Young Maori Party. Although only one individual had completed his medical training to date, members of the Association waged unceasing war upon the *tohunga* and were endeavouring to procure the training of Maori health professionals.<sup>53</sup> It was from this platform that Pomare and others launched their attack upon *tohunga*.

While there were few Maori equipped with Western medical skills at this time, there were alternatives to the *tohunga* in many Maori areas, thanks to the presence of subsidised European general practitioners. In 1900 there were fewer than thirty Native Medical Officers. By 1905 this had crept up to around thirty-five, and by 1909 the number had risen to forty-six.<sup>54</sup> Although our knowledge of the extent of their commitment to Maori health is imperfect, the figures undermine Voyce's assumption that the government health system afforded little help to Maori and that 'European doctors in the main centres were too remote and unwilling to help Maori in the country areas'.<sup>55</sup> In fact, approximately one-sixth of all rural doctors were paid to treat Maori patients within their areas.<sup>56</sup>

Given this expanding network of doctors charged with providing services to Maori, it is hard to refute the interpretation of the Tohunga Suppression Act as fundamentally a health measure rather than a politically driven venture. As early as 1902 Pomare had warned that *tohungaism* was a barrier to the progress intended to follow the implementation of the

52. See P. J. Wood, 'Efficient Preachers of the Gospel of Health: The 1898 Scheme for Educating Maori Nurses', *Nursing Praxis in New Zealand*, vol. 7, no. 1, 1992, pp. 12–21; M. Holdaway, 'Where Are the Maori Nurses Who Were to Become those "Efficient Preachers of the Gospel of Health"?', *Nursing Praxis in New Zealand*, vol. 8, no. 1, 1993, pp. 25–34.

53. O. T. J. Alpers, 'The Young Maori Party', 1903, reprinted in *Maori and Education or, the Education of Natives in New Zealand and its Dependencies*, P. M. Jackson (ed.), Wellington, 1931, pp. 147ff.

54. Dow, *Maori Health & Government Policy 1840–1940*, pp. 112–18.

55. Voyce, 'Maori Healers in New Zealand', p. 102.

56. Dow, "Specially suitable men?", XXX

*Public Health Act 1900*, which had created the department for which he now laboured. He regarded the provision of properly qualified medical people as an essential ingredient in changing Maori attitudes, since the current high cost of doctors’ fees forced many Maori to do nothing or ‘sneak off to a *tohunga*’ as the only alternative.<sup>57</sup>

William Herries and other parliamentarians took heed of the concerns voiced by Health Department officials, and Pomare in particular. Two days after his attack on East Coast ‘quack doctors’, Herries changed tactics. Having failed to gain a satisfactory answer from the Native Minister, he raised the matter once again during the Health Department Supply Debate. Herries reminded the House that Pomare’s annual report ‘fulminated against the loss of life that had taken place owing to the practices of the *tohungas*’, and asked the department to step in where the Native Department had failed to act. Health Minister Joseph Ward expressed his faith in Pomare, but refused to consider prosecuting *tohunga* under the Criminal Code since this was a matter for either the Native Department or the Justice Department.<sup>58</sup> And there the matter rested for another two years.

On 19 July 1907 parliamentarians took part in a full-scale debate on the Tohunga Suppression Bill. Carroll, as Native Minister, opened the debate with an attack on the baneful influence of all *tohunga*, naming the ‘notorious Rua’ as an example. His speech contained no specific comment on the medical implications of such activities, a defect remedied by several other MPs. Herries recalled the warnings issued by Pomare and others on the evils of *tohungaism* viz-a-viz health, and argued that placing qualified doctors to reside among Maori would wipe out the ordinary *tohunga*, though it would not eliminate the prophets such as Rua, Te Whiti or Te Kooti. Other speakers voiced similar concerns, with Apirana Ngata suggesting that *tohunga* would never be suppressed until Maori were supplied with their own doctors through the university system. James Carroll, in summing up the debate, took on board what had been said. He supported Ngata’s plea for

57. Health Department annual report, *AJHR*, 1902, H-31, pp. 61–3. Pomare reiterated this plea the following year. See *AJHR*, 1903, H-31, p.71.

58. *NZPD*, 22 September 1905, vol. 135, p. 146.

more adequate medical attendance, admitting that some Maori lived seventy to eighty miles from the nearest European doctor. In such circumstances they could not afford to attend the doctor and were thus obliged to use *tohunga*. Carroll's readiness to change tack suggests that his opening remarks about Rua were perhaps intended to rally support behind the measure, and that health had always been high on his agenda.<sup>59</sup> This interpretation gains further credence from a perusal of the Act as it was finally drafted. The preamble read: 'Whereas designing persons, commonly known as tohungas, practise on the superstition and credulity of the Maori people by pretending to possess supernatural powers in the treatment and care of diseases, foretelling of future events, and otherwise . . .' By listing health first, ahead of prophecy, the law-makers announced their priority.

A few weeks later, Herries attacked the government for its failure to act upon Pomare's analyses of Maori health. This onslaught was prompted by the opening sentence of Pomare's 1907 report, in which he complained to Mason that: 'This year finds me sending you the usual *compte rendu*, the use of which you and I cannot discern, for nearly all the suggestions contained in the previous ones are seldom acted upon.'<sup>60</sup> Herries pointed out that in the previous year the government had spent only about a quarter of the sum budgeted for Maori health, at a time when rural Maori and Europeans alike were crying out for medical officers, and 'if they were going to suppress the tohungas, then they must give the Maori people more doctors to attend to their ailments'. Several speakers endorsed Herries' remarks, and made special reference to the need for Maori nurses. There was no immediate response from the government front bench but in 1909 the Health Department introduced a scheme to provide district nurses for Maori areas.<sup>61</sup> Once again, the health sector led the way in seeking to undermine the *tohunga*.

In November 1907 a *New Zealand Medical Journal* editorial emphasised the need for the medical profession to band

59. NZPD, 19 July 1907, vol. 139, pp. 511–25.

60. AJHR, 1907, H–31, p. 52.

61. See A. H. McKegg, "Ministering Angels": The Government Backblock Nursing Service and the Maori Health Nurses, 1909–1939, MA thesis, University of Auckland, 1991; and A. H. McKegg, 'The Maori Health Nursing Scheme: An Experiment in Autonomous Health Care', *New Zealand Journal of History*, vol. 26, no. 2, October 1992, pp. 145–60.

together, since public attention had never before focused upon its members as it had done over the previous twelve months. The author attributed this development to a series of events, including the growing importance of the Health Department, concerns about infant life protection, and legislation against quacks and patent medicine.<sup>62</sup> This last comment was not directed at the Tohunga Suppression Act, which had become law on 24 September, but at the renewed attempts to curb Pakeha rivals to orthodox medicine. The journal had earlier complimented Dr Mason on his stand against quackery, following the failure of John Hornsby, MP for Wairarapa, to elicit support for a bill in 1906.<sup>63</sup> Soon after the passing of the Tohunga Suppression Act, Josiah Hanan (Invercargill) asked a series of questions in parliament about the threat posed to infant health by soothing syrups and other patent medicines. Health Minister George Fowlds responded by instructing his Chief Health Officer to report on what was sold in New Zealand.<sup>64</sup> Fowlds made no mention of the *tohunga* legislation, but it had paved the way for the revived attempt to restrict quackery. During the debate on the *tohunga* bill, for example, Hone Heke Ngapuha (Northern Maori) had suggested that any legislation should also target Pakeha *tohunga*, ‘who manage to kill their patients in a very similar fashion’.<sup>65</sup> Heke’s words echoed Dr Mason’s 1904 report, which had advocated a single act to prohibit the practices of quacks and *tohunga*.

Peter Buck, Pomare’s assistant, stressed the association between modern *tohunga* and European quackery in his annual report for 1907–08, noting that the 1907 Act should have had a ‘salutary effect upon the modern pretender to the once honoured name of *tohunga*. . . . He has passed away, but his place is occupied by the modern quack or sham article.’<sup>66</sup> The second reading in July 1908 of the Quackery Prevention Bill, almost exactly a year after the debate on the

62. *New Zealand Medical Journal*, November 1911, p. 31.

63. *New Zealand Medical Journal*, editorial, October 1906, p. 32.

64. NZPD, 21 August 1907, vol. 140, p. 352.

65. NZPD, 19 July 1907, vol. 139, p. 513. Ngapuha was a descendant of Hone Heke Pokai, the Bay of Islands leader and signatory of the Treaty of Waitangi, who later cut down the Kororareka flagstaff on four separate occasions in protest at the removal of the capital to Auckland.

66. *AJHR*, 1908, H–31, pp. 132–3.

Tohunga Suppression Bill, contained few direct references to the 1907 Act.<sup>67</sup> The arguments put forward, however, demonstrate strong parallels between the underlying motives in both cases. Members were concerned, as Josiah Hanan put it, to protect the simple and the credulous against tricksters and charlatans.<sup>68</sup> The sentiments were resonant of those incorporated into Section 16 of the *Maori Councils Act 1900* and the Tohunga Suppression Act that superseded this.

John Hornsby, the Quackery Prevention Bill's sponsor, admitted from the outset that it was more restricted in scope than his earlier, failed bills. In particular, it did not attempt to interfere with the activities of chemists or herbalists as such, but only to curb the advertising and sale of noxious or harmful products.<sup>69</sup> The discussion of patent medicines formed a large part of the debate, with Thomas Wilford (Hutt) offering a most interesting observation on Maori medicines. At the time of Herries' failed attempt to persuade Health Minister Ward to take action against *tohunga* in 1905, Wilford had been insistent that *tohungaism* exercised a 'pernicious effect on the Natives', which could be dealt with under section 240 of the Criminal Code.<sup>70</sup> By 1908 his views appear to have softened, for on this occasion he questioned the competence of those doctors who used patent medicines and insisted that 'the flax-root and many of the remedies discovered by the Maoris are just as valuable in cases of sickness as many of the remedies that medical men prescribe'.<sup>71</sup> We cannot be certain of the origins of Wilford's change of heart but it may have originated with Apirana Ngata's contribution to the Tohunga Suppression Bill debate, when he complained about the failure of Pakeha doctors to study Maori herbalism and native flora in order to acquire remedies to local problems.<sup>72</sup> Nothing illustrates better the partial overlap between these two pieces of legislation.

The Quackery Prevention Act became law in October 1908, though in a severely truncated form. As Dr Mason reported

67. The entire debate can be found in *NZPD*, 30 July 1908, vol. 144, pp. 15–27.

68. *ibid.*, p. 24.

69. *ibid.*, p. 20.

70. *NZPD*, 22 September 1905, vol. 135, p. 146.

71. *NZPD*, 30 July 1908, vol. 144, pp. 25–6.

72. *NZPD*, 19 July 1907, vol. 139, p. 520.

to the New Zealand Branch of the British Medical Association in February 1902, the Bill had been emasculated en route to the Statute Book. The newly appointed Health Minister, David Buddo, concurred, describing the Act as a tentative measure in the right direction. Once again, we can see parallels with the Tohunga Suppression Act, which also lacked teeth.

Successful prosecutions were rare under either act. In 1917 Wellington District Health Officer Sydney Smith, who was destined for a glittering career as Professor of Forensic Medicine and Dean of the Edinburgh Medical School, sent a memorandum to the Chief Health Officer expressing his frustration that the 1908 Act had done virtually nothing to prohibit the practice of quackery. Annotations on the file copy by Dr Valentine, his deputy Dr Joseph Frengley, and Health Minister George Russell show that all three shared his frustration but were not hopeful of being granted increased powers to act.<sup>73</sup> Similar constraints prevented effective action under the Tohunga Suppression Act, although there were suggestions at the time that this was policed more vigorously. Peter Buck, addressing the Australasian Medical Congress held in Auckland in 1914, noted that the old-style *tohunga* had now descended to become an ordinary quack and had been legislated against, and complained it was time for similar legislation to be applied to Europeans.<sup>74</sup> His perception was shared by later observers, including one of the first research students to consider the evolution of public health in New Zealand. Evaluating developments prior to 1920, D. F. B. Eyres stated that ‘[f]ortunately, the Tohunga Suppression Act succeeded in its purpose of eliminating the charlatans. Perhaps it is the pakeha who needs a Tohunga Suppression Act nowadays.’<sup>75</sup> The failure of Buck and Eyres to acknowledge the existence of the Quackery Prevention Act suggests it was essentially a dead letter.

73. Smith to Chief Health Officer, 8 February 1917, H1 175/1, NA.

74. *Transactions of the Tenth Session of the Australasian Medical Congress, Auckland*, Wellington, 1916. Buck’s remarks were made during a discussion of venereal diseases. It is not known what prompted his outburst. On the incidence of prosecutions under the 1907 Act see Lange, *May the People Live*, pp. 250–5.

75. D. F. B. Eyres, *An Account of the Maintenance of the Public Health in New Zealand prior to 1920*, MA thesis, Victoria University of Wellington, 1938, p. 118.

Those who argued that Rua provided the rationale for the 1907 Act offered various explanations for the failure to use its provisions against him. Peter Webster, for instance, suggested that the authorities ignored Rua because he ceased to utter widely publicised prophecies.<sup>76</sup> Voyce, who regarded the Act as a political issue, preferred the argument that it was a lack of evidence which prevented prosecution.<sup>77</sup> Twenty years after the passage of the Act, health officials were still investigating whether they could take action against Rua purely on health grounds. In 1927 a Hamilton police inspector contacted the Auckland medical officer of health about the high death rate among children in the Maungapohatu district, site of the community established by Rua in 1907. He informed the Medical Officer of Health (MOH) that he had been unable to get direct evidence of Rua acting as a *tohunga* or prescribing medicine, but promised to keep monitoring the situation.<sup>78</sup>

Rua was not the only *tohunga* to be treated with caution on political grounds. In 1922 Dr Peter Buck, the Health Department's Director of Maori Hygiene, corresponded with MOH Herbert Chesson about the best way to handle the health situation at Ratana Pa, headquarters of the political and religious leader, and Maori healer, Takupotiki Wiremu Ratana. Buck recommended that the suspected concealment of typhoid cases be dealt with by use of inoculation, the department's 'sheet anchor', and that no action under the Tohunga Suppression Act should be contemplated until after the pending general election, for fear of creating a martyr. In the meantime, he urged Chesson to keep collecting the data which would provide 'undeniable facts' when the time was ripe to act against Ratana.<sup>79</sup>

Roger Maaka, reviewing the Tohunga Suppression Act in 1995, claimed that Maori politicians and reformers were aware of the need to replace the health function of *tohunga* with an alternative plan, while Pakeha MPs 'tended to see

76. P. Webster, *Rua and the Maori Millennium*, Victoria University Press, Wellington, 1979, p. 224.

77. Voyce, 'Maori Healers in New Zealand', p. 111.

78. Inspector Willis to Medical Officer of Health, 18 August 1927, H1 194/1/6, NA.

79. Correspondence between Buck and Chesson, 14 and 21 July 1922, H1 194/1/21, NA

the issue in terms of the extension of political control'.<sup>80</sup> The distinction was never this clear cut.

This concept of Pakeha control was one which Voyce subscribed to, notably in his claim that doctors were regarded by nineteenth-century colonial administrators as part of the apparatus of authority and control, and that most colonial powers outlawed traditional medical practitioners to ensure that medical care remained a Western-trained monopoly.<sup>81</sup> This interpretation failed to take heed of the fact that some European New Zealanders believed legislation to control quackery was equally detrimental to society. During discussion of the Quackery Prevention Bill, Frederick Flatman (Geraldine) voiced his fears that this would give doctors an undue monopoly, with the connivance of the Health Department. Dr Willam Chapple (Tuapeka), one of Otago's earliest medical graduates and a newly elected MP, refuted this claim. Chapple defended his professional colleagues against allegations that they were self-serving, stating that they acted in the interests of public health and that the existing quackery actually created additional work for orthodox practitioners as they strove to reverse its detrimental effects.<sup>82</sup>

Writers over the years have tended to see Maui Pomare as the dominant figure in the fight to introduce the Tohunga Suppression Act. Sir Charles Hercus, Dean of the Otago Medical School, lauded Pomare in the foreword to New Zealand's first major public health history as 'the first Maori doctor, who so valiantly and successfully contended with apathy and fear, tapu and tohungaism'.<sup>83</sup> This assessment was repeated in the Health Department's centenary review of the

80. R. C. A. Maaka, 'Why the Tohunga Suppression Act 1907?', in *Messy Entanglements: The Papers of the 10th Pacific History Association Conference Tarawa, Kiribati*, A. Talu & M. Quanchi (eds), Pacific History Association, Brisbane, 1995, p. 183.

81. Voyce, 'Maori Healers in New Zealand', p. 112.

82. NZPD, 30 July 1908, vol. 144, pp. 20–1. On the evolution of orthodox and alternative medical practice in colonial New Zealand see M. P. Belgrave, 'Medical Men' and 'Lady Doctors': The Making of a New Zealand Profession 1867–1941, PhD thesis, Victoria University of Wellington, 1985; and M. Belgrave, 'Medicine and the Rise of the Health Professions in New Zealand, 1860–1939', in *A Healthy Country: Essays on the Social History of Medicine in New Zealand*, L. Bryder (ed.), Bridget Williams Books, Wellington, 1991, pp. 7–24.

83. C. E. Hercus, in F. S. Maclean, *Challenge for Health: A History of Public Health in New Zealand*, Government Printer, Wellington, 1964. Hercus wrote these words around the time the Tohunga Suppression Act was repealed in 1962.

first *Public Health Act 1872*.<sup>84</sup> Historians have endorsed this claim, accepting Lange's 1968 account of 'Pomare and his henchmen'.<sup>85</sup> It can be argued that these appraisals, and the emphasis on the supposed political origins of the Act, have underestimated the influence of professional training. Voyce, for example, introduces Pomare and Buck as 'Maori educated leaders' but tells us nothing about their medical education or subsequent practice.<sup>86</sup>

Leaders of the Young Maori Party saw law, medicine and the church as the way forward.<sup>87</sup> Pomare and Buck, having made the commitment to Western medicine, were unlikely to approve the designation of *tohunga* as 'doctors'. As medical practitioners, they advised patients to seek professional help at the earliest opportunity. A wealth of published evidence existed to suggest that any delay in order to consult a *tohunga* would have an adverse effect on the outcome. Such beliefs have persisted to the present. In 1989 Pomare's grandson, Professor Eru Pomare, a leading figure among contemporary Maori medical graduates, attended a *hui* on cultural considerations in health. During a panel discussion, Dr Paratene Ngata stated that he was comfortable working alongside other healing systems and practitioners such as *tohunga*. Pomare, though sympathetic to this viewpoint, drew attention to one possible drawback: 'The main worry that I have is that there is always the possibility of delay in diagnosis of some serious illness. That is a concern that most of us would have.'<sup>88</sup>

The generation that came after Maui Pomare and Peter Buck shared their views on *tohunga*. E. P. ('Ned') Ellison, who

84. New Zealand Department of Health, 'A Review of Health Services Administration in New Zealand 1872-1972', *AJHR*, 1972, H-31, p. 119.

85. Lange, 'The Tohunga and the Government in the Twentieth Century', p. 16. See also Metge, *The Maoris of New Zealand*, pp. 93-4; and Voyce, 'Maori Healers in New Zealand', p. 103.

86. Voyce, 'Maori Healers in New Zealand', p. 101. Voyce's bibliography does not include J. F. Cody, *Man of Two Worlds: Sir Maui Pomare*, Reed, Wellington, 1953, Valintine, 1985; or J. B. Condliffe, *Te Rangi Hiroa: The Life of Sir Peter Buck*, Whitcombe & Tombs, Christchurch, 1971.

87. For an appraisal of this movement see M. P. K. Sorrenson, 'Modern Maori: The Young Maori Party to Mana Motuhake', in *The Oxford Illustrated History of New Zealand*, ed. K. Sinclair, Oxford University Press, Auckland, 1990, pp. 323-31.

88. Advisory Committee on the Medical Workforce, *Cultural Considerations in Health: Proceedings of the Rotoiti Hui, Waikohatu Marae, Lake Rotoiti, 8-10 February 1989*, Advisory Committee on the Medical Workforce, Wellington, n.d. [1989].

graduated MB, ChB from Otago in 1919, succeeded Buck as Director of Maori Hygiene in 1927. Two years later he submitted a detailed memorandum on the problems faced by his division. Part of the difficulty, he wrote, was the necessity for him to conduct clinical work ‘to restore confidence in medical science’, as many of the native medical officers had failed to achieve this. This encouraged Maori to drift towards herbal doctors, *tohunga*, and unqualified nurses.<sup>89</sup> Ellison’s findings were published in the department’s annual report, with some crucial alterations; the edited version omitted any criticism of the medical profession but castigated the ‘insidious activities of tohungas, herbal doctors and unqualified nurses’.<sup>90</sup>

Aspects of Ellison’s classification later appeared in the chapter on sickness and health in Buck’s magisterial study *The Coming of the Maori*, first published in 1949 and reprinted on eight occasions up to 1982. Buck wrote that post-1840 Maori ‘combined herbal remedies with a certain amount of native ritual and entered the same category as European quacks to such an extent that a Tohunga Suppression Act was passed by Parliament to prevent them from imposing on the credulity and superstitions of the people’.<sup>91</sup> More than four decades on, Buck clearly still believed in the principles that occasioned the introduction of this legislation.

Rolleston’s 1989 recommendation that researchers be encouraged to take a more balanced view of the events leading to the Tohunga Suppression Act was not simply intended to revise the historical record. He envisaged this as part of a concerted effort to integrate *tohunga* into modern health care and to overcome the negative attitudes of health professionals.<sup>92</sup> Roger Maaka’s 1985 description of the 1907 Act as ‘one of the more notorious pieces of legislation enacted in this decade’ hardly conforms to this ideal.<sup>93</sup> The Act was restrictive, but so was the *Quackery Prevention Act 1908*. With the passage of time, administrators and others have become more

89. Ellison to Director-General of Health, 9 December 1929, H1 160 (12038), NA.

90. Health Department annual report, *AJHR*, 1930, H-31, p. 40.

91. Hiroa, Te Rangi (Peter Buck), *The Coming of the Maori*, Whitcombe & Tombs, Wellington, 1949, p. 407.

92. Rolleston, *He Kohikohinga: A Maori Health Knowledge Base*, p. 23.

93. Maaka, ‘Why the Tohunga Suppression Act 1907?’, p. 181.

tolerant of traditional healers and other therapies regarded as ‘complementary with and not alternative to orthodox health care’.<sup>94</sup>

Two early indications of this philosophical shift were the passage of the *Chiropractic Act 1960*<sup>95</sup> and the repeal in 1963 of the *Tohunga Suppression Act*.<sup>96</sup> Reviewing *tohungaism* in 1956, Dr Geoffrey Blake-Palmer, a future Director of Mental Hygiene and Deputy Director-General of Health, repeated earlier assertions that modern *tohungaism* was often debased and contained imperfectly understood fragments of old-time Maori medicine. He was critical of the dangers that accompanied the failure by *tohunga* to impose isolation in cases of tuberculosis or typhoid, stressing that tolerance was stretched when community health was compromised in this way. Yet despite the shortcomings in the way *tohungaism* was conducted, Blake-Palmer claimed that ‘[p]runed of its dangers it could be an influence for good’.<sup>97</sup> The *Tohunga Suppression Act 1907* was an attempt to eliminate the perceived dangers to health of *tohungaism*, just as the Quackery Prevention Act aimed to reduce the threat posed by patent medicines and unqualified practitioners. Adopting Blake-Palmer’s imagery, the 1907 legislation removed some of the branches, without damaging the roots. While the saw was ultimately wielded by parliament, the guiding hands were those of Western-trained health professionals, Maori and Pakeha alike.

## Auckland

94. Foreword by Dr Judith Johnston, Director of the Health Services Research and Development Unit, in J. Leibrich, J. Hickling & G. Pitt, *In Search of Well-Being: Exploratory Research into Complementary Therapies: Department of Health Special Report Series 76*, Wellington, 1987.

95. See W. L. Reader & P. Bryner, ‘The Development of Chiropractic in New Zealand 1910–1980’, *Chiropractic History*, vol. 9, no. 1, 1989, pp. 16–21.

96. The repeal, one of the enactments of the *Maori Welfare Act 1962* which came into effect on 1 January 1963, was in part a consequence of the 1960 Hunn Report, which recommended the gradual elimination of any legal differentiation between Maori and Europeans. See Voyce, ‘Maori Healers in New Zealand’, p. 116.

97. G. Blake-Palmer, ‘Tohungaism and Makutu: Some Beliefs and Practices of the Present Day Maori’, *Journal of the Polynesian Society*, vol. 63, no. 2, 1954, p. 163.