INCONTROVERTIBLE FACT, NOTWITHSTANDING ESTIMATES

MAORI PEOPLE OBSERVED IN THE EARLY CONTACT PERIOD

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Whakarāpopoto Kōrero

Mai i ngā tau tūtakinga tuatahi i te iwi Māori, ka tino hihiri ngā kaituhi Pākehā ki te tuhi, ki te whakaātamai hoki i ngā kāinga Māori o taua wā. Tokomaha rātou i haerērē haere i te motu, ki te titiro ki ngā kāinga e noho marara noa ana, me te tuhi anō hoki i ō rātou ake whakaaro. He pēnei anō hoki ngā mahi a rātou mā i tae tōmuri mai. Kāore i āta whaiwhakaaro mō te painga ake o te iwi Māori.

He pepa tēnei e āta tiro ana i ngā tuhinga mō te iwi Māori e noho ana i Niu Pāremata i Taranaki. Ko te wā hoki tēnei i hihiri te Pākehā ki te hao whenua hei hoko atu ki ngā tauiwi e heke mai ana i tāwāhi.

Ka whai hoki te pepa nei i ngā mahi a te roopu hauora i whakatūngia i Niu Pāremata nō te mea kua puta noa atu ngā tohu kei te heke haere te ora o te iwi Māori. Nō muri mai nā ngā kautenui o ngā tāngata i tautoko ēnei whakaaro.

Nō muri mai i tēnei ka puta hoki ngā whakaaro o ngā tohunga hauora Māori e tautoko ana hoki i ngā ariā, ko te hemo rawa atu te iwi Māori.

Abstract

The years of first contact saw many European visitors writing about Māori communities. Many travelled, visiting Māori settlements, recording their impressions. Later settlers also wrote down what they saw, though with less direct interest in Māori situations.

The differences that appeared in such writings largely reflected the influence of local factors. However, such disparate local impressions very easily became uniform national representations. This was achieved through devices like census returns which consolidated local differences into national, and negative, composite impressions of all Māori, not always based on reliable evidence.

By way of illustration, earliest impressions are recorded by first settlers to New Plymouth, viewing Māori people after 1841. The setting up of a medical presence there created a passing, and largely negative, interest in Ngāti Te Whiti living conditions. Later census enumerations drew on such impressions to convert dubious population countings into affirming predictions of Māori decline. Much later, Māori health professionals were themselves still drawing on such impressions.

Since the years of first contact with Māori, European writers in New Zealand sought to describe and characterise certain features of functioning Māori communities. Many early arrivals travelled extensively, visiting scattered Māori settlements, committing particular impressions to paper. Later colonisers added their observations, invariably made in passing, serving purposes other than that of an ostensible interest in Māori situations.

Overall, how such disparate impressions of Māori were formed was substantially a matter of local contexts. The later national consolidating of such impressions, through devices like census returns, produced negative interpretations of Māori prospects. These expectations however were not always borne out by the supposed factual underpinnings of such national reportings of Māori circumstances.

This article briefly examines some examples of early, passing attempts at describing Māori that occurred in New Plymouth. There, the context was one of establishing Pākehā settlement and securing the land for ongoing colonisation. The paper uses the establishing of a medical presence in New Plymouth as background because observations of Māori living conditions and health invariably sat at the hard edge of predictions of Māori decline. First-hand impressions made there were comparable to those recorded by earlier travellers who were more interested in Māori for their own sake. Later census enumerations substantially drew on such impressions to translate suspect population countings into affirming predictions of Māori decline.

A later generation of Māori health professionals exemplified how plausibly such impressions of Māori social degeneracy pointed to the deterioration of a people by substantially accepting, or at least wrestling with, these notions of inexorable Māori decline.

After 1841, when migrant ships first weighed anchor off Ngāmotu, New Plymouth typified many of the early settlements founded in New Zealand. The interests and priorities of new settlers were largely shared, one settlement to another. So were the processes by which new arrivals sought to secure the colonising of the new terrains.

Many settlers recorded extensive, if ambivalent, impressions of these early years. Settlements were often isolated. Weather conditions were trying. Working the land was arduous and exhausting, especially once initial productivity had ceased.[1]

In this context, Māori communities were fre-

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quently observed as a particular and natural feature of these new landscapes, an integral component of a primordial and hostile terrain. As with the land itself, Māori people appeared as an organic barrier to the colonising aspirations of new settlers. Little effort was accordingly made to distinguish Māori preoccupations and well-being from settler endeavours to possess and secure the land. Nor were Māori acknowledged as possessing a particular interest with which settlers needed to negotiate, beyond their possessing land. To have done so required a recognition of important social and political contrasts, one community from another. Certain convictions shared by settler communities, however, militated against such acknowledgement of continuing Māori interests. This can be seen, perhaps in a small way, in the manner in which Māori communities were observed at the time when European medical professionals were first arriving.

Charles Hursthouse was one of the earliest observers of Māori communities residing near New Plymouth. In 1849, he described the Ngāti Te Whiti hapū at Ngāmotu as "natives which form a portion of the broken and scattered Ngātiawa tribe ... they live in settled habitations called Pas ... here are houses, potato caves, stacks of firewoodand small sheds for the drying and preservation of various edible".[2]

This view of Ngāti Te Whiti living conditions was largely impressionistic. From his writings, it is clear that Hursthouse had little direct contact with the local hapu, Ngāti Te Whiti. He also lacked the compelling interest in Māori health and living practices as shown elsewhere by earlier observers like Shortland, Pollack and Dieffenbach.

Edward Shortland was typical of these earlier observers, especially interested in Māori health. At one time Police Magistrate and Sub-Protector of Aborigines in Australia, Shortland ultimately practised as a doctor in Auckland. His extensive experience of Māori people was largely acquired in the South Island where, between 1843 and 1844, he conducted a census of Māori residing between Akaroa and Bluff. In 1856, he wrote of his findings, describing in particular Māori practices as he had observed in health and disease deterrence. In an extensive piece linking Māori disease and spirituality, Shortland also noted Māori practices of dealing with new diseases, and remedies. Names with a particular spiritual significance were attached to new diseases.[3]

J.S.Pollack had made similar observations. His interest was largely confined to the tribes of the far north. There, Pollack showed a special interest in the Māori communal living conditions. He wrote in 1840 that "the ingenuity of the New Zealanders is shown in a variety of serviceable forms, but none to greater advantage than in the construction of their houses".[4]

Māori dwellings impressed Pollack as being characterised by "cleanliness, neatness,taste and effects of unwearied patience." Such descriptions might suggest Pollack saw some exceptional Muriwhenua settlements.[5]

Ernst Dieffenbach also visited many parts of New Zealand after the late 1830's. He included Taranaki in his series of scholarly forays into the New Zealand flora and fauna, visiting Ngāmotu in 1839. He called in briefly before Edward Wakefield claimed his 'purchase' of most of the North Island, south of the 38 parallel. This dubious purchase included all of the Taranaki whānui tribal land area. It also provided a significant impetus to the colonising process then getting underway in Plymouth, England. The purchase was much challenged, and with others was frequently investigated thereafter.

Dieffenbach later published some observations of the Ngāti Te Whiti people and their living situations, though he is now probably best remembered for his ascent of Mount Taranaki. Accompanying Dieffenbach on his visit was Dr John Dorset, the first colonial surgeon to visit Taranaki. Dorset called in later, in 1840, and stayed for twelve days before both men returned to Wellington. Neither physician was called upon to display his professional skill while in Taranaki. However, Dieffenbach did take particular notice of Ngāti Te Whiti remedies and their treatment of diseases, and recorded these extensively in his writings. He observed that diseases were generally ascribed to the action of an *atua*, often as a punishment for a *tapu* action that was forbidden. In many cases, he observed, such actions were thought to originate in witchcraft, *makutu*.

Dieffenbach was especially interested in the status and power of the *tohunga*. He also observed of local Pakeha that"it is a curious thing that many of the very early European settlers - whalers and traders -

have become complete converts to the belief in these supernatural powers."[6]

The more impressionistic Hursthouse, then, much later, did not discern the existence of such particular Ngāti Te Whiti health perceptions and practices, as had Dieffenbach. But his purposes were different, engaged as he was in securing the organic terrain for colonisation. In New Plymouth, such perceptions of Ngāti Te Whiti practices were largely lost sight of, and remained ill-defined, for many decades. Māori perceptions on health and well-being did not feature as a corpus of knowledge informing adaptation to local conditions until a later generation of Māori medical practitioners would discover that such perceptions remained intact and accounted for a stern Māori resistance to reform.

As a recent migrant from England, Hursthouse estimated that there were in New Plymouth about 700 "natives (having) between four and five hundred acres of land in cultivation." This suggested a Ngāti Te Whiti population of some considerable size.[7] It was certainly an increase from the thirty or so counted by Henry Weeks some eight years earlier.[8]

In the intervening period, large numbers of Te Atiawa from northern Taranaki had returned from Wellington, and were settling between the new township and Waitara on ancestral land, with some initial conflicts emerging.[9] Hursthouse described the people of Ngāmotu as "darker than gypsies ... taller than Europeans, and perhaps stronger, though it may be questioned whether they possess the same power of endurance."[10]

Hursthouse wrote at a time of increasing colonisation and settlement of New Plymouth, a time when the settler population, which numbered 1116 in 1848 was steadily approaching that of the local Māori population.[11] "It may be said" he wrote, "that, independently of emigration, the white population is fast increasing."[12]

There was certainly every expectation that settlement from England would continue, with the establishment of New Plymouth well underway. Hursthouse's descriptive account of the Ngāmotu people was, in this context, a brief one, with few details of real substance, beyond impressions, included. But Hursthouse's interest, unlike that of Dieffenbach, was not to produce substantive assessments of Māori practices. Instead, he was at pains to provide favourable descriptions of the new landscape, with all its organic components, in such terms that further migration and settlement might be encouraged, an approach not without its critics.[13] However, to that end, new settlers were often circumspect when writing of nearby Māori communities.

Hursthouse acknowledged the dangers in this approach. He professed a real concern for properly informing prospective New Plymouth migrants. It was "an egregious mistake, in aiming to attract capital and labour to any new colony or settlement, ever to exaggerate its merits. (Otherwise) on arrival, emigrants are at once undeceived, and, in the bitterness of their disappointment, not infrequently represent the country to their connections at home as one barely habitable". Hursthouse was, at once, at some pains to appear fair-minded yet anxious to "state the plain truth, the "bright side,"in language of moderation, so that the emigrant may realize what he reads."[14]

Consequently, Hursthouse devoted most of his writings to general Taranaki appearances and positive features, of agricultural and grazing capabilities with other statistical and general information included. His observations of the Ngāti Te Whiti people were brief, and were presented in a manner such that Taranaki could be presented in the best possible light.

Such early writers, then, like Hursthouse, considered the Māori to be largely incidental to, and a part of, the colonising potential of the new landscape. Local tribes subsequently did not feature in any descriptive detail. Of more significance were the increasing local disagreements over land, and an amorphous Māori intransigence. This is a particular feature of early settler writings about New Plymouth, always one of the major sites of continuing large-scale migration from England. Whether told briefly, with a view to further migration, or related in some detail for ostensible scientific purposes, such accounts invariably revealed a European reflective conditioning. Inherent in the process of describing Māori communities was the need to contextualise them within the broadest frameworks and interests of colonisation. Either that, or to set them apart as opposing those interests. Successful settlement always turned on continuing assertions of settler dominance, in many and various guises. This was a dominance most

achieved through manifest accomplishments, with a certain moral prestige attaching to continuing displays of power - a capacity to acquire, and an authority to represent. In the end, such force depended very largely on a continuing settler determination to assert and maintain that power.

Thus was Hursthouse able to ultimately provide a context in New Plymouth for his observations of the Ngāti Te Whiti hapū, made in 1849, that "the natives of this settlement have already made such progress ... settlers should not be deterred by slight difficulties in endeavouring to bring him forward."[15]

The need to secure the new terrain for colonisation continued to preoccupy settlers in New Plymouth, providing the context for ongoing contact with Ngāti Te Whiti. As with other institutional founding initiatives, the development of a health profession with attendant facilities was an early concern of those who organised the passage of new arrivals, principally from Cornwall and Devon. The Plymouth Company subsidiary of the New Zealand Company appointed at least two medical officers to sail with each migrant vessel. These medical officers were encouraged, on arrival, to remain in New Plymouth. They were asked to represent a medical interest there, in the growing new settlement. Consequently, the development of a medical profession in New Plymouth and Taranaki, as we know it today, came to reflect the changing medical needs of new settlers, from the relative calm of early migration to the later turbulence of the Land War years, and beyond. The capacity of settlers to financially support such professionals became a factor in sustaining a medical presence in the area. Marginal funding meant the medical profession grew slowly, with former ship surgeons maintaining a continuing interest in the health of new migrants.[16]

The first medical practitioner to visit Taranaki was probably William Barrett Marshall, formerly Assistant-Surgeon, Royal Navy in the early 1830's. Marshall came to Taranaki in 1834 and was later involved in the storming of the Te Namu Pā, Opunake, where the family of a local whaler was being held captive. This raid on Te Namu Pā was the first punitive expedition of European against Māori that occurred in Taranaki. After the fighting had ceased, Marshall assisted in the treating of wounded from both sides. His earlier treatment of a Māori captive named Oao-iti aboard the H.M.S. Alligator was, he later claimed, the first European surgical treatment in Taranaki. However, as Marshall later wrote, his claim was made advisedly because he was aware of certain Māori surgical techniques. He was able to witness a number of curative remedies being applied by the Taranaki tūturu people to their own wounded. Marshall was impressed with the "wonderful powers of recuperation of the Māori in his uncivilised state". He was able to observe the workings of Māori medicine at close quarters during lulls in the fighting. He later wrote of the "rapidity with which serious and even dangerous wounds progress to a cure in the person of a New Zealander (with) freedom from the multiplied cares and anxieties of man in more civilised communities, with the total absence of all unwholesome occupations and sedentary pursuits ... they may be supposed to have bodies in greatest perfection to assist the restorative process".[17]

Almost a decade later, the *William Bryan* arrived, the first of six ships conveying settlers to New Plymouth between March, 1841, and January, 1843. On board was Dr Henry Weeks, bearing the title 'Surgeon Superintendent'. Essentially, he was the ship's doctor. Weeks came ashore with other migrants and took residence in New Plymouth, thereby becoming the first resident doctor in the new settlement. His official designation became that of 'colonial surgeon'. This title appeared to give Weeks some small increase in position and status amongst other medical practitioners later to arrive. Weeks noted after the voyage that "no epidemic or sickness of any kind of a contagious or serious nature befell any of the companies ships". He further noted that the settlement itself had not so suffered. In terms of the health of its first occupants from the migrant ships, New Plymouth had fared well. Company doctors were advised that, should they become resident doctors in New Zealand, they were to furnish the company with medical and any other information. They were also urged to use their knowledge "to the end that humanity might benefit as largely as possible by their practical observations." The instructions issued to company doctors were thorough and enabled doctors to assert a total control over the ships which was largely translated into their burgeoning practices on shore.[18]

In the early days of settlement after 1841, it was reported that New Plymouth was experiencing good health and general living conditions. Some unease was continuing however with increasing numbers of Māori captives returning, recently released from Waikato. However, Dr Weeks found the call of his professional duties to be undemanding, turning his attention to other pursuits like meteorology, and land speculation. For this, he was the target of some criticism, given the considerable uncertainties of land purchase and retention then being experienced around New Plymouth. Given however the relative health of the new community, Weeks in his reports to the New Zealand Company reported that "as Medical Officer to the company, I have merely to add that the climate is very healthy and very little sickness has occurred." Weeks later left New Plymouth in 1842, his departure said to have occurred because of the "vigour of the pioneers."[19]

Following the departure of Weeks, a Dr Evans was appointed Colonial Surgeon with a stipend of 25 pounds a year. This was considered to be a meagre amount. With such a remuneration, and with from all accounts such a seemingly healthy population, doctors were not expected to remain in the new settlement for very long. Most in fact were compelled to turn their hands to other pursuits, mainly agriculture. During Evans' tenure, the awards of Commissioner William Spain, and then Governor FitzRoy, over land previously believed purchased by the New Zealand Company, were enforced. This induced some intense feelings amongst settlers. Evans left New Plymouth in late 1846, again forced to leave, according to Skinner, for the lack of professional calls.

For a time, a Dr St George was the sole doctor, with another Dr Millar who appeared very briefly. St George was one of the earliest and best known of the colonial surgeons, concentrating on obstetrics. He had originally arrived in New Plymouth in 1841, and supplemented his practise by maintaining a small farm. His rural land was situated on the banks of the Waitara River. He was later compelled to leave the Waitara area after FitzRoy's decision to abandon the Waitara lands. St George's practice lasted for some fifty years. The first major operation that took place in New Plymouth was performed by Dr Evans and assisted by St George, in 1844, when the right leg of a Ngāti Te Whiti man was amputated.

Perhaps the best known of the Taranaki Colonial Surgeons was Peter Wilson who came to New Plymouth in 1847. Wilson was appointed to the positions of Colonial Surgeon and Medical Officer, attached to the newly erected Colonial hospital situated on Mangorei Road. Wilson remained in Taranaki from 1847 to 1863, and in that time acquired a formidable medical reputation, and beyond. An earlier visit to New Plymouth had impressed him. He subsequently decided to return with his family. According to Wilson, "I like it better than Wanganui, because society here is not so scattered and it is a social little place with no lack of educated folk."[20]

Wilson commenced his duties in late 1847. It was not long however before interests beyond the call of medicine took his attention. His earlier life in New Plymouth was characterised by his rapid enlistment into a number of pressing community concerns. This included his selection to a delegation to talk with Governor Grey over a number of settler apprehensions. Wilson ultimately purchased a small farm within the Omata Block, to the south of New Plymouth. Because of the fact that there were few if any serious health matters requiring his attention, Wilson maintained a high level of community involvement.[21]

From most accounts of early New Plymouth, little critical demand was made by settlers upon its medical practitioners. Where Māori were concerned, Wilson reported in his *Second Annual Report of the Colonial Hospital of New Plymouth of 1850* that he did not have the means of "ascertaining with any degree of accuracy the vital statistics of the Aborigines but as we do know that they have been free from epidemic visitation during the past year,deaths among them, it may be inferred, and I believe correctly, have been considerably less frequent within this period".

Wilson added that, while he had no way of knowing for sure, he suspected that the "tide of their population" was numerically flowing in the way of retrocession than of advance. Earlier, he had expressed concerns about Māori sickness. In 1849, he reported that the mortality among the people, within the last few years, and more particularly in the last, over all Taranaki, has been excessive from the prevalence chiefly of catarrhal disease.[22]

In 1854, eighteen settlers were admitted to the

Colonial Hospital. Earliest reports from that hospital reveal that attendance to Māori sickness was not insignificant. In that same year, sixty-two Māori had been admitted. This was at the time when, elsewhere in New Zealand, great concern was being heard that the Māori people were in sharp decline.

The notion that the Māori would decline, and were doing so, had a very long genesis, and remained a major preoccupation of many writers and officials throughout the nineteenth century. A major factor underpinning this preoccupation with inexorable decline was Māori "progress in civilisation", or lack of it, perceptions largely attached to negative impressions of Māori health and living conditions.

Throughout the country, the health and living conditions of Māori people continued to be observed. One such writer was A.S.Thomson, a surgeon with the 58th Regiment of the British Army. Thomson came to New Zealand in 1847, and travelled extensively throughout northern part of the North Island. His conclusions were the result of his travels through that part of the country, though the Māori of the north may well have been particularly badly hit by sickness and disease.[23] Thomson espoused the view that Māori people were in a state of decline because of fundamental problems with their health, which he ascribed to "causes which (were) now secretly and silently at work in producing this decay."

Thomson attributed this situation to a number of facets of the Māori social condition that had caught his attention. An inattention of Māori people to their sick was presented as a major problem, as was infanticide and sterility. New habits and new diseases were also having a debilitating effect, as were "the evil effects arising among men from intermarrying with scrofulous blood-connections", a condition he described as "breeding in and in".[24]

Thomson's prognosis was consistent with much of the thinking occurring at the time, generally based on little more than impressions of local Māori communities, perhaps those most severely affected by interaction with new settlers. The concept of Māori decline, and the notion of poor Māori health and living conditions, became strong factors in how the future of Māori people was perceived. As Gluckman has shown, however, there were in fact any number of diseases identified as being those of the pre-European Māori, as well as those introduced later.[25]

It is well recorded that Māori people experienced a substantial population decline after the early years of contact, contributing to the rising expectation that Māori people might actually die out. The lowest point was supposedly reached in 1896. These were "decades of despair" for Māori, followed by "recuperation in isolation"[26] after 1901 when Māori population was seen to spring back to life. Māori decline was arrested and a revival in population was underway.

This notion of Māori decline and revival was long a dominating feature of New Zealand historiography. According to one recent account, "by the 1896 census their numbers had fallen to 42,113. That was the lowest number recorded. By 1901 their numbers had begun to rise; there were then 45,500 Māoris, ninety-five percent of them living in the country".[27]

Another account suggested that "the Māori population was declining and had been declining for some years even before the wars ... historians have long demolished the myth that psychological factors caused the population decline ... if the cause of the decline had been psychological, it would have been at its greatest with the defeated tribes ... Sorrenson has pointed out that the greatest decline was with those tribes who were neutral".[28]

The sentiment of Māori communities in inexorable population decline after contact exerted a strong influence on settlers and officials. What tended to follow, by logical extension of the supposed fact of decline, were judgments on the social and psychological state of these Māori communities. However, connections between population fluctuation and the social or psychological state of a society were always tenuous. Nonetheless, such notions of Māori decline - demographic, social, psychological - accounted for a persisting myth of Māori social decay after contact, a belief reproduced in many guises. This notion was substantially based on figures obtained from census returns. It was also predicated on continuing observations of Māori health and living conditions, impressions of a certain Māori social degeneracy. One enumerator wrote that "no great improvement can be looked for until the race give up their ancient customs and habits, and the communism of the Māori pa ceases to be one of such debasing, demoralising and soul degrading habits".[29]

Later published accounts of Māori census returns seemed to confirm such impressions.

Māori census returns, reflecting local situations, can usefully be read against broad national interpretations of those figures when presented in consolidated form, alongside qualifying comments made by enumerators and other officials responsible for preparing the returns. Their value can be assessed as proof or otherwise of the persisting myth of widespread Māori decline.

Prior to 1857, attempts at census counting of Māori had always taken the form of cursory estimates of local population densities and especially rates transience. After 1874, official census returns covered the whole country. However, as indicated by enumerators, most returns were in fact estimates although some local counting may have occurred with varying degrees of accuracy. Not all Māori settlements were visited. In those that were, kaumātua were often simply asked for estimates of their local populations. One Native Officer in Taranaki complained in 1886 that one could get no information from the people in his area. He wrote that "I think the census can still only be looked upon as approximate, as the greatest difficulty was experienced in taking it, the Natives as a rule refusing to give any information and referring all enquiries to Te Whiti".[30]

Earlier enumerators frequently considered that Māori resistance to the supplying of populations countings was best explained by the fact that Māori knowledge was entirely oral. Māori people were seen to have always been accustomed to transmitting traditions, history, and pedigrees orally from one generation to another. As a result, returns could only be seen as more or less approximate, as in 1874 when it was reported that "the tribes who like those occupying the Waikato Territory have continued in a state of isolation from the European, and partly so from the friendly Native population, the numbers given cannot be received as very reliable".[31]

Little census material was collected from 1858 to 1873, with some local returns were completed. At the time that each census return was compiled, enumerators and officials attested to their reliability, if not their accuracy; and decline was seen as confirmed. Accordingly, a census report of 1878 was able to state with some confidence that, "that the number of Māoris nas largely decreased of late years may be assumed as an incontrovertible fact, notwithstanding that the numbers given are admittedly only estimates".[32]

The fact of observable degeneracy was supported by these qualified figures. However, following their publication, a sleight of hand occurred. The imperfect census figures, which had once rendered manifest the notion of decline, now became the established basis upon which such projections of decline, and degeneracy, were founded.

The place of census figures within this demographic equation was interesting. Observations of perceived Māori social degeneracy were always fallacious. However, they were accorded weight by census figures which, at once, suggested decline as a consequence of degeneracy while, at the same time, confirmed decline for which degeneracy was said to be the primary reason.

Many more fundamental problems with census figures were also evident. The category of 'half-caste' was a case in point. Whether some or all half-castes were included in the 1857 census is difficult to assess, with each enumerator making his own decisions. However, from 1874 and thereafter, halfcastes living as members of a tribe were included, whereas those living with or as Europeans were not included. It was evidently left to the enumerator to determine what might constitute 'living as a Māori' or 'living as a European'. In 1874, halfcastes generally formed a low proportion of the total Māori population, about 7%, a percentage which over time showed a steady natural increase. Generally, most halfcastes were enumerated separately within each census record, with halfcastes deemed to be living as Europeans not counted within the Māori population record. This was possibly because their steady increase in number might have influenced the expectation of decline. However, a certain logic might suggest that, as those living as European might be separated out, so too might those be living as Māori, within the tribe, although it is true this was unlikely. The difficulty here of course was that those halfcastes living as Māori would have been, on the face of it at least, virtually impossible to separate out from other Māori people.

In Taranaki, census statistics were the responsibility of R. Parris, Civil Commissioner, New Ply-

mouth. Those collected after 1874 were of questionable accuracy. This was especially so where, as with the national figures, alternative versions with different categories, locations and ways of naming tribes and hapū were ultimately published.

But the figures were interesting for other details they revealed, if only implicitly. The most complete census returns were those collected in 1874, 1878, and 1881. One 1874 return categorised Māori in north Taranaki by tribe, hapū, and location of kāinga. Such kāinga locations included estimates of occupant numbers, at a time shortly following the migrations home from Waikanae, Wellington and the Chatham Islands. Examples were Maruwehi, Pihanga and Kaipikari, all sites of ancient occupation. These figures revealed much about local Māori disbursement and resettlement, within and beyond customary boundaries. Gender and age distinctions also suggested something of whānau patterns being established - male and female by age, over and under 15 years.

Te Atiawa ("Ngātiawa"), Taranaki, and Ngāti Ruanui were named as the principle tribes, as indeed they were, with Ngā Rauru appearing in the Wanganui record. Te Atiawa were shown to comprise seven hapū, each with key locations and members of hapū counted. Most hapū named have long since been subsumed into others, and locations have invariably changed. Three of the hapū - Ngāti Tama, Ngāti Mutunga and Ngāti Maru - have since acquired recognised tribal status. But an important record does remain, if utilised differently. The total population figure provided for Te Atiawa in 1874 was 1072.

By 1878, hapū and places of residence had changed significantly. This was especially for Ngāti Ruanui where earlier named individual hapū were now grouped around others. For Ngā Rauru, hapū had disappeared altogether as a secondary category. Many people of Taranaki tūturu were shown as residing in New Plymouth, whereas in reality they would have been spread down the coastline. Equally, Oakura, Puniho, Opunake, and especially Parihaka, were emerging as centres of significant populations.

Eighteen eighty one was clearly a more ambitious attempt to enumerate Māori people throughout Taranaki, wherever they resided. As a consequence, some very small and scattered settlements were featured. Other larger settlements were striking. Parihaka is recorded as comprising 1322 people, including 174 from Pipiriki, 192 from Ngāti Rāhiri and 253 of Ngā Ruahine. By 1886, such particular kinship distinctions, and appropriate locations, had disappeared from the census records. Māori were now counted as a part of the general population within Local Authorities.

In New Plymouth, medical practitioners shared some of the concerns for the condition of Māori communities. In 1854, Māori from Wanganui to Waitotara were afflicted with a virulent strain of measles that was manifest as far north as Waitara. Wilson later reported that "in all these places the morbid explosion was sudden, and generally so universal, particularly as I witnessed in the said town pah, that, ere a few days from first observed attack, there was not therein a whare which did not contain some of its inhabitants in one stage or other of the disease".[33]

While some interest was directed towards Māori sickness after 1858, the most pressing problem faced by officials was that of the increasing "Native disturbances." Officials faced real difficulties in enforcing their ostensible powers to maintain order against the "violation of the Territory within the defined boundary by Native War Parties." War parties were in frequent movement, partly as a consequence of the Puketapu feud. In 1859, one report dealing with *Papers written on the subject of the Taranaki Land Question from 1839 to 1859* ran into over 150 pages.[34] This report emphasised how distracted by this issue were Government officials at this time, both locally and nationally. Within the many volumes of reports generated, however, dealing with the establishing of a national policy to treat with Māori people, constant reference continued to be made to their expected decline, as reported in 1858 "though not blind to the indications of physical decay which the Race exhibits .. a course to pursue is to take all possible measures for bringing the Aborigines as speedily as may be under the British Institutions".[35]

Colonial Surgeon Wilson left New Plymouth in 1863 and was succeeded by a succession of medical practitioners. These were for the most part attached to the British and colonial forces that waged warfare throughout Taranaki after 1859. Many of the newly-

arrived surgeons took part in the major campaigns of those wars. One such surgeon was Patrick O'Carroll, who held the positions of Medical Superintendent to the New Plymouth Hospital, surgeon to the local gaol, and medical officer to the Native Department. O'Carroll was involved in many of the actions against Māori during the war period. He was present during the long march of General Chute in land of Mount Taranaki, in pursuit of Titokowaru, and was later sent to the White Cliffs to recover the bodies of Whitely and other mission families. He was also, much later, present at Parihaka in 1881 during the arrest of Te Whiti O Rongomai and Tohu Kakahi.

Many officials later remarked on the "baineful influence of the Parihaka Councils" as Māori were increasingly perceived as obdurate, and resistant to incorporation into the new settlements. Magistrates for example, recognised a need to educate Māori children, but noted instances of "dissaffection bordering on rebellion". Māori people continued to be absorbed, it was reported, by issues of land. Largely as a consequence, Māori in Taranaki were described in negative terms in the years after the war period. Much of the civilising rhetoric of earlier years still remained, vestiges of Shortland and Pollack. Such did little to reflect the real physical and social conditions under which Māori people throughout Taranaki were living.

Much later, two sons of Te Ati Awa, Maui Pomare and Peter Buck, sought to effect changes in these customary living practices of their people. Both advocated basic changes to communal practices in the interests of much needed improvements to hygiene standards. Such changes were presented as a necessary first step in the uplifting of Māori from what was deemed to be a very critical state of health.

Appointed as Health Officer to Māori people in 1900, Pomare was adamant that changes to the rudimentary village conditions were urgently needed. In 1906, he considered that "bad housing, feeding, clothing, nursing, unventilated rooms (and) unwholesome pas were all opposed to the perpetuation of the race". Changes were needed for Māori to "share the burden of sanitary improvement".[36] Buck also noted a Māori tendency to crowd together in houses and to neglect the use of ventilation. After some initial opposition, Buck and Pomare were able to show that they were asking only for the re-establishment of traditional health practices, modified to suit the new conditions.

Pomare was always concerned with the state of Māori health as he witnessed it in his travels, and he wrote often of this observations. One particular concern was tuberculosis which seemed to be wrecking a particular havoc among communities he visited in his capacity of Māori Health Officer.

While meeting with some initial successes, both men in the end failed once the Health Reform initiatives, to which they had dedicated so much energy, were abandoned. Equally, there had always been a major difficulty with the approach taken by Pomare and Buck, when dealing with Māori communities. This concerned their linking of an improvement in Māori health and living conditions to the contention that hope for the Māori lay in the ultimate absorption by the Pākehā. As Pomare wrote in 1906, "this is his only hope, if hope it be - to find his descendants merged in the future sons of the Briton of the southern hemisphere".[37]

Such observations were heavily tinged with a certain rhetoric that suggested any answer from Pomare lay beyond the administering of new medicines or the re-ordering of Māori living styles. A primary concern was deteriorating living conditions; "the ancient Māori lived on mountains which in itself was a cure ... he was able to withstand the inroads of this disease ... now he has left the high altitudes and lives in overcrowded squalid whares".[38]

Pomare indicated that "fully 22percent of diseases the Māori suffers from are pulmonic", with practically one out of every five Māori persons suffering from pulmonary infections alone. He was particularly critical of the role played in these situations by the tohunga, who, many Māori believed, alone could deal with mate Māori. For his part, Buck saw little value in the Māori people maintaining old ways and allegiances. He was particularly trenchant where his own people of Taranaki were concerned. In his view, established traditional leaders frequently obstructed Māori advancement; "the majority of the people (continue to) maintain their isolation and reserve ... any attempt at force will fan into active isolation, as it has always done in the past.

But this was something Māori communties had resisted for two generations, or more. Pomare and

Buck may both have underestimated the extent to which traditional Māori health perceptions were rooted into customary communal living practices. These had not fundamentally changed since the earliest days when men like Shortland and Dieffenbach had observed and sought to understand them, and the particular perceptions of birth, life and death that informed those practices.

Much later, the historical view of Māori decline acquired something of an apotheosis in 1940 when H.B. Turbott wrote a chapter on the then health of Māori people. His piece was prefaced with an account of Māori within which the negative view of Māori last century was faithfully preserved. Turbott wrote of "Māori health bearing the shock of European diseases ... the use of alcohol increased the stress, and later in the century the wars, and the loss of lands and of hope, added further physical and mental strain".[39]

The history of Pomare and Buck, and health reform, however is much too complex to reduce to a simple judgment of "degenerate-Māori" capture; our revisting of historiography should not overlook such complexities. In the popular mind, early impressions of supposed Māori degeneracy, and suspect census countings, had already diminished Māori societal complexity to simple and suspect convictions of inherently-propelled decline. The motives and intentions of Pomare and Buck were much too complex to reduce to such judgments. Here were two young Māori medical professionals caught in a double bind, one of seemingly incontrovertible facts which, alongside first-hand impressions of their own, seemed to support a profound projection about Māori circumstances and prospects. This was notwithstanding the suspect evidence for those views, nor their own feelings about the place and pertinence of inherent Māori customary practices as they applied to all areas of Māori existence, practices and dimensions long overlooked by New Zealand historiography. It was in the end an irony that men of their stature should have found themselves dealing with such dilemmas, located as they were at a tenuous juncture between longstanding impressions of Māori degeneracy and certainties of decline, and the fact of their own convictions of being Māori.

End Notes

1 eg. Wells, B. (1978). *The History of Taranaki*, New Plymouth, Thos Avery; Hood, A. (1980). *Dickey Barret With His Ancient Mariners And Much More Ancient Canon*, New Plymouth: Thos Avery; Brookes, Edwin Stanley. (1982). *Frontier Life. Taranaki, New Zealand*, Auckland; Seffern, William H. (1986). *Chronicles of the Garden of New Zealand Known as Taranaki*, New Plymouth: Thos Avery.
A later example of a first-hand account is Skinner, W.H. (1946). *Reminiscences of a Taranaki Surveyor*, New Plymouth, Thos Avery.

2 Hursthouse, Charles. (1849) *An Account of the Settlement of New Plymouth*, London: Smith, Elder and Co (reprinted (1975) Christchurch: Capper Press), pp.27-28.

3 Shortland, Edward. (1856). *Traditions and Superstitions of the New Zealanders*, London: Longman Brown.

4 Polack, J. (1840). *Manners and Customs of the New Zealanders*, London: James Madden and Co (reprinted (1976) Christchurch: Capper Press), p.205.

5 Polack, *Manners and Customs*, p.207.

6 Dieffenbach, Ernst. (1843). *Travels in New Zealand*, London: John Murray (reprinted (1974) Christchurch: Capper Press), pp.131-165.

7 Hursthouse, *Settlement of New Plymouth*, pp.38-57.

8 Weeks, H. (1841). "Journal During Residence at New Plymouth" in Rutherford, J. and Skinner, W.H. (1940). *The Establishment of the New Plymouth Settlement in New Zealand 1841-1843*, New Plymouth: Thos Avery.

9 see Sinclair, Keith (1961). *The Origins of the Māori Wars*, Auckland: Oxford.

10 Hursthouse, *Settlement of New Plymouth*, p.29.

11 As quoted by Wood, R.G. (1959). *From Plymouth to New Plymouth*, Wellington: AH & AW Reed, p. 116.

12 Hursthouse, *Settlement of New Plymouth*, p.35.

13 Lambert, Gail and Ron. (1983). *An Illustrated History of Taranaki*, Palmerston North: Dunmore, p.23.

14 Hursthouse, *Settlement of New Plymouth*, pp. 1-2.

15 Hursthouse, "Natives" in *Settlement of New Plymouth*, pp. 27-37.

16 Skinner, W.H. (1933). *Pioneer Medical Men of Taranaki*, New Plymouth: Thos Avery; Tullett, J.S.(1981). *The Industrious Heart. A History of New Plymouth*, New Plymouth: New Plymouth City Council.

17 Skinner, *Pioneer Medical Men*, p. 15.

18 Weeks, "Journal", p.58.

19 Skinner, *Pioneer Medical Men*, p.59.

20 Skinner, *Pioneer Medical Men*, p.77.

21 Lambert, Gail. (1981) *Peter Wilson, Colonial Surgeon*, Palmerston North: Dunmore Press, p.87.

22 Peter Wilson, *Annual Reports of the Colonial Hospital of New Plymouth, 1849, 1850, 1854*, New Plymouth: Taranaki Museum.

23 This was the view expressed in Hohepa, P. (1964). *A Māori Community in Northland*, Wellington: AH & AW Reed, p.43.

24 Thomson, A.S. (1859). *The Story of New Zealand, Past and Present, Savage and Civilised*, London: John Murray.

25 Gluckman, L.K. (1976). *Medical History of New Zealand Prior to 1860*, Auckland: Whitcoulls, p. 135;
see also Pomare, E.W. and de Boer, G.M. (1988). *Hauora. Māori Standards of Health*, Wellington: Medical Research Council.

26 These are chapter titles appearing in Pool, Ian. (1991). *Te Iwi Māori. A New Zealand Population Past Present and Projected*,

Auckland: Auckland University Press, pp.59- 129.

27 Bassett, Judith, Sinclair, Keith and Stenson, Marcia. (1985). *The Story of New Zealand*, Auckland: Reed Methuen, p.137.

28 Olssen, Erik and Stenson, Marcia. (1989). *A Century of Change*, Auckland: Longman Paul, p.337.
This text, and the previous one (Bassett et al), were aimed primarily at the Secondary School/early Tertiary market.

29 Richard W. Woon, Resident Magistrate, Wanganui (1878). Report to the Under Secretary, Native Department, Wellington, in the *Appendices to the Journals of the House of Representatives (AJHR)*, 1878, G.1., p.14.

30 W. Rennell, Native Officer, New Plymouth. (1886). Report to the under Secretary, Native Department, Wellington, *AJHR*, 1886, G.12, p.13.

31 W.R. Brown, Registrar-General, Wellington. (1874) Census Tables. Appendix A. - Maori Population, (1874), Wellington, p.20.

32 W.R. Brown, Registrar-General, Wellington. (1878) Census Tables. Appendix A. - Maori Population, (1878), Wellington, p.22.

33 Peter Wilson, (1854) *Annual Report of the Colonial Hospital of New Plymouth, 1854*, New Plymouth: Taranaki Museum

34 eg Further Papers relative to Native Affairs, *AJHR*, 1858, E-No.l.

35 CW. Richmond. (1858). Further Papers relative to Native Affairs, *AJHR*, 1858, E-No.l, p.5.

36 Maui Pomare. (1906). "Report of Dr. Pomare, Health Officer To The Maoris," *AJHR*, H.-31, p.67.

37 Pomare (1906), "Report of Dr Pomare", p.67.

38 Pomare (1906), "Report of Dr Pomare", p.67.

39 Turbott, H.B., "Health and Social Welfare" in Sutherland, I.L.G., The Maori People Today, Wellington: New Zealand Institute of International Affairs