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1858

Diseases

When Europeans first arrived in New Zealand Māori had no immunity against many of the virulent diseases they brought with them. Some of the worst diseases, such as yellow fever, cholera, malaria and typhus, never arrived. Smallpox and plague were quickly contained on the rare occasions they were identified.

However significant diseases were brought, including venereal infections, measles, influenza, typhoid fever (enteric fever), dysentery and tuberculosis. Venereal diseases such as gonorrhoea and syphilis were first introduced during James Cook's voyages around New Zealand, and had an effect on birth rates through sterility and stillbirths. When epidemics affected Māori, the phrase 'tokotoko rangi', or 'spear from heaven', was applied to such calamitous visitations of disease.

Early 19th century

From around 100,000 in 1769, the Māori population had declined by 10–30% by 1840. This was largely due to introduced diseases, and the effects, direct and indirect, of the Musket Wars, including dislocation from lands that were important for agriculture and provided access to mahinga kai (food resource areas).

Diseases had a significant impact on some tribes, but there were factors limiting their spread during this period. Māori had small, low-density, dispersed populations, so infections tended to be localised. Only certain iwi had close contact with Europeans, with many having only peripheral contact.

Dislocation and disease, 1840 to 1901

Between 1840 and 1891 disease and social and economic changes had serious negative effects on Māori health, and a significant impact on the population.

Tribal dislocation from the traditional Māori environment was brought about by the land wars and the large-scale land confiscations that followed. There was widespread loss of land through purchase and the operation of the Native Land Court, and new patterns of land use and economic activity. Māori changed housing styles, water supplies, sanitation and diet. These affected standards of health, usually for the worse.

Very large increases in the European population during this period meant Māori across the country were continuously exposed to new diseases. Many Māori children died in their first year of life, often from pneumonia and respiratory infections. In addition, many adults and older children suffered from epidemics of viral disease and typhoid fever, as well as from tuberculosis, a chronic disease that often ended fatally. Relatively high death rates combined with low birth rates saw a rapid decline in the Māori population between 1840 and 1878, with a

slower decline from 1878 to 1891. Between 1840 and 1891 the Māori population may have halved. The population continued to decline until the century was nearly over

'A dying race'

Many Pākehā spoke of Māori as a 'dying race'. They regarded the passing of the race as inevitable, with some saying that under irresistible natural laws a stronger race would always displace a weaker one. But in 1891 Māori MP James Carroll said, 'I am forced to the conclusion that it is a mistaken theory that the Native Race will rapidly decrease.'¹ In fact the Māori population may already have begun to increase at that time.

official James Pope wrote a handbook entitled *Health for the Maori*, which was translated into Māori and became widely used.

Survival of traditional medicine

While many Māori accepted European treatments, traditional Māori health practices persisted. Māori combined elements of the two systems according to the circumstances. Traditional health practices were helpful in many cases, but were often ineffective against new diseases. Patient safety was sometimes endangered when harmful treatment was given, or when potentially beneficial treatment was opposed or delayed.

Early health services for Māori

There were humanitarian responses to Māori health decline. The earliest providers of medical care were the missionaries. Government hospitals for Māori were set up in a few places in the 1840s.

As the non-Māori population grew, hospitals became increasingly Pākehā-dominated institutions, built and administered by the local settler communities. Many Māori were suspicious of hospitals for cultural reasons, and were also deterred from entering them by fees. From the 1840s the government subsidised a number of doctors (native medical officers) to provide medical care for any Māori who could not afford to pay for treatment.

Sometimes officials organised emergency responses to epidemics. Sporadically there was vaccination against smallpox. Teachers in native schools were given medicines to treat pupils and their families. Education

Footnotes:

1. Quoted in Richard Boast, *Buying the land, selling the land: governments and Māori land in the North Island 1865–1921*. Wellington: Victoria University Press and Victoria University of Wellington Law Review, 2008, p. 167.

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