

History 725: Health, Medicine and Society

Research Essay

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Smallpox was a traumatic disease with significant impacts on health legislation in Britain and her colonies in the latter half of the nineteenth century. The debate, actions, and attitudes that surround New Zealand's legislative response to smallpox also highlights the influence that the British "homeland" continued to have on the colony and its people. This essay will attempt to portray that influence by considering the actions and attitudes surrounding the 1863 and 1871 New Zealand Vaccination Acts as a legislative response to smallpox. First, I will discuss the British influence on New Zealand's response to smallpox, particularly its legislative response. Second, I will discuss the British influence on the response to New Zealand's smallpox legislation, and will consider both anti-vaccinationist and pro-vaccinationist arguments. Finally, I will discuss the British influence on attitudes toward the vaccination of Māori in New Zealand.

Smallpox was traumatic both in its effects on the individual, and in the rate of people infected and killed. It is a disease with two phases. The initial phase can last for two or three days and includes fever, high temperature, nausea, headaches, backaches, and aching muscles.¹ This is followed by the eruptive phase, which can last up to three weeks, and includes the development of pustules, which then scab and eventually become peeling skin.² Different types or variants of smallpox have differing levels of severity, with milder variants resulting in either no rash or just a few pustules, right through to the most severe variant "which had a 100 per cent mortality [rate] due to the severe toxicity of the blood and death occurred within one to five days."³ Smallpox epidemics point to the traumatic effects of the disease, with the 1870-1872 epidemic named "the worst of the century" due to the "44,500 smallpox deaths, nearly 8,000 in London alone."⁴ Historian of health and medicine Anne Hardy explains that "the ordinary case-mortality of the disease observed at the London Smallpox Hospital was 35 per cent, and in epidemics up to 47 per cent."⁵ These physical effects and high mortality rate

¹ Alison Day, *The Māori Malady: The 1913 Smallpox Epidemic and its nineteenth century background*, (Master's Thesis), University of Auckland, 1998, p. 8.

² *ibid.*

³ *ibid.*, p. 9.

⁴ Anne Hardy, "Smallpox," *The Epidemic Streets: Infectious Diseases and the Rise of Preventive Medicine, 1856-1900*, Oxford University Press, 1993, p. 126.

⁵ *ibid.*

meant that smallpox was a significant health concern in Europe and its colonies for much of the nineteenth century.

Smallpox was not a native disease to New Zealand, but rather was introduced with European colonisation. As a result, the central strategy for protecting against smallpox had, for many years, been quarantine and isolation. That is, when a ship arrived with cases of smallpox on board, it would be quarantined, and its passengers isolated for a number of days until the threat of further smallpox cases and spread of the disease had been eliminated. As travel and the number of ships entering and exiting New Zealand's ports increased, however, the risk of smallpox outbreaks grew. After an outbreak of virulent smallpox in Victoria in 1869, for example, the *Nelson Evening Mail* stated: "we look upon it as almost certain that, should [smallpox] break out to any great extent in Melbourne, it would be next to impossible to prevent its advent in New Zealand, unless we close our ports against all vessels coming from the infected district."⁶ They noted that to do so, however, would almost be financially impossible as "the passage from Melbourne to New Zealand occupies some five or six pavs."⁷ Alongside this, New Zealand newspapers increasingly reported on quarantine breaks or failures. A number of smallpox cases, for example, were found in Wanganui after the steamer *Kaikoura* arrived in Wellington with smallpox patients who were then permitted "to leave quarantine too early" and as they travelled, "no doubt carrying the virus in an undeveloped state", spread the disease to others.⁸

While the quarantine failures and breaches were not the cause of smallpox outbreaks in Britain, an increase in the number of smallpox outbreaks and the growing apathy of the British public toward the smallpox vaccine led to introduction of the 1853 Vaccination Act. This was an attempt by the British government to respond to the disease legislatively. In 1840 a previous legislative attempt had "provided free vaccinations for the poor and outlawed [...] inoculation of smallpox material."⁹ When this was seen to be unsuccessful, the 1853 Act was introduced and "made vaccination compulsory for all infants in the first three months of life and made defaulting parents liable to a fine or imprisonment."¹⁰ This compulsory smallpox vaccination legislation was followed by similar legislation in a number of British colonies, including the Australian states of South Australia, Victoria, Tasmania, and Western Australia, as well as Canada and Scotland.

⁶ *The Nelson Evening Mail*, 19 February 1869, p. 2.

⁷ *ibid.*

⁸ *The New Zealand Herald*, 1 March 1869, p. 3.

⁹ Robert M. Wolfe, and Lisa K. Sharp, "Anti-vaccinationists past and present," *British Medical Journal*, 2002, p. 430.

¹⁰ *ibid.*

On 14 December 1863, ten years after the introduction of the British Vaccination Act, and “without any discussion”, the 1863 Vaccination Act was introduced to New Zealand law.¹¹ As the Papers relating to Acts of Accession from the 1863 session of Parliament state, “the provisions of this Act [were] taken from the English Act on the same subject, [although] with such modifications as will render them applicable to the Colony.”¹² Like the British Act, New Zealand’s 1863 Vaccination Act required parents to vaccinate their children within six months of birth, and eight days after the vaccination to present the child to the same medical practitioner or officer who had performed the procedure to ensure that the vaccination had been successful.¹³ The medical practitioner or officer was then required to present to both the parents and the Registrar of Births a vaccination certificate to record and provide evidence of the successful vaccination.¹⁴ Again, like the British legislation, if parents failed to vaccinate their child within the six month period they faced a forty shilling fine¹⁵ This was the first interventionist approach to public health by a New Zealand government.¹⁶

Initially, the overwhelming response to the compulsory vaccination legislation in New Zealand was one of apathy. Newspapers regularly advertised when and where doctors in the relevant province would be available to “vaccinate children free, under the provisions of ‘The Vaccination Act, 1863’.”¹⁷ Alongside these vaccination notices, however, the media discussed the public’s lack of interest in vaccinating their children in spite of the law compelling them to do so. An article from *The Press*, for example, reported the requirements of the Act and followed this by noting that:¹⁸

Though this Act has been in force for five years we believe that practically it has remained very nearly a dead letter, and that an inspection of the Registrar’s books would show but a small percentage of entries to which the word “vaccinated” has been appended.

A later article from the *New Zealand Tablet*, noted that “The Health Department is now straining every effort to not only secure universal adoption of vaccination, but to wipe off the arrears that have

¹¹ Derek Dow, *Safeguarding the Public Health: A History of the New Zealand Department of Health*, Wellington, 1995, p. 29.

¹² Papers Relating to Acts of the Assembly Session 1863, *AJHR*, 1864, Session I, A-01, p. 17.

¹³ New Zealand Vaccination Act 1863, ss. III – IV.

¹⁴ *ibid.*, clause V.

¹⁵ *ibid.*, clause X.

¹⁶ Day, 1998, p. 21.

¹⁷ “Advertisements,” *Hawke’s Bay Herald*, 9 March 1864, p. 5; “Advertisements”, *Marlborough Express*, 5 November 1870, p. 2; “Advertisements”, *The Press* 2 February 1869, p. 1.

¹⁸ *The Press*, 13 February 1869, p. 2.

accumulated during the past few years,” and that “the growing decline of the practice is due more to apathy than to repugnance.”¹⁹ The number of people vaccinating their children would remain minimal until there was the threat of a smallpox outbreak, at which point reports suggest that public demand for vaccination would increase significantly.²⁰ Auckland’s public vaccinator Dr. John Nicholson, for example, reported that he had vaccinated 1,742 people (of which 1,521 were revaccinations) in just under a month.²¹ Alison Day suggests that one reason for this general apathy toward smallpox vaccination was that the perceived threat of the disease was minimal in New Zealand, that “the populous did not see vaccination as affording them any advantage”, and that “it was believed by many that the disadvantages of a painful arm and maybe more serious complications [after vaccination] far outweighed any penalties under later mandatory Vaccination Acts.”²² She goes on to claim that “vaccination was resisted or simply ignored as an unnecessary operation.”²³

As both newspaper and government committee reports suggest, however, the “dead letter” nature of the 1863 Act played an important role in encouraging this apathy, or at least failing to follow up people who were failing to vaccinate. That is, the Act was unable to truly compel parents to vaccinate their children. While the Act required the vaccination of children and named a fee for those parents who refused to cooperate, the Act also “makes it no one’s business to see that vaccination is performed, or to enforce the penalty if it is not.”²⁴ The medical officers were responsible for providing a notice of vaccination to the parents of unvaccinated children in his district and warning them of their requirement to vaccinate, however, as was noted by *The Press*:²⁵

That officer has no means of knowing whether all the children in his district have been vaccinated or not, nor is there anything in the Act to require him to move in the matter. His duty is simply to vaccinate all children brought to him. If any are not brought, he is not called on by the Act to enquire why they are not, nor to lay an information against the parents.

Instead, they argued that the Registrar of Births should be responsible for noting which parents have failed to vaccinate their children.²⁶ In a select committee discussing smallpox vaccination laws, Dr. Johnston noted that the lack of funding for medical professionals was also to blame for the failure to

¹⁹ *New Zealand Tablet*, 5 February 1903, p. 18.

²⁰ Day, 1998, p. 27.

²¹ Report by Dr. Nicholson on Vaccination, etc., *AJHR*, 1872, G-32, p. 1.

²² Day, 1998, p. 25.

²³ *ibid.*

²⁴ *Tuapeka Times*, 13 April 1871, p. 3.

²⁵ *The Press*, 13 February 1869, p. 2.

²⁶ *ibid.*

report those people who had failed to vaccinate. He states: “it is hardly to be expected that persons would undertake a somewhat disagreeable task without any remuneration whatever; the consequence has been that it has not been strictly carried out.”²⁷

A second reason for apathy and failure to adhere to the requirements of the 1863 Vaccination Act was its impracticality. As we have already noted, the Act required parents to take their infants to a public vaccinator on the specific days and times that they were available, have them vaccinated, and then return eight days later to confirm the vaccination was successful. In nineteenth century New Zealand—a largely rural and agricultural society—however, this was no simple request. In an article lamenting the dead letter nature of the 1863 Act, *The Southland Times* noted:²⁸

There can be no doubt that in a thinly-populated country like New Zealand, it would in many cases have caused almost intolerable hardship if the compulsory clause had been rigidly enforced. Parents could not be expected to carry children of tender years ten or twenty miles to a public vaccinator, and then take them back a few days later after the operation for inspection.

Impractical requirements of the law like this one, alongside the perceived minimal threat of smallpox, likely discouraged parents who might otherwise vaccinate their children from doing so—resulting in multiple reports that “the percentage [of children] vaccinated is exceedingly small.”²⁹

Moreover, the dead letter nature of the law meant that, despite low vaccination numbers, prosecutions for failing to adhere to the law’s requirements were few. In fact, one story of parents being summoned to court for a breach of the Vaccination Act merely provides another example of the failures of the legislation rather than the illegal behaviour of parents. In September 1866 “several persons” were summoned by the vaccination officer to the Resident Magistrates Court in Nelson due to a belief that they had failed to vaccinate their children.³⁰ However, the parents had indeed vaccinated their children and were able to present their vaccination certificates as proof.³¹ It was the medical officers and practitioners who had failed to also provide vaccination certificates for the district

²⁷ Report of a Select Committee on the House of Representatives on a Bill Intituled “An Act to Amend the Laws Relating to Vaccination”, *AJHR*, 1870, p. 5.

²⁸ *Southland Times*, 5 April 1872, p. 2.

²⁹ *Tuapeka Times*, 13 April 1871, p. 3.

³⁰ *The Nelson Evening Mail*, 29 September 1866, p. 2.

³¹ *ibid.*

Registrar of Births, resulting in records that incorrectly labelled the children as unvaccinated.³² There was therefore, some attention being paid to the records of who had and who had not been vaccinated and prosecutions did indeed occur, but the clunky nature of the legislation led to unreliable records and confusion about the roles and responsibility for ensuring those records were up to date.

Following the 1867 British example, this dead letter nature of the law resulted in several attempts to amend or replace the 1863 Act and tighten the legislation.³³ Two attempts died in committee, but a third, following a Select Committee on Vaccination, resulted in the 1871 Vaccination Act.³⁴ This new law made some important changes to the practices and requirements of the now repealed 1863 Act. Perhaps most importantly, recognising the “impracticable” nature of compulsory vaccination at the time, smallpox vaccination was no longer compulsory, and the focus shifted instead to educating the public about the importance of vaccination against smallpox and “encourag[ing] vaccination as much as possible among the people.”³⁵ It also “sanctioned payment for vaccinators along with the free provision of pure lymph” necessary for vaccination, more explicitly outlined the responsibilities for record keeping and placed these with the Registrar of Births, and rather than requiring parents to travel to the public vaccinator a second time to ascertain the success of the vaccination, instead required the public vaccinator to determine the success of the vaccination within twenty-one days and, “by post or otherwise”, deliver a certificate of vaccination to the province’s Registrar of Births.³⁶ Perhaps, in contradiction to the message that vaccination was no longer compulsory, however, the Act did also require children attending publicly funded schools to be fully vaccinated.³⁷ This clause was particularly contentious, increasing the level of vaccination debate as both those people in favour of vaccination and those opposed were unhappy with the requirements of the law. That is, those people in support of vaccination were unhappy that under the 1871 Act vaccination was no longer compulsory, while those people who were opposed to compulsory vaccination argued that that this final clause regarding schooling in practice meant that vaccination essentially remained compulsory.³⁸ Newspaper reports, letters to the editor, and public discussions suggest therefore, that this legislative shift in New Zealand also resulted in an attitude shift from apathy to a much more engaged debate between anti-vaccinators and pro-vaccinators.

³² *ibid.*

³³ Wolfe and Sharp; Dow, 1998, p. 30.

³⁴ Day, 1998, p. 23; *The Press*, 9 July 1872, p. 2.

³⁵ New Zealand Vaccination Act 1871; Report of a Select Committee of the House of Representatives on a Bill Intituled ‘An Act to Amend the Laws Relating to Vaccination’, *AJHR*, 1870, pp. 1-8.

³⁶ Dow, 1998, p. 29; New Zealand Vaccination Act 1871.

³⁷ New Zealand Vaccination Act 1871, s. 14.

³⁸ *The Press*, 9 July 1872, p. 2; *The Oamaru Times*, 6 February 1872, p. 2; *The Southland Times*, 5 April 1872, p. 2.

The anti-vaccination movement first developed in Britain following the introduction of the 1853 Act and compulsory vaccination. This opposition was more than “simple objections on constitutional grounds to the state’s infringement of civil liberties and an individual’s right to choose.”³⁹ Rather, historian Naomi Williams tells us that “anti-vaccination feeling also stemmed from religious, social and cultural beliefs together with, not unreasonable, fears that the practice was unsafe and was a vehicle for the transmission of syphilis.”⁴⁰ This opposition lay largely amongst the working class, who Nadja Durbach argues were discriminated against in the 1853 compulsory vaccination laws, and rebelled against the state’s use of law to interfere with their bodies.⁴¹ It was this opposition that led to the introduction of a conscientious objector clause in the British legislation in 1898.⁴²

As an anti-vaccination movement arose in New Zealand in response to the smallpox vaccination laws, arguments similar to those seen in Britain took centre stage here. For example, anti-vaccinators argued that the law was improper state intervention in a person’s health and body. At a meeting of the Canterbury Catholic Literary Society where the topic of smallpox vaccination laws were under debate, “Mr. O’Sullivan contended that the children were the property of the parents, and not of the State, and, therefore, the former should have the option of getting them vaccinated or not, as they saw fit.”⁴³ At the same meeting Mr. O’Connor stated that “he did not believe in compelling any man to get his child vaccinated, and he was glad to see public opinion rapidly changing that way.”⁴⁴ In a letter to the editor, Mr Edwin Cox, espoused similar reasons for his opposition to vaccination legislation. He stated, “that vaccination is the one only surgical operation established and endowed by the state? It has thereby become a ‘vested interest’, a professional property, an inherited medical asset. It is human nature the world over to resist to the death interference with what are held to be ‘vested rights.’”⁴⁵ This interventionist health policy was seen by New Zealand’s anti-vaccinators, as it was amongst British anti-vaccinators, as a step too far.

Fears of health complications, and the risk of infection also followed the British example and was pointed to by New Zealanders in opposition to the law. This was largely due to the process that was

³⁹ Naomi Williams, “The implementation of compulsory health legislation: infant smallpox vaccination in England and Wales, 1840-1890,” *Journal of Historical Geography*, 20, 4, 1994, p. 396.

⁴⁰ *ibid.*

⁴¹ Nadja Durbach “‘They Might As Well Brand Us’: Working-Class Resistance to Compulsory Vaccination in Victorian England,” *The Society for the Social History of Medicine*, 13, 1, 2000, pp. 46 & 53.

⁴² *ibid.*, p. 58.

⁴³ “Canterbury Catholic Literary Society,” *New Zealand Tablet*, 14 December 1883, p. 13.

⁴⁴ *ibid.*

⁴⁵ “Letters to the Editor,” *Dominion*, 10 March 1910, p. 4.

utilised for vaccinations. That is, vaccinations were a much more invasive procedure than we might understand today:⁴⁶

A lancet, a surgical instrument, [was used] to cut lines into the flesh of the arm in a scored pattern. This was usually done in at least four places. Matter or ‘lymph’ from another infant vaccinated eight days earlier was taken directly from a blister or ‘vesicle’ on its arm and smeared into the cuts.

This process was referred to as arm-to-arm vaccination.⁴⁷ While most medical professionals were supportive of smallpox vaccination, and specifically this arm-to-arm method of vaccination, some raised concerns. Mr. Bakewell, a former vaccinator-general and medical officer of health from the Colony of Trinidad, for example, was regularly referred to by anti-vaccinationists as one such example.⁴⁸ In a report included in the *Transactions and Proceedings of the Royal Society of New Zealand*, Mr. Bakewell argued that it was important to take note of the possible introduction of inflammatory diseases, eruptive diseases, or the inoculation of constitutional diseases—including syphilis, leprosy, and tuberculosis—in otherwise healthy people through this arm-to-arm method.⁴⁹ Discussion and arguments about the risks of arm-to-arm vaccination also included fears of impure lymph, or lymph that was not sufficiently fresh, that could infect or harm the next child who was vaccinated.

Some anti-vaccinationists pointed to the failures of vaccination to sufficiently protect against smallpox. Mr C. H. Hills, for example, wrote a letter to the editor of the *New Zealand Times* which argued “that in those countries of Europe where vaccination has been most thoroughly carried out, smallpox has made its most extensive fatal ravages, and in that country where vaccination has not been enforced or generally adopted, smallpox has been, during the same time, comparatively unknown and harmless.”⁵⁰ It is worth noting that the editor of the *New Zealand Times* could not help but follow Mr Hills letter with a response:⁵¹

⁴⁶ Durbach, p. 47.

⁴⁷ *ibid.*

⁴⁸ Art. LXIII.—Is it Expedient to Make Vaccination Compulsory?, *Transactions and Proceedings of The Royal Society of New Zealand*, Vol. 24, 1891, p. 634; *Wanganui Herald*, 19 November 1881, p. 3.

⁴⁹ Art. LXIII.—Is it Expedient to Make Vaccination Compulsory?, Vol. 24, 1891, p. 637.

⁵⁰ “The Other Side,” *New Zealand Times*, 24 September 1881, p. 3.

⁵¹ *ibid.*

It appears to us that Mr Hill's letter simply seeks to bring into disrepute a system of prevention favoured by a marked consensus of medical opinion. [...] Of the efficacy of properly performed vaccination there can be no doubt. [...] Our correspondent has, however, a perfect right to enjoy his own opinion.

In contrast to vaccination, some anti-vaccinationists encouraged improved sanitation and a healthy lifestyle as the best protection against smallpox. This was perhaps encouraged by the attitude that New Zealand, as a "new and better Britain", should be a health utopia, and that its climate and environment permitted a healthy outdoor lifestyle that could better protect against smallpox than Britain's. An article in the journal of the Women's Christian Temperance Union, *White Ribbon*, points to such a lifestyle as an alternative to the increased "craze for inoculation."⁵² The author states, "The advantages of pure air, sunlight, good water, simple, nourishing food, wholesome thought, immeasurably outweigh those of poisonous inoculation, which must necessarily be inimical to health."⁵³ She later continues, "If small-pox attacks my child—which probability is extremely remote, as, owing to improved sanitation, it is an infrequent disease—I should prefer to deal with it by simple and natural remedies."⁵⁴

As the dialogue between Mr Hills and the editor of the *New Zealand Times* above suggests, however, the pro-vaccinationist movement in New Zealand also remained strong. In fact, numerous newspaper articles argued in support of compulsory vaccination or encouraged parents to vaccinate their children.⁵⁵ Medical practitioners in particular, generally pointed to vaccination as the best protection against smallpox. In a report to the Colonial Secretary, Auckland's public vaccinator Dr. Nicholson, for example, stated that "in all cases, whether in town or country, the medical profession has shown itself, as usual, ready and anxious to do everything to encourage and promote vaccination and other remedial measures, quite irrespective of any question of remuneration."⁵⁶ Moreover, the risks of smallpox vaccination as outlined by anti-vaccinators were considered to be overplayed. During the debate of the Canterbury Catholic Literary Society, for example, Mr. Lougham said that the opponents of vaccination were conjuring before their minds terrors which did not really exist."⁵⁷ Similarly, during a legislative council discussing the Vaccination Act of 1863 the Hon. Dr. Grace "express[ed] the fullest

⁵² "The Home," *White Ribbon*, 1 February 1899, p. 11.

⁵³ *ibid.*

⁵⁴ *ibid.*

⁵⁵ Report of a Select Committee of the House of Representatives on a Bill Intituled 'An Act to Amend the Laws Relating to Vaccination', *AJHR*, 1870, p. 4.

⁵⁶ Report by Dr. Nicholson, of Auckland on the Steps Taken by him to Prevent the Spread of Small-pox in the Province of Auckland, *AJHR*, 1872, Session I, G-32, p. 4.

⁵⁷ "Canterbury Catholic Literary Society," *New Zealand Tablet*, 14 December 1883, p. 13.

sympathy with those opposed to compulsory vaccination [however] the doctor said he was afraid their ideas were the result of insufficient knowledge.”⁵⁸ In fact, in reporting to the Select Committee on amending the 1863 Act, multiple doctors argued in favour not only of smallpox vaccination, but also of maintaining compulsory vaccination.⁵⁹

While the anti-vaccination movement may have found its footing in Britain, those people in favour of vaccination often pointed to British attitudes, epidemics, and statistics as evidence to encourage and educate the general New Zealand populous about the importance of vaccination. In March 1871, for example, *The Press* urged New Zealanders to look at the experience of Britain and vaccinate. “Smallpox is raging in London,” they stated. “Such an announcement is a warning to us to get our house in order, and prepare defence against the dreaded scourge.”⁶⁰ One year later the same newspaper stated: “In England, during the last generation, the practice of vaccination has been more and more neglected, till in some places, especially in parts of London, it has almost entirely fallen into disuse; and, as the result, small-pox is increasing with a rapidity that threatens soon to replace it among the ordinary settled diseases of the country.”⁶¹ New Zealand newspapers also regularly published reports of the success of vaccination in Britain. The success of the vaccine in “stamping out small-pox” in Ireland, for example, was printed in multiple New Zealand newspapers and included a “table of deaths” showing the reduction of smallpox deaths in the years since the enactment of its own Vaccination Act in 1863.⁶² The Nelson Evening Mail also provided the report of medical officer Dr. Trench on the success of vaccination in Liverpool.⁶³

Among 1616 patients treated for the disease, the deaths of the unvaccinated, and of those in whom vaccination was doubtful were at the fearful rate of 56 per cent; the deaths where only one cicatrix was visible, on the other hand, were only 14 per cent; where two cicatrices were visible they fell to 9 per cent; while where three were visible they were as low as 7 per cent.

While there was some reporting on the state of smallpox and vaccination in Australia, the British “homeland” received the focus of international attention, and was considered to be a persuasive tool for supporting the importance and effectiveness of vaccination.⁶⁴

⁵⁸ “Legislative Council,” *Auckland Star*, 29 July 1898, p. 2.

⁵⁹ Report of a Select Committee of the House of Representatives on a Bill Intituled ‘An Act to Amend the Laws Relating to Vaccination’, *AJHR*, 1870, p. 4.

⁶⁰ *The Press*, 28 March 1871, p. 2.

⁶¹ *The Press*, 9 July 1872, p. 2.

⁶² “Smallpox,” *Lyttleton Times*, 7 August 1872, p. 3; *The Nelson Evening Mail*, 7 August 1872, p. 2.

⁶³ *The Nelson Evening Mail*, 7 August 1872, p. 2.

⁶⁴ *The New Zealand Herald*, 13 August 1864, p. 3.

Throughout this time discussions, reports, and investigations into the “vaccination of the natives” sat alongside the vaccination of European New Zealanders. The colonial government had taken note of the effect of smallpox on native populations in Australia and the Americas, and intended to avoid a similar result amongst the Māori population. Almost one decade prior to the introduction of the 1863 Vaccination Act, the committee on vaccination reported that “all concurrent testimony goes to prove, that in the colored races of men, smallpox is more virulent and fatal than in the fair skinned races, while among savages, their personal habits, mode of life, and ignorance of proper treatment combine to disseminate the disease with frightful rapidity, and to give to it a most malignant and exterminating character.”⁶⁵ The Central Board of Vaccination noted “two great impediments in vaccinating the Aborigines”: first, maintaining a pure and fresh stock of lymph when the vaccinations between Māori were sporadic, and second, “the loss of power produced in the lymph by the delay which occurred from irregular communication with distant districts in the Colony.”⁶⁶ One approach to increasing the vaccination of Māori was by distributing information pamphlets in both the English and Māori language, and to financially remunerate native vaccinators.⁶⁷ Historian Derek Dow, however, has noted that while Māori survived in greater numbers than the Australian aboriginal population, there is little evidence to prove the success of these different approaches.⁶⁸

Much of the discussion on vaccination of Māori took a paternalistic tone that was perhaps typical of the colonial government and seemed to be supported by the need to protect a people that was struggling for survival. That is, historians have noted that Māori were indeed more severely affected by smallpox than Europeans.⁶⁹ This was likely due to the absence of hereditary immunity in Māori that European New Zealanders and their ancestors had developed during exposure in European epidemics.⁷⁰ During the late nineteenth century in New Zealand, however, most European New Zealanders believed Māori susceptibility to smallpox was the result of Māori hygiene and sanitation standards, living conditions, and a general “weakness” of the Māori race.⁷¹ The resulting paternalistic

⁶⁵ Report of Committee on Vaccination, Votes and Proceedings of the House of Representatives, 1854, p. 1.

⁶⁶ Report of the Central Board of Vaccination of the Natives, Votes and Proceedings of the House of Representatives, 1856, p. 2.

⁶⁷ *ibid.*

⁶⁸ Dow, Derek, *Māori Health and Government Policy 1840-1940*, Wellington: Victoria University Press, 1999, pp. 54-56.

⁶⁹ Day, 1998, p. 128.

⁷⁰ *ibid.*

⁷¹ *ibid.* pp. 67 & 80 & 128.

attitude is evident in the attempts to vaccinate and protect the “inferior” Māori population. A report of the Committee on Vaccination, for example, stated that:⁷²

[The committee] deem it a paramount duty on the part of the European colonists of the country, to extend to the maori people, that protection which they have themselves received, and owe to their superior civilisation.

It is worth noting that in contrast to the apathy of European New Zealanders, however, and in spite of the greater distances often required to travel to a medical practitioner, Māori “were keen to be vaccinated.”⁷³ Alison Day explains that “Māori themselves had no alternative to vaccination and, if it did work, it was still the best prevention against contracting smallpox.”⁷⁴ British superiority and a paternalistic saviour complex, however, remained central to European New Zealanders attitudes toward the vaccination of Māori. That is, the:⁷⁵

vaccination was perceived by the colonists as a method that could be used to both demonstrate to Māori the power of western medicine and to illustrate, by giving vaccination to Māori, ‘that their health, even their existence, is an object of anxious solicitude to their white brethren.’

Again, the connection to the British homeland, as well as the colonial desire to build a “better Britain” in New Zealand, significantly impacted attitudes and actions toward smallpox vaccination.

The introduction of the 1863 and 1871 Vaccination Acts reflect the importance of British influence on societal conversations, attitudes, and actions in nineteenth century New Zealand. The two Acts show that, whether or not they were appropriate in the different context, the laws of the British “homeland” had a direct influence on New Zealand laws—in some cases even taking the writing directly from British example. The initial apathy to the 1863 Act echoes the British example, and highlights the law’s inadequacy for the New Zealand context. The later anti-vaccination movement took its lead and many of its argument from the similar British movement, while the pro-vaccination movement largely consisted of pointing to Britain to showcase both the threat of smallpox and the potential

⁷² Report of the Committee on Vaccination, *Votes and Proceedings of the House of Representatives*, 1854, Session I-II, p. 1.

⁷³ Day, 1998, pp. 75 & 78.

⁷⁴ *ibid.*

⁷⁵ Alison Day, “‘Chastising Its People With Scorpions’: Māori and the 1913 Smallpox Epidemic,” *New Zealand Journal of History*, 33, 2, 1999, p. 182.

effectiveness of the vaccine. Finally, the attitudes and approach to the vaccination of Māori highlight attitudes of British superiority and paternalism. These articles of health legislation, therefore, are a reminder of the important relationship and influence Britain continued to have on the attitudes and actions of New Zealanders.

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