

UNIVERSITY OF CANTERBURY

‘A clubbed skull or a good shipwreck,
there is the death for a missionary...
but to die a leper should be more precious still...’

Heroic missionary deaths of the 20th century
at the Pacific Leprosy Asylum, Makogai Island, Fiji.

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Abstract

Through Bishop Julien Vidal of Suva, Fiji, the Missionary Sisters of the Society of Mary (SMSM) provided nursing services to leprosy sufferers in the Makogai Island leprosarium, Fiji from its inception in 1911. In a period when the cause of leprosy was known but an effective remedy was not available, Pacific leprosy patients who suffered stigmatisation and rejection by their communities, were forcibly segregated through formal legislation to remote island leprosaria. Religious and humanitarian organisations aligned leprosy control measures with their goals to evangelise and fundraise amongst the faithful. The Catholic Church became known for the care of leprosy patients with staff recognised for devoting their lives to a self-sacrificing religious martyrdom. Early histories presented a sanitised view of the arduous work involved in running a 'total' institution. Mythologised tales of lived events on Makogai Island were couched in religious terminology. The process of mythmaking by missionary organisations has received some attention, notably by Young and Luder, but has not focussed on missions to leprosy sufferers. Young considered the necessary conditions for missionary legends to develop while Luder analysed the mythmaking of Polynesian peoples and use of sacred imagery to cloak deeper knowledge reserved for elites. Examination of the records of Bishop Vidal exposes the layer of insider knowledge that was kept within official circles, including information on the high rates of illness amongst the nuns, whose hygiene regimes required the use of toxic chemicals. Very few missionaries died from leprosy, whereas drowning was a common fate. Two specific deaths on Makogai Island, the death of a priest in a shipwreck and a nursing sister from leprosy, were progressively mythologised. The violent death of a European priest was more likely to be mythologised than that of a 'native' nun who contracted leprosy. The rousing phrases of Bishop Vidal are more aspirational than actuality.

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Introduction: Mythologising Pacific martyrs in the service of leprosy sufferers.

Bishop Julien Vidal, a towering figure in the history of the Catholic Church of Fiji (1887-1919),¹ is reported to have said, 'a clubbed skull or a good shipwreck, there is the death for the missionary of the Pacific! But to die a leper should be more precious still in the sight of the Lord'.² Amongst his achievements in the health and education sector in the Pacific, he was deeply involved in the setting up of the hospital for leprosy sufferers on Makogai Island, Fiji and the provision of nursing services through the Missionary Sisters of the Society of Mary (SMSM) from 1911. His correspondence and records from 1908 to 1930 are housed in the archives of the Roman Catholic Mission in Suva, Fiji, and were microfilmed in 1972.³ Copies of these microfilms were deposited in the Pacific Leprosy Foundation collection in the Macmillan Brown Library, University of Canterbury, Christchurch, New Zealand in 1998. These underresearched documents record the day-to-day running of the leprosarium during the difficult start-up years. They document the communication between the British government authorities, the medical staff appointed by the colonial government, the French speaking nursing sisters, and the Catholic priests that served their spiritual needs.

Leprosy was a disease with no known cure until the late 1940's but the causal agent was known from 1873 to be a mycobacterium when discovered by Dr Hansen of Norway. This finding confirmed that the disease could be spread by contagion and was unlikely to be hereditary. This gave impetus to worldwide moves to compulsorily isolate sufferers in remote locations, frequently consolidated into formal legislation as a way to contain leprosy.⁴ Leprosy was institutionalised in the 20th century with large leprosaria established around the world, many on islands.⁵ These controls were aligned to the colonial, racial, economic and political agendas of the time. The British Government established a leprosarium on Makogai Island,

¹ M. Knox, *Voyage of Faith: The Story of the First 100 Years of Catholic Missionary Endeavour in Fiji and Rotuma*, Suva, Archdiocese of Suva, 1997, pp. 97-122.

² 'Orbis Terrarum', *The Tablet: International Catholic News Weekly*, 24 March 1928, p. 22. : <http://archive.thetablet.co.uk/article/24th-march-1928/22/orbis-terrarum>. (accessed 11 May 2016).

³ 'Correspondence re Leper Asylum, Makogai, 1908-1930, and related papers'. Records of the Roman Catholic Mission in Suva, Fiji, Pacific Manuscripts Bureau Collection, 1972, [PMB 448/1 and 2].

⁴ A. Bashford, *Imperial hygiene: A Critical History of Colonialism, Nationalism and Public Health*, New York, Palgrave MacMillan, 2004, p.143.

⁵ D. McMenamin, *Leprosy and stigma in the South Pacific: a region-by-region history with first person accounts*, Jefferson, McFarland and Company, 2011, p. 18-25.

Fiji in the first decade of the 20th century, which grew to be a central institution for leprosy sufferers in the western South Pacific before its dissolution in December 1969.⁶ Makogai became an exemplary model for the care of patients suffering a chronic, debilitating and stigmatising disease.⁷

A mythology developed around life on the island fostered in religious literature, newspapers and new forms of communication such as black and white film. Children suffering from the disfiguring disease and separated from their families evoked particularly poignant tales.⁸ Religious and humanitarian organisations aligned goals to evangelise and fundraise amongst the faithful around missions to leprosy sufferers. Service to the 'outcasts' of society and a self-sacrificing religious martyrdom were invoked to justify and motivate those prepared to devote their lives to isolated and difficult work. Mythologised tales of life on Makogai Island and the early histories presented a sanitised view, heroising the nuns and priests who dedicated their lives to the sufferers of leprosy. Death amongst the patients from this disease and associated conditions was an expected and frequent occurrence on the island, while the death of priests and nuns from accidents or from contracting leprosy was unexpected and infrequent.⁹ Two specific deaths on Makogai Island, the death of a priest in a shipwreck and that a nursing sister from leprosy, were progressively mythologised in the historiography. The process of mythmaking by missionary organisations has received some attention, notably by Young and Luders, but has not focussed on missions to leprosy sufferers. Young considered the necessary conditions for missionary legends to develop while Luders analysed the mythmaking of Polynesian peoples and use of sacred imagery to cloak deeper knowledge reserved for elites.¹⁰

⁶ Sister Mary Stella, p.163.

⁷ S. Doornenbal, 'Leprosy's Pacific Legacy', *Research Report 2014, University of Canterbury*, 2014, www.research.canterbury.ac.nz/documents/RR20143535.pdf (accessed 8 October, 2016).

⁸ Cushing, *In the Service of the Lepers: A Brief Outline of the Work of the Missionary Sisters of the Society of Mary among the Lepers of the Isle of Makogai, Fiji Islands*, Boston, 1940, <https://babel.hathitrust.org/cgi/pt?id=coo.31924014055200;view=1up;seq=11>, Foreword, (accessed 8 October 2016).

⁹ Sister Mary Stella, Appendix 1 Makogai Statistics, p. 181.

¹⁰ M. Young, 'Commemorating Missionary Heroes: Local Christianity and Narratives of Nationalism', in T. Otto and N. Thomas (eds.), *Narratives of Nation in the South Pacific*, Amsterdam, Harwood Academic Press, 1997, pp.91-132; D. Luders, 'Legend and History: Did the Vanuatu-Tonga Kava Trade Cease in A.D. 1447?' *Journal of the Polynesian Society*, vol. 105, no. 3, 1996, pp. 287-310.

I argue that modern missionary mythologisation and indigenous mythmaking reflect similar processes. Creating a narrative around a past event is grounded in human language and cognition, whether oral or conserved in writing.¹¹ As Luders points out, ethnohistorians and anthropologists have recorded numerous legends of Polynesian peoples, often origin legends.¹² Some of these incorporate first encounters with missionaries that reflect changing identities, ideas and conditions introduced by stranger cultures and religions. Such myths contain social knowledge, access to which is restricted to elite groups and insiders. Where knowledge is packaged for public disclosure, it is encased in sacred terminology and imagery. Over time, the knowledge designed for public consumption becomes disconnected from the events that originally generated the story. Analysing legends for encoded knowledge and identifying the locations, actions and meanings of the events described is an ongoing academic endeavour.¹³ Using the example of two iconic missionary deaths on Makogai that came to represent a triumph of hope and faith over debilitating disease, I argue that these likewise became distanced from the lived events they relayed. These tales downplayed the testing conditions under which the first carers of the leprosy sufferers laboured, While containing many letters of praise for the services provided by the SMSM sisters, the records of Bishop Vidal also reveal the many difficulties faced by those who first worked in the leprosarium. Accidents at sea, lack of food, long hours, unhealthy working conditions and illness all seep out of the church correspondence with the British colonial authorities.

Bishop Vidal's records also contain the first written evidence and witness accounts of the two deaths analysed here. The sudden death by drowning of first Catholic chaplain, Father Jean-Baptiste Schneider is contrasted with the long drawn-out death from leprosy by one of the first 'native' or Fijian nursing sisters, Sister Maria Filomena.¹⁴ I also argue that the martyrdom of European priests from sudden and violent deaths or who contracted leprosy in the course of service to leprosy sufferers was more likely to be mythologised than that of a 'native' nun who contracted the same disease. Literate 'leper' priests who communicated internationally

¹¹ E. J. Barber, and P. Barber, *When They Severed Earth from Sky: How the Human Mind Shapes Myth*, Princeton, Princeton University Press, 2004, p. 3.

¹² J. C. Andersen, *Myths & Legends of the Polynesians*, London, Harrap & Co., 1928; R. C. Suggs, 'Historical traditions and archaeology in Polynesia', *American Anthropologist*, vol. 62, no. 5, 1960, p. 764-773.

¹³ Barber and Barber, *When They Severed Earth from Sky: How the Human Mind Shapes Myth*, p. 3-4.

¹⁴ The term 'native' is used here following the correspondence of the period to refer to staff and patients whose ethnic background was indigenous to the Pacific. In the colonial literature, the European officials and church administrators use this term to categorise the local peoples as the 'other' and often imply inferiority.

received recognition for their work while the communications of the nuns who bore the physical brunt of the work, remains unrecognised in the official archives.¹⁵

The death of Pacific missionaries has been neglected by academics when compared to the 'publishing industry that surrounds the death of Captain Cook'.¹⁶ Deaths such as those of John Williams and James Harris from the London Missionary Society in 1839 created a local 'landscape of martyrdom on Erromanga' but there is 'no debate as to why they were killed' in the ethnohistorical literature. There was a wide response to these deaths in Vanuatu as John Williams was already famous as a missionary and his life became mythologised in a Protestant cult of martyrdom with seven missionary ships named after him. Other churches and humanitarian organisations used heroic missionary deaths to further their objectives such as inspiring converts, recruiting missionaries or raising funds. The death in 1889 of Father Damien on Molokai Island, Hawaii from leprosy galvanised the public as well as the Catholic Church, prodding the authorities to improve conditions in the settlement.¹⁷ Father Damien and Sister Marianne Cope who is less well known, were canonised for their work amongst Hawaiian leprosy sufferers. The Father Damien legend morphed over time, incorporating elements from other heroic traditions.¹⁸ He was initially recast in the American frontiersman tradition.¹⁹ The heroic image of the priest is readily transferred into the present and other diseases, even a century later.²⁰ Moblo has suggested that the Father Damien legends were linked to the AIDS epidemic because they shared similar features of incurability, sexual association and stigmatisation.²¹ In this revival, Father Damien was transformed into a patient advocate and fighter of racial injustice. This process similarly occurs with secular heroes and villains as Campbell shows with the legends of Charles Savage, a 19th century beachcomber in Fiji.²²

¹⁵ The term 'leper' is no longer used unless in a direct quote, to mitigate the stigmatisation now inherent in the term.

¹⁶ J. Samson, 'Landscapes of Faith: British Missionary Tourism in the South Pacific', in J. Scott and G. Griffiths (eds.), *Mixed Messages: Materiality, Textuality, Missions*, New York, Palgrave Macmillan, 2005, p.91.

¹⁷ A. Law, *Kalaupapa: A Collective Memory*, Hawaii, University of Hawaii Press, 2015.

¹⁸ P. Moblo, 'Blessed Damien of Moloka'i: The Critical Analysis of Contemporary Myth', *Ethnohistory*, vol.44, no. 4, 1997, p. 714.

¹⁹ P. Moblo, *Ethnohistory*, p. 715.

²⁰ K. A. Inglis, "'One's Molokai can be anywhere": global influence in the twentieth-century history of Hansen's disease', *Journal of World History*, vol. 25, no. 4, 2014, p. 611.

²¹ P. Moblo, p. 692.

²² I. C. Campbell, 'The historiography of Charles Savage', *Journal of Polynesian Society*, vol. 89, no. 2, 1980, pp. 143–166.

South Pacific mission work did not get the same level of attention as Moloka'i but was always perceived as a dangerous enterprise in lonely islands amongst Polynesian peoples known to be unpredictable and violent, and at worst cannibals.²³ Amand Lamaze, the nineteenth century Bishop of Oceania in a letter glorifying church work in the Pacific asked: 'Is not the missionary's life a continual martyrdom?'²⁴ Getting to remote reef bound islands with poor anchorages was acknowledged as difficult and high risk. Death by drowning in an accident at sea was a real possibility in an age when such hazards were considered normal and shipwreck common. The Roll of Honour of the Society of Mary During its First Centenary (1836-1936) shows that of twenty-eight martyr priests, five priests were massacred (one in Spain in 1936), three were killed and eaten while three disappeared, probably meeting the same fate.²⁵ One priest was poisoned, while one other, Father Nicouveau also of Makogai contracted leprosy. There were with four deaths at sea not by drowning but the greatest number, fourteen in all were 'victims of the sea'. This figure includes Father Schneider.

Historiography

Young has shown how the historiography of the 18th century Pacific is a narrative of the spread of Christianity and the interaction of ordained men who became political leaders.²⁶ Religious and secular spheres of authority initially overlapped, but diminished as colonial authority took their place. He comments that the grand narratives of religion require that their heroes and saints be inspirational and edifying examples to worldwide congregations. At the local level, the church did not encourage these tales, as 'missionary bodies are not in the business of providing home-spun mythical characters for local village or island communities'.²⁷ Where the same elements were incorporated into local myths these have different roles and purposes, principally reinforcing local power structures and local

²³ P. Moblo, 'Leprosy, Politics, and the Rise of Hawaii's Reform Party', *The Journal of Pacific History*, vol. 34, no. 1, 1999, pp. 75-89..

²⁴ A. Lamaze, 'Circular letter of the Right Reverend Amand Lamaze, Bishop of Olympus', *New Zealand Tablet*, vol. 10, no. 489, 25 August 1882 www.paperspast.natlib.govt.nz/periodicals/NZT18820825.2.35. (accessed 11 May 2016).

²⁵ 'The Society of Mary First Centenary 1836-1936: Origin, Spirit, Organisation, Works', p.3, <http://www.societyofmaryusa.org/pdfs/SM-First%20Centenary1836-1936web.pdf>, (accessed 9 September 2016).

²⁶ M. Young, *Narratives of Nation in the South Pacific*, pp. 91-132.

²⁷ Young, p. 93.

identities. The missionary hero is a neglected 'subspecies' only recently recovered when ethnologists focussed on stories emerging from Christianised communities.²⁸

The historical isolation of leprosy sufferers to Pacific islands was a complex process with intertwined religious, political, humanitarian, and medical stakeholders whose view of the patients and their families was one of dependency and passivity and in colonial terms, of inferiority. Much of the early historiography was written by medical authors concerned with what appeared to be a wide spread increase in the incidence of leprosy amongst indigenous Pacific populations exposed to incoming colonists and labourers from Asia and India.²⁹ The Chinese in particular were blamed for introducing leprosy into the Pacific islands.³⁰ Newly introduced strains may have been responsible for the apparent virulence of leprosy in populations with varying levels of immunity. It may also explain the different forms the disease took, described as 'tuberculoid' or 'lepomatous' forms, the current terminology being multibacillary and paucibacillary.³¹ Transmission mechanisms were unknown with sexual transmission and associated stigmatisation considered very possible. Leprosy was a gendered disease with many more men than women sufferers.³² Social factors leading to an easier diagnosis in males in the workplace may have contributed to this disparity.³³ The death rate from leprosy was low when compared to death rates from epidemics of measles, smallpox and whooping cough.³⁴

Later historiography focussed on the religious and colonial stigmatisation of leprosy sufferers. The 'marks of disgrace' associated with the visible skin and limb deformities that develop in advanced cases of infection, became associated with inferior native peoples.³⁵ The stigmatization of leprosy sufferers with its roots in Christianity, extended well into the late 20th century in the Pacific.³⁶ The oral histories of now cured patients illustrate the pain

²⁸ Young, p. 93.

²⁹ Sister Mary Stella, *Makogai: Image of Hope*, Christchurch, Pacific Leprosy Foundation, 1978, p. 44.

³⁰ C. J. Austin, 'Leprosy in Fiji and the South Seas', *International Journal of Leprosy*, 1949, pp. 399-409; P. Moblo, *Ethnohistory*, p. 697; S. Akeli, 'Leprosy in Samoa 1890 to 1922: Race, Colonial Politics and Disempowerment', Master of Arts Thesis, University of Canterbury, 2007, p. 95.

³¹ Austin, *International Journal of Leprosy*, p.403.

³² Sister Mary Stella, *Makogai*, p.66.

³³ Sister Mary Stella, p.66.

³⁴ Moblo, p. 697.

³⁵ Thomson, Corney and Stewart, *The Fijians*; S. Sontag, *Illness as a Metaphor*, New York, Farrar, Strauss and Giroux, 1977.

³⁶ J. Buckingham, 'The Inclusivity of Exclusion: Isolation and Community among Leprosy-Affected People in the South Pacific', *Health and History*, vol. 13, no. 2, 2011, pp. 65-83.

and suffering that rejection by their communities and self-stigmatisation inflicted on adults and children alike.³⁷

The need for segregation disappeared with the introduction of sulfone drugs in the late 1940s.³⁸ The application of segregation policies in an era of colonialism and imperialism fed the great humanitarian movements of Europe.³⁹ The charitable support of individuals of all ages expelled from their communities became a major motivator for missionary endeavours in newly evangelised territories.⁴⁰ Within the confines of the mission hospital leprosy sufferers became easier converts as banishment had already released them from many ties to kin and traditional obligations.⁴¹ Van der Veer has argued that missionary endeavours permanently altered traditional Polynesian life and in turn, that missionary work profoundly transformed the practice and place of Christianity in the West.⁴² Fund raising for sufferers of leprosy became one of the most successful charitable activities in Europe, Britain and America.⁴³ The linking of medicine and religion provided a power bloc that worked both with and against political imperatives at home and overseas.⁴⁴ This is also reflected in Pacific narratives of nationalism that had developed in the 19th and 20th centuries.⁴⁵ Calls to nationhood were underpinned by claims of Christian unity, despite tribal and cultural differences.

The leprosy historiography of the 20th century has been concerned with charting the development and history of the institutionalisation of the disease, usually focusing on a specific region or place.⁴⁶ Setting up and maintaining a 'total institution' on remote islands from which those detained had no hope of leaving, was fraught with logistic, social, moral and religious difficulties.⁴⁷ Finding suitable staff to run the island and to remunerate them

³⁷ D. McMenemy, *Leprosy and stigma in the South Pacific*, p. 16-17.

³⁸ Bashford, *Imperial hygiene*, p.143; McMenemy, p. 6-7.

³⁹ K. Vongsathorn, 'Gnawing Pains, Festering Ulcers and Nightmare Suffering: Selling Leprosy as a Humanitarian Cause in the British Empire, c. 1890–1960', *Journal of Imperial And Commonwealth History*, vol. 40, no. 5, 2012, pp. 863-878.

⁴⁰ M. Jennings, 'Healing of Bodies, Salvation of Souls: Missionary Medicine in Colonial Tanganyika, 1870s-1939', *Journal of Religion in Africa*, 2008, vol. 38, no. 1, p. 32.

⁴¹ R. Kipp, 'The Evangelical uses of Leprosy', *Social Science and Medicine*, vol. 39, no. 2, 1994, p. 175.

⁴² P. Van der Veer (ed.), *Conversion to Modernities: The Globalization of Christianity*, New York, Routledge, 1996, p.1-22.

⁴³ Vongsathorn, *Journal of Imperial and Commonwealth History*, p. 870.

⁴⁴ Vongsathorn, pp. 863-864.

⁴⁵ Young, p. 92.

⁴⁶ McMenemy, pp. 17-19.

⁴⁷ E. Goffman, *Asylums: Essays on the social situation of mental patients and other inmates*, Michigan, Anchor Books, 1961; Kipp, p.166.

appropriately was an ongoing problem.⁴⁸ Early difficulties and inhumane regimes on some island leprosaria were incorporated into the subsequent historiography of leprosy in the Pacific.⁴⁹ The settlement on Moloka'i Island, Hawaii became infamous for the dumping of patients on a remote peninsula where they were expected to live off the land and care for themselves. When reports of wild behaviour, sexual abuse and excess alcohol consumption filtered out, the authorities were accused of being slow to respond. Religious organisations stepped into the breach, undertaking vigorous fund raising and recruiting priests, nuns and medical workers using Father Damien as the human face of this campaign. The Catholic Church was particularly active in the Pacific developing a reputation for skills in caring for leprosy patients in the furtherance of their missionary activities on remote islands in difficult terrains.

The history of leprosy in Fiji and Makogai Island is not extensive. The archives of the Pacific Leprosy Foundation in the University of Canterbury is an essential source for the study of leprosy in the West and South Pacific but are underresearched.⁵⁰ These archives contain both primary and secondary sources. Extensive patient statistics were kept by medical officers who became known for their leprosy expertise and patients' records have been gathered into a database.⁵¹ Earlier histories focus on the progressive improvements brought about at the institution in a narrative seeking to inspire charity and to illustrate Christian compassion. The first history of the leprosarium on Makogai Island was written in 1940 by the Reverend Richard Cushing, an American archbishop and cardinal.⁵² He incorporated into his history stories from the articles published in church magazines by Father Leo Lejeune, himself a leprosy sufferer confined to Makogai. The narrative of the death of Father Schneider was developed for wider audiences as an exemplar of Christian conversion and moral redemption. For example, his drowning is recorded in a booklet published in New Zealand to raise funds 'For the Missionary Sisters of the Society of Mary in their Work for Lepers'.⁵³

⁴⁸ H. Deacon, *The Island: A History of Robben Island, 1488-1990*, Cape Town, New Africa Books, 1996.

⁴⁹ Moblo, p. 692-695.

⁵⁰ J. Buckingham, 'The Pacific Leprosy Foundation Archive and Oral Histories of Leprosy in the South Pacific', *Journal of Pacific History*, vol. 41, no. 1, 2006, p. 81.

⁵¹ 'The Makogai Patient Register', P.J.Twomey Hospital, Suva, Fiji; 'Makogai Patient Register Database' held by J. Buckingham, Department of History, University of Canterbury, New Zealand.

⁵² Cushing, *In the Service of the Lepers*.

⁵³ *In the Service of Lepers: The Story of Makogai*, Auckland, Marist Archives, 1936/1937, pp. 30-31.

The widely available history by Sister Stella Mary published in 1978, is the source most quoted in later accounts of Makogai. While Sister Stella Mary was the first historian to have access to some primary sources on Suva, she does not appear to have had access to Bishop Vidal's archives. Many of the letters in this archive were duplicated in the records of the Colonial Secretary and Medical Officers that she consulted. The contents of her book while comprehensive reflects her religious background as a Catholic nun. She does minimize many of the less pleasant aspects of life on Makogai Island for both leprosy patients and staff, instead highlighting the varied social activities, the visits of many dignitaries, the education of children and adults, and the ongoing improvements to the facilities. She portrays Makogai as ultimately an 'image of hope' and 'an island of happy lepers'.⁵⁴ Buckingham has argued that the collective isolation on a remote island where leprosy was normalised, was ultimately enabling counteracting the stigmas and physical impairments of the disease.⁵⁵ Recent research has focussed on the stigmatisation of patients in a region-by-region account across the Pacific using oral history.⁵⁶

While the agency of the patients in coping with an incurable disease is now acknowledged, the record is largely silent on the daily problems experienced by the Catholic French speaking nursing staff and the Protestant British medical superintendents and the relationship between them. The risk to the resident staff and visitors was the possibility of contracting leprosy, albeit by 1911 it was appreciated that leprosy was not highly contagious provided a level of sanitary care was maintained. Hygiene regimes have been little studied and the exposure of nursing staff to toxic chemicals barely mentioned. In contrast the administration of chaulmoogra oil one of the first remedies that appeared effective, has been well documented and photographed.⁵⁷ The archives of Bishop Vidal contain a number of letters that illuminate the difficulties experienced by the first doctors and nursing sisters on Makogai that were never disclosed to a wider audience. These underresearched challenges would not have been unique to Makogai but replicated in other island and mainland hospitals of the time.

⁵⁴ Sister Mary Stella, p. 70.

⁵⁵ Buckingham, *Health and History*, p. 67.

⁵⁶ D. McMenamin, 'Leprosy and Stigma in the South Pacific: Camaraderie in Isolation', Master of Arts Thesis, University of Canterbury, 2009.

⁵⁷ Sister Mary Stella, p.149.

Methodological Considerations

To examine the mythologisation of heroic missionary deaths on Makogai, two methodological approaches were considered, that of Young⁵⁸ and of Luders.⁵⁹

In asking 'what are the local conditions conducive to creating popular local missionary heroes?', Young identifies five necessary conditions namely priority, familiarity, conversion, facilitation and temporality.⁶⁰ The heroic missionary must have been the first to arrive, and have been present long enough to be remembered for having made a difference in the community, to have achieved a recognisable level of conversion to Christianity or a rejection of a pagan past. He should belong to a denomination that facilitates a discourse of mythicisation where the oral history takes on a settled legendary form after at least a generation of time or 25 years has passed. The transformative story should be presented in a form that is simple, easily transmitted and fits in with other narratives being conveyed. Historic facts that complicate the myth are suppressed with hardships and sacrifice exaggerated to enhance redemptive outcomes. Commemorative performances of the first missionary encounter or conversion dramas are common in the Pacific, establishing a link with the past and setting the change into a moral lesson. The legends that developed on Makogai only partially met these requirements and were not re-enacted in a ritual form. Father Schneider while the first Catholic priest to arrive, is not noted for conversions to Christianity but the story of his tragic death was developed 25 years later through the pen of Father Lejeune. The tale of arduous sea crossings and shipwreck became part of the Catholic narrative of Makogai and is mentioned in many subsequent histories as a seminal event. The death of Sister Filomena while meeting the primacy criteria as one of the first native nurses of a denomination that facilitated mythmaking, she was not noted for converting others. A lingering death while invoking pity lacks the dramatic impact of a violent death at sea. The records reveal the shock and dismay of those in authority and the sense of failure that this generated. A redemptive life caring for the young children of the community was created for her, in the passive feminine mould of the era. Her subsequent life allows her to be a mother, both in the spiritual and physical sense to children removed from their mothers, an act that

⁵⁸ Young, pp. 91-132.

⁵⁹ Luders, *Journal of the Polynesian Society*, pp. 287-310.

⁶⁰ Young, p. 94.

mitigates the guilt this separation invokes in readers of the tale. There are no poignant descriptions of her dying moments.

The second approach to mythologisation derives from the work of Pacific ethnologists recording Polynesian oral history. Embellished versions of the same myths were told to later researchers who had to eliminate adaptations and modern inclusions.⁶¹ For example, Raymond Firth recorded a myth from Tikopia about the origin and trade of kava, *Piper methysticum*.⁶² The trade in this narcotic drink between Tonga, Samoa and Fiji is linked to a fifteenth century volcanic explosion in Vanuatu. Firth recorded two versions of the legend a month apart, the second in greater detail than the first.⁶³ Luders suggested that the first tale was for a more general audience while the second was for a restricted or elite audience. This second story is a 'secret inner story' while the first story is designed to deter enquirers not privy to protected or sensitive information. He explains:

'Many governments do this, whether they be chiefly, monarchical or democratic. There is nothing odd about it. Three layers are common. In democracies, ministers make public utterances, senior officials know more than is revealed but are not privy to all that determines policy. In a society with oral records of history and politics, a multiple-layered allegory is a natural tool and that the "outer" layer should employ the supernatural is only to be expected'⁶⁴

The outer layer of myth and official history, employing Christian religious beliefs in the place of pagan beliefs, is written for a general audience by authors not personally involved and often removed in time. Versions of the myth vary depending on the audience, whether local or international, and the purposes of the narrator. A second layer of official reports closer to the event convey more factual material seeking to praise, blame or exonerate those involved. The records of Bishop Vidal show that there is a third layer of informal communication that is close in time to the events under scrutiny. These give details from the viewpoint of the observer while conveying the emotion and drama of the moment. Reviewing the accounts of eyewitnesses is not unlike the role of oral historians who synthesize the interviews of many

⁶¹ D. Simmons, *The great New Zealand myth: A study of the discovery and origin traditions of the Maori*, Auckland, AH & AW Reed, 1976.

⁶² Luders, pp. 287-310.

⁶³ R. Firth, *'Rank and Religion in Tikopia: A Study in Polynesian Paganism and Conversion to Christianity'*, London, Allen and Unwin, 1970, p.216-218.

⁶⁴ Luders, p. 296.

individual observers into histories from below.⁶⁵ Where oral historians have investigated experiences around leprosy, their focus has been on the patients.⁶⁶ The lived experience of their carers, some of whom became patients themselves has been largely ignored. It is in the blurring of the boundaries between patient and carer, convert and converter that the processes of history are revealed. Where there is inconvenient knowledge, it is hidden away in archives and official depositories. Finding these archives and sources of primary material rounds out the depiction of an event regarded as historically noteworthy. These records may be subject to the bias of a limited viewpoint but do give alternative views. Post-modern historians such as Simon Schama have taken this process further, blending primary sources into fictional narrative, inventing dialogue and speculating about motive and emotion.⁶⁷ Early histories of Makogai similarly embellish these two events. Popular travel websites and logs of visiting yachtsmen indulge in romanticised speculation when confronting the ruins of the hospital on Makogai.⁶⁸ These websites are important sources of images after Cyclone Winston destroyed the site in February 2016.⁶⁹

This paper focuses on microfilmed material in the official Catholic Church archives from Suva that has not previously been investigated. This archive of the Catholic Church contains records of correspondence, both typed and handwritten in French, English and a small number in Fijian. The letters in Fijian were translated by Saul Matarawa, a Fijian Master's student at the University of Canterbury. Several are from a Fijian catechist called Eugenio, who appears to be a mentee of Bishop Vidal. The French letters are the correspondence of the first two chief nursing sisters, Sister Maria Stanislaus and Sister Mary Agnes and two or three other nuns to the Bishop. These letters were not translated but have the potential to reveal the voices of the nursing sisters. The view in this paper is that of the English speaking male doctors and the Bishop who replied in English, dealing with daily matters relating to the running of the nursing services on Makogai. The correspondence between the men relating

⁶⁵ R. Perks and A. Thomson, *The Oral History Reader*, New York, Taylor & Francis Group, 2015.

⁶⁶ McMEnamin, *Leprosy and Stigma in the South Pacific*, p. 49.

⁶⁷ S. Schama, *Dead Certainties: Unwarranted Speculation*, New York, Vintage, 1991.

⁶⁸ G. Brodie, 'The Voyage of the Delicine', Unpublished travel diary, June 2015; C. Bennett, 'Cruise of the Ladybug', [web blog] 12 August 2013, <http://ladybugcruise.blogspot.co.nz/2013/08/history-of-leper-colony-on-makogai.html>, (accessed 9 September 2016).

⁶⁹ Sea Mercy Fiji: Cyclone Winston Disaster Relief and Recovery, Sea Mercy Fiji: Cyclone Winston Disaster Relief and Recovery, [web blog], 2016, <http://seamercyupdates.blogspot.co.nz/2016/03/makogai-before-and-after-pictures.html>, (accessed 9 September 2016).

to the recruitment of more nurses is not described here in any detail but it is clear that there was a high turnover of nursing staff. The letters hint at significant health issues possibly caused by exposure to dangerous chemicals used as disinfectants. The exposure of the nursing staff to unacknowledged work place hazards, largely ignored under the guise of necessary self-sacrifice and the demands of a growing institution did place extra strains on the medical staff and the constant need for Bishop Vidal to source additional staff from France.

In the historiography of leprosy on Makogai, visual records cannot be ignored. Posed photographs of staff from Makogai are found in Bishop Vidal's records with no identifying text. As the visual 'permeates religious culture' and images of religion are created in popular culture, this should be an aspect included in contemporary historiography.⁷⁰ Understanding how people looked, what they wore and in the case of religious staff how they concealed the body, provides visual data important to understanding religion and spirituality in an institution like Makogai. Three images were located of Father Schneider and Sister Filomena. Figure 1 shows an elderly Father Schneider with the first nursing sisters and hospital workers but it is not possible to identify the nuns individually.⁷¹ In this undated photograph, Sister Filomena is standing in the back row either to the left or right of the two European sisters. Cushing's history included this photograph but only identified Father Schneider.⁷² Figure 2 is Father Schneider as a young man, place and date unknown.⁷³ Figure 3 is of Sister Filomena with advanced leprosy.⁷⁴

Thus the missionary working with leprosy sufferers is a potential victim of double jeopardy, and is therefore doubly blessed. Framing death in these difficult circumstances as a glorious and noble sacrifice in a life dedicated to God, served both the purposes of the church and colonial administrators. This paper contrasts the myths that grew around two heroic deaths on Makogai. While most histories mention these two deaths, more attention is given to that of Father Schneider.⁷⁵ The priest who developed these minor legends, Father Leo Lejeune

⁷⁰ Williams, R. and K. Whitehouse, 'Photo Elicitation and the Visual Sociology of Religion', *Review of Religious Research*, vol. 57, no. 2, 2015, pp. 303-318.

⁷¹ 'Correspondence re Leper Asylum, Makogai, 1908-1930, and related papers'. [PMB 448/1].

⁷² Cushing, *In the Service of the Lepers*, p. 99.

⁷³ 'The Society of Mary First Centenary 1836-1936: Origin, Spirit, Organisation, Works'

⁷⁴ Cushing, p. 103.

⁷⁵ Cushing, p. 98; Sister Mary Stella, p. 64; Knox, *Voyage of Faith*, pp. 60-61.

deliberately links Father Schneider and himself into a perpetuating chain of heroism and sacrifice, bound to the patients they served. The lives and deaths of nursing sisters, especially if leprosy sufferers themselves, if not more arduous were mythologised differently, if at all. Understanding historic interpretations of heroic death in the service of a total organisation has relevance for modern total institutions on Pacific islands, such as migrant and refugee centres.⁷⁶



FIGURE 1. FATHER SCHNEIDER WITH THE FIRST NURSING SISTERS TO ARRIVE AT MAKOGAI. SISTER FILOMENA STANDS IN THE BACK ROW, EITHER TO THE LEFT OR RIGHT OF THE TWO EUROPEAN SISTERS.⁷⁷

⁷⁶ P. K. Rajaram and C. Grundy-Warr, 'The Irregular Migrant as Homo Sacer: Migration and Detention in Australia, Malaysia, and Thailand', *International Migration*, vol. 42, no. 1, 2004, pp. 33-64.

⁷⁷ Cushing, p. 99.

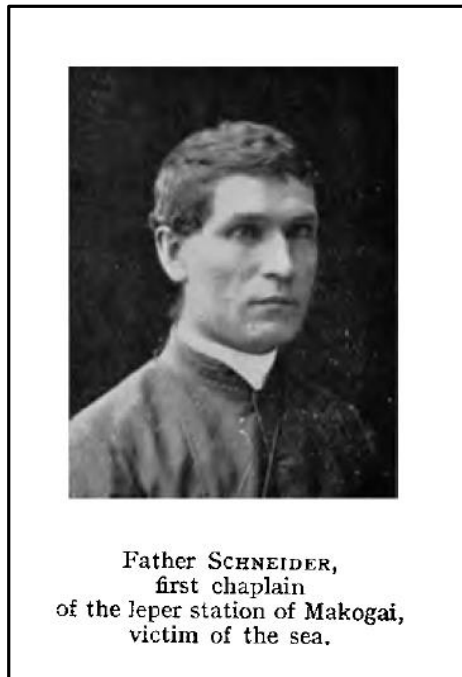


FIGURE 2. FATHER JEAN BAPTISTE SCHNEIDER AS A YOUNG MAN.⁷⁸

⁷⁸ 'The Society of Mary First Centenary 1836-1936' p.23.



Sister Mary Philomena, Native Leper Sister.

FIGURE 3. SISTER MARY PHILOMENA.⁷⁹

⁷⁹ Cushing, p.103.

Chapter One Lost at sea: The many deaths of Father Schneider

For historians, decoding myths offers the possibility of restoring verifiable events. Denning suggested that history making is about catching the moment between an event and the action or 'entrapping the whole in an instant'.⁸⁰ Analysing a story that has preserved the moment but has lost the details of the event, and reconstructing these from other sources, gives a thick description and wider view. The challenge to the historian is to decide on the appropriate level of detail, enough to inform the reader but sufficiently economical to avoid losing sight of the significance of the event being relayed. Once the event has been reconstructed the next difficulty arises. Where a narrative has been repeated many times to illustrate different situations and the emphasis has subtly shifted, the mythologisation itself becomes a phenomenon of interest. It illuminates the time and place in which it was repeated, revealing much about the attitudes and viewpoint of the later times.⁸¹ This chapter focuses on the first step, which is reconstructing the place and the events that led to the drowning accident and the embellished account of it written many years later by Father Lejeune.

Makogai Island in Fiji's Lomaiviti Archipelago, was selected as a site for the new leprosy hospital as it was sufficiently remote to effectively segregate the patients but economic for the British Colonial government to support.⁸² Unlike the first leprosy station on Beqa, it was out of the direct public gaze although the island can be seen from Levuka, the old capital of Fiji on Ovalau Island. The building of the required facilities commenced in 1909 and took longer than expected with the Catholic nursing sisters who had arrived in Fiji, put on half pay waiting for its completion.⁸³ In September 1911 the nursing sisters took occupation followed by the first patients on the 29th November, 1911.⁸⁴ An interisland journey in open water was required to reach the island from Suva or Levuka. The transport of patients to the island was problematic with fears of contagion and contamination. Enclosures were built on the open

⁸⁰ G. Denning, *Performances*, Chicago, University of Chicago Press, 1996, p. 47.

⁸¹ I. C. Campbell, 'The historiography of Charles Savage', pp. 143–166.

⁸² Sister Mary Stella, p.39.

⁸³ Letter to Rev C. J. Nicholas from E. Hutson, 17 December 1908, 'Correspondence re Leper Asylum, Makogai, 1908-1930, and related papers', [PMB 448/1, No 5930/1908]; Letter to Rev C. J. Nicholas from E. Hutson, 12 August 1910, [PMB 448/1, No 5930/1908/6693/1910].

⁸⁴ Letter to Rev Fox from Dr G. W. Lynch, 10 January 1911, [PMB 448/1]; Sister Mary Stella, pp.45-46.

decks of the vessels separating the leprosy sufferers from other passengers and goods.⁸⁵ Patients were also towed behind in smaller vessels in rough and unpleasant conditions.⁸⁶

The Catholic personnel came from St John, Cawaci, 7 km north of Levuka where Bishop Vidal had established a spiritual retreat and school.⁸⁷ It was possible to travel in open whaleboats from Suva to Levuka within the sheltering reefs but the seas encountered in similar boats in inter-island travel were often difficult and dangerous.⁸⁸ The early native missionaries had travelled in deep-sea canoes, of the *ndrua* or *camakau* type, which have been better adapted to the maritime conditions through long traditional use.⁸⁹ These were not *takia* or open vessels propelled in rivers and reefs with poles. The latter are most likely the type of boat referred to as a 'punt' that went to the rescue of Father Schneider and his crew. Larger boats of European design could be no more comfortable or safe as white women heading to plantations on the outer islands experienced, having only an umbrella to shield them from the elements. As one new bride related, finding the opening in the reefs at night was particularly dangerous and could lead to grounding on sharp coral.⁹⁰

The main buildings of the leprosarium were constructed in Dalice Bay (or Dalithe Bay on some charts), selected for its flat land and good anchorages. A large reef surrounds Makogai with three passes giving access to Dalice Bay on the leeward side of the island, where it is less exposed to the prevailing southeast trade winds. This side is vulnerable in the summer months to cyclones. The Fiji Meteorological Service note that strong winds are most likely 'to occur through channels and around headlands from June to November when the trade winds are most persistent'.⁹¹

⁸⁵ Sister Mary Stella, p. 62.

⁸⁶ Sister Mary Stella, p.46.

⁸⁷ J. Garrett, *Footsteps in the sea: Christianity in Oceania to World War II*, Institute of Pacific Studies, University of the South Pacific, 1992, p. 167.

⁸⁸ C. Knapman, *White Women in Fiji, 1835–1930: The Ruin of Empire?* Brisbane, University of Queensland Press, 2014.

⁸⁹ A. R. Tippett, *The Deep-sea Canoe: The Story of Third World Missionaries in the South Pacific*, Pasadena, William Carey Library, 1977.

⁹⁰ C. Knapman, *White Women in Fiji, 1835–1930*, p. 54.

⁹¹ 'The climate of Fiji', Fiji Meteorological Service, www.met.gov.fj/ClimateofFiji.pdf, 2006, (accessed 8 October 2016).



FIGURE 4. LARGE SCALE NAVIGATION MAP FOR FIJI WITH MAKOGAI ISLAND CIRCLED IN RED.⁹²

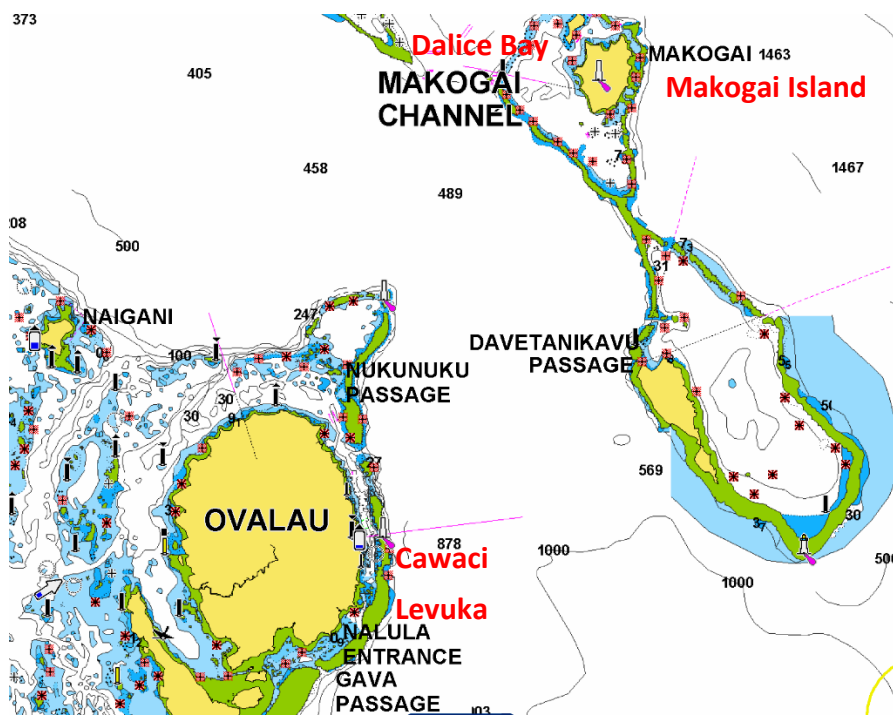


FIGURE 5. LARGE SCALE NAVIGATION MAP FOR OVALAU AND MAKOGAI.⁹³

⁹² Large-scale navigation map for Fiji with Makogai Island circled in red, Marine Charts for South Pacific, Navigation Software for Asia and Africa, Version 9.0, Navionics.com, www.navionics.com/en/news/australia-new-zealand-Platinum-plus-September-sale, (accessed 11 May 2016).

⁹³ Large-scale navigation map for Ovalau and Makogai, Marine Charts for South Pacific, Navigation Software for Asia and Africa, Version 9.0.

In the age of sail, these strong winds made conditions for vessels leaving and entering Dalice Bay more perilous and may have contributed to the shipwreck of Monday, 30th June, 1913. Father Schneider visited regularly from Cawaci to conduct religious services and provide spiritual support for the nuns. There are four narratives in the historical records relating to this death at sea with each progressively mythologizing the event. The narratives move from a brief announcement in a hastily scrawled hand written letter, to a typed up account of the event, to the announcement of a memorial service and holiday a year after his death. 25 years later, Father Lejeune, the second priest at Makogai to contract leprosy, wrote a moving article about the death of Francis, a New Hebridian patient who in attempting to save Father Schneider, was castaway. In adding this element, Lejeune considerably embellished the details of the accident.⁹⁴

Sister Stella Mary's account ignores the castaway introduced by Lejeune and perpetuates the inaccurate date of the accident given by Cushing.⁹⁵ Her date is the 13th July, 1913 while Cushing gives the date as 31st July, 1913, a transposition of numbers.⁹⁶ However, the correspondence of the medical superintendent Dr Hall indicates that the accident took place on the 30th June, 1913.⁹⁷ In this year the 30th June was a Monday. Cushing states that Father Schneider came twice a month from Cawaci, arriving on a Saturday afternoon and leaving on a Monday morning. Father Fox, the Apostolic Vicar, writing in 1912 states that: 'There is, as yet, no resident chaplain at Makogai, but the Rev. Father Schneider says Mass there every Sunday. With a fair wind it takes him about three hours to make the journey from the nearest mission station'.⁹⁸ Sunday, 29th June, 1913 had been the Feast of St Peter, an important Catholic festival. Father Schneider is likely to have travelled to Makogai to celebrate this occasion with the nuns.

Father Schneider's regular inter-island trip greatly increased the chances of an accident at sea, and was a consequence of the staffing arrangements made between the Colonial Secretary, Eyre Hutson and the Catholic Church. Through Bishop Vidal, he had invited the

⁹⁴ Lejeune, L., 'A Leper Goes to God', *Marist Messenger*, 1 February 1937, pp. 13-14; Cushing, 98.

⁹⁵ Sister Mary Stella, p. 64.

⁹⁶ Cushing, p. 46.

⁹⁷ Letter to Bishop Vidal from Dr F. Hall, 30 June 1913, [PMB 448 Reel 1].

⁹⁸ 'Diocesan Office Notes', *The Sacred Heart Review*, vol. 47, no. 4, 13 January 1912.

<http://newspapers.bc.edu/cgi-bin/bostonsh?a=d&d=BOSTONSH19120113-01.2.30>, (accessed 8 October 2016).

Catholic Church to provide the nursing staff at Makogai, albeit only for the care of female patients.⁹⁹ The bishop's subsequent offer to care for all patients on Makogai was accepted while his additional offer of providing nursing services in Levuka was declined.¹⁰⁰ This invitation to the Bishop had caused some discontent amongst the members of the Wesleyan Church in Suva as the two churches were notoriously jealous of each other.¹⁰¹ To resolve the issue of appearing to favour the Catholic Church, the Colonial Secretary pointed out that while the best trained nurses were Catholic sisters, with regard to the spiritual welfare of the patients all religious organisations would be given equal access including those who were not Christian. As the nuns were to be appointed for their nursing skills and not for religious reasons, the Colonial Secretary declined to give permission for an oratory to be built for the nun's use or to allow a priest to reside on Makogai.¹⁰² The first mention of Father Schneider is a handwritten letter from Dr Frances Hall, Makogai Medical Superintendent dated 7th October, 1911 to Bishop Vidal thanking him for sending the father to the sisters.¹⁰³ The ultimate authority on the island was the Medical Superintendent and as a Protestant was always appointed, religious rivalry could be neutralised. The segregation of patients into their own villages based on their cultural and racial grouping also allowed for better institutional control.

Two European sisters, and two native sisters were requested for some time in 1909.¹⁰⁴ Sister Mary Stanislaus and Sister Mary Susanna, Missionary Sisters of the Society of Mary were appointed. The two 'native' sisters were both Fijian, Sister Maria Filomena coming from Sulevu, Bua and Sister Maria Tekela from Rewa.¹⁰⁵ Each nurse received a salary with board and lodging. Native nurses received half the salary of the European sisters.¹⁰⁶ Dr Hall looked to the SMSM nursing sisters as 'one of the greatest factors in promoting the success of the Mokogai leper asylum'.¹⁰⁷ An excellent relationship developed between the Bishop and Dr Hall to the extent that Dr Hall used the resources of Cawaci where he could to ferry personnel

⁹⁹ Letter to Bishop Vidal from E. Hutson, 4 December 1908, [PMB 448/1].

¹⁰⁰ Letter to E. Hutson from Bishop Vidal, 17 December 1908, [PMB 448/1, 5930/1908].

¹⁰¹ Sister Mary Stella p. 34; Garrett, *Footsteps in the Sea*, p.167.

¹⁰² Sister Mary Stella p. 37; Letter to Rev DuPont on behalf of E. Hutson, 2 May 1911, [PMB 448/1, 2729/1911].

¹⁰³ Letter to Bishop Vidal from Dr F. Hall, 7 October 1911, [PMB 448 Reel 1].

¹⁰⁴ Letter to Rev C. J. Nicholas from E. Hutson, 17 December 1908, [PMB 448/1, 5930/1908].

¹⁰⁵ Sister Mary Stella, p. 36; 'Diocesan Office Notes', *The Sacred Heart Review*.

¹⁰⁶ Sister Mary Stella, p.35.

¹⁰⁷ Letter to Bishop Vidal from Dr F. Hall, 21 September 1911, [PMB 448/1].

and bring supplies. The SMSM sisters performed their roles exceptionally well as the glowing letters praising their efforts sent to Bishop Vidal attest.¹⁰⁸ Nursing advanced leprosy cases was difficult and unpleasant. Recurrent infections from injuries to numb limbs became highly malodorous. Festering ulcers could be smelt 'a quarter of a mile away'.¹⁰⁹ Patients often required limbs to be amputated and blindness could also develop. After eighteen months, there was no question of removing the sisters. After a favourable visit in 1913 by the Chief Medical Officer, Dr G. Lynch, the official mood changed to one of wishing to make the lives of the sisters more tolerable.¹¹⁰ The Sisters found it very hard to accept 'the privation of receiving Holy Communion only twice a month and they often sighed for the time when the priest would be stationed on the island with them and their charges'.¹¹¹ Permission was finally given by the Colonial Secretary on the 30th April 1913 for a priest to reside on Makogai and a church and residence to be built.¹¹² Father Schneider was appointed chaplain to Makogai but the records contain little information on his early missionary life. He came from Luxembourg and served on Rotuma Island from 1881.¹¹³ In 1882, Father Schneider was described as the architect of the church at Sumi and he showed all the enthusiasm of a new missionary for the task.¹¹⁴ The bishop hoped that the church at Rotuma would be 'one of the boldest and most beautiful in all Oceania' (Figure 5). The details of Father Schneider's transfer to Fiji are unknown but he spent the latter years of his life at Cawaci.

It was during this interim phase that the fatal accident occurred. There appears to have been no formal investigation into the accident with the location, time of day and immediate cause never determined. The accident site and conditions can be reconstructed from an examination of the geography and the known sea conditions. The most favoured passage through the reef surrounding Makogai then as it is today, is the western one (Figure 6).

¹⁰⁸ Letter to Senior European Sister, Makogai from Dr G. W. Lynch, [PMB 448/1, MD 2715].

¹⁰⁹ Sister Mary Stella, p. 47.

¹¹⁰ Sister Mary Stella, p. 64; D. C. Brewster, *The Turtle and the Caduceus: How Pacific Politics and Modern Medicine Shaped The Medical School in Fiji, 1885-2010*, Bloomington, Xlibris Corporation, 2010.

¹¹¹ Laracy, H., 'Maine, Massachusetts, and the Marists: American Catholic Missionaries in the South Pacific', *The Catholic Historical Review*, vol. 85, no. 4, 1999, p. 575; Cushing, p.45.

¹¹² Letter to Bishop Vidal from E. Hutson, 30 April 1913, [PMB 448/1, 1101/1913].

¹¹³ 'Departure of Bishop of Central Oceania', *The Sydney Mail*, 8 January 1881. Available from: https://news.google.com/newspapers?nid=w_ORaKkuc5QC&dat=18810108&printsec=frontpage&hl=en, (accessed 11 May 2016).

¹¹⁴ Lamaze, *New Zealand Tablet*; Knox, pp. 60-61.



FIGURE 6. CATHOLIC CHURCH AT SUMI, ROTUMA, DATE UNKNOWN, POSSIBLY 1920.¹¹⁵

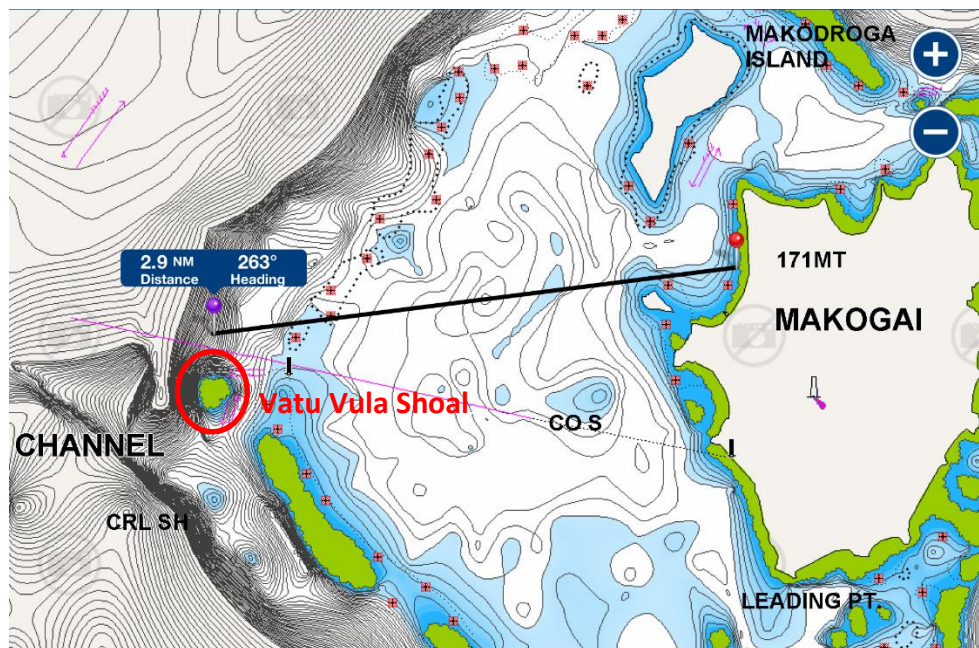


FIGURE 7. NAVIGATION MAP SHOWING THE WESTERN ROUTE THROUGH THE REEF ON MAKOGAI ISLAND TO REACH THE ANCHORAGE AT DALICE BAY. THE CORAL SHOAL OF VATU VULA OUTLINED IN RED AND LINE OF SIGHT IN BLACK.¹¹⁶

¹¹⁵ Catholic Church at Sumi, Rotuma, Marist Archives, Rome, [online photograph], www.rotuma.net/Images/marist1_web/index.html, (accessed 8 October 2016).

¹¹⁶ Marine Charts for South Pacific, Navigation Software for Asia and Africa, Version 9.0.

The Western passage skirts the northern tip of the coral shoal called Vatu Vula. This shoal was recognised early on as a hazard for shipping and is still marked on navigation software as 'always breaking'. The 1916 US Pacific Pilot gives this warning that:

Vatu Vula is a coral patch off the west side of Makongai Harbor Reef, situated 400 yards westward of the horn of that reef. It is 400 yards in diameter and is always breaking. Those navigating through Makongai Passage generally pass within a mile of this danger.¹¹⁷

Shipwrecks in this passage are recorded.¹¹⁸ In 1882 when beating through the Vatu Vula passage, the *Taviuni* bound from Levuka to the Lau Group ran aground following a wind shift and was abandoned. The *St. John*, the Cawaci cutter that had Father Schneider and three Fijian crew aboard capsized near this coral shoal. A similar wind shift in a rough sea may also have been the cause of the capsize as well as strong tidal rips. Similar circumstances on another Fijian island surrounded the death by drowning of the Wesleyan missionary, Colin Blezard.¹¹⁹ On a lee reef off Katafaga Island, he was a passenger in a small cutter, which went aground and being a weak swimmer, he succumbed to the sea.¹²⁰

It was fortunate that the accident had witnesses, as the Vatu Vula shoal is 2.9 nautical miles from Dalice Bay. It was almost over the horizon and could only have been visible from the northern part of the bay as a small island restricts the view of this shoal from the anchorage. As all access to the hospital was from the sea, it is probable that the arrival and departure of all shipping was acutely observed. On the day of the accident, Dr Hall penned a brief note to Bishop Vidal telling him of the loss of Father Schneider.¹²¹ He followed this with a typed letter to Dr Lynch, stating that the cutter ran in to difficulties in a heavy sea with an easterly gale blowing.¹²² This letter appears to be the only official report and contains the fullest account of the accident and rescue of the Fijian crew. Nothing was found of Father Schneider and only two pieces of the cutter floated to the surface. The attempted rescue by Fijian patients

¹¹⁷ Pacific Islands Pilot Volume U (Eastern Groups) The Hydrographic Office, US Navy. Washington, 1916, p. 836, www.archive.org/stream/bub_gb_IHUwAAAAAYAAJ/bub_gb_IHUwAAAAAYAAJ_djvu.txt, (accessed 8 October 2016).

¹¹⁸ 'Our Fiji Letter', *Sydney Morning Herald*, p.5.

¹¹⁹ Garrett, p. 165.

¹²⁰ Garrett, p.165.

¹²¹ Letter to Bishop Vidal from Dr F Hall, 30 June, 193, full text in Appendix 1.

¹²² Letter to Dr G. W. Lynch from Dr F. Hall, 30 June 1913, full text in Appendix 2.

led by a man called Kaliova with seven companions was an act of great courage in a flat and unwieldy punt with only one rowlock and three oars.¹²³ This implies they had to paddle out to the shoal. Dr Hall doubted that the three crewmen of the St John could have swum to shore, reflecting the distance already travelled and roughness of the sea. Dr Hall galloped for his launch (probably an early motor launch) and reached the site shortly after the punt. In a letter of condolence, Dr Lynch assured Father Fox that 'you have the consolation of knowing that he died as a man at his work and that is the best thing.'¹²⁴ The patient database was searched to identify Kaliova but this name was not found and is possibly a nickname.¹²⁵

To mark the anniversary of Father Schneider's death, on the 27th June, 1914, Dr C R Maitland Patterson, who was in charge of Makogai while Dr Hall was away for the month, decided to give the patients the day off as a holiday, so that they could 'pay tribute to the memory of a brave and Christian gentleman'.¹²⁶ In requesting permission from Bishop Vidal, he mentions that he wishes 'to lessen the sister's duties on that day'.¹²⁷

Father Schneider was replaced by Father Nicouleau, who contracted leprosy nine years later, dying in 1922.¹²⁸ The third priest to contract leprosy was admitted to Makogai Island in 1935. This was Father Lejeune, a Marist brother from Belgium who had worked in Fiji since 1901. He was in charge of the Cawaci mission station at when the disease was diagnosed.¹²⁹ He was a patient and chaplain for the Makogai Catholic patients for the next sixteen years. In 1947, he was described as 'a true follower of Damien, a leper priest alive and unsung today'.¹³⁰ He was a regular correspondent with news from Makogai in the Marist Messenger, writing inspirational articles of Christian faith and suffering.

The story of Francis, a heroic Catholic patient castaway who attempted to save Father Schneider first appears in an article written by Father Lejeune in 1937.¹³¹ Francis was described as the last of the forty patients who were the first to be admitted to Makogai Island

¹²³ The term 'leper' is used here as this was the term was used by Dr Hall. The modern preference is for terms such as leprosy sufferer or Hansen's patient to avoid the stigmatisation inherent in the word 'leper'.

¹²⁴ Letter to Father Fox from Dr G. W. Lynch, 2 July 1913, [PMB 448/1, M.D. 1979/1913].

¹²⁵ J. Buckingham, personal communication.

¹²⁶ Letter to Bishop Vidal from Dr C. R. Maitland Patterson, 27 June 1914, [PMB 448/1].

¹²⁷ Letter to Bishop Vidal from Dr C. R. Maitland Patterson, 27 June 1914, [PMB 448/1].

¹²⁸ Sister Mary Stella, p.65.

¹²⁹ Sister Mary Stella, pp. 108-110.

¹³⁰ E. Blanchard, 'Another Damien', *Catholic Northwest Progress*, 26 December 1947, p. 8.

¹³¹ Lejeune, L., 'A Leper Goes to God', *Marist Messenger*, 1 February 1937, pp. 13-14.

twenty-five years previously. Francis came from the New Hebrides to work in the Fijian plantations. After his conversion Francis worked diligently as a Catholic catechist preparing 'over a 100 or more' for baptism. Lejeune describes Francis as a 'man of prayer and a man of action'. Father Schneider is described as the 'saintly old priest from Luxembourg' who comes every fortnight to visit the nuns, after a fifteen-mile journey in an open boat from Ovalau. Lejeune describes the accident as taking place correctly on the 30th June, 1913 after the feast of St Peter. He places it half a mile from the shore. Contributing to the accident are strong winds and an inexperienced captain. Francis takes a small punt and rows alone out to the rescue, meeting a dinghy returning with the Fijian crew. They tell him the Father has gone and the sea is full of sharks. This is still true today with fisherman trolling in the Vatu Vula passage reporting the taking of their catch by sharks.¹³² Francis determines to find the father or die. He is swept away in the inclement conditions and realising his plight prays fervently, having nothing but a rosary with him. Four days later, having miraculously escaped wrecking on the reefs he lands on one of the Yasawa Group islands. Francis has had nothing to eat or drink but can still walk and talk. Father Lejeune explains this as a miracle wrought by the Mother of God. It took many weeks for the news that Francis had survived to filter back from these remote islands. He ultimately returned to Makogai where on the 2nd December, 1936 at midnight, 'joining his hands he peacefully breathed his last'. Father Lejeune concludes that 'knowing both lives we humbly believe that he, at last, succeeded in his quest' to find Father Schneider.¹³³

As Dr Hall does not mention the castaway patient in his account of the accident, it is probable that Father Lejeune conflated two unrelated events for dramatic impact in his regular column in the Marist Messenger. The story of Francis could also be a fiction or an enlargement of a story known on Makogai. In doing so, he links his life to theirs and to the martyrdom of Father Schneider in an unbroken chain of service. The patient database confirms that a patient, Admission No 8, called Charley Francis from the New Hebrides was admitted to Makogai on 29th November, 1911. His diagnosis was neural leprosy and his death recorded as 3rd December, 1936.¹³⁴

¹³² G. Brodie, personal communication.

¹³³ Lejeune, L., 'A Leper Goes to God', p. 14.

¹³⁴ 'The Makogai Patient Register'; 'Makogai Patient Register Database'.

The letters in Bishop Vidal's confidential archive give enough information to reconstruct the circumstances around the capsizing of the St John. Without this record, the verifiable event could not be established. The patient database also confirms that Francis was a real person. Where it is established that a story or myth encodes verifiable facts, the enhancements to the story in the Schama sense can be discerned, the authors intentions or viewpoint understood and the elements that lend themselves to later mythologisation recognised.¹³⁵ Father Lejeune emphasized the drama of the moment of death at sea and from leprosy, providing an emotional allegory for the life of a committed Christian.

¹³⁵ Barber and Barber, pp. 3-4.

Chapter Two Missionary and nursing staff deaths from leprosy.

Despite the high numbers of patient admissions, very few staff members on Makogai contracted leprosy. There were 4185 admissions between 1911 and 1969 with 1241 deaths on the island.¹³⁶ Over 58 years this is an average of 22 deaths a year. Staff statistics including deaths were not in the records examined. It is likely that they died elsewhere as staff were sent back to Cawaci or to Sydney for treatment. Three priests and only one nursing sister, Sister Maria Filomena contracted leprosy. There are several variations of her name, often Philomena.¹³⁷ Sister Filomena's illness was diagnosed in 1925 and 'like Damien before her' she continued to serve on Makogai for another thirty years.¹³⁸



FIGURE 8. THE DERELICT GRAVEYARD AT MAKOGAI ISLAND, 2015.¹³⁹

This diagnosis resulted in a flurry of official letters, copies of which are in the records of Bishop Vidal from British government officials to Sister Filomena and to Sister Mary Agnes. The expressions of support for Sister Filomena in the historical records may in part be due to

¹³⁶ Sister Mary Stella, Appendix 1 Makogai Statistics, p. 181.

¹³⁷ 'Leprosy News', *International Journal of Leprosy*, 1937, p. 380; 'The 25th Anniversary of the Foundation of the Leper Asylum of Makogai, Fiji', *Catholic Freeman's Journal*, 7 January 1937, pp. 1-44, www.myheritage.com/research/collection-10450/catholic-freemans-journal-sydney-nsw-jan-7-1937?itemId=33315119&action=showRecord, (accessed 8 October 2016).

¹³⁸ Sister Mary Stella, p.69.

¹³⁹ G. Brodie, [photograph 30 June 2015].

a potential scandal that emerged in the press in 1923. The records of Bishop Vidal contain a press cutting of unknown source and a letter in which the text of this same article is typed up.¹⁴⁰ The article expresses outrage at a purported demand of the British Government for £300,000 for the annual care of a Sister Mary Baptist, who had contracted leprosy at Makogai. The publication stated it had a letter from this sister requesting financial assistance to remedy this most unjust state of affairs. This letter was probably a scam and prompted Bishop Vidal to share this news with Sister Mary Agnes.



FIGURE 9. GRAVE OF SISTER MARY FILOMENA/PHILOMENA ON MAKOGAI, 2013.¹⁴¹

To the dismay of all, a nursing sister, did contract leprosy two years later. A letter from the Chief Medical Officer, Dr A. Montague to Sister Mary Agnes places the blame squarely on Sister Filomena herself for contracting leprosy. He assures her that they had followed all the precautions laid down but adds that 'with native Sisters the rules are followed more or less mechanically and so are apt to be broken than they are by the European sisters who realise what they are for and can therefore interpret them intelligently'.¹⁴² This patronising letter highlights the stereotypes of native inferiority and laxness prevalent at the time.

Different attitudes prevailed when European priests contracted leprosy and the affliction was understood as a holy burden placed on the sufferer by God as attest of faith. No agency was assigned to the priest concerned. The records of Bishop Vidal contain a letter that sheds a

¹⁴⁰ Letter to Sister Mary Agnes from Bishop Vidal, 2 October 1923 [PMB 448/1].

¹⁴¹ C. Bennett, 'Cruise of the Ladybug', [web blog] 12 August 2013.

¹⁴² Letter to Sister Mary Agnes from Dr A. Montague, 5 October 1925, Full text in Appendix, 3, [PMB 448/2].

different light on Father Schneider and provides a mechanism whereby priests could have become infected with leprosy. A letter written from Makogai by one of the 'representatives of authority', possibly a doctor (signature illegible) complains that the grey and long bearded Father Schneider has committed a 'delict against the law'. The complainant had observed patients preparing kava and on investigating, was told that Father Schneider had his crew chew his kava for him. The Bishop's reply indicates that Father Schneider was hauled over the coals. He explained that drinking kava was a spontaneous act and he did not wish to be rude in front of native peoples by refusing to follow their customs. Narcotic drugs had been permitted in moderate amounts on Makogai at certain times. Opium was given to Indian patients accustomed to using the drug.¹⁴³ 'Grog' parties where kava was drunk were the norm adding to the pleasant life on the island despite separation from home and painful injections.¹⁴⁴ The strict rules separating activities into 'clean' and 'unclean' on Makogai,¹⁴⁵ appeared to apply to the drinking of kava. Maintaining colonial institutions as this letter implied, depended on European staff maintaining their distance and following higher standards than those required of the indigenous population. It is possible that the custom of drinking kava from communal vessels increased the chance of contracting leprosy.

Poor food supplies in the early days of the hospital led to a blurring of the boundaries between the European staff and native patients. Poor nutrition may also have contributed to the contraction of leprosy by Sister Filomena. Given the long incubation period of leprosy it is possible she was already infected when she was appointed. As food was scarce, Dr Hall requested that the sisters bring poultry with them, as tinned food is 'not good to work on'. The Bishop gave Dr Hall permission to do whatever he thought necessary to provide food for the sisters including 'a few taro or other native food'.¹⁴⁶ This implies that certain foods were reserved for Europeans with local crops used as rations for native staff and patients. In October, 1911 Dr Hall wrote to Bishop Vidal pointing out that the European and the native sisters expected 'food and keep as well as the allowance you asked the Government for' but that they 'have been very good and made no complaints'.¹⁴⁷ Bishop Vidal replied that he appreciated the rough conditions on Makogai were exacerbated by flies and mosquitoes, but

¹⁴³ Sister Mary Stella, p. 55.

¹⁴⁴ Sister Mary Stella, p. 89.

¹⁴⁵ McMEnamin, p. 46.

¹⁴⁶ Letter to Dr F. Hall from Bishop Vidal, 16 October 1915, [PMB 448/1].

¹⁴⁷ Letter to Bishop Vidal from Dr F. Hall, 7 October 1911, [PMB 448/1].

thought that developing the gardens would help solve the problem. As Fiji was in the grip of a drought and until wetter conditions prevailed, 'these devoted sisters will have to suffer a little'.¹⁴⁸ He was happy to know that they did not complain at all. He was confident that Dr Hall not only would obtain the full salary for the sisters (there was a delay in paying it) but in addition a food allowance for the sisters until 'taro, bananas etc' will have grown. On 9th November, 1911 Dr Hall wrote thanking the Bishop for sending over to the station fruit and vegetables.¹⁴⁹

In the rough conditions, the nursing staff suffered from a variety of illnesses. In a desperate letter, Dr Hall wrote to the Bishop asking for an urgent replacement for Mother Mary Stanislaus, as she was suffering from a severe case of dysentery.¹⁵⁰ The care of the reverend mother was straining the resources of the hospital. Two weeks later Dr Hall gratefully acknowledges the help sent by the Bishop. By the following year, Sister Stanislaus was no longer able to continue in her capacity as Head Sister. It is possible that fragile health and an ever-growing role as the chief executive grew beyond her capabilities. Dr Hall wrote unofficially to Bishop Vidal several times outlining the issue. The Bishop agreed to appoint a new head sister provided the role of supervising the kitchen be given to another.¹⁵¹ He asks that the decision to replace her be kept a secret until the new sister arrives so as to not hurt her feelings. Sister Mary Agnes was appointed as Head Sister and it is her name that is remembered and her long service celebrated.¹⁵²

In August 1913, Dr Hall was writing urgently to Bishop Nicolas asking for additional nurses to be sent from France to supplement the six in service. Two he says urgently require a rest as 'understaffing means overwork and loss of health and general efficiency'.¹⁵³ He asks for Sister Suzanne to return as soon as possible if her eyes are well enough. The records at Bishopscourt contain a draft relating to a Sister Emilie who was away on sick leave and unlikely to return.¹⁵⁴ The writer reports that she still unwell and vomiting part of her meals. This was blamed on the air the nuns breathe over the tubs where they clean the patients' wounds that 'tells on

¹⁴⁸ Unsigned draft in Bishop Vidal's handwriting, [PMB 448/1].

¹⁴⁹ Letter to Bishop Vidal from Dr F. Hall, 21 September 1911, [PMB 448/1].

¹⁵⁰ Letter to Bishop Vidal from Dr F Hall, 29 April 1915, [PMB 448/1].

¹⁵¹ Letter to the Medical Superintendent, Makogai from J. M. Dupont, 9 October 1914, [PMB 448/1].

¹⁵² Sister Mary Stella, p. 103; Cushing, p.71.

¹⁵³ Letter to Bishop C. J. Nicholas from Dr F. Hall, 9 August 1919, [PMB 448/1].

¹⁵⁴ Unsigned draft letter to the Chief Medical Officer, 29 April 1920, PMB 448/2].

the health of so many of the Makogai nuns'. Staffing shortages meant that nuns were being recruited directly from Europe. Dr Hall insisted that the nuns go directly from 'home to Makogai and not try at first the more congenial and interesting life of teaching in a school, which makes it difficult for them to take willingly to the very peculiar work of the Leper Settlement'.¹⁵⁵ These letters suggest that the nursing conditions were arduous and unhealthy. As the letters in French written by the nursing sister were not translated, more details of their duties and how these changed over time may be revealed if this is undertaken. Further research into the history of nursing would also provide information on whether the nurses of leprosy sufferers had a different or more effective training by their religious organisations than secular nurses in Europe and the United States. This research would also indicate whether the Makogai sisters had higher rates of morbidity and mortality. Chronic illness, partial starvation and overwork do not lend themselves to inspiring narratives of martyrdom and redemption. Ill health and absence are likely to remain unexplored in the closed official records of the institution concerned. A lingering death from leprosy if linked to a more immediate and dramatic event such as the story of Francis, can be turned into a message of Christian redemption. Father Lejeune used the material at hand to enlighten a wider international audience in the service of his church.

¹⁵⁵ Letter to Bishop C. J. Nicholas from Dr F. Hall, 9 August 1919, [PMB 448/1].

Conclusion

The blessing of a death from leprosy was^[R11] given to very few missionaries, and they are invariably noted in the records of the church and in the press of the time. Death from a clubbed skull was the fate of a few 18th century missionary explorers but death by drowning in an accident at sea was a much more common occurrence in the following century. The rousing phrase of Bishop Vidal is more aspirational or inspirational than reality. Suffering as the lot of the missionary is a thread through his correspondence, and the sisters were not denied hardships they willingly took on. Reconstruction of the death of Father Schneider established from the eyewitness account in the records of Bishop Vidal shows how rapidly a situation at sea could develop into a fatal one. The dangers and difficulties of a maritime environment were always present. Complacency may well have developed as the trip between Makogai and Cawaci was undertaken so frequently. Where accidental deaths did occur these became mythologised over time and repeated in the following histories. These became embroidered with additional details, imaginary conversations and emotions all designed to illustrate a pious message to inspire faith and generous donations to a worthy cause. Missionary zeal in the cause of leprosy sufferers has faded away but the legends of Makogai live on in the blogs and journals of visiting tourists on yachts.

The trivia and trials of the day-to-day running of a large and remote institution were kept out of the public sphere, Luders' third level of knowledge control.¹⁵⁶ Examination of the records of Bishop Vidal gives access to this hidden layer of management concerns in the everyday life of Makogai. The principal participants in the local legends that developed on the island are shown to be real people and to have their human side. Father Schneider had a fondness for kava and in so indulging, broke the hospital regulations. Sister Filomena was accused of poor nursing practice, being blamed for bringing disgrace to the staff by contracting leprosy. Although the view of the nursing staff is one-sided and awaits the translation of their letters to the Bishop, the impression gained is one of universal admiration for a group of women who genuinely laboured unceasingly in the care of the outcast leprosy sufferer. The men in charge of the nursing sisters condoned and admired their suffering in a worthy cause. Their unsung achievements, and arduous life that severely challenged their own health and

¹⁵⁶ Luders, p. 296.

wellbeing, is still to be explored. Over the years, Makogai became a bounteous resource in a beautiful environment where it was portrayed as a 'paradise of abundant fresh water, fruit, and game and with an ample lagoon full of fish' but the records of Bishop Vidal reveal that this was not the case in the early days of the station.¹⁵⁷ The cosmopolitan patient body led to tolerance and the development of self-sustaining solutions. International co-operation between authorities became the norm and in this sphere proceeded so smoothly that Makogai was barely disturbed during the conflicts of WWI and WWII.¹⁵⁸ The success of Makogai as a place of comfort and hope in the face of an incurable and stigmatising illness is an exemplar for modern island institutions.

¹⁵⁷ Buckingham, Jane. *Health and History*, p. 68.

¹⁵⁸ Sister Mary Stella, p.68.

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Appendix 1. Text of handwritten letter to Bishop Vidal from Dr F. Hall,
30 June 1913, [PMB 448/1].

Makogai

30.6.1913

My dear Lord Bishop

Your good pastor dear Father Schneider went down with the St John to-day in a heavy squall off Vatu Vula. We had nothing but an old punt at Dabui in which seven Fijian lepers speeded to where the accident occurred and rescued the crew. I arrived in my launch a few minutes after it was quite apparent he had gone down with the cutter not a trace of him to be seen. Kind courtly gentleman he has died as he would have wished doing service for Makogai. Accept my sympathy for the loss to your mission.

Yours sincerely

F Hall

P. S. I found it impossible to send the Mamitu today, the sea is heavy and she has much food to discharge. She leaves first thing tomorrow for Cawaci

F Hall

Appendix 2. Text of typed letter to Dr G. Lynch from Dr F. Hall,
30 June 1913, [PMB 448/1].

Copy

MAKOGAI

30.6.13

Dear Lynch

I sent you a mail by the "St. John", Father Schneider's Cutter, which when approaching Vatu Vula, capsized. The Priest and crew of three were swept down. The Fijians managed to extricate themselves, but the Priest was never seen again. I was at the Hospital as the time, and sent off Kaliova and Fijian lepers in the old punt to the rescue, whilst I galloped to Yanitu for my launch. There was a heavy sea running, and the accident took place quite three miles from the shore but punt got there before me and had the Fijians aboard. There was no sign whatsoever of the priest and only a broken oar and the boom stand came to the surface. Kaliova's and the seven Fijian leper's behaviour was excellent: they had only one rowlock and three oars, and she is a terribly heavy unwieldy old punt. There was luckily a gale behind them, and they got there before me in the launch. The sea was so heavy, I don't think the Fijians could have swum ashore.

(Sgd) F. Hall,

Medical Superintendent

Appendix 3. Text of typed letter to Sister Mary Agnes from Dr A. Montague, 5 May 1925, [PMB 448/2].

Suva 5-5 25

Dear Reverend Mother

I am very distressed on account of you all by the news I have from Dr Neff that a native Sister has developed leprosy I know that it must have make you all very unhappy and you must feel an insecurity as to the future.

It is the more hard that it should have happened since you have all so loyally taken all the precautions laid down.

Of course with natives Sisters the rules are followed more or less mechanically and so are more apt to be broken than they are by the European Sisters who realise what they are for and can therefore interpret them intelligently. I do not myself think there is any reason to suppose that another case will occur for another fourteen years.

With very kind regards from us both to yourself and the Sisters

Yours very sincerely

A. Montague

Chief Medical Officer