

perpetuated. Racial stereotypes (p. 236) and the myth of successful racial integration (pp. 271-3) are presented as myths and stereotypes not as fact, but Olszen does not explore the Maori reality behind these beliefs, nor refer explicitly to Binney's chapters so as to highlight the contradictory views of the past held by Pakeha and Maori. By repeating stereotypes without contextualizing them and using phrases like making 'the wilderness productive' (p. 268), 'New Zealand's successful bi-racial society' and 'progress' Olszen does not fully acknowledge Maori experience nor give it due weight. In terms of a balanced, bi-racial history, his chapters do not sit easily with the introductory remarks nor with the more sensitively written chapters of Bassett and Binney.

The People and the Land. Te Tangata me Te Whenua is visually magnificent and intellectually ambitious. Notwithstanding my criticisms of certain aspects it makes an important contribution to the goal of a fully integrated, bi-racial history of New Zealand.

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Paupers and Providers. Charitable Aid in New Zealand. By Margaret Tennant. Allen & Unwin NZ Ltd & Historical Branch, Department of Internal Affairs, Wellington, 1989. 245pp. NZ price: \$29.95.

PAUPERS AND PROVIDERS reveals how far social policy historians have come from a 'social laboratory' progressive approach to New Zealand's welfare history. The traditional 'social laboratory' interpretation with its focus on Old Age Pensions (1898) and Social Security (1938) saw New Zealand as a world leader in social policy, having rejected the indignities of the punitive Poor Law of the Old World. Margaret Tennant points out that the Hospitals and Charitable Institutions Act of 1885 was as much a landmark in social welfare history as Old Age Pensions and Social Security. This Act introduced a national system of poor relief paid for mainly out of local rates but also subsidized by the government. By focusing on hospitals and charitable aid, Tennant shows not only that the British Poor Law was alive and well in New Zealand (albeit under a different name), but that in some respects it was harsher than the Poor Law the immigrants had left behind. With their firmly entrenched beliefs in individualism and self-help, nineteenth-century New Zealanders were far from sympathetic to the casualties or failures of the new society.

While not presenting a celebration of New Zealand's welfare history, Tennant avoids the other extreme of explaining welfare in terms of 'social control'. Even if this had been the aim of certain administrators (such as Duncan MacGregor, Inspector-General of Hospitals and Charitable Institutions 1886-1906), a study of local as well as central administration and above all the welfare consumers themselves (who are not portrayed as passive recipients of benevolent aid) reveals a more complex picture. Policy aims could be and constantly were undermined by a complex social environment. This Tennant illustrates by a meticulous use of case notes, mainly from the period 1885-1910, since most surviving files relate to this period. Though they are a difficult source for historians, as there is always the danger of lapsing into the anecdotal, Tennant has used them skilfully to relate the experiences under charitable aid of women, children, old people, the sick poor, and the unemployed. Maori receive only passing mention in the study — but this is because the story of Maori in relation to the Charitable Aid Boards is a negative one, a story of frustration and failure to receive support from this channel, despite the fact that the first public hospitals were established with the Maori specifically in mind.

Another advantage of not restricting the study to an analysis of policy-making at the top level, as has traditionally been the case, is that women are given the prominence they deserve. It was at the local level that women wielded most influence in welfare

administration. From the 1890s women were appointed by the Boards primarily, Tennant tells us, on the argument that women would prove more effective than men at 'snooping upon their own sex'.

Tennant ends this monograph with a salutary warning about the potentials of 'community care'. Her study of case files has shown a 'community' far from 'caring', much less cohesive than the concept allows, and a background not of neighbourly solidarity but of family and neighbourly altercations, petty grievances and tale-telling. She concludes that the community has been far from successful in providing for past social casualties.

This is undoubtedly a much-needed study, and will be essential reading for students of New Zealand's social welfare history, social history, and women's history. It fills an important gap.

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The Caring Commodity. The Provision of Health Care in New Zealand. By Iain Hay. Oxford University Press, Auckland, 1989. 207pp. NZ price: \$34.95.

AS THE FIRST overview of the politics of health care in New Zealand in the period from 1840 to the present day, this book will be a valuable aid for teaching and research in this area. Hay tells us in his final chapter that this is 'not just a narrative of New Zealand's health care history. It also presents a view of the relations and processes underlying change in that history.' This is, of course, what one would hope and expect of a modern history. It is in the final section that Hay is most successful in achieving this aim.

The pre-1935 section is marred by factual errors, inadequate sources, and sometimes inadequate interpretation. Duncan MacGregor's death is dated at 1907 (rather than 1906) (p. 30), MacGregor's annual hospital report of 1895 is incorrectly cited in the text as appearing in 1885 (p.30), the British Medical Association (BMA) is said to have been founded in 1882 and then changed its name in 1865 (p.35), and W.H. Oliver is misquoted (p.62). On p.39 we are told that nineteenth-century public health was 'characterised by a general lack of interest and organisation', and on the next page that after the 1874 Public Health Act 'Auckland administered an effective and lasting public health policy'. In his discussion of the New Zealand Branch of the BMA and the professionalization of medicine there is no mention of R.E. Wright-St Clair's history of the association (1987) and, more important, of Michael Belgrave's PhD thesis on this subject (1985). J.P.S. Jamieson, who led the medical profession's fight against the Labour government in the 1930s, is quoted as a source for the founding of the BMA: 'At that time, the health of many members of the British public was poor, sanitary conditions were appalling, and mortality rates were high . . . Hastings' association was to remedy these problems' (p.35). Most medical historians would reject this interpretation of the founding of the BMA, which had more to do with professionalization than a sudden realization of the poor health of the British public. Nor would most New Zealand historians agree that the extension of health services in New Zealand during the First World War was primarily for 'compassionate reasons, and in an economic flush' (p.48). The First World War was a time when health attracted a great deal of interest in relation to 'national efficiency' and the next generation, and it is no coincidence that the first free treatment Hay mentions is maternity treatment.

In the chapter dealing with 1935-42, the debates on health provision between the Labour government and the medical profession are chronicled. Although he relies heavily on the work of Elizabeth Hanson and D.G. Bolitho, Hay provides some interesting insights into these debates. However, there is little about Labour party ideology and he