

Western Australian government is seen to have been influenced by fear of the voting power of goldfield radicals. Victoria's staunch opposition is explained partly in terms of the threat of the coming Labor party to the right-wing Liberals and the Conservatives.

Oldfield is good on campaign and political narratives. She tells the story clearly, weaving in the individuals, their various organizations, conflicts within the movement, tactical problems, the external support and the opposition. Inevitably the separate campaign narratives lead to some repetition, sometimes of fact, often of similar debates and events, albeit with different actors. The structure of Part I nevertheless minimizes the opportunity to discuss the interconnections, the women's networks and the domino effect that women's suffrage had in the antipodes. The impression of territorially and politically discrete campaigns is given some credence by the 1901 comment of a New South Wales Legislative Councillor that women voters in the 'three small villages' of New Zealand, South Australia and Western Australia scarcely mattered. However other, largely unexplored, observations show that this was not the case and Oldfield tries to pull the threads together in the second part of the book.

Oldfield argues that the fundamental position of Australian suffragists was that women as individuals and citizens should have the vote as a matter of justice but there is no sustained examination of the actual writings and speeches of suffragists. And this is where the book ultimately becomes less than satisfying. Its strength, the overview of the campaign, is achieved at the expense of detail and argument. The book in the end has a journalistic quality seen in such phrases as: 'Quite remarkable are the sturdy elderly women who chose the speaking platform instead of the chimney corner' (p.184) and in the summary discussion of why Australian politicians were so susceptible (compared to those in Europe and North America) to the arguments and weight of the woman's movement. Indeed there is a sense that the question being posed in the book is why did the politicians cave in, as if somehow the weakness of politicians is a more interesting historical phenomenon than the suffrage movement and the women and men within it.

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*A Healthy Country: Essays on the Social History of Medicine in New Zealand.* Edited by Linda Bryder. Bridget Williams Books, Wellington, 1991. 252pp. NZ price: \$29.95.

LINDA BRYDER is to be congratulated for presenting us with New Zealand's first book of essays on the social history of medicine. As the publisher claims, this book breaks new ground. Focusing on four subject areas, the rise of the medical profession and alternative practitioners, health institutions in the form of hospitals, asylums and sanatoria, public health and women's health, *A Healthy Country* places the history of medicine and health care firmly within New Zealand social history, and in so doing achieves its purpose of demonstrating what the social history of medicine is all about.

This collection, with the spirited sense that it conveys of work in process, signals new research directions and provides a resource for teaching at all levels. Captured in the title is the central theme: a questioning of New Zealand's image as a healthy country, an image that has become integral to our national identity and culture and has featured in promotional literature since European settlement. All the contributors query this view as measured against the realities of health status and health policy. Given the importance of

their criticisms of Arcadian visions of New Zealand and/or the social laboratory model, a longer introduction that elaborated (à la Fairburn) on the idea of 'Arcadia', or that offered an overview drawn from the editor's considerable knowledge of international developments in the field, would have been helpful to local readers. What is conveyed with effect, however, is the emphasis on self-help and individual responsibility in policy-making, which Bryder argues shows 'an essentially conservative society despite this nation's reputation as the "social laboratory of the world"' (p.127). So here we have the Reevesian paradigm in New Zealand history extended to include health and health services.

Derek Dow's chapter on New Zealand's hospital system is entertaining and topical, in view of present health reforms. Dow demonstrates that a 'user pays' philosophy prevailed in hospitals almost for the first 100 years of their existence, until the First Labour Government instituted free hospital treatment. Payment was intended to deter loafers. Impressively, Dow links the rise of hospitals with demographic and social changes such as the shift from an immigrant to a native-born population. Goldfields produced hospitals that catered for men, not women, and became refuges for 'old broken-down miners' (p.51). The parallels between developments in hospitals and mental asylums are apparent in Waltraud Ernst's equally perceptive essay on the social history of Pakeha psychiatry. Ernst addresses the international debates over social control and humanitarianism, and their critics who emphasize diversity in patients' treatment. In New Zealand as in other outposts of Empire, lunacy policy was important in the maintenance of public order, which explains why asylums remained under central state authority rather than being transferred to hospital boards.

The chapter by Michael Belgrave on the medical and ancillary professions is organized around the concept of medical dominance. Because of the references to 'a developing medical economy' (p.9), this piece begs for a supply and demand framework that examines on the one hand the increased demand for medical care, and on the other the supply of health care by competing professional groups. Peter Davis, writing on dentistry, employs Abbott's sociological theory on the control of work to analyse market opportunity and jurisdictional disputes in controlling access to people's teeth. The New Zealand market in extractions and dentures was secured when dentists used school dental nurses to close the market to unregistered practitioners in the 1920s, and to minister to children whose health had become the focus of concern about national efficiency.

In the essay on public health, in Christchurch, Geoffrey Rice finds in support of Szreter's challenge to the McKeown thesis, that deliberate efforts to control disease were more important than improved living standards in bringing down mortality rates. Though the published statistics are problematic for his argument, he concludes that two medical officers of health were instrumental in reducing the city's death rate in the nineteenth century. In tandem with the shift in focus from environmental to personal health early this century, Linda Bryder contributes a scholarly essay on the New Zealand response to tuberculosis up to 1940. She maintains that the preoccupation with national efficiency shaped the two main responses, of sanatoria and open-air 'treatment' or health education. But tuberculosis, the biggest killer in New Zealand, struck hardest among the Maori, who spurned sanatoria and institutional regimes. Thus Bryder portrays the mismatch between the policy response and people's health needs, and the ethnocentricity of blaming this disease on Maori habits. In a complementary chapter on child health policy, Margaret Tennant examines the school medical service's propaganda to drill future citizens in the rules of health, initiated by the legendary Dr Elizabeth Gunn, and the responses of parents. This lively essay marshals archival and oral evidence to demonstrate the important point that parents did not necessarily follow the prescriptions and ultimately suited themselves.

The theme of how policies were not designed to meet people's health needs is further explored by Barbara Brookes in an overview essay on women's health. Rather policies

for women were dictated by ideologies of race and gender. Brookes's gender analysis is in fact pivotal to the book; she finds the key factor that determined women's health status was being Maori, and that New Zealand's reputation as a healthy country was only possible because Maori health problems were ignored. Health strategies failed to reach Maori women, just as the tuberculosis campaign did, because concerns with the gender order of separate spheres and population growth took precedence. The final two essays on women's health lack the strength of the contributions by the seasoned campaigners. Writing on the impact of medicalization on women's experiences in childbirth in the inter-war period, Charlotte Parkes documents the 1930 'Hands Off St Helens' campaign led by Seddon's daughters to keep medical students out of the state maternity hospitals — but, regrettably, she neglects the counter-campaign by middle-class women for the continued admission of students in the hope that better training would raise standards. As a result, while women's experiences are recorded, this is a somewhat one-sided account. The final chapter, by Fay Hercock on the medical takeover of the Family Planning Association, is still in dense thesis prose and in need of rewriting. So much more could be done with this topic than a step-by-step narrative of the confrontation between the NZBMA and what began as a lay organization, including the linkages with fertility patterns and women's changing attitudes and roles.

All told, this is a valuable collection which has already proved its worth in an Honours course and in undergraduate teaching. *A Healthy Country* suggests exciting possibilities for future work in New Zealand history; there is much to do.

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*The Not So Poor: An Autobiography.* Edited by Annabel Cooper. Auckland University Press, 1992. 163pp. NZ Price: \$24.95

IN 1934 JOHN A. LEE, the well-known Labour Member of Parliament, published a novel, *Children of the Poor*, a thinly-disguised description of the poverty and squalor of his own Dunedin childhood at the turn of the century. His mother, Mary Isabella Lee, was apparently deeply offended by his description of their family life, and in response she wrote her own version, a compilation of notes and narratives made over a period of time describing her life between the 1870s and the 1920s. It is this manuscript that the editor has so well prepared for publication, and by so doing she has provided us with a source of inestimable value in terms of the insights it provides into the life of a working-class woman at the turn of the century. The role of the family economy; the frequent domestic violence; gender expectations; and the transience of those constantly on the search for work and cheap housing, all emerge from Mary Lee's account of her life.

In the excellent introduction, Annabel Cooper places Mary Lee's experiences within a wider context. She points out that while John A. Lee attributed his family's poverty to their economic and class position, Mary Lee ascribed her poverty to individual weaknesses, particularly alcoholism. Not her own, but that of her mother and husband, both of whom squandered precious resources upon drink. In consequence, Mary Lee continually struggled to retain a life of respectability despite the desperate straits in which she often found herself.

Annabel Cooper has chosen to use minimal editorial intervention, and this does not