

1913 and 1947, enshrined a marriage bar on women's employment. As several of the booklets suggest, public service employment is a significant case study which points to wider developments in women's employment. The authors are to be congratulated for squeezing the broader contours of state employment into their short histories. They do not examine, however, the privileged position of civil servants among women workers in the 1960s. When women public servants won equal pay in 1960, they became an élite of employed women until the private sector was included in equal pay legislation from 1972. Women's employment opportunities in relation to men's is the theme of every booklet rather than any differences among women.

There are some differences between the accounts. Dalley, Else, and McKergow are more successful than the biographical collection in indicating aggregate public service experience. Public service employment for women was distinguished from private sector employment particularly in the interwar period. While one of the first to employ middle-class women in offices, the New Zealand state lagged behind the general feminization averages, particularly between 1912 and 1945. Feminization is the shift of male to female and amongst clerks generally, the proportion of women rose from less than 1% in 1881 to 25% in 1911 and 70% in 1981. The number of female New Zealand public servants peaked during World War One, and dropped to about 5% in the interwar period, rising to 25% between 1939 and 1945. The one exception to the low feminization rate before 1945 was the Department of Labour which, under Edward Tregear, reached a rate of 20% feminization before 1912 when the Public Service Commission took control of appointments service-wide and the proportion of women dropped as priority was given to men, particularly returned servicemen. Feminization in the public service kept pace with the private sector in the post-war period.

The aggregate and biographical strategies adopted in the histories have different strengths. The three departmental histories by Dalley, Else and McKergow give an overview of women in paid employment. All three, for instance, include women cleaners of the 1890s in their accounts; Else's biography of Annie Chemis, government cleaner for 33 years, is particularly revealing. On the other hand, Ehrhardt/Beaglehole are not restricted to paid employment but examine public service more generally and, in the process, are much better on issues of race differences. For example, among Maori women working in public service, Kuini Te Tau's appointment as a Maori welfare officer, principal of Fareham House and Maori Women's Welfare League activist is discussed in the context of Maori urbanization. So, much is learnt by reading these accounts together.

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Women Doctors in New Zealand. An Historical Perspective 1921-1986. Compiled by Margaret D. Maxwell. I.M.S. (N.Z.) Limited, 1990. 274 pp. NZ price: \$35.00. ISBN 0-473-00798-3.

Notable Women in New Zealand Health: Te Hauora ki Aotearoa: Ōna Wāhine Rongonui. By Patricia Sargison. Longman Paul, Auckland, 1993. 86 pp. NZ price: \$14.95. ISBN 0-582-86078-4.

THE FIRST PART of *Women Doctors in New Zealand* presented such an uninviting read

that the book has languished on my shelf for some time. Year by year summaries of minutes of the various branches of the New Zealand Medical Women's Association are perhaps useful for researchers but general readers are unlikely to persist. The second section of the book devoted to short biographies, and the third, which reprints various articles on the past and current status of medical women, hold more interest but I wished that the enterprise had been put in the hands of an historian seeking understanding and interpretation rather than just an exercise in the compilation of information. Even the latter aim is unnecessarily convoluted because of the repetition of material throughout the book. No doubt limited funds prevented the publication of a better product and, as an effort at record keeping, the central aim has been achieved.

Patricia Sargison's *Notable Women in New Zealand Health* is a very different project and a much more engaging book. Commissioned by the Health Department in order to mark the centenary of women's suffrage, it consists of twenty entries beginning with Te Hura, a Maori healer active in Hawke's Bay in the 1850s, through to Sandra Coney and Phillida Bunkle and the exposé of the 'unfortunate experiment' at National Women's Hospital in 1987. Many of the women are well known and written about elsewhere but having their biographies grouped together allows for some analysis of change over time. The book is attractively presented with photographs of the women under discussion and illustrations marking their activities.

The process of selection means a narrowing of the topic, as Sargison acknowledges in the introduction. Women's contribution to health here is conceived of as an individual's impact in the national arena rather than the daily decisions which mothers made (family limitation was perhaps crucial) which contributed to an improvement in the health status of the Pakeha population. That New Zealand is composed of two nations on a very unequal footing is clear in a number of the entries, from Mother Aubert's work among the Maori to Erihapeti Murchie's role in producing *Rapuora*, the survey of Maori women and health.

I was struck by the changes in motivation of the women recorded here. Te Hura, Mother Aubert, and Sibylla Maude were sustained by a religious commitment, and a view of the body as a temporary vessel for the spirit. The campaigning medical women, Doris Gordon and Muriel Bell, believed in the benefits science could bring to transform health. Sandra Coney and Phillida Bunkle, committed feminists, have been much more sceptical of medicine's benefits and have challenged the power of medical professionals which, they argued, undermined women's autonomy.

Notable Women in New Zealand Health inspires such observations because Sargison has contextualized her short biographies and gives them coherence by their chronological development. The book will be invaluable to history teachers taking up the women and health option. It points to further questions about the personal costs women made to pursue a public role since most of those who had careers prior to 1970 were either single or childless. All, in a way, became social mothers, whether committed to 'babies for Empire' like Plunket's director of nursing, Anne Pattrick, or to fresh air and sunlight, like Cora Wilding. The identification of women with the cause of social welfare is one which the suffragists claimed and it is well illustrated in the lives of women recorded here. The costs of this identification, and its meaning for national health policies, require further analysis.

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