

From Family Helpmeet to Lady Dispenser

WOMEN PHARMACISTS 1881–1939

IN 1890, the Australian *Daily Graphic* commented that pharmacy 'is so suited for a woman's neat touch and accuracy that it is a wonder it does not attract more, and it can only be supposed that it is because it is not generally understood to be open to the sex'.¹ At the time, pharmacy in New Zealand was undergoing a professionalization process which, by the time the Pharmacy Act (1939) was passed, was largely successful in establishing jurisdiction over a specialized body of knowledge.² As pharmacy attempted to professionalize, women were not excluded but informal barriers existed to their participation. That more women did not enter the occupation may be attributed to changes in training and the informal barriers associated with this.

Women's expanding role in the paid labour force in twentieth-century New Zealand has received little attention. Pharmacy provides a case study of an occupation which provided dual career pathways, one of which served to limit women's participation, while the other expanded their opportunities. This paper analyses how changes in training limited women's opportunities in retail pharmacy but contributed to expanding their role as hospital dispensers within the more conducive environment of the hospital.

Common assumptions about appropriate gender roles, whether of men as breadwinners or women as helpmeets, underlay the patterning of pharmacy as an occupation during the period. A perceived dichotomy between profession and trade was advantageous to women entering pharmacy. A trade model of pharmacy in the late nineteenth and early twentieth centuries meant that entry was relatively open to women who participated in the context of the family economy, working alongside male relatives. Pharmacy was deemed appropriate for women as it required some skills perceived as 'feminine', such as those of neatness and accuracy, mentioned in the *Daily Graphic*. Different tasks and jobs are culturally labelled as suitable for women or men. The value assigned to skills is also culturally defined. Throughout this period the work of hospital dispensers

¹ Quoted in *Sharland's Trade Journal* (STJ), II, 30, 7 (1890), p.23.

² Note: the term 'pharmacist' is used throughout this paper in preference to 'pharmaceutical chemist', 'chemist', 'chemist and druggist' and 'apothecary', which were all used throughout the period. The term 'dispenser' is used to refer to hospital pharmacists.

was defined as less skilled than retail pharmacy on two counts: first, it lacked a masculine, entrepreneurial image and, second, because the work was less autonomous, being performed in a more highly structured, hierarchical hospital environment. A further subtext was the nature of the workplace. Retail pharmacies were, on the whole, one-man businesses throughout this period. There was a much more comfortable working relationship between men of different generations in a master-apprentice relationship, especially within the confines of a small dispensary. An older man working with a younger, female apprentice could spell sexual danger. The orderly hospital dispensary provided a safer working environment for women.

Pharmacists began to define their area of expertise with the establishment, on an informal basis, of the Pharmaceutical Society of New Zealand in 1879. The Pharmacy Act of 1880 provided for a Board of Pharmacy to administer the registration of qualified practitioners, in order to safeguard the public. Under the terms of the Act, the use of the titles 'pharmaceutical chemist' and 'chemist and druggist' was restricted to registered practitioners. A second Act, in 1898, established an apprenticeship system of entry to the profession, which remained in existence until the 1960s. Under the 1898 Act, all pharmacists registering after July 1899 were required to undertake a three-year apprenticeship in a shop, in addition to passing examinations set by the Board of Pharmacy.

Table 1: The Number of New Pharmacists Registering, by Gender

Year	Total Number Of New Registrations	Number of Women Registering	Percentage of Female Registrations
1881	171	2	1.2
1882-1886	162	2	1.2
1887-1891	58	2	3.4
1892-1896	83	2	2.4
1897-1901	224	9	4.0
1902-1906	118	3	2.5
1907-1911	137	4	2.9
1912-1916	90	4	4.4
1917-1921	125	9	7.2
1922-1926	195	24	12.3
1927-1931	172	16	9.3
1932-1936	142	15	10.6
1937-1941	165	13	7.9

Source: The Register of Pharmaceutical Chemists, Annual Reports. The Pharmaceutical Society of New Zealand, PSNZ.

The number of women taking up pharmacy in the nineteenth and early twentieth centuries was small (see Table 1). Between the establishment of a professional register, in 1881, and 1921, a total of 37 women registered as

pharmacists, compared with over 1000 men.³ An exceptional year, 1899, saw a total of eight women registered. This resulted from the passing of the Pharmacy Act in 1898, which extended the right of registration to those who had been practising for a minimum of two years between 1881 and 1898, either as dispensing chemists for medical practitioners or in chemists' shops. Of the eight women who registered in 1899, seven were registered on the grounds that they had been working as dispensing chemists for not less than two years in this period.⁴

It is difficult to quantify the number of women who were involved in family businesses as unpaid labour. Until the late 1970s, dispensaries were often hidden away at the back of the shop and it would be realistic to assume that, on occasion, wives and daughters filled prescriptions under the watchful eye of the trained pharmacist. Margaret Cameron, a Dunedin pharmacist, recalling her childhood in Balclutha before the First World War, noted that the family pharmacist had been a Mr G. Hutchins, who had been assisted by his daughters.⁵ There is no official record of the daughters, but Mrs Cameron suspected they did much of the work, as Mr Hutchins was quite old. Margaret Cameron herself assisted her husband in his Dunedin pharmacy from the early 1920s, but did not undertake a formal apprenticeship until the early 1940s and eventually registered as a qualified pharmacist in May 1948, after working in the pharmacy for over 20 years.⁶ The number of women registering as pharmaceutical chemists therefore only represents a proportion of the women who worked in pharmacies during this period.

While there were few formal barriers to women entering pharmacy in the nineteenth century, notions of suitable work for women, based on prevailing ideas about feminine and masculine nature and behaviour, greatly influenced the extent to which women were attracted to and accepted in the occupation. During the early 1890s, *Sharland's Trade Journal*, a monthly magazine distributed free of charge to all doctors and pharmacists in New Zealand, persistently argued that pharmacy was not suitable for women on the grounds that some aspects of the business were less than 'sugar and spice and everything nice' and questioned whether it was desirable for women to know about the Contagious Diseases Act, which it considered 'a violence to female modesty'.⁷ It also considered women sentimental and romantically minded and argued that their nervousness could lead to dispensing errors.⁸ Finally, it argued that women 'would not have the confidence of the majority of the public' and that women, visible as chemists in their own right, would kill business.⁹ The journal stated that 'the treatment

3 Register of Pharmaceutical Chemists, Pharmaceutical Society of New Zealand (PSNZ), Wellington.

4 *ibid.*

5 L.C. Dunn, 'The History of a Dunedin Pharmacist', unpublished BPharm essay, University of Otago, no date. (Mrs Cameron referred to Mr Hutchins as Hutchinson in the essay. Mr Hutchins was the only pharmacist in Balclutha until after the First World War (*Stones Otago and Southland Directory*)).

6 Dunn, n.p.

7 STJ, V, 56 (1892), p.18.

8 *ibid.*, IV, 48 (1892), p.19.

9 *ibid.*, II, 30 (1890), p.23; IV, 48 (1892), p.19; V, 56 (1892), pp.17-18.

accorded to qualified lady pharmacists by lady customers is borne out by testimony in this country, where one has frequently had the mortification of seeing her customers entering, prescription in hand, and then observing that the chemist was a lady, have pocketed the prescription, and called for some trifle'.¹⁰ *Sharland's* supported the viewpoint of the *Tasmanian Mail* which, in 1892, stated that 'if women want to assist as chemists they should do it in a wifely capacity, which is the most useful of all'.¹¹

Women in pharmacy were regarded as assistants rather than independent career women, even by those who supported their presence. In 1910, *Sharland's Trade Journal* printed an article on 'Women as Chemists' by Colette Yver, which stated that pharmacy called for 'a delicacy, a fastidiousness, a precision, and lightness that are marvellously in keeping with the disposition of certain women'.¹² Madame Yver argued that the occupation did not detract from the charms of young women or their femininity and concluded that if young women were 'courageous and clever', once trained, they could obtain a 'subsidiary position as a chemist's assistant'.¹³

Of the 16 women registering as pharmaceutical chemists before 1900, ten are known to have had a family connection with the occupation and to have learnt their trade alongside male relatives. All but two of the 16 women registered by virtue of their experience, including all the women with family connections to pharmacy. New Zealand followed in the footsteps of the Victorian Pharmacy Board, which had registered a number of pharmacists' wives after passing a Pharmacy Act in 1876.¹⁴ This situation differed from that in New South Wales where, in May 1898, a special meeting of the Pharmacy Board considered seven applications from women, including four wives and one daughter of pharmacists. Of the seven applications, only one was granted. All female relatives were declined registration, the Board declaring that if registration was granted then every pharmacist's wife could claim the right to registration. One Board member remarked, 'My wife was my principal assistant for many years and used to copy hundreds of prescriptions into the book; she did every class of work for me, still I do not consider that she is entitled to registration'.¹⁵

Whether granted registration or not, women were largely viewed as helpmeets, assisting male relatives. Their work in the pharmacy generally went unnoticed and unopposed, because it was perceived as an extension of traditional domestic responsibilities, at a time when home and business were often physically close.¹⁶

10 *ibid.*, IV, 48 (1892), p.19.

11 *ibid.*, V, 58 (1892), p.22.

12 *ibid.*, XXIII, 265 (1910), p.19.

13 *ibid.*

14 *Chemist and Druggist of Australasia* (CDA), XXXII, 8 (1917), p.280.

15 *ibid.*, XIII, 5, (1898), p.135.

16 The extension of the helpmeet role into the economic sphere is emphasized in the American context in T.C. Gallagher, 'From Family Helpmeet to Independent Professional: Women in American Pharmacy 1870-1940', in *Pharmacy in History*, 31, 2 (1989), pp.60-76. See also L.A. Tilly and J.H. Scott, *Women, Work and Family*, London, 1989.

The first woman in New Zealand to register as a pharmaceutical chemist, on 28 June 1881, was Mrs Elizabeth Robinson of Christchurch.¹⁷ Elizabeth qualified by virtue of having worked as a chemist and druggist since 1872. Between 1863 and 1871 Elizabeth assisted her husband Richard, in the Joseph Arthur Cooke Pharmacy in Cashel Street, where Richard combined pharmacy with dentistry, a practice which was common at the time.¹⁸ The Robinsons, together with their five children, lived over the shop and Elizabeth helped out when her husband was busy extracting teeth. In 1872, after Richard's early death aged 33, Elizabeth became the owner of the chemist's shop. She ran the business until 1886, when she sold it after her remarriage to a local hotelier.¹⁹

Marguerite Quigley, the wife of James Quigley who ran a pharmacy in Devon Street, New Plymouth, also registered in 1881.²⁰ The family lived at the Devon Street premises and Marguerite worked in the business at the same time as raising a young family.²¹ Elizabeth and Marguerite were not the only working mothers. Christabel Evens, wife of Edwin Evens, worked alongside her husband, who was also a registered dentist.²² When Edwin died in August 1896, Christabel became owner of the business and was assisted by her son Hedley, also a registered pharmaceutical chemist.²³ Matilda Bagley, wife of Richard Bagley who was one of a large family of Dunedin pharmacists, also worked in the family business while raising children.²⁴ These women highlight the existence of a family economy, whereby family members were drawn into the business and provided their labour as part of a family strategy. They were not independent career women, but women who assisted their male relatives, with a sense of obligation to the family unit.

Before World War I, it was unusual for women to enter pharmacy without family connections, but a few did. Laura Heath (later Mason) was one such woman. Laura arrived in New Zealand from Birmingham, England, with her sister Lilian.²⁵ She trained and qualified as a nurse at Wellington Hospital and, as part of her nursing duties, acted as dispenser at the hospital for eight years. In April 1888, she sat and passed the Pharmacy Board's examination, the first woman to do so, for which she was rewarded with an increase in salary.²⁶ In 1893

17 Names of women pharmacists are given as they appear on the Register of Pharmaceutical Chemists. If the pharmacist subsequently married, her married name appears in brackets where appropriate.

18 *Cyclopaedia of New Zealand, Vol.3, Canterbury*, 1905, p.256. G.R. Macdonald, *Dictionary of Canterbury Biographies*, Canterbury Museum. I am indebted to Jean Ross of Christchurch for her assistance in providing information on Elizabeth Robinson.

19 Information held on file at Canterbury Public Library.

20 Register of Pharmaceutical Chemists, PSNZ; *Wise's New Zealand Post Office Directory 1883/4*. I am grateful to Kathy Manning of the New Plymouth District Library for providing background information on the Quigleys.

21 *Taranaki Herald*, 2 September 1871; 26 February 1873; 6 September 1887.

22 *Stones Directory for Wellington, Hawkes Bay and Taranaki*, 1896-1897.

23 CDA, XI, 8 (1896), p.164; *Wise's New Zealand Post Office Directory*, 1905.

24 Roll of Managers, ACC 81/84 799, Alexander Turnbull Library (ATL), Wellington; Register of Articles of Apprenticeship, ACC 81/84 799, ATL.

25 *The Dictionary of New Zealand Biography*, database.

26 STJ, I, 5 (1888), p.25.

Laura purchased her own business in Jackson Street, Petone, but was in business for only a short time.²⁷ The *Chemist and Druggist of Australasia* recorded in May 1894 that Miss Heath 'soon got tired of the life as a country chemist, and sold out to Mr. Inglis. She is now on her way to England as nurse to an invalid lady.'²⁸ Laura, however, returned to New Zealand in October 1894 and visited Nurse Dougherty (another registered pharmacist) who was matron at Palmerston North hospital.²⁹ It appears that Ellen Dougherty found Laura a nursing position within the hospital, a position from which she eventually resigned in 1897 on her marriage to Masterton pharmacist Thomas Mason.³⁰ Laura remained on the Pharmaceutical Register until January 1904, although it seems that she did not formally work after marriage and the birth of two children, in 1898 and 1900.³¹

It is hard to ascertain the extent of female pharmacy ownership during this period, as no formal records exist, but Laura Heath was certainly one of the earliest registered women to own her own business and possibly the first in the Wellington region. She was exceptional in that she went into ownership on her own account, without any family connection. This, however, probably also accounts for the short-lived nature of her business venture with its long hours and physical demands, and her return to nursing.

Others who became business owners with no known family connection to pharmacy included Maria Hope Higgin, Harriet Barnard, Ethel Heatley and Minnie McKenzie, who all appear to have been widows. The first two never registered as pharmacists, but Ethel Heatley and Minnie McKenzie registered in 1899.

Maria Hope Higgin does not appear in any official records of the Pharmaceutical Society except for the Managers' Roll. Maria started a pharmacy in Feilding about 1892 and remained there until about 1903.³² Initially, Maria would have been able to operate the business without a registered pharmacist but after the Pharmacy Act of 1898 she would have been required to install a registered manager.

Harriet Barnard, the proprietor of the Naseby Pharmacy in 1903 was not a registered pharmacist, had a son and daughter apprenticed in the shop and experienced some difficulty in retaining the services of a registered manager. In May 1905, the Pharmacy Board informed her that she had to enrol a manager by the time of the next board meeting or close the shop.³³ Fortunately for Harriet, her son Moses was granted registration in August 1905.³⁴

Ethel Heatley registered as a pharmacist in Temuka in 1899, and in 1905 opened her own business in Dunedin.³⁵ This, however, was short-lived, as the

27 *Hutt and Petone Chronicle*, 8 November 1893, p.3.

28 CDA, IX, 5 (1894), p.100.

29 *ibid.*, IX, 12 (1894), p.273.

30 *Wairarapa Star*, 14 June 1897.

31 *ibid.*, 16 June 1897; 9 February 1898; 4 September 1900.

32 *Wise's New Zealand Post Office Directory*.

33 STJ, XVIII, 208 (1905), p.25.

34 *ibid.*, XVIII, 211 (1905), p.24.

35 *ibid.*, XVIII, 207 (1905), p.28.

following year her occupation was listed in *Wise's New Zealand Post Office Directory* as boarding housekeeper. Ethel moved to New South Wales in 1912 but maintained her registration with the New Zealand Pharmaceutical Society until 1925.³⁶

Minnie McKenzie is the only woman who is recorded as establishing a successful business.³⁷ She was the second woman to qualify by examination before 1900. After her registration in August 1899, Mrs McKenzie was enrolled as manager for Mr H.G. Feltham's Berhampore pharmacy in Wellington.³⁸ In 1900, *Sharland's Trade Journal* noted Mrs McKenzie's presence as one of the first lady business owners in Wellington. She opened her own pharmacy in Vivian Street and was so successful that a year later she moved the business to new premises under the Royal Hotel on Lambton Quay.³⁹ Unfortunately, in 1904 Mrs McKenzie was struck by ill health and forced to enrol a manager. It appears that she never regained her health, as the business was sold in 1905 and Mrs McKenzie's name was removed from the Register in 1906.⁴⁰

It was more common for widows than for single women to take on pharmacy ownership, due possibly to the inheritance of property and social acceptance of their independent position.⁴¹ In nineteenth-century New Zealand it was acceptable for a widow to carry on her husband's trade and the Pharmacy Board was sympathetic to this situation. Elizabeth Robinson in Christchurch, Eliza Watkins of Timaru and Emilia Dutton of Dunedin all inherited their businesses on the death of their husbands and registered as pharmaceutical chemists by virtue of their prior experience.⁴² It was quite acceptable to the Pharmacy Board for an unqualified widow to operate her late husband's business with the provision, after the 1898 Act, that a registered manager was in charge of dispensing. Among the small number of unregistered women known to have continued in their late husbands' pharmacies were Edith Tonking in Wellington (c.1905), Margaret Wardrop in Dunedin (c.1907) and Bessie Inglis in Petone (c.1911).⁴³

Daughters, as well as widows, occasionally inherited family businesses. Adele Roll, who registered in 1899, assisted her father in his Kaiapoi business and then took it over when he died in 1904, running it until her own death in 1943.⁴⁴ Bertha Harrop trained with her father at 'Medical Hall', a chemist and book shop/stationers in Lawrence, which Jonas Harrop established in 1862.⁴⁵ After Jonas

36 *New Zealand Gazette*, 1912–1925.

37 CDA, XVI, 8 (1901), p.244.

38 Register of Pharmaceutical Chemists, PSNZ; STJ, XIII, 145 (1900), p.49.

39 CDA, XVI, 8 (1901), p.244.

40 STJ, XVIII, 214 (1905), p.37.

41 Roll of Managers, ACC 81/84 799, ATL; Register of Articles of Apprenticeship, ACC 81/84 799, ATL.

42 STJ, XXII, 260 (1909), p.23; *Otago Witness*, 9 September 1903; *Wise's New Zealand Post Office Directory*, 1903, 1904.

43 Roll of Managers, ACC 81/84 799, ATL.

44 *Pharmaceutical Journal of New Zealand*, XV, 8 (1943), p.2.

45 I am indebted to Katherine Milburn at the Hocken Library for comparing research details on Bertha Harrop. Sources used include: *Cyclopaedia of New Zealand, Vol. 4, Otago and Southland Provincial Districts*, Christchurch, 1905, p.687; *Wise's New Zealand Post Office Directory*, 1906;

died in 1889, Bertha registered as a pharmacist and ran the chemist's side of the business for her mother, who enrolled her as manager in August 1899. Bertha continued in this position until the business was sold in 1905. She then moved to Auckland for a couple of years where she worked for Alexander Eccles, a retail chemist with several branches. In 1908 she was appointed to the position of dispenser at Nelson hospital, where she remained until 1911. She then returned to Auckland to live with her youngest brother, Clarence, a dentist, and eventually secured the position of manager of Eccles Pharmacy in Hobson Street in March 1913.⁴⁶ In 1918, Bertha Harrop was listed as one of only two female members of the Auckland Division of the New Zealand Pharmaceutical Society.⁴⁷

In April 1906, Eveleen (Lena) Williamson, the third woman to pass the Pharmacy Board examination, started her own 'up-to-date' pharmacy under the name of Williamson and Company, in Christchurch, just six years after qualifying.⁴⁸ Lena was the daughter of National Council of Women stalwart, Jessie Williamson, and her pharmacist husband, Hugh. In opening this business the company advertised Eveleen's presence, 'To Ladies — a thoroughly qualified registered lady chemist in attendance'.⁴⁹ Lena's involvement, however, appears short-lived, as in 1908 she moved to Auckland and by 1910 she had accepted an appointment as a dispenser at the Auckland hospital.⁵⁰

From July 1899, registration as a pharmacist could only be acquired through formal apprenticeship and the passing of the standard examinations set by the Pharmacy Board. Apprenticeships came entirely under the jurisdiction of the Board and remained outside the various Apprentices Acts. Although never formally excluded from apprenticeships, few women were apprenticed before the First World War (see Figure 1). The 1901 census recorded 111 male apprentices and eight women; in 1911 there were 127 men and only one woman. By 1922 this had risen to 214 male and 25 female apprentices.⁵¹ A total of 188 women were apprenticed between 1908 and 1939 and, of these, 79 eventually completed their apprenticeships and registered as pharmaceutical chemists.⁵²

Eden Supplementary Electoral Roll 1905–1906; Nelson Supplementary Electoral Roll 1908; *New Zealand Gazette*, 1906–1908; 1909–1911; W.R. Mayhew, *Tuapeka. The Land and its People*, (1949), Christchurch, 1977, pp.68–69; STJ, XII, 139, 7 (1899), p.63; XVIII, 214 (1905), p.24; 1908 Register of Addresses; Managers Roll, ACC 81/84 799 ATL; *The Dictionary of New Zealand Biography*, database.

46 Bertha was the second woman to be employed by Eccles as a manager, the first being Amie Schenk, who managed the Queen Street shop between March 1909 and January 1912. Roll of Managers, ACC 81/84 799, ATL.

47 Annie Bongard of Devonport was the other woman listed. Auckland Division of the New Zealand Pharmaceutical Society (October 1918), 1918 Correspondence, ACC 81/84, ATL.

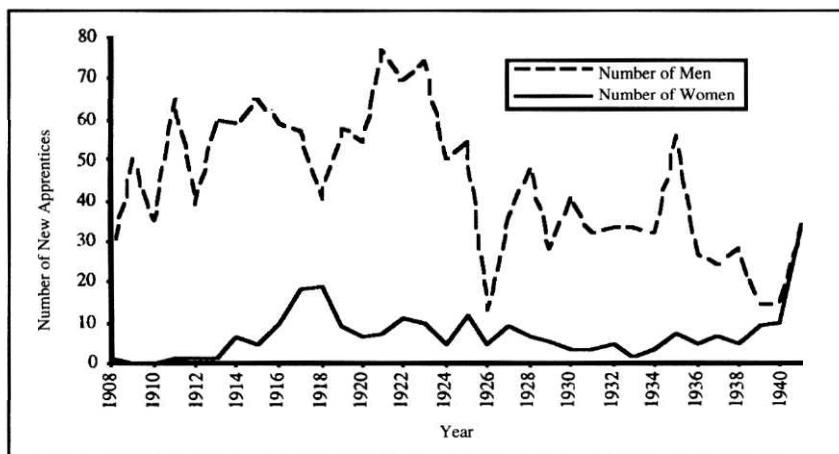
48 STJ, XIX, 218 (1906), p.23.

49 CDA, XXI, 5 (1906), p.124.

50 STJ, XXIII, 270 (1910), p.29. Register of Addresses, 1908, ACC 81/84 Box 4, ATL.

51 E.C. Cachemaille (Registrar of Pharmacy Board), note to Parr, n.d., H1 B121 182/3, National Archives (NA), Wellington.

52 Register of Articles of Apprenticeship, ACC 81/84 799, ATL. Register of Pharmaceutical Chemists, PSNZ.

Figure 1: Registration Of New Pharmacy Apprentices

Source: The Register of Articles of Apprenticeship, ACC 81/84 799A, ATL; Annual Reports of The Pharmaceutical Society, PSNZ.

The introduction of an apprenticeship system in New Zealand pharmacy provided a form of closure, restricting the number and type of people who could enter the occupation. The selection of apprentices was left entirely in the hands of individual pharmacists so that master chemists acted as gatekeepers to the profession. Women gained entry at times and in places where there was a shortage of male labour, for example at the turn of the century in Christchurch and during the First World War, or where the master chemist was sympathetic to women's entry to the profession.⁵³ There was no overt discrimination against the employment of women either as apprentices or qualified assistants; it was a matter left to individual chemists.⁵⁴

Evidence suggests, however, that males were preferred to females and that master chemists were often unwilling to take on female apprentices. For example, H.T. Wood of Masterton was the only retail pharmacy in the Wairarapa to employ female apprentices.⁵⁵ In 1922, the father of a young woman who wished to enter pharmacy wrote, 'Now the position is this, I have a daughter who desired to qualify in chemistry, but not a chemist in Auckland could be found willing to receive a *girl apprentice*, apparently the result of a tacit understanding amongst them'.⁵⁶ In 1924, Kathleen Wemyss walked from one end of Wellington to the other before securing a position with Mr Young in Upper Willis

⁵³ A scarcity of male apprentices and the presence of three women apprentices were noted in Christchurch as early as 1900. STJ, XII, 143 (1900), p.43; *Chemist and Druggist of Australasia*, XVII, 10 (1902), p.283.

⁵⁴ STJ, XXII, 258 (1909), p.21.

⁵⁵ Doris Woods to Louise Shaw, 16 August 1995, held by Louise Shaw (LS).

⁵⁶ T.E. Whitton to V.H. Potter, MP, 6 September 1922, H1 B121 182/3, NA.

Street.⁵⁷ Te Rata Day (later Small) experienced great difficulty in following her brother into a career in pharmacy in 1928. Te Rata personally asked 19 Auckland pharmacists if they had vacancies and was advised to send 'him' for an interview. On revealing that she was the applicant she was met with a flat refusal.⁵⁸ Eventually, her sister found her an opening with an elderly Wellington pharmacist, R.C. Brien, who had employed his first female apprentice during World War I and never employed another boy thereafter.⁵⁹

Except for the war years, there appear to have been few openings for women who did not have personal connections. Some pharmacies, such as Claude Perretts in Wellington, Eccles of Auckland, and Barretts in Christchurch, apprenticed several women but they were the exception.⁶⁰ Eccles employed two women managers before the First World War, Amie Schenk and Bertha Harrop, and the other two pharmacies were large, inner city shops which probably employed several staff members. Pauline Norris has suggested that men may have been reluctant to take on female apprentices due to social taboos against older men working with young women, often alone, and in the small, confined space of a dispensary.⁶¹

In 1923 a writer asked, 'Is it because girls are still lacking in initiative and self-confidence that they follow automatically into work that, generally speaking offers positions of only minor importance and little responsibility, and where they are not compelled to stand alone? It is only natural that there should be some timidity of this kind — after all the years of sheltered life it is not to be expected that they can emerge completely equipped for independent life.'⁶² The pervasive cult of domesticity, backed by 'scientific' arguments concerning female weaknesses, together with a developing masculine image of the professions and a long and expensive training during the early twentieth century, disadvantaged women and discouraged them from entering the professions. There were limited expectations of women's vocational needs and even supporters of higher education for women often regarded it as a matter of refinement rather than preparation for a career.⁶³ There was an increasingly rigid gendered curriculum and although some girls' schools taught subjects such as physics and chemistry, science for girls was increasingly watered down and domestically orientated.⁶⁴ By 1917 domestic training was compulsory for all girls, a move which disadvantaged

57 Interview with Hazel Wright by Louise Shaw, 27 September 1995, Waikanae, LS.

58 Te Rata Small to Louise Shaw, 1 November 1995, LS.

59 *ibid.*

60 Register of Articles of Apprenticeship, ACC 81/84 799, ATL.

61 P.T. Norris, 'The Negotiation and Re-Negotiation of Occupational Control: A Study of Retail Pharmacy in New Zealand 1920–1990', PhD thesis, Victoria University, Wellington, 1993, pp.78–79.

62 'Women as Chemists', *Ladies' Mirror*, 1 June 1923, p.18.

63 D. Page, 'The First Lady Graduates: Women with Degrees from Otago University, 1885–1900', in B. Brookes, C. Macdonald and M. Tennant, eds, *Women in History II*, Wellington, 1992, pp.101, 124.

64 R. Fry, 'The Curriculum and Girls' Secondary Schooling 1880–1925', in S. Middleton, ed., *Women and Education in Aotearoa*, Wellington, 1988, pp.37–39; M. Tennant, 'Natural Directions: The New Zealand Movement for Sexual Differentiation in Education During the Early Twentieth Century', in B. Brookes, C. Macdonald and M. Tennant, eds, *Women in History*, Wellington, 1987, pp.87–100.

young women who wanted science-based careers and, indirectly, gave the message that 'real' science was not for girls. Women's entry into pharmacy therefore required both personal commitment and parental support.

A prospective apprentice who was a minor needed a parental signature to become indentured. Apprenticeships required considerable commitment on the part of both apprentices and their parents. Most apprentices started at 14 or 15 years but registration could not be attained before the age of twenty-one.⁶⁵ Before the First World War, a premium system was in operation whereby the apprentices, or their parents, were required to pay a sum of between £50 and £100 as a sign of commitment.⁶⁶ It is not known how widespread the premium system was, but in April 1899 Joseph Maddison sued William Barnett in Christchurch for dismissing his daughter, Laura, before the termination of her apprenticeship for which he had paid £100 premium.⁶⁷ The matter was resolved and Laura went on to qualify but the case illustrates the financial commitment required. Whereas such an outlay may have been considered an investment for sons, it was probably more unusual for parents to make such a financial commitment to their daughters at a time when daughters were expected to cease paid employment on marriage. The master provided an indenture setting out the conditions of the apprenticeship and an agreed wage level for each year of service. Wages could range from no wage up to 10s. per week in the final year of service.⁶⁸ Under the articles of apprenticeship, the master chemists and the parents entered an agreement whereby the parents promised to meet the cost of keeping the apprentices and take responsibility for their behaviour, to the extent of making good any damage they caused in the dispensary.

Once the aspiring apprentices had found an opening and gained parental approval, they were required to combine long hours of work with private study for examinations. Until 1914 there were two exams, A and B, held twice a year, in April and October. After 1914 the exams were divided into three sections. Section A included English, arithmetic and elementary science and had to be passed within six months of commencing the apprenticeship. Students were exempted from Section A if they had matriculated or passed the Civil Service entrance exams. Section B included botany, chemistry, and practical chemistry, and Section C included *materia medica* (the science of drugs), a written paper on pharmacy and a practical exam in pharmacy and dispensing. The three-part exams were first held in 1915 and the system remained in place until 1926, when pharmacy was put on a similar footing with other professions by the replacement of Section A exams with matriculation.⁶⁹

Apprentices were required to study after a full day's work and to pay the necessary costs of tuition from either private tutors or technical colleges and the cost of sitting the exams. Those in rural areas were disadvantaged unless, like

65 Minutes of the Pharmacy Board, 19/20 July 1922; Pharmacy Act 1880.

66 R. Combes, *Pharmacy in New Zealand*, Auckland, 1981, pp.45–47; 'Women as Chemists', *Ladies' Mirror*, 1 June 1923, p.18.

67 CDA, XV, 5 (1899), p.131.

68 Combes, p.45.

69 Annual Reports of the Pharmaceutical Society, 1914; 1923; 1926, PSNZ.

Constance Elliot of Masterton, they could find help on an individual level. Constance was assisted by Dr Norman Prior, who took time off from his busy general practice to help her through her *materia medica* exam in 1911.⁷⁰ The apprenticeship was long and hard and the standard of training variable.

Manpower shortages during the First World War led to an increase in the number of women apprenticed, especially during 1917 and 1918, when critical shortages meant that some pharmacies were under threat of closure.⁷¹ A shortage of chemists' assistants was noted in the trade press as early as May 1916.⁷² The annual report of the Pharmaceutical Society for 1918 drew attention to a large increase in the number of new female apprentices — 19 out of a total of sixty.⁷³ Although the number of female apprentices dropped to single figures after the war, the number of women registering as pharmacists increased from 1920 onwards.⁷⁴

An increase in the number of women entering pharmacy during the First World War again raised the question of whether pharmacy was a suitable occupation for women. An article which appeared in the *Chemist and Druggist of Australasia* in July 1917 commented that the employment of women seemed to overcome the scarcity of male assistants, but questioned what would happen when the men returned from the war.⁷⁵ Some women pharmacists thought that this article was designed to discourage women from entering pharmacy. In response, the following year the journal printed a lengthy article, quoting the opinions of both sexes on the presence of women in pharmacy.⁷⁶ Only one New Zealand woman gave her opinion and it is not possible to identify her remarks, but the article reflects several of the 'myths' created about women on both sides of the Tasman. These included greater wastage among female staff, women not wanting to run their own pharmacies, the unsuitability of women handling prescriptions for treatments for venereal disease, and women's lack of physical strength and stamina. It also reflected upon the problems women pharmacists experienced with the public, who often preferred to be served by a male apprentice than by a qualified woman.

Between 1926 and 1936 there was a fall in the number of apprenticeships, new registrations and pharmacists in full-time employment. This reflected a period of uncertainty in retail pharmacy. Unlike the United States, where Teresa Gallagher argues that the Depression was relatively favourable to women's entry, in New Zealand there were few openings available.⁷⁷ The process of acquiring an apprenticeship remained difficult for girls, despite the fact that from

70 Constance Lang to the Editor, *Pharmaceutical Journal of New Zealand*, XXXV, 10 (1973), p.18.

71 North Otago UFS Dispensary, Oamaru, to Minister of Internal Affairs, 1 November 1917; Taranaki District Hospital and Charitable Aid Board to Minister of Public Health, 22 December 1917, H1 HB120 182 General 1921, NA.

72 CDA, XXXI, 7 (1916), p.182; XXXII, 7 (1917), pp.247–8.

73 Minutes of the Pharmacy Board, 22 May 1918, PSNZ.

74 The Register of Pharmaceutical Chemists, PSNZ.

75 'The Future of Women in Pharmacy', CDA, XXXII, 8, (1917), p.280.

76 'Women in Pharmacy. What Women and Men Think', CDA, XXXIII, 8 (1918), pp.232–3.

77 Gallagher, p.73.

the late 1920s pharmacy held less appeal for boys with matriculation, who could find better remuneration and career prospects elsewhere.⁷⁸

In 1938 the Pharmacy Plan Industrial Committee was established under the Department of Industries and Commerce. A policy of licensing pharmacies was aimed at reducing the number of pharmacies and the prices to the consumer. State intervention in pharmacy was also a deliberate precursor to the introduction of pharmaceutical benefits.⁷⁹ The Director of Pharmacy, Edward Myers, openly expressed a preference for male pharmacists, especially in the retail sector. Prospective female apprentices and parents sometimes wrote to him for advice and his attitude is summed up in the following reply to a girl's father:

I would say that pharmacy looks quite good for girls but that girls are no good to pharmacy because most of them get married.

At the present time there are more girls than boys being apprenticed and I think the ultimate result will be a shortage of personnel, so that those who stay in the game should not be short of employment.

In pre-war days qualified men were preferred by most employers since there is no distinction in the award wages to be paid.

I do not know whether your daughter has been about your pharmacy very much and realises what it means. Maybe she likes the look of you in your white toggerly and doesn't know that the business is about seventy per cent commercial or plain shop-keeping, with its attendant worries. Of course, if she aimed for going into hospital dispensing it would be different. Since she has thought of going for a B.Sc. it may be that her inclinations are more towards pure science than pharmacy. There is, of course, Bacteriology, and the Hospitals have their trainees along these lines . . .⁸⁰

Despite an increasing shortage of potential male apprentices, women were not encouraged to enter the profession. By 1939 the Vocational Guidance Service in Dunedin was unable to find any boy willing to become a chemist's apprentice and suggested that 'girls possessing the education and qualifications necessary might be apprenticed should the boys continue in this attitude'.⁸¹ The 1939 annual report of the Pharmaceutical Society noted the difficulty in getting apprentices and recorded that, out of 23 new apprentices indentured that year, nine were women. With fewer boys presenting themselves for apprenticeships, girls increased their representation.

The 1920s and 1930s saw an increasing variety of work opportunities for women, despite being difficult times for retail pharmacies as they faced increasing

⁷⁸ *Pharmaceutical Journal of New Zealand*, 1, 5 (1929), p.19.

⁷⁹ Provisional Industrial Plan for the Pharmacy Industry of New Zealand, Wellington, 16 November 1937, Bureau of Industry, File 37/Box 45, Pharmacy Plan Industrial Committee — Pharmaceutical Benefits, IC Series 1 49/60, NA.

⁸⁰ E.R. Myers to G. Whitelaw Watson, 25 January 1944, IC Series 1, 49/60, NA.

⁸¹ *Otago Daily Times*, 1 April 1939, p.19.

competition from grocers and Friendly Societies.⁸² With increasing shortages of male pharmacists and apprentices, short-term locum and part-time work for women became available from the mid 1920s.⁸³ During the 1930s there was an increasing worry about the possible introduction of chain pharmacies into New Zealand. This fear was realized when, in 1935, the British firm of Boots sent representatives to investigate the viability of operating in New Zealand, which resulted in the purchase of sites in Auckland and Wellington. Independent pharmacists, with government support through the introduction of pharmacy licensing and ownership regulations, managed to restrict the growth of company pharmacy. The arrival of Boots, however, did provide new employment opportunities and a good career structure for women.⁸⁴

The most significant career opportunities for women lay in the development of hospital pharmacy. An expanding hospital service, with increasing occupational specialization, provided new opportunities. By 1923, the *Ladies' Mirror* could write that 'Of the comparatively few women who have qualified, a good proportion have become dispensers at public hospitals. Women appear to favour this branch of the work, with its absence of the commercial element. That they are well fitted to hold such posts is shown by the fact that they are appointed to take charge at most of the large hospitals in New Zealand.'⁸⁵

In the late nineteenth and early twentieth centuries, there were few specialist positions in hospitals and dispensing was often combined with other duties. During the 1890s, Laura Heath and Ellen Dougherty combined dispensing with nursing duties, a move that was encouraged by some hospital boards, which regarded dispensing as a natural extension of nursing duties. From the early 1900s, the larger hospital boards began to employ both registered and unregistered women as hospital dispensers, although it was still common to find nurses carrying out dispensing duties, especially in the smaller hospitals.

By 1912, specialist dispensers were employed at Auckland, Wellington, Dunedin, Christchurch, Nelson, Southland and New Plymouth Hospitals.⁸⁶ Eveleen Williamson, who relieved at Christchurch Hospital in 1906 and 1908, accepted an appointment as dispenser at Auckland Hospital in 1910.⁸⁷ Ruby Suckling was employed as dispenser at Nelson Hospital in 1905, a position also filled by Bertha Harrop between 1908 and 1911.⁸⁸ Wanganui Hospital employed its first dispenser in 1915, an unqualified woman, at a salary of £200 per year. This was much to the regret of the Pharmacy Board, which noted that the hospital

82 Combes, p.200.

83 Roll of Managers, ACC 81/84 799, ATL.

84 Doris Dodds to Louise Shaw, 16 August 1995, LS. Interviews with Hazel Wright, Waikanae, 27 September 1995, and Margaret Williamson, Lower Hutt, 25 September 1995, conducted by Louise Shaw, LS.

85 'Women as Chemists', *Ladies' Mirror*, 1 June 1923, p.18.

86 CDA, XXVII, 4, 1 (1912), p.126.

87 STJ, XXIII, 270, 8 (1910), p.29.

88 CDA, XX, 6, 1 (1905), p.143; *New Zealand Gazette*, 1909–1911; Nelson Supplementary Electoral Roll, 1908.

had received 22 applications from qualified pharmacists.⁸⁹ In 1912, Alice Gregory became the first woman dispenser at Christchurch Hospital and in 1916 she was appointed as a dispenser at Wellington Hospital.⁹⁰ In 1929, Alice was appointed head dispenser at Wellington Hospital.⁹¹ She resigned from Wellington Hospital in 1931 on her marriage to a Christchurch pharmacist and was succeeded by Hilda Wilton, who had spent four years as a dispenser at Nelson Hospital, followed by four years at Waikato Hospital, before moving to Wellington in the early 1920s.⁹² Jessie Laurenson became head dispenser at Christchurch Hospital around 1925, Edna Herrick became head dispenser of Auckland Hospital in the mid 1930s and Sister Mary Gabriel took charge of the newly established Mater Misericordiae Hospital dispensary in 1936. These women were influential in hospital pharmacy and played a significant role in securing women's future in the profession.

Hospital dispensing increasingly offered an alternative to retail work and although the number of positions was comparatively small, it became an important subspeciality within pharmacy, especially for women. Between 1921 and 1936 the ratio of female to male dispensers recorded in the census changed from 1:3 to 2:3. Hospital boards often defined dispensing as women's work. This arguably produced a chicken-and-egg situation. Did the hospital boards define dispensing as a female task in order to keep down the expense of employing an 'expert' or did the emergence of the occupation as one suited to women accord it less status and lower pay than retail pharmacy?

The role of dispenser essentially did not challenge basic gender ideologies. Like that of nurse, it could be viewed as an extension of women's caring and nurturing role within the family. The dispenser was subsidiary to the doctor, who did the prescribing. The use of unregistered dispensers, especially in smaller hospitals, was supported by the Health Department, on the grounds that expert knowledge was not required, or the expense warranted.⁹³

In studying the relationship between technology and masculinity, Cynthia Cockburn claims technological skill is a social construction that separates men from women.⁹⁴ She argues that when women enter predominantly male occupations either they are masculinized into honorary men, or the job changes in some way to explain or assimilate new entrants. The work of hospital pharmacists during the early twentieth century was defined as being less skilled than retail pharmacy, partly because it lacked the masculine, entrepreneurial image, but also because it lacked the same degree of autonomy, in that it was overseen by

89 R.E. Wright-St. Clair, *Caring for People. Wanganui Hospital Board 1885–1985*, Wanganui, Wanganui Hospital Board Centennial Celebrations Committee, 1987, pp.34, 65.

90 Combes, p.216; CDA, XXXI, 7 (1916), p.245.

91 *Pharmaceutical Journal of New Zealand*, 1, 5 (1929), p.17; XXIII, 6 (1951), pp.236, 238.

92 *ibid.*, XIII, 12 (1942), p.7.

93 Director General of Health to Minister of Health, 11 November 1926; Memo, Director, Division of Public Hygiene to Director General of Health. H1 ACC W2676 34890 53/94, Box 14, Hospital Boards — Pharmaceutical Departments and Dispensaries in Hospitals, NA.

94 C. Cockburn, 'The Gendering of Jobs: Workplace relations and the reproduction of sex segregation' in S. Walby, ed., *Gender Segregation at Work.*, Milton Keynes, 1988, pp.38–39.

the expert eye of the medical superintendent. Dispensers did not have the same degree of professional independence or autonomy, but formed a lower rung in a ladder under the management of predominantly male doctors and hospital administrators. They were not perceived as technological experts, but merely as counters and pourers of bulk-manufactured medicines. In contrast, retail pharmacists compounded the majority of their own medicines at this time and could be called upon to diagnose ailments over the counter. Hospital dispensing was thus viewed by both the Pharmaceutical Society and the Health Department as being relatively unskilled work.

The relationship between the Pharmaceutical Society and hospital pharmacy was an uneasy one throughout the period. Hospital dispensing was under the jurisdiction of individual hospital boards and there was no legal requirement to employ registered dispensers. Under the 1898 Act, apprenticeships had to be served in an open shop. The hospital boards were keen to introduce apprenticeships, which would provide a source of cheap labour, whereas the Pharmacy Board wanted registered pharmacists employed in hospitals. Between 1908 and 1922 the hospital dispensary became a battleground for jurisdiction between individual hospital boards and the Pharmaceutical Society. While having no objection to women becoming pharmaceutical chemists, the decision of the Pharmaceutical Society not to allow apprenticeships in hospitals was discriminatory against women and ensured that entry to the profession remained strictly controlled.

Primary sources suggest that by the early 1920s a number of young women were working as unregistered but qualified hospital dispensers, having taken the examinations but not completed the required retail apprenticeship. A letter written to the Director General of Health from the secretary of the North Canterbury Hospital in 1921 reported that the Pharmaceutical Society objected to women employed in hospital dispensaries, even if qualified, on the grounds that they had not served their apprenticeship in a shop, and that the writer had, *for some years*, been asking the Pharmaceutical Society for the right of registration for young women trained in hospital dispensaries.⁹⁵ Christchurch Hospital employed two qualified female dispensers in 1922, but neither had served their apprenticeship in a shop and as a consequence were denied registration with the Pharmacy Board.⁹⁶ By 1922, women were employed in hospital dispensaries in sufficient numbers for a conference of representatives of the Auckland, Wellington and North Canterbury Hospital Boards to recommend 'That the Pharmacy Board is approached to enable young women employed in Hospital Dispensaries the opportunity of being registered'.⁹⁷

Under pressure of staff shortages during the First World War, the Pharmacy Board reluctantly agreed to support an amendment to the Pharmacy Act, which

95 Secretary of the North Canterbury Hospital and Charitable Aid Board, Christchurch, to Director General of Health, 14 September 1921, H1 B121 182/3, Pharmacy Act, Proposed Amendments 1920–1932, NA.

96 *Sun*, 11 March 1921, H1 B121 182/3, Pharmacy Act, Proposed Amendments 1920–1932, NA.

97 Conference of Representatives of Auckland, Wellington, North Canterbury Hospital Boards, 13 and 14 July 1922, p.6, H1 B20 54/41/6, NA.

recognized articles of apprenticeship in hospitals, with the provision that dispensers were enrolled as managers of the dispensary and thus registered with the Pharmaceutical Society.⁹⁸ The debate over apprenticeships, however, continued for another six years. In 1921 the Pharmaceutical Society suggested a four-year apprenticeship, with three years served in a hospital and one year in a shop.⁹⁹ The following correspondence from an Auckland father about his daughter, suggests that this solution still discriminated against young women who wished to enter apprenticeships:

From enquiries made I believe that I could have succeeded in placing her as an assistant to the dispenser at the Auckland Hospital, but this would not fill the requirements of the Act in relation to apprentices; in other words she could not qualify by servicing her apprenticeship in the dispensing department of one of our largest hospitals, and passing the necessary examinations.

The proposed amendment relating to apprentices under a registered chemist in charge of a hospital dispensary is unquestionably an improvement on the Act, but the amending Bill as it stands will not help me out of the difficulty in relation to the last year of apprenticeship which must be under a chemist keeping open shop.

If the chemists have mutually agreed not to take girls, a girl might spend three years in a hospital dispensary, taking the prescribed examinations, and then find herself unable to complete her qualification by reason of this bar and her time will have been spent to no purpose.¹⁰⁰

The Pharmacy Board, in response to this correspondence, denied that any obstacles were placed in the way of young women. It informed the Minister of Health that in 1922, 622 male pharmacists and 18 female pharmacists were registered, and that 214 males and 25 girls were currently apprenticed.¹⁰¹

Eventually, under pressure, the Pharmacy Board was obliged to concede and the Pharmacy Amendment Act 1922 provided for a four-year apprenticeship to be served in an open shop or 'as the apprentice of a *registered chemist* in charge of a hospital established under the Hospital and Charitable Institutions Act, 1909'.¹⁰² This essentially brought hospital pharmacy apprenticeship under the jurisdiction of the Pharmacy Board by ensuring that at least the head dispensers were registered with the Pharmaceutical Society. Hospital pharmacists, however, were denied representation on the Pharmacy Board and employment conditions remained within the jurisdiction of individual hospital boards.

The Pharmacy Amendment Act of 1922 opened the door to registration for a few women who were already qualified, but had not completed retail

98 Pharmacy Board to Acting Chief Health Officer, 15 March 1915, H1 HB120 182 General 1921, NA.

99 Minutes of the Pharmacy Board, 9 November 1921, PSNZ.

100 T.E. Whitton to V.H. Potter, MP, 12 September 1922, H1 B121 182/3, NA.

101 Cachemaille (Pharmacy Board) note to Parr, n.d. C.J. Parr (Minister of Health) to V.H. Potter, MP, 20 September 1922, H1 B121 182/3, NA.

102 My emphasis; Pharmacy Amendment Act, 1922, Section 30 (b).

apprenticeships. The first woman pharmacist to register, having served her entire apprenticeship in a hospital dispensary, was Kathleen (Koi) Rogers of Christchurch. Kathleen served as an assistant at Christchurch Hospital between October 1917 and November 1922 and passed her final professional exams in June 1919.¹⁰³ She was appointed head dispenser at Christchurch Hospital in August 1919 but was unable to register until the Pharmacy Amendment Act took effect in January 1923.¹⁰⁴ There remained, however, a reluctance on the part of the Pharmacy Board to accept hospital apprenticeships and as late as 1925 Jessie Lawrenson found her application for registration subject to legal interpretation of the 1922 Act.¹⁰⁵

The significance of the Pharmacy Amendment Act 1922 lay in the new opportunities it provided for women to train as pharmacists in an environment which was more public and perhaps less intimidating than the small, dark dispensary at the back of the master chemist's shop. The Pharmaceutical Society, however, continued to view such a training as inferior to that received in retail pharmacy. Hospital pharmacy was regarded as a secondary niche within the profession and was accorded both lower pay and lower status.

This development of a subspeciality within the profession supports Hakim's theory of vertical occupational segregation whereby men and women are recruited into different categories within the same occupation.¹⁰⁶ It does not, however, support the notion that segregation necessarily forms a ghetto for women. Hospital pay was low, but generally there was equal pay between men and women. Salaries varied between institutions, according to size and the amount of responsibility. For example, when Alice Gregory was appointed to Wellington Hospital in 1916 she received a salary of £200 per annum, a £40 house allowance and her meals.¹⁰⁷ In 1923 a woman dispenser could expect to earn between £100 and £200 per annum, dependent upon the size of the hospital, but she was also offered accommodation at the nurses' home.¹⁰⁸ This compared with £4 per week for an unqualified retail assistant and between £6 and £8 per week for a qualified assistant in retail pharmacy.¹⁰⁹ Thus, while hospital salaries were generally lower than retail salaries, women in hospital pharmacy could attain a comfortable standard of living.

The mean income for hospital dispensers at the time of the 1936 census compared favourably with other women's earnings. At a time when the mean income for female employees, or women working on their own account, was

103 Letterbook 81–84, 27 January 1923, ACC 81/84, Box 18, ATL; Register of Pharmaceutical Chemists, PSNZ.

104 'Women as Chemists', *Ladies' Mirror*, 1 June 1923, p.18; Register of Pharmaceutical Chemists, PSNZ.

105 Minutes of the Pharmacy Board, 12 February 1925, PSNZ.

106 C. Hakim, 'Occupational Segregation', Research Paper No. 9, Department of Employment, London, 1979 cited in R. Crompton and K. Sanderson, *Gendered Jobs and Social Change*, London, 1990.

107 CDA, XXXI, 7 (1916), p.245. Interview with Hazel Wright conducted by Louise Shaw, Waikanae, 27 September 1995, LS.

108 'Women as Chemists', *Ladies' Mirror*, 1 June 1923, p.18.

109 *ibid.*

£65, the mean income for female pharmacists was between £52 and £103¹¹⁰ (see Table 2). Information from the 1936 census indicates that although women pharmacists were more likely to be employees and earn considerably less than their male colleagues in retail pharmacy, it could be a lucrative profession for women. When compared with other opportunities for women in the work-force at the time, women pharmacists felt privileged to have what they regarded as equal opportunity.¹¹¹

Table 2: Pharmacy: Income by occupation, 1936

Income	Dispenser		Pharmaceutical Chemist	
	Male	Female	Male	Female
No Income	-	1	17	2
Less than £52	3	3	107	13
£52–£103	5	9	114	10
£104–£155	10	3	101	4
£156–£207	8	3	121	7
£208–£259	7	5	120	3
£260–£311	5	1	128	2
£312–£363	1	-	85	1
£364+	-	1	169	3
Not Specified	-	1	16	-
Total	39	27	978	45

Source: NZ Census of Population and Dwellings, 1936.

The number of women in hospital pharmacy continued to grow, so that by 1939 large hospital dispensaries such as Auckland and Wellington were predominantly female work environments. Opportunities existed for women to undertake apprenticeships at most of the larger hospitals, although some, such as New Plymouth, still rejected female applicants.¹¹² In 1939, S. Vine, a hospital dispenser, wrote to the Prime Minister enquiring, 'Could nothing be done to exclude too much of this lady dispenser business, and give a married man like myself, a reasonable chance of a decent position which I think I justly deserve?'¹¹³

Hospital pharmacy generally fitted comfortably with the stereotypical image of the caring, supportive woman. It avoided the entrepreneurial element and long hours of retail work, and women did not have to come into direct contact with their clients to the same extent as they did in retail work. We do not know whether women were more attracted to hospital pharmacy, or whether it was the lack of opportunity and the lack of public and professional acceptance in retail work that pushed them towards hospital work; it was probably a combination of both

¹¹⁰ New Zealand Census of Population and Dwellings, 1936.

¹¹¹ Interviews with Hazel Wright, Waikanae, 27 September 1995, and Margaret Williamson, Lower Hutt, 25 September 1995, conducted by Louise Shaw, LS.

¹¹² Director, Division of Nursing to P.C. McLaren, 17 July 1939; S. Vine to P. [sic.] Savage (Prime Minister), 9 February 1939, H1 ACC W2676 34890 53/94 Box 14 Hospital Boards — Pharmaceutical Departments and Dispensaries in Hospitals, NA.

¹¹³ *ibid.*

factors. What is evident is that it was easier for women to reconcile their gender with their role within the hospital environment. Women in retail pharmacy worked in predominantly male work environments and with a public that sometimes regarded them as little more than unqualified assistants.¹¹⁴ The sociologist Andrew Abbott has stressed the importance of a public audience for the recognition of the jurisdictional claims of professionals.¹¹⁵ It is evident that women pharmacists struggled to gain public recognition as professionals. Initially, women were not given the cultural authority to be independent professionals. Time and again, women retail pharmacists were asked 'May I speak to the pharmacist?', the implicit assumption being that the pharmacist should be a man. The hospital dispensary, divided from the public by a hatch, avoided this situation.

While some women continued in the tradition of family pharmacy during the 1920s and 1930s, women increasingly entered pharmacy without family connections and were less likely to own a pharmacy than had been the case at the turn of the century. The growth of hospital pharmacy enabled women to establish careers which offered them a degree of professional independence and status. From a 1990s perspective the emergence of vertical segregation within the profession suggests gender discrimination, yet this was not how it was perceived at the time. New Zealand women pharmacists did not form a separate women's association within the profession in this period, as their counterparts in Australia and Great Britain had done. There was little resentment among New Zealand women pharmacists, who perceived opportunities for career development within the hospital sector and regarded themselves as having equality with their male counterparts. Differences in employment patterns between men and women were often perceived as a consequence of individual choice. While they were never formally excluded from pharmacy, the evidence suggests, however, that women faced numerous informal barriers to entering the profession and that even when they had qualified, their working patterns were strongly influenced by gendered prescriptions.

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114 Most retail pharmacies at this time were one-man businesses. The employment of shop assistants in chemist shops did not become widespread until after the Second World War.

115 A. Abbott, *The System of Professions: An essay on the division of expert labour*, Chicago, 1988, p.58.