

in New Zealand since the nineteenth century. As in the cases examined in this book, there remains something of a disconnect today between the law and the provision of abortion services which is accepted within society. So has the country really come that far? This chapter is not only thought-provoking, but challenges New Zealand to move away from its currently restrictive attitude towards abortion and recognize that it is a health, not a criminal, issue.

There were times that I felt the need for more contextualization in the book. For example, the first chapter mentions several ways that women responded to unwanted pregnancies. However, the context in which women chose these is under-examined and individual cases are left on their own to illustrate the restricted choices faced by women. Likewise, the chapter 'Helping Others', which deals with the involvement of male sexual partners, could have had more discussion about the role that these men played, perhaps drawing from other cases mentioned in the book. Overall these chapters seemed a bit short and left me wanting something more. It is also difficult to ascertain how relevant the British and American debates about access to contraception were to New Zealand at the time, and which English abortion laws, of the several that are mentioned, were applied in New Zealand. There are also a small number of editorial issues, such as hyphenated words in the middle of sentences. This, however, does not detract from the accessibility of the book and the important contribution that it makes to a better understanding of the lives of everyday women in nineteenth-century New Zealand.

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1 Margaret Sparrow, *Abortion Then & Now: New Zealand Abortion Stories from 1940 to 1980*, Wellington, 2010.

The Rise and Fall of National Women's Hospital: A History. By Linda Bryder. Auckland University Press, Auckland, 2014. 323pp. NZ price: \$49.99. ISBN: 9781869408091.

In this important book Linda Bryder uses a particular medical institution – National Women's Hospital in Auckland – to examine the interconnected and overlapping themes of childbirth services, medical research and training, the care of babies, reproductive medicine and changes in ideas about fertility and reproduction over time, contraception and abortion, and much more. In this manner, her work pays homage to other significant contributions to medical history on the international stage, including Australian, British and North American studies of institutional worlds and narratives of health and medicine over time. There has been a resurgence of interest in the 'institution' as a site of history-making in medical history circles, perhaps in

part spurred by an awareness that commissioned medical histories, like commissioned histories of other institutions, lack the academic rigour they require.

Bryder's book is a narrative history, one that tells the story of the changing conditions of women's health and medicine inside the wider context of medical training, scientific investigation and professional expertise in the post-war period. The tale of the life and ultimate closure of the hospital is dramatic, but Bryder's story is cool and clear-headed. The National Women's Hospital opened in 1946. Bryder sets the scene concerning childbirth services in the period to 1939 to show that the institution was one borne out of agitation and necessity for women. The mixture of an existing system of private and public hospitals, the wider international context of women's lobby groups, and the need for the clinical training of those who would deliver babies, presented a pressing need for a dedicated women's hospital. In the second chapter, Bryder shows that the establishment of the Postgraduate School of Obstetrics and Gynaecology, a movement led in part by Dr Doris Gordon, was prompted by the idea that birthing and treatment, and research and training, should be combined in one institutional setting, an idea also in vogue in Britain and elsewhere: indeed, the close ties between New Zealanders seeking medical training, and the later provision of medical services, owed much to practices of postgraduate training in the British and Scottish context. These two opening chapters serve to situate New Zealand's history of obstetric training and practice for the story of the hospital itself.

Throughout the book Bryder takes care to illustrate the ways in which medical training hospitals such as National Women's were always embedded within the professional context of a wider medical and scientific world. This goes some way towards explaining problematic medical practices which reflected this world – and that were, in fact, generated by systems of (medical) belief – as this review goes on to detail below. The book is then shaped first and foremost by Bryder's own training as a medical historian, one sensitive to the currents of knowledge that circulate inside medical discursive contexts. She brings a personal touch to this history, noting her own family involvement with the hospital, as well as her determination to 'show' how medical history is written. In academic terms the book also reflects Bryder's interests in women's health, the health and care of babies, social and political life, and public health. She marshals medical biography too, providing insights into the central players in the drama of women's health over time.

Bryder is at her best when examining the complex relationship between the institution and its constituent parts, another important trend in medical history. This strength is signalled by her interest in the interplay between patients, doctors, research and training, as set out in the central chapters of the book, and especially between Chapters Three and Seven. Between 1950 and 1963, Bryder suggests in Chapter Three, the hospital resembled a 'tripod'. Historians attentive to processes of medical and scientific training recognize that this relationship was contested, and in the middle decade of the twentieth century, the medical care of women and babies was a potentially explosive subject – with inquiries into maternal deaths in the United Kingdom – but before the women's movement had taken hold. Theories of pain relief, birthing techniques, and medical intervention in birth, were developed by doctors, but

were highly questionable from our own vantage point. The following chapter provides a useful counterpoint, looking again at this period from the point of view of women, nurses and midwives. Women and mothers did speak out about the experiences of hospital birth in the 1950s, using organizations such as Parents' Centre as their mouthpiece. Parents' Centre then advocated for the meaningful role of doctors, and argued for the presence of men in birthing suites.

This middle decade to 1963 is again traversed as territory for the next chapter, which outlines the premature nursery and paediatrics. This chapter, and the two that follow, focused on reproductive medicine and perinatal medicine respectively, are highly interesting and revealing of new stories about women's health in this institutional setting, such as New Zealand's experience of in vitro fertilization or IVF medicine. The chapter about perinatal medicine brings Graham 'Mont' Liggins into the narrative, who gives his name to the Liggins Institute for medical research, an institution which continues the work described by Bryder in her book.

The changing world and context of obstetrics between 1964 and the 1980s (which was accompanied by a new building for the hospital in 1964, perhaps solidifying new institutional meanings for its detractors) helps to set the scene in Chapter Nine for the entrance of 'the Feminists'. As an historian trained in feminist history and methodology in the mid-1980s, I found this part of the book lacking a deeper interpretation. There is a tendency here to simplify the debates around notions of pressure groups and the attenuated tensions of the women's movement, so that an appropriate, relevant and much sharper critique of the medical treatment of women inside medical institutions becomes muted. For me, the feminist response to the medical professionals involved in childbirth is presented in a slightly pejorative fashion.

Yet with a nod to setting a much larger context for medical 'experimentation' in the period, Bryder demonstrates, in a sequence of description and argumentation, the questions raised about the treatment of preterm babies in the 1990s (pp.228–30). With echoes of the scandal of the previous decade, and controversy about the treatment (or lack thereof) of women with suspected cervical cancerous lesions, this sequence allows Bryder to make comparisons between notions of 'treatment' and its apparent efficacy, and the subsequent discovery that a widespread practice of chest physiotherapy on these small infants was actually causing the deaths of some preterm babies.

Bryder ends her narrative by focusing attention on the emergence of 'consumers' of medical services in the 1990s. Consumers, in all areas of health provision – including mental health, surgery and general health – challenged expectations and perceptions of health delivery. Bryder, like other historians of medicine, grapples with this shift in nomenclature and understanding from the 'patient' to the 'consumer' of medicine in the late twentieth century. While again she does not explicitly discuss this language, preferring to illustrate her argument through her narrative, Bryder quietly shows a concern for the ways that such consumer discourse helped to shape and influence responses to medical care. Controversially, feminist consumers, she asserts, were among those who played a role in the demise of the women's hospital. Bryder's points about changes in the 'social relations of

medicine' are apposite – both in her field and discipline, and for New Zealand's history of health and medicine.

There is never a time in history when 'we' the public should stop questioning the power of professionals who manage our health, or education, or other aspects of social and cultural life. Training our critical gaze on the medical establishment has been a vital component of revolutionizing health and medical services, of preventing errors and ethical horror, and of teaching medical students how to be better and how to do no harm. We have used our feminist gaze, our deeply articulated sense of fairness and equity about class, race/ethnicity, gender and sexualities, and we have strived to tell medical professionals when we have found fault with care and treatment. At the same time, we have also used and benefited from medical care and experimentation. The National Women's Hospital was established in a post-war world of medical and scientific confidence, a new 'frontier' for bodily knowledge. This is no celebratory history by Bryder. The tensions inherent in the institutional world she describes here are potent, yet delicately wrought.

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Treaty of Waitangi Settlements. Edited by Nicola R. Wheen and Janine Hayward. Bridget Williams Books, Wellington, 2012, 300pp. NZ Price: \$49.99. ISBN: 9781927131381.

Māori and the Crown have been engaged in the negotiation of historical Treaty settlements for nearly 20 years now. The pace of settlements has increased recently as the government works towards a policy of settling all historical claims. Yet a lack of understanding, and in some instances complete misunderstanding, still persists about the Treaty settlement process. *Treaty of Waitangi Settlements* is an attempt to address this. Its primary aim is 'to contribute to the legal and political analysis and discussion around settlements and the settlement process, with the overall intention of improving outcomes for both Treaty partners and the wider New Zealand community' (p.22).

In order to achieve this aim the editors have brought together leading scholars involved in the Treaty settlement process to make 'comment on its context, history, content and outcomes' (p.22). These experts hail from inside and outside academia, and work in the fields of history, law, Māori Studies and politics. What is exciting, and novel for an academic work, is that the authors bring personal experience and insight to the topic. Most have been involved in the Treaty settlement process as researchers, advisors, counsel or claimants. Some speak directly to this. For example Margaret Mutu and Michael Stevens discuss their whānau, hapū and iwi experiences, while Mai Chen incorporates specific examples as counsel for Māori clients. While some may argue this leads to bias and subjectivity, each author's position is made clear