In her *History of New Zealand Women*, Barbara Brookes weaves different perspectives of Māori and Pakeha lives into a tapestry that enriches our sense of what it is to be a New Zealander. At best, Māori and Pakeha women have been learning from each other for 200 years. Before European settlement, Māori women's customary roles were broader than those of Europeans. They had land rights that could be passed through the female line. In contrast, there were few legal rights for married women in settler society, and only in 1884 were all married women granted the right to own their own property—an argument partly premised on Māori customary rights. Meanwhile, missionary women such as Jane Kendall, Hannah King, and Dinah Hall, founders (with their husbands) of the first settlement of the Church Missionary Society at Rangihoua in 1814, believed they had a special role in educating Māori, though on occasion Māori women objected to being taught housekeeping instead of reading!

At worst, Māori women suffered grievously from contact with Pakeha. Introduced diseases, the land wars and the alienation of land led to catastrophic illness and loss of life. A Song of Sickness, perhaps initially composed by Hine Tangikuku of Ngāti Porou, expressed the desolation of communities as sickness took its toll. The waiata begins:

*The morning star swims in the sky*
To this shore, where I
Lie wasted in a sea of pain.
Writhing like one insane
Fever-drunk, drifting
Like pollen in a dream, sifting
Like seed, I am not what I seem.

Health and illness is a theme that runs through this history, and there are parallels to be drawn with contemporary society. In the late 19th Century, women's concern...
focussed on the evils of alcohol. Drink took money away from the domestic sphere and ruined lives. It was also another means through which Māori were dispossessed. Activist with the Women's Christian Temperance Union, Kate Sheppard, led the fight for votes for women. She argued that the state was ‘an enlargement of the family’ and women’s involvement was vital to both. The women’s franchise, finally gained in 1893, was opposed by the liquor lobby. Women later argued for laws that improved the health of women and children through curbing men’s sexual liberty: raising the age of consent (from 12 years), the repeal of the Contagious Diseases Act, which allowed the compulsory medical examination of women thought to be prostitutes, and the forbidding of incest.

In describing antecedents to the founding of the Māori Women’s Welfare league, Brookes reports on a meeting in 1943 of the Northern District Hospital Boards. The Medical Officer of Health for the Manawatu, commenting on poor housing for Māori at Opiki, said that though the Department of Health had few statutory responsibilities, it ‘had many moral ones’.

The second wave of feminists emerging in the 1970s broke more bounds in society. Author and activist Germaine Greer visited New Zealand in 1971. A description of her points to a new ideal: ‘smart, learned, independent, funny and sexy’. This time round, Greer believed, feminism should unseat God, marriage, family and private property. Other groups of women responded with a counter-movement committed to an ideal of family life in which mothers provided a domestic anchor for their spouse and children. Brookes suggests that feminists were remaking traditions to include and value other ways of being, rather than destroying the family. Nevertheless, remaking traditions of family life, such that each member has a valued place, is still a work in progress.

As the narrative moves into the last 30 years, women speak with more diverse voices.

Women finally had powerful positions in public life. It was 1947 before there was a woman in Cabinet. Yet by 2001 New Zealand was called a ‘Woman’s Land’ because virtually every top job was held by a woman. Perhaps medicine has been behind in this regard. Only one woman, Robyn Briant, has ever chaired the Medical Council. There were only 17 women in the class of 120 when I graduated from the Otago Medical School in 1971: Brookes suggests that the lack of science teaching in girls’ secondary schools was partly responsible. In 2015, 43 percent of all doctors were women. Yet there are no younger women in medicine singled out for attention by Brookes, compared with highlighted contributions by women in other professional fields.

In sharp contrast to these spheres were the lives of women with little education and who had children at a young age. Brookes describes a new polarisation (in the late 20th century) between the experiences of well-educated women and those with little education, and there were new social ideas that had a better fit with the well educated and well off. Ideals of achievement, individual responsibility and choice were congruent with the lives of educated women without children. New government policies valued women as workers but not as mothers. Sole mothers with limited income had few choices.

In ‘shaping the new millennium’, Brookes celebrates the ways in which so many women have moved into new areas and made powerful contributions. She touches lightly on one of the so far intractable difficulties: not enough time and income to care for children. Caring, whether for children or for those who are sick or old, still most often falls on women. Perhaps, Brookes ventures, our policies would change if
Barbara Brookes has written a big history that lights up the lives of many women; giving them names and quoting from their writing. She also charts the changes in social context that shaped such women's experiences and that they in turn shaped. Finally, this is a book that celebrates women as makers. There are images of an early Māori cloak, a child's sampler, a quilt backed by flour bags, dresses, sewing kits and jewellery. There are beautiful paintings and photographs by New Zealand women, which also tell stories of women's lives, including the lovely cover image by Star Gossage.

Competing interests:
Charlotte Paul is a colleague of Barbara Brookes at the University of Otago and has been a co-author.

Author information:
Charlotte Paul, Emeritus Professor, Department of Preventive and Social Medicine, University of Otago, Dunedin.

Corresponding author:
Dr Charlotte Paul, Emeritus Professor, Department of Preventive and Social Medicine, University of Otago, Frederick St, Dunedin 9016.
charlotte.paul@otago.ac.nz

URL: