

Book Reviews

Derek A Dow, *Maori health and government policy, 1840–1940*, Wellington, New Zealand, Victoria University Press in association with the Historical Branch, Department of Internal Affairs, 1999, pp. 280, illus., NZ\$39.95 (paperback 0-86473-366-6).

New Zealand has perhaps been the most interesting social laboratory of the “white” Dominions—those settlements where European colonists quickly outnumbered the indigenous peoples. For a time from 1938 until the “great dismantling” of the 1980s, New Zealand possessed the most comprehensive welfare state in the Anglophone world. It boasted the world’s lowest (white) infant and maternal mortality and among the best (white) life expectancy. But the test of all colonial societies is not the condition of the colonizers, but that of the colonized, and here also New Zealand was distinctive. There were Maori medical practitioners by the early 1900s, and one of them, Maui Pomare, was Minister of Health in the 1920s. (My university in Melbourne, with the oldest medical school in Australasia (1864) did not produce its first Aboriginal medical graduate until 1989.) For all the shortcomings of Maori health care and status since colonization, the marvel to an Australian historian is that a book can be written at all about Maori health and government policy that begins in 1840.

Derek Dow has aspired simply to write a detailed, critical account of Maori health policy for the century from 1840 to 1940, and the book will prove useful to many working on related or more global issues in the history of health policy and administration. It is a record of patchy, sometimes muddled, frequently well-intentioned service provision on inadequate funding, conducted by people in a new world, confronting a clash of culture and history they barely comprehended. It is the story of people struggling to find solutions and strategies, working them out for the

first time with no precedents to follow, unconscious of the long-term significance of their actions. At times they see themselves as “smoothing the pillow of a dying race”, or they believe that western medicine will win them Maori admiration and submission. Or there is simply a sense of decency and obligation. Remarkably, Maori health was seen as an issue and the first hospitals were established essentially as “charity hospitals” for the Maori rather than the white poor. Dow relates the ups and downs of policy, of funding, of the native medical officers who provided primary health care; and the attempts (often ineffective) to implement infection control and sanitation. He writes with a sharp, dispassionate eye that finds fault where it existed, for this is a frustrating history, where good intentions promised much and practice achieved little. In the land of Truby King and rational infant care, Maori infant mortality did not start to fall acceptably until after the Second World War.

It seems from this New Zealand story that the real “facts” of Maori health—the ravages of tuberculosis and typhoid, the population decline exacerbated by sexually transmitted diseases and scandalous infant mortality—were in the background of health administration, as they are in this history. They are not in the front rank of the archival record, as they were not in the forefront of the Pakeha mind. They were not the real context of policy. The great warrior Maori were a “dying race”, and health services could only be expected to be “palliative” in a crude sense. There were few general ideas of that was wrong and of what was needed. Even so, colonial societies were not without ideology, even if they were reticent, and were especially convinced of the correctness of the great evolutionary drama where the fittest (British whites) survived, and the unfit melted away over time. This New Zealand story now needs another history that locates it in the wider debates over race fitness, germ theory and of the relationship between civilization and

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sanitation. New Zealand distinctiveness is too important to the global historiography of colonization for it to be discussed only in the Antipodes.

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Felix Driver, *Geography militant: cultures of exploration and empire*, Oxford, Blackwell, 2000, pp. viii, 258, illus., £16.99 (paperback 0-631-20112-2).

The term “geography militant” was used by Joseph Conrad in 1924 to describe what he saw as the second epoch in the history of geographical knowledge; roughly the age of heroic exploration from James Cook to the scramble for Africa. The first epoch was the era of “geography fabulous”; the age of extravagant maps and extraordinary beasts. The third epoch, in which Conrad saw himself to be writing, was that of “geography triumphant”, which ushered in the modern world of well-worn tourist tracks. Although Felix Driver has some doubts about Conrad’s taxonomy (after all Conrad was himself constitutive of it) this splendid book describes the culture of exploration and the making of the discipline of geography in Britain in the “militant” epoch. So many themes and substantive descriptions tumble from these pages that summary is difficult. The central focus of much of the book is the Royal Geographical Society (RGS) founded in London in 1830. The Society gets a chapter to itself but its activities are woven throughout the texture of this volume. Although the aims of the Society were the acquisition and promotion of geographical knowledge, the word diverse is scarcely sufficient to describe the ways in which RGS members considered this should be done. Perhaps the most fundamental division in the Society was between armchair geographers and explorers. It was

not that those who never left England’s shores denied the value of exploration, the rift lay in the fact that they believed the findings of exploration could be synthesized into geographical knowledge only in the Library of the RGS. Many explorers, on the other hand, claimed geographical knowledge could be constituted only in the field. The categories and claimants were, of course, by no means mutually exclusive. The similarities to the history of anthropology are very marked. Other fault lines divided the young discipline: between gentleman and player, collector and theorist, the dilettante traveller and professional explorer, missionary and gold-digger (not always different persons) and, later, amateur observer and full-time scientist. Driver treats all these themes in a theoretically-sophisticated fashion and in engaging prose. He takes in en route the culture of display of artefacts and natural historical specimens (including people) and, in an essay on David Livingstone and a wonderfully funny chapter on Henry Morton Stanley, the self and public creation of the explorer’s identity. He also examines late-nineteenth-century surveys of the London poor and destitute as dimensions of the culture of exploration.

Pertinent here is that it takes little imagination to see the relevance of this study to the history of medicine. This is true on both a factual and a comparative level. Factually it was the case that doctors were deeply involved in the creation of modern geography. They were active both in London societies and, perhaps more important, in the front line as explorers; many were amateur naturalists and map-makers on healing missions. Livingstone is only the most obvious example. More interestingly, the similarities (for which a host of social historical reasons can be given) between geography and medicine are striking. For a start, like Conrad and geography if not using his terms, many doctors writing on the history of medicine in the 1920s saw medical history in terms of