

takes part of Fiordland; on that area it lavishes scholarship, research, and observation with fascinating detail. The authors, two Dunedin doctors, have taken Captain James Cook and his naturalists as the centre of their attention.

The plan of the book is simple: part one has ten chapters, each concerning a particular feature such as a harbour, island, or cove, where the accounts of the authors' travels enable them to explain the doings of their forerunners: Cook, Doherty, Reischek and Henry. Part two has seven chapters; the topics include the Maoris, the birds, the animals, maps and a journal by the sailor Robert Murry in 1792 and 1795.

The descriptive personal part by the Beggs has its limitations. Although it is explicit about the National Park ranger and the pilot who helped them, it does not tell us much about the authors themselves, who could have been human and humorous in their own right much in the way in which Sharpe and Howard excel. The Beggs are inhibited by their peculiarly ingenuous approach and do not come to life till they defend with a pleasing vehemence the Forsters of Cook's expedition from charges of scientific piracy. Yet the Beggs shine from sheer diligence; they have combed the world for relevant gleanings and have found their wheat below the chaff. The breadth of their interests has given a satisfying depth to their conclusions. The reader is left with a complete picture; except perhaps if their book goes to a second edition they should consult at the Alexander Turnbull Library the impressive photograph albums taken by Russell Duncan in January and February 1910, *Places of Historic Interest*. These albums included many photographs of Dusky Bay by a man who followed Cook's footsteps with as much pertinacity as the Beggs.⁵

With *Dusky Bay* on one side of the table, and Cook's *Journals* on the other side, a student of Fiordland history could feel that he had visited the region for himself and dream of lonely coves with overtones of waterfalls, taste the spray and shiver in the wet bush amid clouds of sandflies.

The production of *Dusky Bay* is a model of its kind. One can take good binding and printing for granted. The addition of superb colour photographs and plentiful maps is excellent; still further colour reproductions of vivid paintings and drawings, some hitherto unpublished, make the book a landmark of distinction. The appendices and list of references are orderly and concise; the acknowledgments are full. A good index completes the care which went into this production.

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The New Zealand Doctor and the Welfare State. By J. B. Lovell-Smith. Auckland, Blackwood and Janet Paul, 1967. 222 pp. N.Z. price: \$3.25.

THIS is a piece of the social history of New Zealand, spread over the years 1935-1950, with appropriate fringes before and after. The story is that of the institution of the medical and allied benefits under the general concept of Social Security promised and carried out by the Labour Govern-

⁵ The albums were accessioned in 1934: Vol II (42052) ten photos; Vol III (42053) fourteen photos; Vol IV (42054) four photos; Vol VII (42057) one photo. These all show places of historic importance in Dusky Bay, and would compare well with photos taken recently.

ment. It amounts to a running battle between the government and the New Zealand branch of the British Medical Association with a result that was very different from what either side wished for. The modifications and adjustments—there are no notable extensions—that have taken place since 1950 are also described.

The experience of New Zealand medical officers serving in the first World War created a certain readiness in the minds of at least some of them to consider the planning of medical services. The depression and general misery of the early thirties drew attention to many anomalies and shortcomings, and we find both the profession and the government drawing up plans to meet them. The Labour party went further than its opponents with its promises, both in 1935 and 1938, and these constituted major factors—along with the depression—in its electoral triumphs. It became apparent, however, that the party had given next to no thought as to how to carry out its promises.

The author traces the steady deterioration in the relations between the B.M.A. and the government, after quite a constructive if cautious beginning. Any body of professional men would have become afraid, given the government's concealment of plans and doctrinaire approach. At the same time it must be admitted that, as organised and advised (notably by the emissaries from United Kingdom), the profession did not show much awareness of or readiness to adapt to the social and political climate of the times, and of New Zealand in particular. The resulting enactments were of a pattern that few had expected. The author attributes the acceptance of a scheme at all to the practical sagacity of Peter Fraser, operating in modification of, if not opposition to, the ideas of Walter Nash, D. G. McMillan, and A. H. Nordmeyer.

The B.M.A. was led throughout by J. P. S. Jamieson of Nelson, to whom the book is dedicated, and who is obviously admired and venerated by the author. He was a clear-headed, tenacious, and, at times of relaxation, most attractive Scot. In spite of inevitable differences of opinion, experience, and outlook within the profession, he was able to keep it united, and over ten years won surprising concessions from the politicians. In 1945 he was superseded and modifications to the schemes were negotiated by others.

The story is told from the profession's viewpoint, and in particular the B.M.A.'s, though the author shows himself to be aware of social and political forces at work. To complement it we should have Mr Nordmeyer's account—regrettably we shall not have those of Fraser or McMillan. Perhaps Sir Walter Nash has something in pickle for us. Apart from W. B. Sutch and a little from John A. Lee there is not much on record from the politicians' or 'public' side.

But even if we had such further information the subject would still be one of limited dimensions. Throughout, the argument was about retailing or making available existing knowledge and services of a restricted character. To this day little conscious thought, and very little money, have been devoted to the problems of more specialised and scientific sections of medical work—whether one thinks of their availability, their support, or the promotion of high quality within them. There has been no room for experiment in fresh methods of practice and certainly no finance made available for it. On the one hand we have had the government seeking—in some respects with good reason—to distribute elementary services more widely. On the other the professional organisation was concerned with the

conditions of control and remuneration. Attention to education and research has been tardy and incidental.

Yet the present result is by no means a bad one. It is no mean feat—if we think of the U.S.A. and even of the U.K.—to have a substantial body of personal physicians available to us. We have general medical services for all, under conditions from the profession's point of view of fair to good remuneration; freedom from interference; and generous aids to diagnosis and treatment. The cost is very considerable—particularly that of the drugs. The hospital buildings and provision generally throughout the country are creditable, but the support of specialist physicians and surgeons has been left a good deal to chance, and they have the poor end of the stick. It must be said, however, that considerable credit for this moderately satisfactory state of affairs must go to the generally enlightened and good-humoured nature of our people and of our doctors. In less favoured countries the result might have been far less pleasing.

Larger issues are touched on or hinted at. The clash between a profession, small in numbers, and very individual by training, outlook and mode of life, and any government is apt to be painful. The latter seeks to use the former. The former finds it difficult, collectively, to keep in touch with the needs of the people. The aims and objects of the two sides—as seen in this story—are almost totally incompatible. And the story has been repeated monotonously in country after country, for we were one of the early ones. Is it a hopeless illusion to imagine a state of affairs when the lion can lie down with the lamb and work out what is best? Some sort of rationalisation is being forced upon us all by rising costs. It is certain that no nation, however affluent, will be able to afford publicly a complete series of medical and social services, so that some selection must be made. This should not be too great a disappointment, for the more affluent we get the more money we should be able to provide individually for personal services. These too often become status symbols like multiple cars, boats, and seaside cottages. So that to ask individuals who wish for many personal attentions of this kind to pay for themselves would not be unreasonable. The basic needs, and those of emergency character, should of course be provided publicly.

Dr Lovell-Smith has written clearly and well, and provided a basis for discussion as to the future.

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