



Against the Odds

New Zealand's First
Women Doctors

CYNTHIA FARQUHAR & MICHAELA SELWAY

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Contents

FOREWORDS 6

PREFACE 8

INTRODUCTION 13

1.

THE PIONEERS

1891–1913

31

2.

THE WAR YEARS

1914–1919

67

3.

THE INTERWAR YEARS

1920–1938

99

4.

THE 'PRIVILEGE OF

BEING STUDENTS'

1939–1948

131

5.
REFUGEES OF WAR
1941–1967

157

6.
AGENTS OF CHANGE
1948–1967

189

7.
MAKING THEIR
MARK IN RESEARCH
1896–1967

237

| | |
|---|------------|
| CONCLUSION | <i>271</i> |
| GRADUATES AND THEIR QUALIFICATIONS | <i>283</i> |
| NOTES | <i>295</i> |
| BIBLIOGRAPHY | <i>317</i> |
| ACKNOWLEDGEMENTS | <i>329</i> |
| ABOUT THE AUTHORS | <i>331</i> |
| INDEX | <i>332</i> |

Forewords

In 1891 Emily Siedeberg became Otago's first female medical student and New Zealand's first female medical graduate in 1896. A year later Dr Siedeberg set up private practice in Dunedin.

That same year, 1897, Margaret Cruickshank became the second woman to complete a medical course at Otago. Dr Cruickshank was the first female doctor registered in New Zealand. She practised in Waimate, South Canterbury, until her untimely death in 1918 from influenza.

These two incredible women became role models for the generations of women who succeeded them. Their stories represent many early pioneers in medicine who pushed the boundaries of societal norms of their times. Through their passion for medicine, through sheer determination and perseverance, they overcame formidable personal and professional obstacles that are hard for us to imagine today. They went on to leave an indelible mark on the medical profession while blazing a trail for the generations of women who followed.

Now, women comprise more than half of medical students and nearly half of the physician workforce. I am sure that, if alive today, the doctors featured in this book would be proud of the progress that has been made. The tremendous collective contribution of women over the decades to medicine and healthcare is tribute to the enduring legacy of the early trailblazing women in medicine.

Grant Robertson
Vice-Chancellor
University of Otago
May 2025

The story of both the women graduates of the early decades of Otago Medical School and the practice of medicine in New Zealand over that period needed to be recorded and has now developed from an oral history and an online site into this book.

It is also the story of the further emancipation of women, New Zealand being the first self-governing country in the world to give women the vote in 1893. About the same time, New Zealand women wanted not only to vote but also to have access to higher education with science and mathematics included. Otago Girls' High School was the first public high school for girls in Australia and New Zealand and provided an education to the girls along academic lines similar to the high school for boys. Founded in 1871, it had an enlightened curriculum and encouraged girls to pursue an academic education. It is not surprising that New Zealand's first three medical women graduates — starting with Miss Emily Siedeberg, later Dr Emily Siedeberg-McKinnon, the first woman to be admitted in 1891 — went to Otago Girls' High School.

This is a history of women entering the medical profession, but men must have had a part to play in assisting them to achieve their goals. Some were vigorously opposed to having women in their classes but others, perhaps the less vocal majority, supported the women students and helped them to succeed.

This book is being published in time for Otago Medical School's 150th anniversary, celebrated in Dunedin in late May 2025. Professor Cindy Farquhar and her team are to be congratulated for their efforts and as a graduate I am pleased to see the stories of fellow graduates in print, and proud to be associated with this endeavour and to support it.

Dr Wendy Hadden (1968)

Auckland

May 2025

Preface

In 2011 my father, Dr Bryce Gunn, died aged 87. He had been a popular general practitioner in the Waikato town of Cambridge for 53 years. Following his death the *Waikato Times* ran a full-page feature about him, and the editor of the *New Zealand Medical Journal (NZMJ)* wrote to me asking for an obituary, which was published a few months later.

In 2014 my mother, Dr Meredyth Gunn (née Wilson), died aged 89. Meredyth was also a medical practitioner, and apart from the time she spent bringing up four children and a period of ill health she worked for most of her life. She had worked for the School Medical Service when she first graduated and then part-time in general practice with my father. After they divorced, she worked for 15 years as a medical officer at Tokanui Hospital. The *Waikato Times* did not publish the news of her death and nor did the *NZMJ* write to me asking for an obituary. I wrote one anyway and it was published a few months later.

In 2011, with my niece Tracey Gunn, I recorded an oral history with Meredyth. Her story was one of 'overcoming the odds'. She grew up in the small town of Te Kūiti, and from the age of 15 travelled each week to Hamilton by train to attend Hamilton High School, where she studied Latin, physics and chemistry. These subjects were important in order to pass the intermediate year for medical school entry and not available at Te Kuiti High School. She was a national scholarship winner (ranked ahead of my father in the same year) and was accepted into Otago Medical School in 1944.

The journey from Te Kūiti to Dunedin took two days and involved two train trips and an overnight ferry. When she failed her second year after missing two months when her appendix ruptured, she had to repeat the year. She subsequently

passed her second and then her third year. During her third year she developed a relationship with my father and when she returned to Dunedin in February 1947 to start her fourth year, she was pregnant. She had told no one. They were married within the week, and informed their parents afterwards.

Their son Graeme was born on 13 September 1947. At the end of October, her mother-in-law came to Dunedin from Wellington and took Graeme, who was only seven weeks old, back to Wellington so that Meredyth could sit her end-of-year exams. This separation was not easy for Meredyth. She failed. After the summer break in Te Kūiti and Wellington, Meredyth returned to Dunedin in January 1948 to sit 'specials', which fortunately she passed.

Her mother-in-law cared for Graeme in Wellington for all of her fifth year (1948) and then in 1949 Meredyth went to live in Wellington with Bryce's parents so she could complete her sixth year while Bryce worked as a first-year house officer in Palmerston North. Graeme went to a day nursery while Meredyth was at Wellington Hospital. She did not pass that year and had to repeat it in 1950. Her second baby, Diana, was born in January 1950, and she finally graduated in 1952.

It was difficult to work as a house surgeon with two children and so Meredyth took a position with the School Medical Service. In 1954 Bryce and Meredyth moved to Coromandel township, where Bryce ran the Coromandel Hospital and a general practice that looked after the population north of Thames. They had two more children: David in 1954 and me, Cynthia (Cindy), in 1956. In 1958 they moved to Cambridge, where they set up a new general practice.

My parents' marriage was not a happy one. Family violence marred our home life and my mother became increasingly dependent on alcohol. My parents separated in 1973, after 27 years of marriage, and divorced in 1976. After a few years of treatment, including in-patient care, for alcohol addiction and depression, Meredyth worked as a medical officer at Tokanui Hospital, where she remained until her retirement in 1991. By all accounts, her patients (and their families) appreciated her efforts on their behalf. In her later years, she was a very good bridge player, a breeder of lovely Burmese cats, and generous to her family.

My relationship with my mother was never simple. One might think that the child of two doctors would have a privileged upbringing. While I do have some good memories of my parents talking about their patients and problem-solving together at mealtimes, mostly my memories are of disharmony.

By the time I was at high school, my mother was well into a downward spiral

of alcohol addiction and depression. After the divorce and treatment, she seemed to me to be mostly sad.

+ + +

As I reflected on her life after she died, I considered (not for the first time) the trajectory that her life had taken. I had never seen the happy, smiling Meredyth of her medical school photos. So I asked myself: How had she gone from that happy medical student to her later persona? Was it simply bad luck? Had she made poor decisions? Was it that the abusive relationship with my father was never acknowledged? Or was it that access to contraception, abortion and paid maternity leave, let alone the supports that would allow her to navigate single motherhood, were almost non-existent and the circumstances were always stacked against her as a young female student in the 1940s?

The burden of an unplanned pregnancy had initially fallen solely — and unevenly — on my mother. My father's medical studies and career progressed without interruption while my mother had to re-sit exams, repeat a year and was never able to be a house surgeon, a role considered an important step in clinical training. Despite supportive parents, the disapproval of both families would have been palpable. And the disapproval would not have ended there. It is also likely that her fellow medical students, her teachers and hospital staff would also have disapproved.

After writing her obituary, and thinking about her struggles, I marvelled that she had got through at all. Although her parents encouraged her studies, there was little practical support for Meredyth: no one accompanied her at the start of the course to help her settle in, her parents never came to Dunedin in the years she was there, and there was no easy means of communication — weekly letters had to suffice. And certainly there were no mid-year trips home or holidays visiting the beauty spots of the South Island. When she became pregnant, her parents could not travel down to support her.

The fact that she completed her studies when other students in the same circumstances usually left the course is admirable and speaks to her motivation to become a doctor. And after the travails of completing medical school, raising four children in an increasingly abusive relationship and a slow recovery from depression and addiction, it is remarkable that she managed to return to useful

work at all. At her funeral, I told everyone that I was proud of her and her recovery to health. At the same time, I privately wondered what might have been had the circumstances been different.

Finally, after all this introspection, I decided it was important to tell Meredyth's story, even though some would say that her career was not particularly notable. What stood out, at least to me, was that she had overcome those many adversities. At the same time, I wondered whether other medical women had similar stories, and so I conceived the idea of collecting as many biographies as possible of women who graduated from Otago Medical School between 1896 — the year the first woman was accepted — and 1967, after which a second medical school opened in Auckland.

This project started in 2016 with initial funding from the Maurice and Phyllis Paykel Trust. Over the next nine years we were told remarkable stories. Many women both faced and overcame great adversity, and it came in so many guises. My mother certainly was not alone. By mid-2025 we had published the biographies of 150 of the 400 women graduates. Only women who graduated were included. We do not know the numbers who enrolled and then left the course without graduating, or why they did not graduate, but marriage, children, disenchantment and the hostility of teachers, hospital staff and students would be some of the reasons.

Special thanks are due to Dr Wendy Hadden, a graduate from 1968, whose generous donation made this book possible. Wendy would have graduated in 1967 but was selected to tour England with the New Zealand women's cricket team in 1966. I am also very grateful to my co-editor Michaela Selway, who has worked on the project with me over the past nearly five years with enthusiasm and commitment.

Finally, a very big thank you to all the medical women who agreed to be interviewed, and to their extended families and colleagues who provided information and photographs. Without their input this project would have been very difficult, if not impossible. Hearing all these stories has been both delightful and humbling. There were sometimes tears, and often sadness, but mostly admiration at what these women achieved.

Cindy Farquhar
Auckland
May 2025

The third-year Otago Medical School class of 1946. Front row, from left: Beryl Howie (graduated in 1949), Miss Nicholson, Noeline Burn (née Clemens; 1949), Rosemary Faull (née Clendon; 1949), Beverley Luke (née Brown; 1949), Kathleen Wake (née Brown; 1950), Stella Johnstone (née Horwell; 1949), Miss Lindsay, Marjorie Young (1951), Meredyth Gunn (née Wilson; 1952), Jane Munro (née Aylward; 1950), Noeline Walker (1960), Mrs Salas, Marie Simpson (1951), Margaret Tennent (née Andrews; 1949), Thelma Becroft (1949). The women for whom no date is recorded either did not graduate or were members of staff. *Otago Medical School Archives*



Introduction



Until the 1960s, this is how the first day of lectures at Otago Medical School began for first-year women students: as they took their places in the front row of the lecture theatre — as they had been advised to do by women students in the years ahead of them — they were greeted with boos, whistles and stomping from the young men in the back rows.¹ Some noticed the words ‘Women’s place is in the home’ engraved into their desks.² Some professors stood at the lectern and declared, ‘I see we have females. You have taken a male’s place and will waste it . . . You are all going to get married and have children and it will have been a waste of time training you.’³

Having worked so hard to get into medical school, this first belittling introduction was a precursor to the obstacles they would face in the coming years. It might be a laboratory session, as happened in 1964, in which a professor announced, ‘We are going to be listening to hearts today. I want three volunteers to strip to the waist’, and the male students turned to the women and demanded they strip.⁴ It might be professors ignoring them or calling them ‘chaps’ and addressing the whole class as ‘gentlemen’.⁵

It might be midway through the academic year, when it was time for lectures on reproductive organs and contraception, and a professor would declare, ‘I now come to the part of my lectures I refuse to give before women. Therefore, the women must leave the room, or I will leave.’⁶

It might be that in the anatomy dissection rooms, pieces of flesh would be slid into their lab coat pockets,⁷ or that male students and lecturers would make inappropriate comments in sessions on the female anatomy. It might be, as happened in the mid-1910s, that when a lecturer tried to kiss a woman student and

she objected, her marks for the rest of the year plummeted.⁸ Many had to make a rapid adjustment in the face of these pressures. Some considered it was their responsibility to not give any cause for offence or criticism; they kept their heads down and worked hard.

Experiences such as these, or variations of them, have been recounted by many of the women who studied at the Otago Medical School across the seven decades covered by this book.⁹ Not every woman experienced such hostility and, indeed, many were adamant that they did not ever encounter sexism or discrimination, either during their studies or throughout their careers. Others said that at that point in their lives they ‘hadn’t heard of the word “harassment”. We didn’t know about that. We just felt we weren’t fitting in well enough.’¹⁰

The underlying issue, however, was not the women or their predominantly male teachers. It was the social mores of those times. New Zealand society, in all spheres, was highly gendered over these seven decades. The prevailing opinion in the wider community was that working mothers who did not prioritise their families above all else were selfish. This changed slowly in the face of the manpowering of women into the workforce in wartime, and the various feminist and socialist movements of the first half of the twentieth century, but medicine continued to be considered a man’s domain. On the other hand, nursing, where the primary purpose was to care for and serve patients, was considered an extension of a woman’s sphere. Women seeking more than that — to train and work equally with men as doctors — were not readily accepted. Many medical men did not consider women equal to the ‘higher calling’ of medicine, and some women doctors were in conflict with nurses who thought that they were stepping beyond the accepted boundaries.

It was against this background that a small group of women persisted in their desire to be doctors and went on to carve out successful and impactful careers. Societal pressures may have resulted in some women who qualified in medicine but did not go on to practise. A study of the first 50 women medical students reported that just over half married and did not start working as doctors.¹¹ However, when the entire period between 1896 and 1967 is considered it shows that the majority did go on to have successful and influential careers. Even those who left formal practice (whether they were expected to or chose to) continued to be actively



Meredyth Gunn (née Wilson; 1952), at left, and Anne McKinnon (née Pearson; 1951)
on their way to a lecture in October 1944. *Courtesy Priscilla Gambeili*

involved in medical matters and often remained lifelong members of various medical associations.

Understanding Otago Medical School, and the experience of women students there, requires some historical context. Perhaps the most important element was the rapid development and expanded wealth of the school's home base, the city of Dunedin, after the Otago goldrush of the 1860s. Dunedin was already a progressive city, and its well-educated, predominantly Scottish residents had high aspirations, particularly for women's education.

Otago Girls' High School (OGHS) — the very first state secondary school for girls in the southern hemisphere — was founded there in 1871, and in 1878 the University of Otago became the first university in Australia and New Zealand to admit women students. This was largely due to the lobbying of Learmonth Dalrymple, an educationalist who campaigned for secondary education for girls in Otago and had written about women's admission to those planning to establish a university there.

Alexander Wilson, rector of OGHS from 1885 to 1895, was instrumental in ensuring that the young women in his school received a high school education in courses that were not traditionally taught at other girls' schools but that were required to enter professions such as law, science and medicine. Wilson also believed that women were naturally gentle, moral and caring, and that if women better understood subjects such as botany, higher mathematics and Latin, their 'modifying influence . . . on men's manners and language' could penetrate male institutions.¹²

Elsewhere, the wider New Zealand school curriculum in the late nineteenth century did not serve girls well.¹³ Those in the larger cities of Auckland, Wellington, Christchurch and Dunedin had better access to higher education, but even there the schools were highly stratified. Schooling was compulsory only up to the age of 13. Largely because of the cost involved, girls who attended any type of secondary school tended to come from wealthier families, and almost all were Pākehā.¹⁴ Higher education was not generally considered necessary; more important was to prepare girls for a future in the domestic sphere. People in the upper levels of society, in particular, believed that a successful family was one where the wife and daughters did not have to contribute to the family income. And because schooling

for girls was not seen as a necessity, there was little pressure on schools to provide a curriculum that challenged them academically.

This was reinforced by a 1923 report from the consultative committee on 'Differentiation of the Curricula between the Sexes' in the United Kingdom, which stated that the intellectual capacity of girls slowed down after puberty due to lower blood counts and poorer oxygenation and thus they should be judged more leniently by examiners.¹⁵ Schools also had a degree of flexibility in what subjects they could teach.¹⁶ Schools in the larger cities, including girls' schools, could afford to introduce a range of topics such as maths, science and languages, whereas small-town and rural schools received less funding and struggled to attract suitable teachers.¹⁷ In addition, rural schools tended to focus on practical skills such as agriculture (for boys) and hygiene (for girls) that were considered of greater use to their students.¹⁸

The earliest adopters of a well-rounded education for women were located in Dunedin and Auckland, though Christchurch and Wellington were not far behind. Otago Girls' High School included physics and chemistry in its curriculum from its inception, and Auckland Girls' Grammar, founded in 1878, became known for its well-equipped physics laboratory.¹⁹ Other schools taught only botany, a subject that required little or no equipment.²⁰ Some, such as Christchurch Girls' High School, founded in 1877, taught physiology as an alternative to botany: the school argued that it was better for teachers to explain the human body in a scientific, 'morally proper' way than for parents to attempt it.²¹

Given that most secondary schools did not teach the subjects required for entrance to certain university degree courses, coupled with the general consensus that girls needed to be prepared for marriage and not careers, it is not surprising that it took so long for women to be accepted into professional degree courses such as medicine, law and engineering.²²

The attitudes that shaped the education system at Otago Girls' High School are paralleled in the founding of New Zealand's first university. From its establishment in 1869, the University of Otago had been open to both sexes in all the degrees of arts, medicine, law and music.²³ When it was integrated into the University of New Zealand as one of four colleges, along with Canterbury, Victoria (Wellington) and Auckland, in 1874, this policy was also



ABOVE: Otago Girls' High School, c.1911. *Hocken Collections*
Uare Taoka o Hākena, A.B.C. postcard, Box-307-012

BELOW: Otago Medical School in the 1920s. This building on Great King Street
is now known as the Scott Building. *Houghton family collection*

adopted (the University of New Zealand was dissolved in 1961 and the four colleges became independent universities).²⁴

Initially, the medical school offered only a two-year course, and students completed their degrees at recognised universities in Britain. This was a barrier for women, since British universities did not admit women students until 1874, when the London School of Medicine for Women opened, and 1886, when what proved to be a more popular destination, the Edinburgh School of Medicine for Women, opened. These schools continued to attract New Zealand women who wanted a medical degree from a well-established university until 1914, when travel restrictions were put in place due to the First World War.

With the creation of a full five-year medical course in 1885, women in New Zealand could finally complete their medical education in their home country.²⁵ Yet it was another six years before the medical school accepted the first application from a woman student — Emily Siedeberg in 1891. In fact, until then, few women had completed any of the other degrees available at the university: the first to do so was Caroline Freeman, who graduated with a BA in 1885.²⁶ By the time Siedeberg made her request for entry to the medical school, only nine women had graduated from the university, all with a BA.²⁷

Siedeberg was not the first woman to attempt to enrol as a medical student. In May 1882, the *Otago Daily Times* reported that Mary Tracey had obtained a score of 528 in her examinations and had thus won the Scott Scholarship, awarded by the University of Otago Council to outstanding students who wished to study at the medical school. She was one of two candidates advanced for the award; the other, a male, had a score of 368.²⁸ Although she completed many of the prerequisite courses for entrance to the medical school, possibly in time to join the first class of the five-year course, Tracey then disappeared from the records. The only other mention of her comes from William Goodlet, the laboratory assistant of one of the medical school professors, who later noted that Mary Tracey ‘did not get any encouragement from Dr Scott at the time, and did not have any one to back her up. She was very much disappointed at not entering the Medical School.’²⁹

Much had changed in Otago in the eight years between Mary Tracey’s and Emily Siedeberg’s applications to the medical school, and these societal and financial shifts may be the reason for Siedeberg’s acceptance. Written accounts of Otago Medical School suggest that in the early 1890s, the University of Otago Council faced two important questions: 1) Should women be allowed to attend classes and



Margaret Cruickshank (centre front) and her fellow medical school students in the dissection room at Otago Medical School, c.1895. *W.D. Trotter Anatomy Museum, SO5-517*

complete the degree? and 2) Should the medical school close?³⁰ The university had faced financial difficulties from its inception. There were never enough students across all its courses, and in the case of the medical school, many dropped out or transferred to overseas universities as a result of the rundown conditions of both the school and Dunedin Hospital.³¹ The medical school was also understaffed, and many of the lecturers were either unpaid or worked for low salaries.³²

The cause of the financial strife originated from poorly performing pastoral rents on farmland that had been gifted to the university. As wool prices fell during the slump of the 1890s, the university had to resort to borrowing money. As a result, each year the university fell further into debt. The year 1901 was the eighth in a row in which it had 'exceeded its income by £150 per annum'.³³ All of this occurred while the medical school's lecturers were pushing the council to hire more specialists, to properly equip the laboratories and classrooms, and to improve the state of the medical school buildings. The hospital, where the students did their practical work, was also described as employing poor-quality staff and having low standards of hygiene.

These extreme financial pressures coincided with a re-evaluation of the role of women in New Zealand society. When Mary Tracey enquired about admission into the medical school, discussions about female suffrage were under way but had not yet achieved traction. A request that women be allowed to vote had been presented to the New Zealand Parliament in 1878 but had been continually denied.³⁴ It was only with the establishment of various women's organisations and unions, most notably the Women's Christian Temperance Union, that the movement gained momentum. In 1891, the suffrage petition attracted 9000 signatures, in 1892 it doubled to 19,700, and in 1893 it stood at 31,871 — including the signature of Emily Siedeberg.³⁵

The suffragists' demands were not especially radical. Women argued that they did not want to take over the public sphere by entering politics and the workforce; rather, once they had the vote they would use it to extend the role they already played — that of homemakers and 'guardians of moral health and welfare' — in order to better society.³⁶ Higher education, argued the feminist periodical *Daybreak*, 'tended to produce the highest form of womanhood' as it 'allowed women's "natural instincts" to be given free rein in the service of others'.³⁷

Studies on the push for female suffrage in New Zealand have concluded that it was for this very reason — which could be seen as non-threatening to men —

that when New Zealand did achieve universal suffrage in 1893, women did not immediately enter politics: the first woman member of Parliament, Elizabeth Reid McCombs (née Henderson), was not elected until 1933.³⁸ Instead, women took up roles in education (teaching, administration and leadership) and in healthcare (medicine and nursing) — two fields in which they could continue their roles as carers in the public sphere.³⁹ Accepting women into higher education in these fields did not hurt their future positions in the family unit; rather, it better prepared them to carry out their roles.⁴⁰

The changing opinions about women in the workplace during the 1890s meant that both the medical school and the hospital were more willing to accept women doctors and nurses. In the medical school women students meant more students paying the fees that the university desperately needed.⁴¹ Furthermore, fully trained, professional female nurses cost Dunedin Hospital half the salaries paid to untrained male wardsmen.⁴² Trained female nurses were welcomed because ‘doctors needed to be sure that their instructions were being implicitly carried out night and day and only a thoroughly trained and disciplined staff of nurses could give them this assurance’.⁴³

This book covers the period from 1896, when the first woman graduated from Otago Medical School, through to 1967, the year before New Zealand’s second medical school opened in Auckland with the proportion of women in the new school’s first intake immediately higher than any of the years at Otago.⁴⁴ During this period, over 400 women graduated from the Bachelor of Medicine and the Bachelor of Surgery degrees. Although it is difficult to determine the exact numbers, between one and four women students were admitted to the medical school each year from 1891 to 1916. From 1918 to 1967, there were usually no more than 12 women students (out of 120) entering the second-year class after their intermediate year.

Over these years, the numbers graduating in the sixth year ranged from as low as one in 1927 to as high as 16 in 1948 and 1960. In the final year of this cohort only 10 women graduated. The variation in graduate numbers compared to intake numbers can be explained by students needing to repeat a year or taking a year out to do a research degree (BMedSc), while others left altogether, often because they married or had children.



ABOVE: The Otago Medical School Anatomy Museum, 1949. *Hocken Collections*

Uare Taoka o Hākena, Prime Minister's Department photograph, Box-184-023

BELOW: An anatomy lecture in progress at Otago Medical School, 1949. *Hocken Collections*

Uare Taoka o Hākena, Prime Minister's Department photograph, Box-184-024

Despite over 400 women graduating during this time period, only 5 per cent of the 1995 obituaries published in the *New Zealand Medical Journal* between 1887 and 2017 are of women (and not all of them trained in New Zealand). The statistics do not get any better in the literature. From its inception through to the present day, Otago Medical School has produced six formal histories. The focus of all the histories is predominantly on the achievements of men, which is perhaps understandable considering that all the early lecturers and professors were medical men and that medical women were barred from most social events until the late 1960s.

But the attitudes of the authors towards topics such as the experience of women students are naïve at best. For example, in their history of the medical school, Charles Hercus and Gordon Bell opened their chapter on ‘Women of the Otago Medical School’ with the line: ‘The women of the Otago Medical School merit a book to themselves, but that is beyond our competence.’⁴⁵ And in 1945 during his discussion of Siedeberg’s experience of having flesh thrown at her during a laboratory session or being asked to leave the room for certain anatomy lectures, Dudley Jones, editor the annals of the medical school, wrote: ‘Happily, the personal recollections of Miss Siedeberg . . . were of a less unpleasant nature.’⁴⁶ It is highly likely that Siedeberg felt constrained in what she could say at the time, since the future of women’s acceptance to the medical school rested on her shoulders.

Outside of Otago Medical School histories, literature focusing specifically on women in New Zealand medicine has increased since the late 1980s, notably in writing by Michael Belgrave, Dorothy Page, Kathleen Anderson and John Armstrong.⁴⁷ In 1990 Margaret Maxwell published a book that featured short biographies of 14 prominent women doctors in New Zealand.⁴⁸ A larger publication followed in 1994 written by the New Zealand Women’s Medical Association (NZWMA). In *The Goods’ Train Doctors*, Jill McIlraith collated the oral accounts of more than 20 women who discussed their experiences of medical school, the difficulties of entering a male-dominated field, and the changes they brought to Aotearoa New Zealand’s healthcare system.⁴⁹

Four years later, the NZWMA initiated the Stories of Diversity and Success oral history project, which recorded interviews with seven prominent women doctors.⁵⁰ These interviews are stored at the Alexander Turnbull Library alongside other oral history interviews with women graduates from this period conducted by other groups.⁵¹ At present, there are at least 25 interviews. In addition, several medical

graduates have published autobiographies. In 2016 Cynthia (Cindy) Farquhar of the University of Auckland established the Early Medical Women of New Zealand (EMWoNZ) oral history project which, over the past nine years, has recorded over 70 interviews with medical graduates or their families and written over 150 detailed biographies, using recorded oral and written histories.

One of the contributors to this gap in Aotearoa New Zealand's history is the lack of adequate documentation. The graduation lists held by Otago Medical School do not include the full list of medical graduates, in part because graduates did not have to return to Dunedin to graduate in person. Also, it was common for students to take longer than the recommended time to complete the five- or six-year course. Many students repeated at least one year, particularly in the early days, meaning that entrance records do not always match graduation records. Unfortunately, many class and grade lists have been destroyed, and although identification photos were taken of each student from the 1950s, the remaining records are incomplete.

Gaps in the documentation can be filled by researching other archival sources. The PapersPast archive, for example, has digitised newspaper records nationwide from 1839 through to 1989.⁵² For the entire period from 1896 to 1967, newspapers reported on births, deaths, marriages, school prizewinners and awards, university rankings, classes passed in universities, graduations, declarations of intent to apply for registration, locations of practices and attendees at social events. Nevertheless, documentation such as this tells only one side of the story.

This book aims to fill some of the gaps in the history of New Zealand's medical past by providing a comprehensive account of the experiences of women at Otago Medical School and in their subsequent careers. It draws together secondary literature, archival research and oral histories. Through interviews, graduates have presented their personal interpretation of the past, thus adding to the repository of knowledge.⁵³

It is another step towards a more complete history of New Zealand's medical women. The research used is drawn primarily from the EMWoNZ oral history project whose research has relied on graduates who are still living and have been willing to record their oral history, or families of graduates who have contacted the project. Where the project has not been able to contact family members, the focus

has generally been on women who have been mentioned most often in the archives or in published sources.

The project also focuses on the medical graduates who were ‘firsts’ — such as the first Māori, Samoan, Fijian-Indian, Jewish and Chinese graduates, or the first women to obtain a position or fellowship — in order to bring greater awareness to the achievements of medical women. Thus, while the project has highlighted the experiences of a greater number of medical women, it still only paints half of the picture, and there is still work to be done.

This book does not attempt to provide a ‘factual’ history of women students at the medical school or of women doctors during their varied careers. Every woman experienced her training and career differently and encountered different circumstances. This has sometimes led to conflicting accounts. Memory and hindsight play an important role in how events are recalled, and experiences recounted later in life may have a different narrative than those told as events unfolded. Importantly, the aim of the EMWoNZ project was to allow medical women to tell *their* stories, often for the first time.

Where an oral history could not be recorded, we used secondary and archival sources to establish the most accurate picture possible in order to write the biography. In instances where medical graduates were no longer alive, we interviewed their descendants, who told us what they knew of their relatives’ experiences. Where oral histories have been recorded, they have been edited and supplemented with extra research.

These published biographies were given final approval by the participants themselves, or by their families, where possible. This means that there are certain gaps in the narrative where participants have decided to withhold information for reasons of privacy. In her history of refugees in New Zealand the historian Ann Beaglehole wrote:

In presenting oral history, the writer’s primary responsibility is to the people interviewed. The most important thing is to convey as accurately as possible the perspectives of the informants. Ideally, the informants’ recollections should be presented in full, unedited and uninterrupted by comment, analysis or interpretation. The eloquence of the interviewees is also justification for keeping a writer’s intrusion to the minimum. The role of the interviewer/researcher is merely to link together the

interviewees' comments . . . However, in this book, it was decided to use the collected material differently . . . Informants have not been quoted in full, uninterrupted by comment or interpretation, but an attempt has been made to preserve the individuality of their personal statements while placing these within an analytic framework.⁵⁴

A similar method has been used for this book. Biographies published on the EMWoNZ website comprise direct quotations from the interviews to maintain the authenticity of each woman's account. This book, however, places these same interviews in a more analytical framework to bring together the varied experiences into one coherent discussion and draw connections between experiences and broader contexts.

It is also important to note how this book refers to individual women. Most graduates who married did so after they completed their studies. Many then chose to practise under their married names, and it was by these names that they became well known in their communities. Some women married while at medical school, and a few who married chose to practise under their maiden names. For clarity, this book refers to the women by the names by which they became well known — even if it is different from their names as students.

For example, the first medical graduate, Emily Hancock Siedeberg, married late in life, and although she changed her surname to Siedeberg-McKinnon, she was mostly known as Siedeberg, and she is referred to by that name in this book. Susanna Williams (née Lemchen) married after completing her studies, and practised under her married name, Williams, for the rest of her career; this book thus refers to her as Susanna Williams. We have noted and celebrate the awarding of titles such as professors and damehoods, but we have chosen not to use honorifics throughout. Finally, we have given the graduation dates for each woman at her first mention in the text.

Chapters 1–4 deal with specific periods in the history of Otago Medical School, defined by wider societal events such as two world wars, a pandemic and the 1930s Depression that had an impact on student life and the clinical years (the last three years of study that were spent in a hospital rotation). Chapters 5 and 6 cover the decades 1948 to 1967; they include the postwar

years, and the increasing role of women doctors in advocacy both at home and abroad. Chapter 7 analyses the complete time period of the book (1896–1967) with a focus on the achievements of women doctors in medical research.

In covering the period from 1896 to 1967 in this way, this book presents a new understanding of Otago Medical School and of the wider field of the study of medicine in New Zealand in the years before the second medical school opened, in Auckland. From its foundation, Otago Medical School was one of the most progressive medical schools in the Commonwealth. Nevertheless, New Zealand continued to be a relatively conservative society, and it was slow to accept women doctors. The women of this period paved the way for later women medical graduates and the establishment of a fairer health system for all New Zealanders.