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T. Kue YOUNG, *Health Care and Cultural Change: The Indian Experience in the Central Subarctic*, Toronto: University of Toronto Press, 1988. 177 pages, Canada $14.95 (paper)

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explore an extremely wide range of different situations to come to his conclusions. Its value also lies in the way he challenges often held and argued positions about gender identity and ideology. Surveys of any complex subject matter always have their weaknesses, but adequate theories of sexual variance and gender identity demand this kind of range. Williams book is a very useful contribution to an area that needs more thought and work of this kind.

T. Kue YOUNG, *Health Care and Cultural Change: The Indian Experience in the Central Subarctic* Toronto: University of Toronto Press, 1988. 177 pages, Canada $14.95 (paper).

By Ann Herring
McMaster University

This book is an important synthesis of ethnohistoric, epidemiological, and anthropological writings about Euro-Canadian health care delivery in central subarctic aboriginal communities. Written in a clear, straightforward style, it summarizes some 15 years of the author's research and experience as former Director of the Sioux Lookout Zone Hospital, Ontario, and current Chairman of the Northern Health Research Unit, University of Manitoba. The main thrust of the book is to assert that the Euro-Canadian health care system has failed to substantially improve the health status of aboriginal communities and that their health problems will only be significantly ameliorated when the people themselves are politically, economically, and socially empowered. While this position is familiar to and unlikely to be contested by anthropologists, it merits particular scrutiny here, because it is put forward by a prominent physician / researcher working within the Euro-Canadian health care system and because of the way in which the author integrates epidemiological and anthropological approaches to advance the proposition.

Four chapters *(**The People and the Land, Changing Patterns of Health and Disease, Measuring the People's Health, Evolution of Health Services**)* provide background information to the argument. Young marshals an impressive array of primary and secondary sources to summarize the development of Euro-Canadian health care from European contact to the 1980s. The emphasis here is on historical epidemiological concerns, with detailed discussions of early infectious disease outbreaks, secular changes in morbidity and mortality, environmental sanitation, ecological constraints on Euro-Canadian health care delivery, and the limits of biomedical understanding of contemporary health problems. However, apart from survey results of self-perceived morbidity and disability in the Sioux Lookout Zone (1973-1974), there is virtually no consideration of indigenous concepts of health and disease. In fairness, this is largely due to a dearth of ethnomedical studies, but in these and later chapters one is nonetheless left with the impression that indigenous medical beliefs, therapies, and practitioners essentially disappeared or became irrelevant with the turn of the 20th century.

In the chapter entitled, ***The Sioux Lookout Zone: A Case Study***, greater substance is given to the general principles outlined in preceding chapters. Here Young's detailed knowledge of and firsthand experience with biomedical care in northern Ontario comes to the fore. The chapter begins with a summary of historical Cree and Ojibwa concepts of disease and medical practices, with prominence accorded to the work of Landes, Hallowell, and Skinner. He then moves on to consider the role of missionaries and traders in health care and to describe the bitter fights waged with government officials by physicians such as Peter Bryce, which culminated in the establishment of a colonial model of health care in the mid-20th century. The chapter ends with a discussion of the recent emergence on reserves of fledgling health committees to plan, evaluate, and operate local health programs. Young's treatment of the role of nurses and family health aides is particularly engrossing and he effectively conveys the frustrations and conflicts faced by these primary health care workers. His advocacy of a more prominent role for them and increased community control over the health care system is cogently presented; nevertheless, he is less clear about specific ways in which this can be accomplished. Young rejects the analogy between the third world and remote Indian communities because the latter display different morbidity and mortality patterns and have 50-100 times higher per capita health care expenditures than developing countries. It is difficult to agree with this assertion, given other clear parallels, such as the unbelievably poor living conditions, predominance of an imposed and externally administered biomedical model of health care delivery, and lack of a self-determined and self-reliant health care system. Indeed, Young's own observation that subarctic Indian health is worse than that of Canadians nationally for almost every indicator supports the continued heuristic value of the analogy.

The last and perhaps strongest chapter of the book *(**Towards an Indian Health Strategy**)* evalu-

ates the effectiveness of the current system of health-care delivery. It represents a philosophical statement, rather than a practical plan for implementation. Young draws attention to the paradox of persistently poor health in aboriginal communities in a context of health services that "are comparable to those received by most Canadians and, in many respects, are superior in terms of the accessibility to and availability of basic services" (p.126). Post WW II health improvements in aboriginal communities, he contends, are tied to changes in the standard of living, not better health care, and the traditional medical model of health care delivery is simply inappropriate. Rather than relying on externally furnished physician services, a primary health care system made up of local people acting as health auxiliaries is more suitable, culturally relevant, and efficient. Stressing the link between social justice, health, and community control of health care, he proposes a broad strategy involving increased funding for community development and local primary health care workers, and continued support of the extant medical-care system. Without such an initiative, he warns, the current trend toward reduced infectious disease rates will curtail, chronic lifestyle disease rates will continue to rise, and the overall health status of indigenous communities will worsen.

This carefully researched study, emanating from the heart of the Euro-Canadian health care system, should be required reading for medical anthropologists, health workers, policy-makers, and students of contemporary aboriginal societies. It offers substantive material and ideas, a refreshingly candid "view from within", and a strong argument for self-reliance and self-determination in the health domain.

Penny Van Esterik, *Beyond the Breast-Bottle Controversy*, New Brunswick, New Yersey: Rutgers University Press, 1989. 242 pages, U.S. $13.00 (paper), $30.00 (cloth).

By Elvi Whittaker
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Penny Van Esterik's volume is pitched at several audiences. It speaks to the development industry and to the anthropologist involved in it, prompting them into a consideration of issues many of them may have ignored as minor ones in comparison to those usually deemed their proper domain. It also speaks to women in their various feminist and political persuasions, as well as in their domestic and private lives. It addresses the field of medical anthropology in its ongoing eagerness to rework the biomedical model into a committed social science understanding. It satisfies the search by applied and advocacy oriented anthropologists for cross-cultural data. For those still busy exposing the evils of oppression by multinational corporations, the volume offers broadly based, and pointedly analyzed information. Perhaps most significantly, however, this volume robs most of us involved in the passionate criticism and boycott of Nestle's products in the late 1970s and early 1980s of our complacency. The title Beyond the Breast-Bottle Controversy heralds the convincing argument that the problem is more complex than the activists could possibly envision. Moreover, it is far from its solution.

The work itself addresses "submerged discourses." This positions it in a different arena than the visible and public discourses which inspired the largest grass-roots consumer movement in North American history. Working within a sociology of knowledge frame - or more properly an anthropology of knowledge frame - the author sets as her task the unpacking of the social epistemological factors that determine these familiar discourses. She permits herself a political economic, feminist and interpretive analysis in fulfilling this agenda. With these theoretical imperatives in hand, Van Esterik reveals how extraordinarily complicated the breast-bottle controversy actually was and how entangled it remains.

The work of explication has a strong empirical base which connects the work of research teams in four countries - Kenya, Colombia, Thailand and Indonesia. The data on infant feeding ideologies and practices consist of surveys of low and middle income areas, information on the marketing practices of North American industry, and on the nature of medical intervention, and finally, ethnographic work in all four countries. The author chooses a case study of mothers in each of the four countries to give her analysis ethnographic richness.

When this stage is set the author weaves her analysis over areas of ideology and practice which specifically concern her. Firstly, she evokes the discourse of development and "poverty environments." Reasoning within the theme of world systems and the domination of multinationals, she asks "what are the consequences of replacing a perfectly adaptable renewal resource (breast-feeding) with a non-renewable resource requiring high energy expenditures and producing wasted products, wasted energy, wasted money and wasted lives (p.18)?" She