

Book Reviews

a composite picture of the interaction of religion, politics, medicine and professional concerns in western Europe. In doing so, they have provided a fitting tribute to Webster and his work.

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James B Waldram, D Ann Herring, and T Kue Young, *Aboriginal health in Canada: historical, cultural, and epidemiological perspectives*, second edition, University of Toronto Press, 2006, pp. xii, 367, £45.00, \$70.00 (hardback 978-0-8020-8792-8); £20.00, \$29.95 (paperback 978-0-8020-8579-8).

This is an important contribution to the study of Canadian Aboriginal health and health care. It has its limitations, however. Any attempt to generalize about “Aboriginal people” (Indian, Inuit and Métis) in Canada is fraught with difficulty since there are hundreds of communities, thousands of kilometres apart, with vastly different cultural and linguistic traditions. The authors recognize these limitations, but maintain that there is a place for a national examination of health and Aboriginality.

This multi-authored volume is intended as an entry point to issues surrounding Aboriginal health in Canada; as such it is based solely on published literature. Undergraduates in health sciences, Native studies, and anthropology searching for an introduction to the field will be thankful for this book, as will administrators and planners in health care delivery. It is organized into ten chapters that reflect the subtitle—historical, cultural, and epidemiological perspectives of Aboriginal health. The multi-disciplinary approach is the book’s greatest contribution, and allows the authors to examine historical as well as contemporary issues, although the links between the perspectives are not always satisfactorily drawn.

The authors are all trained as anthropologists (T Kue Young is also a public health physician)

and this is reflected in their approach to the material. The first three chapters are the strongest. Chapter one outlines how Aboriginal peoples of Canada are defined, which is less straightforward than it may at first appear; chapter two examines the state of pre-contact health and disease, and effectively dispels the popular notion of a disease-free continent; chapter three then carries this examination into the contact period and engages the ubiquitous notion of massive demographic collapse from imported epidemic disease. The authors are careful to make the point that ecological disruption from the importation of plants, animals, and microbes to the Americas was but one of several fundamental challenges accompanying immigration. Never denying the important role of disease in population declines, the authors argue that social, military, cultural, and economic interference by settlers, missionaries and government was equally devastating. Chapter four continues the rough chronology by examining what the authors call the health transition, from epidemic infectious disease to chronic disease, in the post-Second World War period. Diabetes, cancer, and hypertension join with persistent and emerging diseases such as tuberculosis and HIV/AIDS.

The book’s organization moves abruptly from this epidemiological perspective to an examination of Aboriginal medical and healing traditions where the authors note that despite attempts by government and missionaries to subvert their medical foundations, Aboriginal healing continued well into the modern era. The following two chapters then examine the development of government health services for Aboriginal people. These are the only chapters that are strictly historical, which is disappointing because the links between historical developments and contemporary concerns are often lost. For instance, the authors note “European colonization remains the most significant historical fact in our analysis” (p. xii), but this “fact” is never clearly drawn. The authors’ decision to examine epidemiology in a chapter separate from its historical context undermines their argument.

The final chapters examine contemporary trends in Aboriginal healing and the issue of self-determination in health care. The latter is a pressing issue in contemporary Canadian politics and refers to the larger efforts by Aboriginal groups to wrest control of their economic and political affairs from government. Where control of health care fits into this larger picture is still to be determined, but the authors warn that “Indian control of Indian health care” may not necessarily translate into improved health status.

This is a second edition necessitated, as the authors note, by the great expansion in the field since its original publication in 1995. The impetus for much of this recent research and publishing can be traced to the Royal Commission on Aboriginal Peoples established in 1991 with a wide-ranging mandate to investigate the relationship between Aboriginal people and the Canadian government. One of the results of the Royal Commission was the Aboriginal Healing Foundation, endowed in 1998 with \$350 million, to address the legacy of physical and sexual abuse of Aboriginal children in the residential schools funded by the Canadian government and managed by missionaries until the 1970s. As well, in 2000 the government established the Institute for Aboriginal People’s Health to support Aboriginal health research and the training of Aboriginal health researchers. While these government initiatives are generally welcomed, the disparity in economic and social status between Aboriginal people and other Canadians remains the greatest challenge to health.

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Lise Renaud with Caroline Bouchard,
La santé s’affiche au Québec: plus de 100 ans d’histoire, Presses de l’Université du Québec, 2005, pp. 257, illus., Can. \$33.15 (paperback 2-7605-1344-0).

Engaging as many of the images in this volume are—around 800, chronologically

organized—it is never made clear why the *affiche* of Quebec are worthy of particular attention. Meant as visual testimony to a hundred years of public health efforts in the Province, they do not reveal that French Canada had any outstanding graphic design tradition, or that its health propagandists sought to build on the pioneering work in poster art of late-nineteenth- and early-twentieth-century France. The look of many of the posters is decidedly Anglophile, grey and rather conventional. Not that all are in fact public health posters; before the 1960s many of the images that Lise Renaud reproduces are from journals, or from the covers of brochures, such as that for an exhibition on infant health held in Montreal in 1912, or that (also 1912) issued by *Metropolitan Life* on the ‘The health of the worker’. Many of the less pictorial early images are densely statistical and heavily narrativized, perhaps reflecting that visual trust had yet to be established between health educators and their imagined publics—on neither of whom does Renaud, a sociologist of health media, seek to comment. The first actual poster she reproduces is ‘Anciens Militaires’, a well-known Parisian one of 1917 drawn by Abel Faivre and issued for fund-raising purposes by the *Journée Nationale des Tuberculeux*. Far more interesting is a 1918 series of twenty posters produced in Quebec on the effects of alcohol on the body, and on families and “races” (with representations of native Indians sketched in). ‘Tableau 16’, ‘L’Alcool et la Criminalité’, is replete with a coloured bar graph on the number of persons imprisoned “for alcohol” in Ontario and Quebec in 1914; a courtroom line-drawing; and statistics on arrests. These posters (all around 90 x 66 cm) look very much like the wall-charts produced in Germany in the mid-nineteenth century and which were imported into Britain in the 1910s for purposes of medical education. Renaud’s minimal text offers no clue as to where and how they may have been used in Quebec.

Other posters before the 1920s do not appear to exist, or perhaps have not been saved, or (how are we to know?) have not been selected for