

proved a more formidable, but not insurmountable, barrier. In terms of sensibility and ideology, then, community and polity could be two very different things.

Despite the valuable contribution this anthology makes to regional as well as legal history, it is not without its problems. As with all collections, this one is rather uneven in its quality. Meriting special notice are the pieces by Tennant, Foster, McLaren, and Fritz. All, however, suffer from a common shortcoming, albeit to greater or less degrees: a failure to make the conceptual and historiographical connections like the ones I have discussed more explicit and to draw out their significance. Though it is, as John Phillip Reid argues in his lead article, important simply to get the narrative down, that is not enough: for if western historians — and certainly legal historians of the West — are to reach a wider audience (even a wider academic one) and to answer the question of “who cares?” in a satisfactory manner, they will have to make those wider connections.

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*Community, Environment and Health: Geographic Perspectives*, edited by Michael V. Hayes, Leslie T. Foster, and Harold D. Foster. Western Geographical Series, Volume 27. Victoria: Department of Geography, University of Victoria, 1992. xxiv, 411 pp. Maps, tables, illus. \$29.00 paper.

This is a collection of edited papers from a symposium whose themes were the spatial distribution of disease, geophysical correlates of disease, and the multi-faceted aspects of health care planning, policy, and delivery. These are not just papers by medical geographers. In his preface, Michael Hayes states that the book is an attempt to build a better understanding of the determinants of health and “is a step in the direction of creating a common discourse among persons interested in a richer appreciation of human health and its influences” (p. vi). Good, but I wish he had taken the seventeen chapters and written an integrating introduction to this eclectic selection of articles. Each chapter has its own introduction and conclusion, but they vary tremendously in quality.

The book begins with two articles on mapping; the first is mapping of mortality as done by the British Columbia Division of Vital

Statistics, and the second is on cancer mapping as done by the B.C. Cancer Agency. Both articles are useful reminders of the indeterminacies of mapping mortality data. Both conclude a theoretical section with a series of selected maps using B.C. data over various temporal and spatial scales. The purpose of the exercise of mapping is to help target health promotion/prevention programs at the local community level, according to L. T. Foster *et al.*, but this theme is interrupted by the next series of articles that attempt to correlate disease to the environment.

Harold Foster's article on associations between disease and soil quality reminds me of a fishing expedition into a sea of correlations and collinearity. His discussion uses only U.S. data, but Berkel and Bako's article on selenium and cancer in Alberta is more robust. Selenium deficiency, according to the literature, is related to cancers of the large intestine, but their Alberta data showed inconclusive results. The usual problem in such studies is the choice of a geographical unit; larger areas mask local variation and small units have the "small number problem." There was no discussion in the article of alternative ways of using administrative units to define areas, such as by natural physical regions. This may be a reflection of an outdated and selective literature review that allowed the author to make this questionable statement: "Table 1,4 ignores hereditary, or genetically determined, cancers. In the authors' opinion, however, heredity most likely contributes relatively little to the total cancer problem" (p. 73). The next article by Ian Norie discusses water hardness, cancers, and the protective role of selenium. He discusses digestive cancers in China in a paragraph that is almost identical to H. Foster's paragraph on the same discussion.

The last two articles in this environmental group, one on schizophrenia and the other on amyotrophic lateral sclerosis (ALS), bring into play the role of genetic predisposition to those illnesses. In the case of schizophrenia, however, there is also a possibility of acquiring that illness from factors such as head injuries and obstetrical complications, or from chemical damage incurred from neurotoxic culprits such as alcohol, drugs, and organic solvents (pp. 132-33). Environmental factors may also play a role in ALS. There may be links between ALS and "heavy metals lead and mercury, milorganite fertilizer, and increased milk consumption" (p. 176). The last two papers raise more questions than they answer, but they are necessary questions.

Michael Dear and Lois Takahashi broaden the definition of environmental factors to include the social theory of illness and health, as it applies to the homeless in the U.S. This article and the article by Isabel

Dyck on the health care experiences of immigrant women are strong articles that apply the agreed-upon holistic concepts of health to actual practice. It is a lack of this approach that Michael Hayes bemoans in his article on the failure of health promotion schemes in Canada: “. . . the spirit of its rhetoric has not been translated into action . . .” (p. 223). In a later article, co-authored with Clyde Hertzman, Hayes argues for a way to measure the health of a community based on social infrastructure over disease-based risk factors. Their scheme would support local communities which have specific groups of indicators. Both Dyck, in regard to immigrant women, and Sharon Manson Willms in her article on housing of persons with HIV also argue the need for community-based strategies. Most of the above articles talk around and about health promotion, which is the subject of an article on public policy and smoking by Hollander *et al.*

The last few articles are a disparate group. In chapter 12, Thouez discusses ways that northern communities can properly meet the health needs of the Inuit and the Cree populations. Lillian Bayne discusses why health services planning in the Greater Vancouver Regional Hospital District must be improved. Chapter 16 is an excellent literature review on medical and surgical procedural variations in Canada. The final chapter by Jonathan Mayer compares the Canadian and American health care systems as “cultural artifacts,” and argues that health care systems are “socially constructed and culturally interpreted sets of institutions” (p. 400).

There are many worthy articles in this book, but they would have benefited from stronger editing and organizing. Although the purpose of the symposium upon which these articles are based was to explore diverse health issues from diverse research approaches, the book would have been much better had it concentrated solely on the very current issue of community health.

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*Cannibal Tours and Glass Boxes: The Anthropology of Museums*, by Michael M. Ames. Vancouver: University of British Columbia Press, 1992. xvi, 212 pp. \$39.95 cloth.

*Cannibal Tours and Glass Boxes* is a collection of reflective essays on anthropology and museums, with excursions into anthropology and