on Caroline Humphrey's (1983) observations about the criticality of bargaining and allocative power to the everyday operations of socialist economies, to examine labour shortages and bargaining power in the context of Katonga's collective farm economy. He explicates how Evenki blame their failure to meet state orders on the failure of the state itself to provide them the means to do so. He also traces the way in which labour shortages were understood and employed to recruit outside workers, and how this approach worked to turn the Evenki into a social and economic underclass.

"Lumpenized" youth have resulted from the above forces, and from an educational system that does not prepare them for the employment opportunities they will face. The author looks at this phenomenon historically, then traces the recent romanticization of the taiga as the authentic and appropriate locus of Evenki life (borrowing from Istan Rev's (1998) "retrotopia" concept), and the changing importance of situated (i.e., village versus taiga) knowledge to survival, with its implications for educational institutions and practices. Youth who have returned to the taiga are few, but reified as "real Evenki."

Ssorin-Chaikov's ideas on the cultural production of traditionalism in the contemporary Russian North find further development in the chapter entitled "Mothering Tradition." He argues that traditionalism is a product of Soviet reforms in the North. He traces the paradoxical revival of discussions regarding a native women's appropriate place—at a time when birth rates are low, death rates high, and concerns about cultural and genetic survival widespread. Ssorin-Chaikov notes the irony of urban, professional (non-traditional) Evenki women propounding the need for Evenki women to return to the taiga, marry Evenki men, and produce Evenki children who are brought up knowing (traditional) Evenki culture. He also describes how Soviet and post-Soviet economic policies have created a Russian analogue to the west's "welfare mother" among a significant percentage of the village-based female population.

The Soviet Union acted as a "weak state" in its peripheries, Ssorin-Chaikov concludes, yet he draws our attention to the way it thrived on weaknesses and failures. He also underscores the irony that Evenki are continually imagined as being "outside the state," both by Evenki persons and by state officials.

The book will be most accessible to Russian specialists: Ssorin-Chaikov assumes a general knowledge of Soviet history and Soviet institutions. His prose at times suffers from a pretentious intellectual self-reflexivity (e.g., his rationale for use of "panels" to introduce extended quotes, p. 78), and on a few occasions bogs down in what can be flippantly described as post-modern prattle. Yet it occasionally ascends to wonderful levels: witness his apt coinage of the term "ethnographic present-perfect" to characterize early Soviet ethnographic writings (p. 88) Continuity between chapters and chapter sections is sometimes natural, sometimes forced, and sometimes lacking. But for the most part, the book is engaging, well written, and perceptive. It is an important contribution to improving our understanding of indigenous life in the Soviet and post-Soviet Subarctic.

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"MUST WE ALL DIE?": ALASKA'S ENDURING STRUGGLE WITH TUBERCULOSIS. By ROBERT FORTUINE. Fairbanks: University of Alaska Press, 2005. ISBN 1-889963-69-0. xxxix + 264 p., maps, b&w illus., notes, glossary, appendices, index. Hardbound. US$39.95.

Robert Fortuine (pronounced Four-TYNE) is Alaska's pre-eminent medical historian. As we expected, this fact-filled book is thoroughly researched and meticulously documented. His preface begins with an account of an x-ray survey in a remote village early in 1946, when a distraught father pleaded, "Five of my children die this way — I don't want my other kids to go. Must we all die of the TB?"

For the educated layperson, anthropologist, or historian, Fortuine's introductory chapter provides necessary background concerning the medical aspects and history of tuberculosis (TB), a disease that is carried by one-third of the world's population, killing about 1.8 million people each year, and still increasing in incidence globally.

During the Russian occupation of Alaska (1741–1867), TB was readily transmitted from infected Russians to the aboriginal people. The Native people lived in relative poverty under crowded and unhygienic conditions, so that the almost unprecedented TB epidemic spread like wildfire across Alaska, affecting people of all ages.

From 1926 to 1930, the TB death rate for Alaska Natives was 655 per 100 000, compared to 42 per 100 000 for whites. In southeastern Alaska, females aged 20 to 29, in their prime childbearing years, had the horrific mortality

rate of 1704 per 100 000. The territorial government did little to address this situation until 1931, when the medical program was transferred to the Office of Indian Affairs, for the first time bringing services for Alaska Natives in line with those for Indians in the contiguous lower states. On the private side, the Alaska Tuberculosis Association was formed only in 1934, two to three decades after the founding of similar organizations in the remainder of the United States and Canada.

By 1933, the capacity of Native hospitals for all conditions, in all of Alaska, was 135 beds. The Depression during the 1930s and war during the 1940s slowed progress considerably. However, when the war ended in 1945, vacated army hospitals became available for use as TB sanatoria to isolate and treat patients with active and infective disease. New sanatoria were also built, and orthopedic clinics were established for children and others suffering from the deformities of bone TB.

For case finding, mass x-rays surveys began in 1946. By 1948 about 70% of the population had been x-rayed, revealing active lung lesions in a frightening 12.9% of the first 5592 Natives. To reach remote settlements, doctors and their x-ray machines were transported to 28 communities by railway cars and to others by ships along the coast, by barges that could navigate the sandbars on the rivers, and by roads where they existed.

Another method of control was the Bacille Calmette-Guérin (BCG) vaccination. In one of the landmark studies of the vaccine, 1550 Indians who were given the vaccine had only six deaths, compared to 52 deaths among a control group of 1457 unvaccinated patients. Fortuine fails to pursue the paradox that the use of BCG was very limited in Alaska, in spite of the convincing evidence locally acquired. Was this limited use due to widespread opposition to the vaccine elsewhere in the United States?

The "magic bullet," streptomycin, came into use in Alaska in 1948, followed by para-aminosalicylic acid (PAS) in 1951 and isoniazid (INH) in 1952. Some patients were supposed to take 30 or more pills per day, a discouraging number that made for poor compliance and led to high rates of relapse.

The battle gradually shifted. In 1954, a critical report by Dr. Thomas Parran, a world-respected public health figure from the University of Pittsburgh, spurred increased activity and larger budgets. Remarkable improvements occurred over a very few years. At the Seward Sanatorium, 85% of arriving patients had far advanced disease in 1950, but only 15% by 1957. That year, a double-blind experimental study of INH as prophylaxis in entire Native communities showed moderate benefit in preventing progression to active disease among those with inactive tuberculous infection. As elsewhere, the availability of drug treatment outside hospital quickly made the relatively new sanatoria obsolete.

Local TB epidemics continued in remote villages (as they do to this day). To assure treatment completion and prevent the development of resistant bacteria, "Directly Observed Therapy" was introduced: health workers undertook the task of watching each patient swallow the pills, often only twice each week.

Why did TB spread so rapidly in Alaska? Why was the encounter more savage among Alaskans? Fortuine spends his penultimate chapter discussing the numerous contributing factors involved. He tells how things were even worse among the Inuit in adjacent Canada, where the TB mortality rate reached 718 per 100 000. The highest TB mortality figure ever reported was 9000 per 100 000 among Indians of the Qu'Appelle Valley in Saskatchewan.

One cannot understand any Arctic area without an appreciation of its local inhabitants. One reason for the success achieved by the Territory (until January 1959) of Alaska in the fight against the commonest killer, tuberculosis, was the remarkable and almost unprecedented cooperation of the aboriginal inhabitants. On the other hand, bureaucracy often failed to provide equivalent or appropriate effort; there was slowness to react, inadequate funding by legislators far from the scene, and the recurrent theme of budget cuts, often at the most inappropriate time. Fortuine tells this story in an appealing way. We can find nothing to criticize.

This book will be of interest to a wide audience, but especially to health workers, anthropologists, and historians. It is a must for medical libraries everywhere.

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ADAPTATION POLICY FRAMEWORKS FOR CLIMATE CHANGE: DEVELOPING STRATEGIES, POLICIES AND MEASURES. Edited by BO LIM and ERIKA SPANGER-SIEGFRIED. Cambridge: Cambridge University Press, 2005. ISBN 0-521-61760-x. 258 p., b&w illus. Softbound. Cdn$67.00.

The term "adaptation" has been used since the 17th century to describe how organisms — including humans — have changed to suit their environments. In *The Primitive Origination of Mankind* (1677), Sir Matthew Hale described how human faculties are ideally suited to their specific uses, indeed, how they have *adapted* over time to reach their current level of efficiency. In *The Origin of*