

# Women's History MAGAZINE

## ABORTION SPECIAL

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# IMAGES



**Inside:** Operation Solidarity/Morgentaler clinics/  
Midwifery in the Kootenays

*Issue 73*  
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Abortion, past or future?  
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**Lena Lennerhed** on  
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*Plus*

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First Call for Papers

# Home Fronts: Gender, War and Conflict

Women's History Network Annual Conference  
5-7 September 2014 at the University of Worcester



*Image provided by the Worcestershire Archive and Archaeology Service*

Offers of papers are invited which draw upon the perspectives of women's and gender history to discuss practical and emotional survival on the Home Front during war and conflict. Contributions of papers on a range of topics are welcome and may, for example, explore one of the following areas:

- Food, domesticity, marriage and the ordinariness of everyday life on the Home Front
- The arts, leisure and entertainment during military conflict
- Women's working lives on the Home Front
- Shifting relations of power around gender, class, ethnicity, religion or politics
- Women's individual or collective strategies and tactics for survival in wartime
- Case studies illuminating the particularity of the Home Front in cities, small towns or rural areas
- Outsiders on the Home Front including attitudes to prisoners of war, refugees, immigrants and travellers
- Comparative Studies of the Home Front across time and geographical location
- Representation, writing and remembering the Home Front

Although the term Home Front was initially used during the First World War, and the conference coincides with the commemorations marking the centenary of the beginning of this conflict, we welcome papers which explore a range of Home Fronts and conflicts, across diverse historical periods and geographical areas.

Abstracts of no more than 300 words should be sent electronically to

**[maggie.andrews@worc.ac.uk](mailto:maggie.andrews@worc.ac.uk) by 1 April 2014.**

# Editorial

As I write this editorial, *The Daily Telegraph* headlines proclaim 'Abortion laws left "meaningless" as doctors put "above the law"', after the Crown Prosecution Service failed to prosecute two doctors who performed sex-selective abortions in the UK. It is a headline that conveys the complexity of ethical decision-making around abortion, where even many of those who believe in women's absolute right to choose in all circumstances falter when faced with the potential for abortion to symbolically prioritise male children at the expense of girls. As this special issue on abortion demonstrates, attitudes toward abortion have often been complex and multi-faceted. Fran Bigman opens this issue with a discussion of the feminist writer and birth-control campaigner, Naomi Mitchison's, complex and ambivalent response to abortion in her novels of the 1930s. Mitchison's conviction that women desired children and that sexual enjoyment was heightened by the possibility of conception sat uneasily alongside her belief in women's right to bodily autonomy. A similar ambiguity or anxiety towards abortion can be found in Lena Lennerhed's article in the attitudes of Swedish feminists to demands by Left-wing youth movements to expand the grounds for legal abortion in the 1960s and 70s.

Lennerhed also raises the question of access to abortion through her history of the role of 'abortion tourism', where women travel to other areas to access abortion, in influencing the demands for wider abortion access in Sweden. She highlights that whilst the American Sherri Finkbine had to come to Sweden to access a legal abortion, many Swedes were going to Poland for the same reason. Lennerhed highlights how the publicity around these two types of abortion travel informed the discursive context of the abortion debate in Sweden, but also reminds us of the lengths women literally travelled to be able to exercise their right to choose. This topic is also at the heart of both Christabelle Sethna and Nancy Janovicek's articles. Sethna's exploration of abortion tourism focuses on Canadian women's travel to access abortion in a context where abortion was legal, but difficult to access. She reminds us that abortion access is not just about the legal context, but how that law was interpreted, the provision of medical facilities and the wealth and status of the women who needed abortion. In this, 'God-like' doctors, who determined when and whether a woman's choice fell within the law, created considerable anxiety for the pro-choice movement, much as they do for the anti-abortion campaigners quoted in *The Daily Telegraph*'s headlines, leaving access to abortion services ambiguous and contingent on whether doctors believed their patients to be compelling or even deserving.

This issue is also discussed by Janovicek in her exploration of women's access to abortion services in rural Canada. Using oral histories, Janovicek looks at a grass-roots campaign between feminist and other members of the community to safe-guard abortion services in the town of Nelson, after an attempt by anti-abortion campaigners to remove access through dominating the hospital board. Janovicek both reminds us that a legal right to access is not enough if the services are not available, and, on a positive note, demonstrates how feminist organisations can find unexpected allies when they look beyond their own circles to protect women's rights.

Gayle Davis concludes this special issue with a commentary, placing this research in its wider context within the history of sexuality and abortion. She observes the ways that the medicalization of abortion made it an issue for doctors to decide, in many respects removing 'choice' from women. Yet, she also wonders whether this situation has made abortion in Britain and countries with similar legal contexts less politicised than it is in the USA for this reason. In this we are situated with the readers of *The Daily Telegraph*, looking anxiously at the decisions of medical doctors and not at women's choices. What this special issue tells us, however, is that abortion for feminists has always been about women, whether it causes ambiguity and anxiety, or inspires them to stand up for greater rights to abortion access. It also consistently demonstrates the ways that wealth, class and geography have shaped women's access to abortion services and continue to do so. In our current political context, where the right to have and access to abortion continue to cause headlines, this special issue reminds us that we have not yet reached a time where we can be complacent on this topic.

As well as providing some sterling research, this issue of the *Magazine* allows you to 'get to know' committee member Jane Berney, catch up on all the gossip from the conference, find out the latest committee news, and, of course, to expand your Autumn reading list with our book reviews. As always, this magazine is your space as Women's History Network members, and we welcome suggestions for how it could be improved or extended. Finally, we welcome articles, both long and short, that help us to explore women's history.

Editorial Team: Katie Barclay, Lucy Bland, Sue Hawkins, Anne Logan, Kate Murphy, and Emma Robertson.

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**Cover:** "I would also like to thank members of the Images Collective for permission to reproduce Ann Swanson's artwork, which appeared on the cover of the September 1983 issue. Dr. Marcia Braundy has digitized Images - A Kootenay Women's Newspaper. The CD is available from the Nelson and District Women's Centre." Nancy Janovicek.

# Abortion, past or future?: The 1930s writings of Naomi Mitchison

Fran Bigman

*Peterhouse, University of Cambridge*

Is abortion part of the past, or part of the future? It's a question that runs through today's debate, as anti-abortion and pro-choice camps offer clashing histories. For some opponents, abortion is an evil practice people will abandon when enlightened about its true nature, as they have, by and large, abandoned infanticide. For many who support its legality, the right to an abortion is fundamental to the human right of bodily autonomy and a keystone of women's rights, and no society that fails to support this right can be truly modern; in their view, the reversal in the 1960s and 1970s of nineteenth-century laws criminalizing abortion is a hallmark of social progress.

The language of past and future is evident in the rhetoric of both sides. In response to 4D images released in 2003 and 2004 by a British obstetrician who claimed they showed fetuses smiling (although the images were allegedly manipulated), a spokesman for the Society for the Protection of Unborn Children stated, 'we are pleased that this development will show people the humanity of the unborn child ... that they are not destroying a lump of tissue or a blob and that abortion has no place in a civilized country'.<sup>1</sup> The group ProLife commented that 'After seeing these pictures, everyone will see that abortion is as barbaric as killing a born baby'.<sup>2</sup> Today's pro-choice campaigns like The Coat Hanger Project attempt to remind their audiences – and teach those born after decriminalization – of the barbarity of backstreet abortions; one of their images is a wire coat hanger with 'We Won't Go Back' written in blood-red.

Barbarity was also invoked in the years leading up to the Abortion Act of 1967, which decriminalized abortions before twenty-eight weeks gestation performed by registered practitioners in England, Scotland, and Wales, when the inability of many women to access abortion came to symbolise outdated inequities. Stephen Brooke writes of a 'rediscovery of poverty' at this time, suggesting that 'abortion was, like poverty in a welfare state, a leftover problem for a progressive nation. The abortion law and the persistence of backstreet abortion may have seemed increasingly anachronistic and intolerable in a society in which the consumer magazine *Which* could publish a supplement on contraceptives'.<sup>3</sup> In 1956, the politician Anthony Crosland wrote of making Britain 'civilized' by decriminalizing homosexuality and abortion, and journalist Paul Ferris called the status quo 'barbaric' in 1966.<sup>4</sup> Whether abortion is part of the past or part of the future has been central to the debate since the 1930s, when a public discussion around abortion emerged in the UK. This essay will examine the roots of abortion's troubled chronologies first through a look at the broader interwar context and then an in-depth reading of the 1930s writings of novelist and birth control activist Naomi Mitchison.

In the 1930s, proponents of decriminalization painted opposition as hidebound and insisted that liberalisation

equalled enlightenment, while anti-abortion campaigners portrayed the practice itself as barbaric. Stella Browne, Britain's lone campaigner in her day for legal abortion as a woman's right, argued in a 1936 speech that the law was 'a sexual taboo ... a survival of the veiled face, of the barred window and the locked door, of burning, branding, mutilation and stoning; of all the pain and fear inflicted ever since the grip of ownership and superstition came down on women'.<sup>5</sup> In the 1935 book *Abortion*, Browne argued that 'the woman's right to abortion is an absolute right ... up to the viability of her child' and abortion should be 'the key to a new world for women, not a bulwark for things as they are'. In an accompanying essay, the conservative philosopher and social critic Anthony Ludovici contended that women had been made irrationally fearful about pregnancy by birth controllers and advocates of legal abortion, whose argument 'all seems so plausible when once you have convinced yourself that having children is a disease'.<sup>6</sup> Ludovici insisted that a scientific approach would eventually prove that continual childbearing (eight at least) is best; therefore 'it would be insane to alter our institutions and laws ... and thus perpetuate a degenerate patch in our history'.<sup>7</sup>

Browne co-founded the Abortion Law Reform association, or ALRA, in 1936 along with a group of left-wing feminists including Dora Russell, Janet Chance, and Alice Jenkins. They were alumnae of the Workers' Birth Control Group (WBCG), an organisation founded in 1924 by Browne and Russell after the Labour Party had refused to endorse the cause, afraid of losing the Catholic vote; when Marie Stopes opened the UK's first birth control clinic in London in 1921, protestors, many of them Catholic, came out to throw bricks. The WBCG, which lobbied state-funded welfare centres to provide contraceptive information to their working-class patients, was successful enough to be able to disband in 1931. While, in 1922, a London health visitor was dismissed for providing birth-control information, in 1930 the Ministry of Health authorised local-authority maternal-welfare clinics to give contraceptive advice in certain circumstances. By 1930, what Lesley Hall terms a 'volte-face of the medical profession', had occurred, while 'public opinion had changed radically and the tide of support was now running in favour of birth control, at least within marriage, to space and limit families ... The 1930 Lambeth Conference of Anglican bishops conceded that contraception might have a legitimate place within Christian marriage'.<sup>8</sup>

For Stella Browne, abortion was the obvious next struggle – she had been campaigning for it since 1915 – yet she was alone in arguing for abortion as an absolute right, and in the end the arguments adopted by the ALRA were more pragmatic than ideological and very class-based. When the ALRA gave evidence to a 1938 Parliamentary Committee on Abortion, their 'evidence focused on the



suffering of working-class women burdened with perpetual pregnancies, framed from the perspective of middle-class left-wing observers'.<sup>9</sup> The argument for abortion was very much based on economic grounds. Emma Jones has found that in a late-1930s study in Bradford and Liverpool, women cited poverty or poor housing as a justification for abortion, 'public rationalizations, which do not necessarily conflate with their private thoughts and motivations ... at this time, simply replying "I didn't want another child" was publicly unspeakable; it fitted neither the enumerators' boxes nor the ideological understandings of maternal desire and responsibility'.<sup>10</sup>

Some members of the ALRA had been wary about moving from birth control to abortion. In a 1986 interview, Dora Russell said '[s]ome of us were hesitant about [the demand for abortion] and anyway we were very worried because we were trying to get birth control on the way and we didn't want a disturbance to our work'.<sup>11</sup> Before the 1930s, birth control and abortion had not been so divided in political rhetoric or in popular opinion. When a birth-control clinic opened in Walworth in 1922, protestors stood outside shouting 'Whores!' and 'Abortionists!' In the late interwar years, however, 'the medical profession, assisted by the birth control movement, intensified its campaign to impose a clear separation between those methods of birth control used before and after fertilization'.<sup>12</sup> While Marie Stopes occasionally gave advice about abortion in private, she denigrated it in public, championing contraception as a way to avoid abortion. Stopes often expressed her shock at the number of women who wrote to her asking how to obtain an abortion, unaware of its illegality.

Historically, many women had not observed a difference between 'birth control' and 'abortion', taking monthly pills for 'menstrual regulation' or, if their period failed to arrive, to clear 'menstrual blockage'. Many referred to the interruption of pregnancy not by the Latinate term 'abortion', but 'bringing me round' or 'putting me right'.<sup>13</sup> Pregnancy was not necessarily recognised until 'quickening', or perceptible foetal movement around the fourth month. Quickening, traditionally considered the time of 'ensoulment' by the church, had been observed in English abortion regulation since it began in thirteenth-century common and ecclesiastical law. The 1803 Ellenborough Act, the first statutory regulation of abortion, mandated the death penalty for causing the 'miscarriage' of any woman after quickening (those prior to quickening were punished by pillory or transportation), while an 1837 amendment removed both the quickening distinction and death penalty.

The 1861 Offences Against the Person Act, the most influential abortion law until 1967, made self-induced abortion a crime, with no reference to quickening – a phenomenon doctors disparaged as a women's folk belief. Pro-choice historians such as Barbara Brookes and Leslie Reagan have argued that the nineteenth-century criminalization of abortion was driven by doctors eager to consolidate their control over pregnancy and childbirth; midwives were tainted by association with the condemned practice of abortion.<sup>14</sup> Some other pro-choice historians argue that until quite recently, laws against abortion were intended to protect women, while anti-abortion historians

like John Keown argue that abortion bans have always been motivated by concern for the foetus.<sup>15</sup> Regardless of the motivation for the ban, however, ideas such as quickening and menstrual blockage persisted. Many women found birth control, seen as interference with nature, less morally acceptable than abortion; in 1933, a London magistrate complained that women were reluctant to visit birth control clinics because 'contraception is not considered "respectable" ... but harmful methods ... of abortion are'.<sup>16</sup> Furthermore, many women considered the use of instruments like knitting needles to be 'abortion', but not traditional home remedies like gin and 'female pills' available by mail. Women's everyday practices, therefore, resisted a rigid distinction and condemnation of abortion.

Despite this drive toward classification, abortion also remained a grey area medically and legally in the 1930s. The term had not acquired its current meaning, and 'spontaneous abortion' was often used in medical literature to mean miscarriage, while an 'induced abortion' could also be referred to as a miscarriage. Rosemary Elliot writes that in the UK before 1967, 'understandings of pregnancy loss were limited by the fact that doctors quite simply did not know in many cases, and could not ask, whether the pregnancy loss was induced or spontaneous when women presented for treatment'.<sup>17</sup> Despite certain clues, including septic infection and damage to the cervix, doctors in the 1930s found it difficult to tell if a pregnancy had ended by accident or design, although they often suspected the latter, especially of working-class patients. The 1861 Act, which in prohibiting 'unlawfully' administered abortions, had seemingly left a loophole for 'lawfully' procured operations, like those performed to save the woman's life. The Infant Life Preservation Act of 1929 muddled the waters by allowing abortion after twenty-eight weeks to save the woman's life, but not clarifying whether earlier abortions were permissible.

The 1930s were a key decade, therefore, in the histories of birth control and abortion, a time when many ideas of today – for example, that conception is the beginning of life, and that birth control is morally preferable to abortion – were present, but not as widely accepted as now. At the same time, there were many ideas that seem outdated today. Stephen Brooke has argued that, for most of the twentieth century, community and family were seen as the higher good, and only in the 1970s and 80s did the balance shift toward individual freedom. Many 1930s arguments against abortion focused not on foetal personhood, but perceived moral threats to the community and nation, such as sexual promiscuity and the dwindling of the English race. Some arguments for legalisation were motivated by a resurgence of eugenic thinking brought on by the Depression; in 1932, a doctor supported legal abortion for any woman who already had two children in order to check 'multiplication of the least efficient citizens', and in 1931, a judge who gave light sentences to women convicted of abortion argued it should be compulsory for 'mentally defective' pregnant women.<sup>18</sup>

In the 1930s, then, abortion was labelled as a necessary measure for the overburdened working-class mother and a means of future liberation for all women, a modern medical practice and a 'degenerate' custom. There

were, of course, those who straddled the line between for and against, those who saw the liberating potential of birth control and abortion, yet had qualms about its effect on society. The influential yet understudied writer Naomi Mitchison was one of these straddlers, and an in-depth look at her 1930s writings provides a moving portrait of how one thinker – a privileged mother of five, but also a socialist and birth control activist – struggled to come to terms with both the morality and the everyday practice of contraception and abortion. This essay examines how Mitchison contributed to the ongoing debate in interwar Britain about abortion by both giving it and denying it – but mostly denying it – a role in her 1930s socialist utopias, constructed through both her fiction and non-fiction.

Faber published Mitchison's essay *Comments on Birth Control* in 1930, claiming that she was uniquely qualified, as 'Mrs Mitchison discusses the emotional problems involved in the use of contraceptives, with the intuition of a novelist and the knowledge of a worker in Birth Control Clinics'.<sup>19</sup> Her childhood uniquely qualified her to be both a novelist and Birth Controller. Mitchison's awareness of contraception may date to her childhood; when she broke her leg as a ten-year-old, she began to sleep in her mother's bedroom, an arrangement that continued until Naomi married future MP Dick Mitchison and moved out. Mitchison suggested in her memoirs that her presence was used to keep her father away; she was the youngest of two. Born in Oxford in 1897, she hailed on her father's side from the Scottish Haldanes, members of the intellectual aristocracy; the similarly-placed Huxleys were family friends. Her father was a physiologist, and she and her brother Jack bred guinea pigs as genetic experiments. While Jack became the Cambridge geneticist J. B. S. Haldane, Naomi became a prolific writer of fiction, from her 1920s historical novels to her contemporary political novel *We Have Been Warned* (1935) to her wartime fiction set in Scotland to her postwar science fiction.

That Mitchison's 1930s writings articulated certain problems with contraception and abortion is often forgotten by biographers and critics, who flatten out the complexity of her positions and portray her vaguely as 'feminist'. One biographer merely mentions *Comments on Birth Control*, mislabelling it a 'feminist tract'. While Mitchison did volunteer from the 1920s in a North Kensington birth-control clinic run by Dr. Helena Wright, in a 1982 interview she told Wright's biographer, Barbara Evans, 'I don't think [Helena Wright] thought of contraception as essentially a feminist thing. Nor, do I think, is it'.<sup>20</sup> While she practiced contraception herself and championed it as deliverance for overburdened working-class mothers, in *Comments*, Mitchison criticised its adoption as a universal good even by families (like hers) who could afford to have many children – she and Dick had seven children, although two died young, in their open marriage. Mitchison also told Evans that she and other clinic volunteers 'all knew one or two people who could do planned abortions ... it was highly illegal and probably all the committee helped people who were in desperate trouble'.<sup>21</sup> She added that there was one abortion she regretted facilitating.

While Mitchison seemed willing to talk about her time in the abortion underground – in an interview published in 1988, she told Alison Hennegan that, 'although of course it was thoroughly illegal, we'd have them done in our own homes' – it is striking that Mitchison's flouting of abortion law was not part of the many stories she told about herself, including six memoirs.<sup>22</sup>

The problems Mitchison detailed in *Comments on Birth Control*, however, are very different to the problems she articulated around abortion in her 1930s writings. While her position on contraception followed an established pattern of response to new technology, her position on abortion was contradictory and ultimately aporetic. In the next section, I will demonstrate how Mitchison's thinking on birth control was influenced by the work of contemporary writers such as Vera Brittain, D. H. Lawrence, and her own brother, in contrast to her conflicted and less well thought out feelings about abortion.

## Contraception as compromise, abortion as aporia

By the late 1920s, a public discourse had developed not just about contraception – or sex without reproduction – but also technologies that offered reproduction without sex. In *Lady Chatterley's Lover* (1928), a character is reading 'a book about the future, when babies would be bred in bottles, and women would be "immunized"'. That book was likely Haldane's 1924 essay *Daedalus: or Science and the Future*, which sparked debate and inspired 'To-day and To-morrow', a series of over 100 books published from 1924 to 1931, a boom time for futurological writing. In *Daedalus*, Haldane imagined a future in which ectogenesis, or artificial wombs, used for seventy per cent of births, had saved civilization by enabling reproduction of the most eugenically fit. In a passage that inspired *Brave New World* (1932), Haldane described how ovaries could be removed from women and kept alive for decades. He championed the power of reproductive technology to reform society, writing, 'if reproduction is once completely separated from sexual love mankind will be free in an altogether new sense'.<sup>23</sup>

Mitchison, however, thought that despite contraception's benefits, it was being accepted too uncritically and thus overused, meaning women were denied the babies she assumed they wanted. She criticised 'small-family propaganda' and wrote in *Comments* that 'intelligent and truly feminist women want two things: they want to live as women, to have masses of children by the men they love and leisure to be tender and aware of both lovers and children: and they want to do their own work'.<sup>24</sup> She was not the first woman to respond to the way sex and reproduction were increasingly being tugged apart in the interwar period by adopting what I would call a maternalist-technobivalent position – in other words, seeing the liberating potential in technology but worrying about the erosion of women's maternal role. Vera Brittain had already demonstrated this position brilliantly.

In *Halcyon, or the Future of Monogamy* (1929), a riposte to *Daedalus*, Brittain's maternalist-technobivalence

challenged Haldane's triumphalism. She described an alternate future in which ectogenesis had been tried and largely abandoned because some infants sickened due to a lack of mothering, although it was still used if most convenient for the mother. This is one way to respond to new technologies: accept them, with reservations, as Mitchison does with birth control in *Comments*. Haldane saw the separation of sex and reproduction as wholly liberating, but Mitchison, following Brittain, exposed her brother's optimism as male. Men might be happy having sex with no consequences and growing babies in bottles, but for women, she maintained, sex and reproduction were not as easy to untangle, and the benefits of doing so were far less clear. Strikingly, she sought to reconnect sex and reproduction by drawing on the work of someone she also disagreed with: D.H. Lawrence.

In *Comments* – an essay built around the hope that 'as far as it is possible in the present state of industrial civilisation we can get back to the sexual healthiness which D.H. Lawrence rightly demands for us' – Mitchison acknowledged the influence of *Lady Chatterley's Lover*, in which Lawrence expressed his disapproval of babies in bottles and contraception through his heroine, sceptical of the former and loath to use the latter.<sup>25</sup> Lady Chatterley's womb is mentioned so often it becomes another sense organ; she longs for the child her husband cannot give her, and with Mellors, 'all her womb was open and soft, and softly clamouring ... for him to come in again and make a fulfilment for her'.<sup>26</sup> In *Comments*, Mitchison assures us that 'the normal woman ... gets, even in the moment of supreme sexual enjoyment, the sharp flash of longing for the April feel of a baby at her breast'.<sup>27</sup>

Given that Mitchison criticised Lawrence's fear of female sexuality, writing in 1934 'it must be fairly obvious that Lawrence could never really stand the sight of a woman enjoying herself sexually', it is interesting that she too saw a longing for children as an integral part of female sexual desire. Mitchison claimed 'part of [a woman's] tenderness towards her lover expresses itself in the passion to bear him a child, and all contraception is a compromise with this'.<sup>28</sup> This insistence that a woman's body longs toward the ultimate completion of pregnancy echoes an idea of Ludovici; Mitchison comments that 'the opponents of birth control often produce very sound criticism. Mr Ludovici, for instance ... produces one valuable contribution. This is his emphasis on the fact that has struck many of us: that the normal woman's sexual cycle is emotionally incomplete without pregnancy and lactation'.<sup>29</sup> According to Mitchison, even women using contraception hope it fails:

Often a woman is aware with a deep tenderness that the man is her children's father; she gets a particular satisfaction from him when she feels that he may be putting another into her, she may even manage to transfer this satisfaction to the best protected copulation, with perhaps, a curious secret hope in the moment of crisis that something may after all have gone wrong.<sup>30</sup>

There is much radicalism in *Comments on Birth Control*. Mitchison was able to use its non-fiction format to condone possibilities publishers would have balked at in a novel, including premarital sex, 'temporary or semi-permanent lovers who have at all costs to avoid having babies' and alternatives to penetrative sex, for 'there are many kinds of mutual caresses and pleasures'.<sup>31</sup> Yet Mitchison's assumption of near-universal maternal urges underscores the radicalism of Stella Browne, who spoke publicly of her abortions, never married, never had children, and wrote of women who are 'not primarily maternal, who love their own vanity or their own dreams, or some creative call of work; or a man, or more than one man, or another woman, more than any child. These women exist. Their exact percentage may be small – I do not think it is – but their total number large'.<sup>32</sup> In a review of *Comments*, Browne praised Mitchison's 'direct courage' but found some of her comments 'highly disputable', adding 'I doubt, though, whether many women want *lots* of children, even by men they love. I have known some who did, but they were exceptions and admitted this themselves'.<sup>33</sup>

While Mitchison's argument on birth control can be measured in its similarity and difference to Lawrence's thinking, Mitchison's thinking on abortion is aporetic, inassimilable to any coherent philosophy. Her takes on abortion – as argument for contraception, as resistance to contraception, as morally troubling – in *Comments* are contradictory and raw. The procedure appears dangerous when she mentions 'deliberate and usually unskilled abortion' as a risk of working-class life if contraceptives are unavailable, and then comments that for 'temporary or semi-permanent lovers', 'the only alternative [to contraception] is abortion, which is apt to be dangerous, expensive, and unpleasant, and is at present illegal'.<sup>34</sup>

Strikingly, ten pages later abortion appears as potentially acceptable. Mitchison writes, 'there are probably a great many well-off women, intelligent and sensitive, who know all about birth control but prefer to take the risk and be operated on from time to time. If it is done soon enough, there seems to be a certain amount to be said for deliberate abortion on purely psychological grounds'.<sup>35</sup> This exploration is reined back on the next page when abortion is reincorporated into the rhetoric of danger as 'this very drastic method of deliberate abortion', but the idea of permissible abortion – and not even on economic grounds, but on 'purely psychological' ones – has been raised.<sup>36</sup> Browne quotes Mitchison's comment on 'deliberate abortion' in her review of *Comments*, writing 'Exactly!' and praising Mitchison's 'sympathetic perception'.<sup>37</sup> In 1935, Browne wrote that for many women abortion was 'not only ethically permissible and practically necessary but also erotically preferable to any current and available form of contraception'.<sup>38</sup>

How does this willingness to consider the use of abortion not as backup but as contraception square with Mitchison's lament that:

Another moral problem which our ancestors did not have to cope with, is this terrible responsibility of the deliberate creation or denial of life. Once we start considering: we

willed this life, are we justified? Once we begin to say: ought we to deny life to a being, to a potential child who might be alive and happy?<sup>39</sup>

Tellingly, it is technology, not religion, that structures Mitchison's moral thinking – her brother wrote in a 1961 memoir, 'I was not brought up in tenets of any religion, but in a household where science and philosophy took the place of faith'. For Mitchison, these questions are sparked not by a pre-existing religious or social morality, but by the new freedoms – and the new responsibilities – created by novel technologies. Because these technologies empower women, but also impose new forms of restriction, to Mitchison they seem both gift and curse. In *Comments*, abortion appears both as a solution to women's problems with contraception and as the denial of life, both as the promising future and an immoral practice that modern women should reject. While Mitchison acknowledges the merit of the abortion-as-contraception argument – one abandoned today – for her, expanding access to improved contraceptive devices in the 1920s and 30s makes abortion ethically problematic, as conception becomes, at least theoretically, voluntary. When she writes of the newness of the 'terrible responsibility of the deliberate creation or denial of life', she implies that abortion may have been acceptable in the past, but modern men and women have a responsibility toward the foetus they have willed into being.

Mitchison hoped socialist reform would obviate most of the need for contraception, and toward the end of *Comments* she imagines just such a sexual utopia. 'At present contraception is practised very largely for economic reasons', she wrote, but 'when housing, education, and security of future food and clothing and fuel cease to be a problem, as they must ... then contraception will not be nearly so necessary'.<sup>40</sup> Mitchison continues, 'When women [can] ensure that their work will be compatible with having babies, or when the whole business of having babies becomes a real job in itself, carrying with it social respect and economic independence ... it will be less necessary'.<sup>41</sup> Yet contraception retained a role in the future, as ectogenesis does in Brittain's *Halcyon*, and Mitchison goes on to discuss new methods being tested that could prove valuable.

When it comes to abortion, no pre-existing rhetoric of response to technological change can be relied upon. While birth control is able to separate sex neatly from reproduction by preventing conception, abortion fails to divorce the two: reproduction is not prevented, but interrupted. Unlike contraceptive devices, these interruptions are hardly new and cannot be bound to particular technologies. The doubts Mitchison raises about the justifiability of aborting a child one can afford are never settled, and they resurface in her 1935 novel *We Have Been Warned*.

## Blood and pain and ugliness: abortion in *We Have Been Warned*

On the first page of *We Have Been Warned*, Dione, the upper-middle-class heroine and mother of four, thinks, 'If she had another girl she would call her Jean. No, no, she mustn't think that! She knew she mustn't have any more children. Unless the revolution came in time, before she was too old'.<sup>42</sup> The novel traces Dione's attempts to help her Labourite husband Tom, an Oxford don, get elected MP for Sallington, a stand-in for Birmingham. It was difficult to get published; Mitchison noted in her memoir that 'there is a seduction, a rape, much intimate marital chat, an abortion scene in the Soviet Union (straight from the diary of my visit there in 1932) and so on ... too much for Jonathan Cape'.<sup>43</sup>

Dione longs, with some trepidation, for a Soviet-style revolution in England, which she envisages – along with a Fascist backlash – in the novel's final pages. This revolution could mean the freedom to have, or not to have, children. In November 1920, the Soviet Union became the first country in history to provide free and on-demand abortions. When Dione embarks on a Soviet tour with other British leftists, she is interested in seeing abortion clinics, expecting to find 'equality really happening ... and freedom—some kinds of freedom'.<sup>44</sup> Yet her idealism fades when exposed to reality. Ushered into an 'antiseptic-smelling' room to watch a young woman have an abortion without anaesthesia, Dione disapprovingly notes the matter-of-fact nature of the procedure, 'all done with extreme competence and rapidity' by a woman surgeon who pays no attention to the patient's pain, and after a few minutes turns to smile at the onlookers; 'it was all satisfactorily over'.<sup>45</sup> Dione is left with 'the smell of blood in her nostrils, the look of the woman, so terribly uncovered, branded into her imagination'.<sup>46</sup> She concludes, 'There was no freedom here, either. What was the good of putting so much pain and effort into exchanging one bondage for another?'.<sup>47</sup>

All other mentions of abortion in the novel are similarly negative. Dione's Soviet friend is warned by her mother, 'It is very bad for a woman to have an abortion for her first pregnancy. Besides, it hurts very much, and I don't want you to be hurt that way'.<sup>48</sup> Dione is travelling with Donald, the Communist son of the family gardener, fleeing murder charges in England. When Dione offers to sleep with Donald out of class guilt, she thinks if contraception fails, 'I shall have an abortion. Like the one I saw. Because that's how it ends logically. That's a real end. Blood and pain and ugliness'.<sup>49</sup> Mitchison is often labelled 'feminist' for daring to write about abortion in the 1930s, but her message has been overlooked; far from presenting abortion as empowering, *We Have Been Warned* turned it into a metaphor for horror.

Dione is impressed that future Soviet mothers 'looked perfectly pleased; very few of them looked strained or haggard in the way that a pregnant woman in Walworth or Stepney is'.<sup>50</sup> Yet Dione credits Soviet pronatalism, not the freeing effects of legal abortion. When she sees a couple kissing, Dione says, 'they needn't cling to one



another and be miserable, wondering when they can afford it, and thinking they've got to be careful ... when they have a baby, they'll know it'll be wanted as another citizen, the State will be pleased with them'.<sup>51</sup> Mitchison, who sees the need for abortion in the UK as a symptom of exploitative capitalism, was not the only British socialist 1930s writer to do so. In 'The Lovers', a 1934 story by Geoffrey Trease, trucker Jim and his girlfriend Mary are planning to marry – Mary daydreams about 'a baby, soon' – but Jim loses his job.<sup>52</sup> Mary wants to marry anyway and learns about contraception from her Communist friend Ruth, but Jim says Ruth 'ought to be ashamed of herself ... she's one of those Reds, for free love. State prostitution, like Russia'.<sup>53</sup> The story traces Jim's growing sympathy for Ruth's argument that 'capitalism kept him and Mary apart, that ... babies were cannon fodder'.<sup>54</sup>

One day Jim and Mary cannot restrain themselves, and Mary becomes pregnant. Jim now knows that 'love was free [in Russia], not tied up and hampered as it was here by poverty and "morals." Yes, England could do with a bit of free love'.<sup>55</sup> Mary almost dies from a backstreet abortion, and Ruth tells him, 'Your being out of work, Mary's illness, even these bugs on the wall? All part of the same system'.<sup>56</sup> Mary survives, glad that she 'brought no new child to the overcrowded tenement'.<sup>57</sup> Trease's depiction of a society in which abortion is a crime is not an argument for legalisation, but a critique of that society for making meaningful working-class parenthood impossible. Trease and Mitchison suggest that a socialist state would obviate the demand for abortion. Ironically, in 1936, abortion was recriminalized in the Soviet Union as part of a pronatalist shift.

In *We Have Been Warned*, female characters who are not mothers, such as Agnes, a devoted Communist, are shown to be foregoing family life for a cause, and Agnes asks Dione, 'You've got children, haven't you? Yes, that must be pleasant in many ways'.<sup>58</sup> We later learn that Agnes was interested in Donald, but both were afraid childrearing would interfere with their Party work; Agnes's lost opportunity to become a mother becomes another indictment of the capitalist system. For men, it seems, a life without sex is torment, and abortion could offer a solution. Yet Donald finds the idea repellent. When he overhears Dione discussing abortion:

He was horribly interested, he had known of ... friends of his who'd got a girl that way and there was no remedy, for the chemists' shops were no good, and maybe they had to get married and get working for a crying angry-voiced woman and a dirty baby ... or there were old women who did things; he didn't know what, but it was dangerous, it was horrible.<sup>59</sup>

Unlike Trease's Jim, however, he is not converted out of his views – rather, by the end of the novel, abortion is shown to be horrible.

Instead of abortion, the novel champions contraception and economic reform. When Tom runs for Parliament in Sallington, Dione studies the working class

there, telling the wife of an unemployed bricklayer, 'I don't really know how most people live, Mrs Taylor—only out of books'.<sup>60</sup> This snapshot of Sallington around 1932 shows that some working-class families have gained financial security through family planning, although this is now threatened by low wages and unemployment. Mrs Taylor tells Dione:

We can show you [how most people live] ... though dear knows a year ago we'd have said we were a bit above it. We'd got this nice council house, and making up our minds only to have Emmie, though I did want a little boy ... But Taylor he says we're real proletarians now. Not that I can feel the same as them down in Carisbrook Road, with a dozen children and never knowing what it is to be clean.<sup>61</sup>

When Dione tells Mrs Taylor she is accidentally pregnant, Mrs Taylor sheepishly replies that she has *heard* of birth control. Dione is shocked to learn that for ten years, the Taylors have been practicing the most extreme method of birth control: abstinence. Mrs Taylor says they did not think it was necessary for 'folks like us – who can manage without – but it's hard when we're that fond of each other'.<sup>62</sup> Marital abstinence, a common family limitation strategy among working-class couples, was deplored in the writings of (middle-class) birth-control activists.<sup>63</sup> Mitchison is doubtless drawing on letters such as one in Sanger's *Motherhood in Bondage* (1928). Written by a mother of four whose husband works in a foundry, it reads, 'I would rather die than have another. I am keeping away from my husband as much as I can, but it causes quarrels and almost separation'.<sup>64</sup>

In an act of *noblesse oblige*, Dione sends the grateful Mrs Taylor to a clinic. Now that Mrs. Taylor has been enlightened, she will doubtless use contraception, unlike the deplored mothers of twelve in Carisbrook Road, who we hear about but never from. While *We Have Been Warned* criticises systemic inequality, reserving special venom for the 1934 Means Test, it also emphasises a sense of individual responsibility for family limitation through its moralistic depiction of Mrs Taylor and its narrative discounting of the mothers of twelve. Perhaps this is one of the more pragmatic reasons the novel is reluctant to endorse abortion, an after-measure that cannot distinguish between the aspirational and the careless.

Dione's husband feels guilty over their upper-middle-class reproductive excess, wondering, 'ought I to have let Dione bear me four children?'<sup>65</sup> Dione longs for another. Although she and Tom have decided not to have any more, she complains, 'all I mind about are these beastly contraceptives'.<sup>66</sup> When she tells Tom she's late, she says, 'I ought to have been more careful. It was my fault'; drawing on the contraception-sabotage theme in *Comments*, Mitchison had Tom reply, 'I suppose if you hadn't subconsciously wanted it to have gone wrong, you'd have been just that much more careful'.<sup>67</sup> Dione initially agrees to have an abortion as planned, saying, 'of course

it can be dealt with ... It's expensive in this country – or else not safe – but I have the name of someone in Paris'.<sup>68</sup> Ultimately, of course, Dione gets to have the baby. Partly it is because she wakes sobbing and tells Tom of a dream that 'I could keep him and he was born and he was so lovely'. Tom confesses he has been upset too and urges her to have it, but she fears he will resent her – she thinks 'she'd woke up hating him for killing her baby and now he was hating her for ruining his work'.<sup>69</sup>

Mostly, however, it is because Dione makes clear her true feelings about abortion early on, telling her husband, 'Oh, Tom, I feel like a murderer already!'.<sup>70</sup> When he asks if it is 'any worse than birth control really', she replies:

Not really, I suppose. Only—oh, Tom, the little wretch has taken root in me and it's so tough that it won't move for quinine and stuff. It's got the will to live. It's intending to be a man or a woman. And—and then they go and dig about with a great metal forceps and drag him or her out of me. And so—and so it feels like murder.

Tom replies with scientific-sounding vocabulary familiar today: 'It's just a collection of cells growing inside you that oughtn't to be there—like a cancer. It's not even a recognizable shape. It's no more a person than the two cells it grew out of were. I don't feel it's possibly personal, and it's half me as well'.<sup>71</sup> Tom is unconvinced and unconvincing; he soon starts to encourage her to have it. She claims, 'It's only a beastly pack of chromosomes and I don't care what happens to it'.<sup>72</sup> Then her daughter becomes ill, as if in punishment for this maternal blasphemy. Tom seals the deal by sneakily cancelling the appointment. Baby-love thus trumps cold-hearted rationalism: Dione's increasing boredom with contraception results not in a 'deliberate abortion on purely psychological grounds', but in a longed-for infant. Mitchison wrote that this episode was inspired by her reaction to being pregnant with her sixth child in 1930.<sup>73</sup>

*We Have Been Warned* makes its maternalist case both explicitly in the storyline of Dione's accidental pregnancy and by steeping itself in the language and metaphor of motherhood. Dione is constantly presented as a motherly figure. When dressing a man's wounds at a protest, she soothes him, 'Mother's got you'.<sup>74</sup> Later that day, 'out of maternal habit', she almost scolds a friend for mistreating his wife.<sup>75</sup> Yet this language of motherhood exceeds Dione, spilling out into the text. When leaving for the USSR, Dione describes a tug pulling their ship 'like a child pulling an out-of-breath mother'.<sup>76</sup> When she philosophises about goodwill, she thinks it is 'a thing we can have too much of for our own immediate surroundings and belongings, as a mother can have too much milk for her baby'.<sup>77</sup>

The novel is not only permeated with cheerful images of motherhood but with negative ones of abortion. After the Soviet abortion is narrated, leaving Dione disillusioned, Mitchison begins to use metaphors of abortion to represent first unpleasantness and then horror.

After Donald meets a Soviet girl, Dione sadly thinks, 'it was all satisfactorily over, like an abortion'.<sup>78</sup> When she hears another man, Adam Walker, has been arrested for the murder Donald committed, she has a nightmare in which Adam walks naked into her wardrobe and 'blood trickled out of the shut wardrobe, the policeman performing an abortion on Adam Walker'.<sup>79</sup> This abortion is perversely being performed as torture on a man, an innocent man charged with murder, and this nightmare is linked to one of a Fascist backlash at the end in which Dione's daughter is raped and Tom shot.

Despite the horror, the novel ends on a note of triumphant maternalism, as Dione feels that 'the baby was coming alive and moving in her for the first time'.<sup>80</sup> The baby whose parents have discussed abortion – whom the anti-abortion camp might call an 'abortion survivor' – also appears as a sign of hope in George Orwell's *Keep the Aspidistra Flying* (1936). The protagonist, Gordon, had quit his job to write poetry but gets his girlfriend Rosemary pregnant. When Rosemary mentions abortion, Gordon denounces it as 'disgusting', marries her, and gives up poetry and a nihilistic longing for war. The novel ends with Gordon pressing his ear to Rosemary's belly, thinking of the baby 'in the safe, warm, cushioned darkness ... alive and stirring'.<sup>81</sup> Here too, the baby is a symbol of hope amidst impending violence. Janet Montefiore has traced the unborn child as a trope of hope in 1930s literature, including Cecil Day-Lewis's 1931 poem *From Feathers to Iron*.<sup>82</sup> Mitchison wrote an elegy in 1940 for her youngest daughter, who died shortly after birth, in which hope is symbolised by rebirth.<sup>83</sup> When such investment is made in the unborn as the hope of the future, how can abortion be condoned?

In Mitchison's 1930s utopias, then, abortion is placed fleetingly in the future, but mostly relegated to the past. Contemporary literature expresses similar confusion. In *Brave New World*, the Savage's mother Linda speaks nostalgically of the Abortion Centre in Chelsea, 'floodlighted on Tuesdays and Fridays ... That lovely pink glass tower! ... Poor Linda lifted her face and with closed eyes ecstatically contemplated the bright remembered image', linked with other memories of the modern like 'vibro-vacuum massage'.<sup>84</sup> To Linda, the Abortion Centre represents everything modern she has been deprived of as well as the reason she was trapped amongst savages, as its absence meant the shame of viviparous birth. Yet in the novel abortion is of the past as well as future. Jerome Meckier discusses how *Brave New World* was influenced by *The Sexual Life of Savages* (1929), a study of the Trobriander islanders by anthropologist Bronisław Malinowski. One character in *Brave New World* remarks that while Freud may have been the first Westerner to illustrate the dangers of family life, 'primitives' have lived in non-nuclear family arrangements for ages; he comments, 'among the savages of Samoa, home was in any one of twenty palm-thatched houses. In the Trobriands conception was the work of ancestral ghosts; nobody had ever heard of a father'.<sup>85</sup> Meckier comments that 'Mond's Englishmen [sic] are the savages of tomorrow—futuristic primitives who employ modern

technology on *their* Island to accomplish what savages in the Pacific can do more naturally'.<sup>86</sup> Brave New Worlders, 'the savages of tomorrow', are both of the future and the past, like their characteristic practice of abortion.

*Comments* also draws on Malinkowski. Mitchison concludes her essay with a wishful account of how Trobriand Islanders have 'no contraceptives and apparently no abortion'.<sup>87</sup> She writes, 'there is some very striking evidence that certain extremely primitive islanders, who do not yet realise the connection between the sexual act and pregnancy, and who have compete sexual license from childhood to marriage ... scarcely ever have children before marriage'.<sup>88</sup> Mitchison concludes that community customs are powerful enough to serve as a natural contraceptive. Westerners have lost this sense of community, but may yet be able to form another, she hopes, not 'by regression into savagery' but by a more conscious act in another contraception-free utopia.<sup>89</sup>

If Trobrianders are primitives, ancient Greece, where many of Mitchison's interwar novels are set, represents a way station on the timeline that ends in her present. In her second novel *Cloud Cuckoo Land* (1925), set in the fifth century, her heroine Moiro lives in a world where women are nonpersons – early on Moiro's brother complains there is no one home but 'women, who didn't count'.<sup>90</sup> She is forced by her husband to expose her second child, a daughter; the baby is left outside until its 'thin, long, heart-breaking cry' ends.<sup>91</sup> Afterwards, Moiro ignores her baby son, as 'it gave her a pain now every time to see the one child alive and fat and happy, while his sister lay dead and rotting in some corner, not ever to laugh and play and be kissed by her mother or know any kindness from the world'.<sup>92</sup> It ruins her marriage; her husband thinks, 'they might have been happy, without this dead baby between them'.<sup>93</sup>

This is not the end of Moiro's troubles. When she becomes pregnant from a lover in her husband's absence, her maid attempts abortion. Moiro becomes feverish, and her maid thinks, 'any woman could tell you it went wrong sometimes ... Again she felt her mistress' burning skin, and smelt the horrible breath of spent fire coming from her mouth'.<sup>94</sup> When Moiro dies, the maid is accused of murder. *Cloud Cuckoo Land* depicts a world in which men see women as objects of lust, as breeders of sons, and useful connectors between men, but never as people. In this man's world, female infanticide and unwanted, fatal abortions are linked as tragedies in Moiro's sad life and placed firmly in the far past, in this time when women had no rights.

As I have shown, 'deliberate abortion' is briefly thinkable in Mitchison's nonfiction, although she also suggests it is morally unacceptable in the new contraceptive age because men and women are now obligated to prevent a new life from starting instead of getting rid of it afterwards. In Mitchison's fiction, however, abortion appears both as part of the barbaric past and a discredited part of the new world of the USSR. Unlike birth control, abortion proves impossible to place in history and thus impossible to pass over: an aporia haunting Mitchison's 1930s writings, raised again and again but never settled.

Abortion here, as in our time, is both, and neither, the past and the future. The unease many people today feel about abortion, compared to a far wider acceptance of birth control, is surely influenced by many transcendent personal, religious, and moral considerations about the meaning of life, but it can also be historicised, traced to the 1930s, a time when birth control and abortion were being split apart and the new responsibilities of contraceptive use debated. In order to understand contemporary attitudes toward abortion, we need to examine how abortion has been imagined in the past.

## Notes

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# Sherri Finkbine's choice. Abortion, sex-liberalism and feminism in Sweden in the 1960s and 1970s

Lena Lennerhed

Södertörn University, Sweden

## Introduction

The fact that women gained access to abortion on demand in several countries in the 1970s is usually described as an outcome of, or closely linked to, second-wave feminism and the struggle of the women's movement. Historian Angus McLaren states in his *Twentieth-Century Sexuality. A History* that the abortion struggle was 'the main feminist campaign of the 1970s'.<sup>1</sup> Historian Leslie J. Reagan writes in *When Abortion was a Crime. Women, Medicine, and Law in the United States, 1867-1973* that the feminists of the 1970s 'retheorized the meaning of abortion ... it was a collective problem for all women'.<sup>2</sup> In Sweden, abortion on demand was introduced in 1975. The Swedish feminist organisation Group 8 (Grupp 8) had campaigned for abortion reform since its founding in 1970. But the history of abortion on demand is complex. The demand that a woman should have the right to choose was put forward in Sweden in the early 1960s, but it was not uncommon for feminists to be ambivalent.

The early 1960s was also a time when so-called abortion tourism (women who travel to other countries or regions for abortion) got public attention. In 1962, the American Sherri Finkbine chose to have an abortion, and she also chose to go to Sweden to have it. At the same time, Swedish women went to Poland for an abortion. This abortion tourism had a great impact on the abortion debate and policy of the time.<sup>3</sup> In this article, the issue of abortion on demand will be discussed in relation to three contexts: abortion tourism, Swedish sex-liberalism in the early 1960s, and Swedish feminism and women's movement in the 1960s and 1970s. What arguments were heard in the debate? What were the underlying ideas on women and motherhood?

## The 1960s

In 1961, a male member of the Liberal Party's Youth Association (FPU, Folkpartiets ungdomsförbund) proposed that the organisation should advocate for a liberalisation of the abortion law. At the same time, similar discussions started in the Swedish Social Democratic Party's Student's Association (SSSF, Sveriges Socialdemokratiska studentförbund). As a result, these two organisations took a stance for abortion on demand in 1963. The Liberal Party's Student's Association (SLS, Sveriges Liberala Studentförbund) followed suit after 1964.<sup>4</sup> These organisations were the first in Sweden to insist on women's right to abortion on demand, which was, at the time, an extremely controversial demand.

In Sweden, women had limited access to abortion since 1938. According to the law, a woman was allowed

an abortion for medical reasons (if her life or health were in jeopardy), humanitarian reasons (to terminate pregnancies resulting from incest or rape), eugenic reasons (if the woman was the carrier of a serious hereditary disease) and from 1946 for socio-medical reasons.<sup>5</sup> In 1950, 6,000 legal abortions were performed, but by 1960 the number had fallen to 3,000.<sup>6</sup> Increased restriction to abortion during the 1950s was justified with references to women's natural longing for motherhood and to the development of a social welfare system that would reduce the need for abortion. The abortion law can be described as a law admitting exceptions, not providing rights.

When the young liberals and social democrats advocated for abortion on demand in the early 1960s, they handled the abortion question both as an issue of autonomy and as a social issue. Abortion on demand was to give women greater control over their own lives, as well as to redress the problems of risk-filled illegal abortions and unwanted children. Abortion reform was one of several demands linked to sexuality that was put on the agenda at the time. Abolition of the pornography law, acceptance of youth sexuality and opposition to discrimination against homosexuals were others.

Young liberals and social democrats, as well as journalists, authors and filmmakers, formed what can be called a sex-liberal movement. Their goals were to increase individual freedom, and to establish a new permissive moral standard where sexual pleasure was given a value of its own. The psychiatrist Lars Ullerstam's *The Erotic Minorities* (*De erotiska minoriteterna* 1964, English edition 1966), film director Vilgot Sjöman's *491* (1964), and the book series *Love* (*Kärlek* 1965-1970) are examples of contributions that got attention and caused debate.<sup>7</sup> Students belonging to the Liberal Party's Youth Association were particularly committed. They wrote articles and arranged seminars on all kinds of sexual issues, and collected their ideas and demands in a Programme of Action on Sexual Politics in 1966.<sup>8</sup>

## Abortion tourism – Sherri Finkbine

In August 1962, the American Sherri Finkbine flew to Sweden in order to get an abortion. After she had undergone a physical examination and received counselling, and after the Swedish Medical Board had deliberated on her case, her application was approved. The operation took place shortly thereafter. It was to become one of the most notorious abortions in Western history. American and European newspapers, television and radio gave it day-by-day coverage. Sherri Finkbine became famous.

Finkbine's story has several sub-plots. It is a story of





*Sherri Finkbine and her husband arrive in Sweden, Express Newspapers, Hulton Archive, Getty Images*

a woman who travels to get an abortion. It is a story about a pharmaceutical – thalidomide – with horribly tragic side-effects. It concerns the media's role in modern politics and in social debates. It also highlights the thin and apparently arbitrary border-line between legal and illegal abortion. It is a story of how one can view Sweden as a progressive society, or, alternatively, as a nation without values. And it is a story and an event that certainly had some impact on the developing abortion debate.

Sherri Finkbine was 29 years old, married to Bob Finkbine, and the mother of four children aged one to seven. She had a part-time job as anchorwoman for a children's television programme. During this, her fifth pregnancy, Finkbine occasionally took tranquillizers that contained the substance thalidomide. It was about this time that it was discovered that thalidomide could seriously damage a foetus. Finkbine applied for an abortion in her home state of Arizona. Her application was approved by several physicians. In order to warn other pregnant women against thalidomide, Finkbine let herself be interviewed by a local newspaper. Her case gained publicity, a media storm arose and the physicians felt compelled to rescind their approval. Finkbine took her case to court, but to no avail. According to Finkbine's own account, her physician then advised her to get an abortion in Japan or Sweden. She abandoned her plans for Japan because of the long wait

for a visa. Sweden remained a possibility. Finkbine was finally able to have her abortion in Stockholm's Karolinska Hospital. According to one of the hospital physicians, the foetus showed the typical thalidomide deformity in both arms.<sup>9</sup>

In the U.S., Finkbine's request for an abortion was first granted and then denied. Her abortion changed from legal to illegal. Arizona's strict abortion laws permitted abortion only if the woman's life was at risk; but apparently there was some room for interpretation here. The publicity given to the Finkbine case narrowed this space. Had the physicians insisted on going through with the abortion they would, according to press reports, have risked prosecution and dismissal.

Nor would, in fact, a strict interpretation of the current Swedish abortion laws have allowed Finkbine her abortion. According to Swedish law, abortions could be justified on medical, eugenic, sociomedical or humanitarian grounds – the four abortion indications. A woman could, accordingly, be granted the right to an abortion if, for example, her life or health were endangered, or if she risked transmitting a serious hereditary illness to the foetus. No part of the law allowed the abortion of a foetus that had become ill or damaged during a pregnancy. Swedish praxis, however, tended to apply the medical indication to cases of suspected foetal damage – when, for instance, a woman had contracted rubella during the early stages of pregnancy.<sup>10</sup> In other words, here also the law allowed some leeway for interpretation. This space made it possible to grant a legal abortion to a woman whose foetus, it was reasonable to fear, had become damaged during pregnancy – a woman like Sherri Finkbine. Nonetheless, the so-called 'thalidomide catastrophe' forced a re-examination of the issue of abortion in cases of foetal damage. In 1963, the Swedish abortion law was amended so as to include a fifth abortion indication: the so-called foetal damage indication.<sup>11</sup>

Finkbine became the subject of enormous media attention. One of the very first television transmissions from the U.S. to Europe, via the television satellite Telstar, featured an interview with the Finkbines. They were given celebrity status in Sweden. Viewers of the Swedish news programme *Aktuellt* could watch the aeroplane land, the door open and the Finkbines disembark, greeted by camera flashes and a rush of journalists. An on-the-spot airport press conference was arranged with the tired but collected Finkbine and her husband. And the Swedish authorities' approval of Finkbine's abortion made the front pages throughout Europe.<sup>12</sup>

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'Sherri Finkbine had an Abortion', 'I Wish My Situation on No Mother', 'My World in Ruins because of One Brief Telephone Conversation', 'Thank You Sweden, Thank You All Wonderful Swedes ...' – for six consecutive days Finkbine dominated the front pages of the Swedish newspaper *Expressen*.<sup>13</sup> There were, moreover, a good many evocative pictures of Finkbine – close-ups of her face, of her and her husband waiting anxiously, Finkbine on the telephone, Finkbine on the way to the hospital –

ending up with a two-page spread directly from the post-abortion sickbed. In addition to *Expressen's* own articles, Finkbine contributed five articles herself. 'Finkbine', thus, became a serialised abortion novel. Each day added new ingredients to a drama about 'how fate struck a happy family'; how an 'American tragedy' had reached a happy ending in 'humane, down-to-earth' Sweden.

Finkbine had special reasons for her abortion. She had taken a certain medicine in good faith; it turned out that the medicine could damage her foetus. Her newspaper articles describe her feelings of remorse, but also her conviction that she had done the right thing, for herself as well as for her four children. The Finkbine event affected the public perception of abortion and of women who seek an abortion. If Finkbine stood for anything, it was a successful woman. She was a modern, enterprising, middle-class woman with a college education. She was pretty, married, and had both children and a career in television broadcasting. When faced with a cold fact – thalidomide – she insisted on her right to an abortion, both in the U.S., in Sweden, and in the public arena. She could express herself well. She did more than give interviews, she also wrote her own articles. One can hardly get further from the image of the victimised, miserable woman who otherwise frequented contemporary discussions of the abortion issue.

## Abortion tourism – the Poland Affair

During the early 1960s, when Finkbine travelled to Sweden for the abortion denied to her in the U.S., Swedish women were travelling to Poland for abortions denied to them in Sweden. Communist Poland had introduced abortion on demand in 1959. There is no exact data as to how soon Swedish women began to take advantage of this. It seems that information about Polish abortions was spread by word-of-mouth, from woman to woman. The issue first gained public attention in 1964, when Stockholm's Liberal Students' Club and the Swedish Association for Sexuality Education (RFSU) co-arranged a conference entitled *Sex and Society*. This was one of the most significant manifestations of sexual-liberalism to occur in Sweden during the 1960s. Participants watched and debated pornography, publicised discrimination against homosexuals, and criticised state schools' inadequate sexual education curricula. Abortion was also on the agenda – arguably the conference's most highly-charged feature.

At the conference, two young women were interviewed on a darkened stage. Both had had their abortion applications turned down. One was now a single mother, while the other had travelled to Poland to get an abortion. The second woman had been 23 years old when she had had her abortion. Both she and her fiancé had been university students. From the anonymity of the darkened stage, she described her unwanted pregnancy, her desire to finish her studies, and how her abortion application had met with deliberate delaying tactics and talk of foetus dismemberment. She had not wanted to risk her 'life and health' in the hands of a 'quack', but by asking around

she learned that abortion was legal in Poland. Her fiancé had managed to find the address of a Polish physician. Soon after she had arrived in Poland on a tourist visa, undergone curettage at a private gynaecological clinic, rested some minutes and then returned home. 'Relieved and overjoyed' – she regretted nothing.<sup>14</sup>

Newspaper reports on the *Sex and Society* conference publicised the Polish solution. Women began to phone Hans Nestius, a conference co-arranger, who was also active in the Liberal Students' Club and editor of FPU's journal, *Liberal Youth (Liberal ungdom)*. Later, Nestius was to estimate that he and the woman who had testified on her Polish abortion had helped roughly one thousand women contact Polish physicians.<sup>15</sup> A few months after the conference, Sweden's Office of the Prosecutor-General announced plans to instigate legal proceedings against Swedish women who had abortions in Poland and against Nestius for aiding them. Nestius was brought in for questioning and his home was searched in an attempt to find names and addresses.

The Poland Affair, like Finkbine's abortion, became a media event.<sup>16</sup> The police raid on Nestius's home had taken place before a crowd of newspaper, radio and television journalists. The headlines were full of news about Polish abortions and the planned indictments. Many newspapers were critical of the Prosecutor-General's actions and of Swedish abortion laws. The newspaper *Aftonbladet* offered Nestius unlimited space in the paper and placed a lawyer at his disposal.

The Swedish authorities' course of action does seem a bit puzzling. In 1962, Finkbine had been granted an abortion, despite the fact that her abortion was illegal in the U.S. The authorities now sought to indict Swedish women who travelled to Poland for abortions. This meant that abortions that were legal in Poland were to be prosecuted as illegal in Sweden. If the American authorities had indicted Finkbine for an illegal abortion when she returned to the U.S., Sweden would probably have protested. Yet this was precisely the course of action contemplated by the Swedish authorities in the case of Swedish women who got abortions in Poland.

The cases are not entirely comparable. In the 1960s, Swedish authorities considered abortion justified if there was serious damage to the foetus. They did not allow abortion for social or personal reasons. Nonetheless, it seems paradoxical, from a jurisprudential point of view, that the 'abortion mother' Finkbine (as she was dubbed by the press) was granted an abortion, while the so-called 'abortion girls' who travelled to Poland were to be punished. The Poland Affair mobilised the Swedish public, and shortly thereafter the government decided to grant both the women and Nestius a *nolle prosequi*. They escaped prosecution. The government then appointed an Abortion Commission to review the nation's abortion laws.

In the debate that followed the Poland Affair, abortion appeared increasingly as a reasonable solution to the problem of unwanted pregnancies. However, it remained relatively difficult to get a legal abortion. It is possible that the publicity around Polish abortion policies encouraged even more Swedish women to get abortions in Poland. If

so, they ran the risk of prosecution upon their return. After all, the extensive coverage of the Poland Affair meant that women could no longer escape prosecution by claiming not to know that an abortion trip to Poland was illegal.

## Feminist complications, Feminist actions

The term 'New Woman' was no longer current in the 1960s, but this was nonetheless the type of woman idealised during that era: modern, self-confident and emancipated. This woman had her sights set on studies and a career. Her life might include a husband and children, but she did not identify these with life itself. It was this sensible, capable woman who was seen and heard in contemporary abortion debates – a woman who had little in common with the emotionally defective, neurotic female often described by abortion counsellors and physicians. However, the number of women who actually participated in the abortion debate was low. Men dominated the public pro-choice/anti-abortion debate. The tone was set by the Liberal Youth-member Hans Nestius and the Social-Democratic Youth-member Jacob Palme. Birgitta Gyllner, a member of the Liberal Students' Club, university student and single mother, was one of the few women who participated in the debate. In her article 'The Right to Abortion on Demand', published in *Dagens Nyheter* in 1964, she argued that although individual freedom and self-realisation had become self-evident social ideals, they did not seem to apply to pregnant women. The lack of abortion rights forced many women into lives they did not want. Gyllner also explained why so few women spoke up in the abortion debate:

If, for example, an unmarried mother speaks out actively for women's free right to abortion, the reaction will almost always be one of reproach. This reproach is aimed at her relation to the child. The woman's love for her child is doubted. What is worse: the reproaches do not emanate solely from other people, but also, though perhaps quite unconsciously, from within the woman herself.<sup>17</sup>

Insofar as it concerned women, abortion was a women's issue. Nonetheless, women were not the foremost leaders or participants in the abortion debates of the 1960s in Sweden. Nor was abortion on demand a feminist campaign issue, except, possibly, for the Swedish Women's Socialist Union (Svenska Kvinnors Vänsterförbund). The Union took a stance for abortion on demand as early as 1965, in protests against the Prosecutor-General's planned Poland Affair indictments. But the Union did little else in the abortion debate, and its journal *Us Women* (*Vi kvinnor*) remained relatively silent on the issue throughout the 1960s. The same went for another of Sweden's major feminist publications, the Fredrika-Bremer-Society's journal *Hertha*. *Hertha* did not take a stance on abortion until 1971. The Social Democratic Women's Association encouraged its members to discuss the issue in its journal, *The Morning Breeze* (*Morgonbris*).

In 1964, the Association also demanded a more liberal abortion law. But the issue of abortion was a charged and difficult one for many social-democratic women; in 1970, a vote for abortion on demand passed the Association's Executive Committee with only a small majority.<sup>18</sup>

One explanation for the Social Democratic Women's Association's ambivalence may be found in its views on women. Women's Association member and social-democratic M.P. Nancy Eriksson spoke out against abortion on demand at an early point: 'It would be dreadful if abortions became a routine matter, a natural way out of difficulties'.<sup>19</sup> She demanded, instead, more day-care centres, better housing and increased support for single mothers. In Eriksson's opinion, a 'real woman always' found abortion 'a terrible ordeal'. This was, in all probability, a common view within the contemporary women's movement – that a woman would always want to give birth to the foetus she carries and that only compelling external factors such as poverty or unwilling men would cause her to abort.

A similar coupling of womanhood and motherhood also explains the negative stance on abortion on demand taken by the RFSU (the Swedish Association for Sexuality Education). RFSU had been founded in 1933 and was at that time in the forefront for the right to abortion on medical and social grounds. In 1963, the chair of RFSU, physician and social-democratic M.P. Elisabet Sjövall, believed that the introduction of abortion on demand would mean the 'eradication of our cultural norms'. Abortion on demand would restrict rather than enhance women's freedom, as reluctant fathers-to-be would drive their partners to abort. Sjövall's experience was that 'practically no normal woman' would choose to abort if the man wanted the child.<sup>20</sup> The RFSU endorsed abortion on demand in 1968.

The idea that motherhood had central meaning for women was wide-spread both in the women's movement and in feminist debate, but it was far from universally accepted. The gender-role debate, as the women's question was termed in the early sixties, was intense. It was sparked by the 1961 essay 'Woman's Provisional Liberation' ('Kvinnans villkorliga frigivning'). In this essay, journalist and *Hertha* editor Eva Moberg gave a liberal overview of gender roles. She claimed that women, like men, were individuals, with individual interests and life-goals, and that men should share responsibility for home and children. Moberg's vision of the woman who defied gender roles and went her own way resembled that of the so-called New Woman. Her vision, however, also included a New Man. But Moberg did not discuss issues such as sexuality and abortion.

## The 1970s

Only with the new women's movement of the early seventies did abortion on demand become central to Swedish feminists. Group 8, founded in 1970, became a tone-setting centre among the women's organisations and groups that multiplied during the following decade. Its ideological foundation was socialist. Its demands included high-quality, costless day-care centres for all children, and

women's equal right to paid work. The slogan 'Woman's Right to Her Own Body!' ('Kvinnans rätt till sin egen kropp!') headed a battle against the objectification of women's bodies in pornography and advertising, as well as the demand that women be given access to high-quality, cost-free contraception, pain-free delivery and abortion on demand. Group 8 had a clear class perspective. Its members stressed that while women of means could travel abroad for abortions, working-class women were without this option. The Group 8 members spread pro-choice leaflets, participated in the public debate, wrote opinion pieces and partook in demonstrations. At the same time, the organisation advocated measures meant to make it easier for women to have children. The Group linked the right to abortion to the right to have children.<sup>21</sup>

In 1973 a break-away group of Group 8-ists founded the organisation Working Women (literally, 'The Women of Work', *Arbetets kvinnor*). This was in reaction to what they termed Group 8's 'feminist tendencies'. The organisation had few members, but still managed to publish the journal *Little Red Riding Hood* (*Rödhättan*). Working Women supported abortion on demand, but with greater focus on the political struggle on behalf of children and mothers. One article described abortion as an 'emergency solution', for, as its author put it, 'abortion can never be one of the main demands of working women'.<sup>22</sup>

As is clear from the above, there was more than one feminist stance on abortion. Different women's organisations had different opinions at different times, in accordance with different feminist analyses. Sometimes, abortion was defined as more a social or medical issue than a woman's issue. However, some general statements can be made about the views held by the women's movements of the 1960s and 1970s. Liberal feminism, which focused on the woman as an individual, downplayed the importance of motherhood. The liberal view of abortion is clearly anchored in the concept of individual anatomy. But the liberal gender-role debaters did not address the abortion question, despite the subject being very much in the air during the 1960s. Instead, the issue was championed primarily by the liberal and social-democratic youth and student organisations.

Not until the early 1970s did abortion on demand become a general demand within the women's movement. It was then, after years of debate, that the more traditional women's organisations took a stance on the issue. It is likely that they were influenced by the new women's movements, which were based on socialist world-views. For Group 8, for instance, abortion on demand was central. The members of Working Women were more ambivalent. Both organisations sought to improve conditions for women and children, but while Group 8 attacked the 'motherhood myth', Working Women ascribed an inherent value to motherhood. Working Women did not, therefore, prioritise abortion on demand, but it lent it its support.

## Concluding remarks

During the first half of the twentieth century, abortion advocates had presented an extended right to

abortion primarily on social and medical grounds. The 1960s and 70s introduced a new argument for abortion: the emancipatory or feminist argument. Access to abortion, it was argued, was fundamental to women's freedom and self-determination. Both the sex-liberals of the 1960s and the socialist feminists of the 1970s, such as those who belonged to Group 8, viewed the right to abortion on demand as liberating women. Both the sex-liberals and the socialist feminists claimed that the abortion issue had a class bias. Both groups criticised the medical establishment for patriarchal attitudes towards abortion-seeking women. In other words, certain common concepts linked the advocates of abortion on demand in the 1960s and 70s. But there were some key differences. The sex-liberals fought what they considered unjustifiable government imposition on the individual, as well as the church's influence in the abortion debate. To the feminists of the 1970s, the law against abortion was part of a capitalist and patriarchal social system that repressed women. Unlike the sex-liberals, these feminists also focussed on the body. The idea of a woman's right to decide over her own body, the concept of bodily integrity, paved the way for demands for control over one's own fertility – with the aid of contraceptives and abortion – as well as the way for the fight against pornography, prostitution and sexual violence.

The government's Abortion Commission, appointed in 1965, publicised its results in 1971. The report *The Right to Abortion* (*Rätten till abort*) was based on a compromise: the right to abortion was extended, but the application procedures were unchanged. Few were satisfied with this, and the abortion debate continued. In 1974, a two-thirds majority in the Swedish Parliament passed a new abortion law legalising abortion on demand. The law, which came into force in 1975, gave every woman the right to have an abortion before the nineteenth week of pregnancy. A woman seeking abortion also had a right to counselling should she want it. The counsellor's task was to support the woman, not influence her one way or the other.

During these years of debate, abortion praxis had changed. The number of applications for abortion had grown, as had the number of abortions actually granted. By 1962, 69 per cent of all applicants were granted abortions. More than 3,000 abortions were carried out. By 1971, 96 per cent of all applicants were granted abortions, and the number of abortions was over 19,000.<sup>23</sup> In short, abortion was available to women before becoming statutory. This liberal praxis reflected a growing support for abortion on demand among the counsellors, psychiatrists and gynaecologists who reviewed abortion applications. It also shows, once again, that a law could be interpreted in different ways.

In other words, when the 1970s Swedish feminists became engaged in the abortion issue, it had already become significantly easier to get a legal abortion. This does not mean that the feminists were tilting at windmills. The new women's movement's emphasis on abortion was probably an important impetus to the liberalisation of praxis as well as to the legal introduction of abortion on demand in 1975. But the sex-liberals demand for abortion reform

in the early 1960s, as well as the Finkbine and Poland affairs, should be acknowledged as part of the picture.

Translation: Madeleine Hurd

## Notes

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2. Leslie J. Reagan, *When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley, University of California Press, 1997), 217.
3. Historian Christabelle Sethna gives Canadian examples from the same time in 'All Aboard? Canadian Women's Abortion Tourism, 1960-1980', in this issue.
4. Stefan Swärd, *Varför Sverige fick fri abort. Ett studium av en policyprocess* (Stockholm, Stockholms universitet, Statsvetenskapliga institutionen, 1984), 36; Lena Lennerhed, *Frihet att njuta. Sexualdebatten i Sverige på 1960-talet* (Stockholm, Norstedts, 1994), 142.
5. Lena Lennerhed, *Historier om ett brott. Illegala aborter i Sverige på 1900-talet* (Stockholm, Atlas, 2008), 38-9.
6. Lennerhed, *Historier om ett brott*, 159, 165.
7. Lennerhed, *Frihet att njuta*, 119-40.
8. The National Archives of Sweden (Riksarkivet), SLS Archive A1:5, 'Sexualiteten och samhället'.
9. *Expressen* and *Aftonbladet*, (Aug. 1962); Trent Stephens and Rock Brynner, *Dark Remedy. The Impact of Thalidomide and its Revival as a Vital Medicine* (Cambridge, Perseus, 2001), 57-8; Lennerhed, *Historier om ett brott*, 169.
10. *Rätten till abort* SOU 1971, 58, 121.
11. *Ibid.*
12. 'Aktuellt', Sveriges Television, 6 Aug. 1962; *Aftonbladet*, 17 Aug. 1962.
13. *Expressen*, 17 Aug.-22 Aug. 1962.
14. *Sex och samhälle* (Stockholm, Bonniers, 1965), 57-61; Lennerhed, *Frihet att njuta*, 128-30.
15. Ylva Bergman, 'Polenaffären', in *Sex – en politisk historia*, ed. Stina Andersson and Silvia Sjö Dahl (Stockholm, AlfabetaAnamma/RFSU, 2003), 134.
16. Swärd, *Varför Sverige fick fri abort*, 37.
17. 'Om exempelvis en ogift mor aktivt talar för kvinnans fria aborträtt, blir reaktionen nästan alltid en förebräelse. En förebräelse som är riktad mot hennes relation till barnet. Man ifrågasätter kvinnans kärlek till sitt barn. Vad värre är: förebräelserna kommer inte enbart från andra, utan även, om än kanske omedvetet, från kvinnan själv'. Birgitta Gyllner, 'Rätten till fri abort', *Dagens Nyheter*, 10 May 1964.
18. Gunnel Karlsson, 'Den känsliga abortfrågan. Konsten att undvika konflikt', in *Kvinnor mot kvinnor. Om systerskapets svårigheter*, ed. Christina Florin (Stockholm, Norstedts, 1999), 144-6.
19. 'Det voro ohyggligt, om aborter blev något av en rutinsak, en naturlig utväg ur svårigheterna', *Husmodern*, 10 (1963).
20. *ibid.*
21. Emma Isaksson, *Kvinnokamp. Synen på underordning och motstånd i den nya kvinnorörelsen* (Stockholm, Atlas,

2007), 77-85.

22. 'Moderskap och barnfrågan', *Rödhättan*, 2 (1974).

23. Swärd, *Varför Sverige fick fri abort*, 41.

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# Protecting access to abortion services in rural Canada: a case study of the West Kootenays, British Columbia

Nancy Janovicek

*Department of History, University of Calgary*

A woman's decision to have an abortion is a profoundly personal issue that is influenced by local, national, and transnational politics. Even though abortion is legal in Canada, there are still significant barriers to accessing abortion, especially in rural and remote communities. Women continue to travel considerable distances, at their own expense, to have an abortion because the service is not provided in their home community.<sup>1</sup> Others decide to go to freestanding abortion clinics because hospital staff members do not provide accurate information about abortion services, to avoid judgment from medical practitioners who oppose the procedure, or to protect their privacy. Freestanding abortion clinics offer supportive counselling and safe medical services, but the procedure may not be covered by public health insurance plans, which are under provincial jurisdiction. Where there are no laws restricting demonstrations close to abortion clinics, women may have to cross anti-abortion pickets to enter the clinic.<sup>2</sup> Federal and most provincial governments recognise that abortion is a medically necessary health service. Yet they have not proactively developed policy or passed legislation to ensure that all women have equal access to abortion services close to home. Sandra Rodgers argues that 'the constitutional decriminalization of abortion in Canada has created the illusion rather than the reality of access to abortion'.<sup>3</sup>

Initially, Canadian historians focused on the national campaign to decriminalize abortion. In 1970, Vancouver feminists organised the Abortion Caravan, a group of abortion rights activists who travelled across the country to mobilise women to demand the decriminalization of abortion. This was the first national event of the Canadian women's movement and it launched a campaign that attracted women and men from diverse political backgrounds. The 1988 Supreme Court of Canada (SCC) Decision that struck down Canada's abortion laws was a major success for the movement.<sup>4</sup> More recently, historians have documented women's individual experiences accessing abortion services in the 1960s and the 1970s, as well as anti-abortion activists' successful efforts to block access to abortion at the provincial level.<sup>5</sup> These local histories are essential to understanding the complex history of abortion. The reproductive rights movement has persuaded national and international governing bodies to declare that abortion is necessary to women's reproductive health. Anti-abortion groups, however, have been most effective at the local level, and it has been more difficult to mobilise national campaigns to protect barriers that seem to be considered to be local anomalies.

This article uses a campaign to defend abortion services in the West Kootenays of British Columbia as

a case study to examine the connections between local political alliances among pro-choice women and men, transnational networks of reproductive rights activists, and the international anti-abortion movement. The West Kootenays are located in mountain ranges east of the Canadian Rocky Mountains in the southeastern part of the province. In the 1960s, this region became the home for hundreds of young people who decided to go back to the land. A vibrant feminist community developed in the counterculture and instigated women's organisations that included women who lived in the country and the cities in the region. Access to abortion and other woman-centred reproductive health services were key issues for feminists organising in the West Kootenays. Reproductive rights activists and women's health advocates created alternatives to the male-dominated medical system, promoting women's autonomy over reproductive health and sexuality. Feminists also insisted that women had a right to access these services in their own community rather than travelling great distances for basic health care.

Feminist pressure throughout the 1970s removed some restrictions on abortion in the area, but in the 1980s, anti-abortion activists used the ambiguities in the Canadian law to restrict access to these services. Until the 1988 SCC Decision, only hospitals that had established Therapeutic Abortion Committees (TAC) could provide legal abortions, but hospitals were not legally obliged to establish a TAC. In the Kootenays, as well as in other major urban centres in the province, anti-abortion groups put pressure on hospitals to stop providing abortions. In British Columbia, a successful tactic was to elect a majority of anti-abortion activists to hospital boards so that they could disband the TAC and terminate abortion services at a particular hospital. This tactic was effective even after the SCC Decision struck down the law that necessitated these committees because hospital boards still had control over policies governing abortion procedures.<sup>6</sup> When anti-abortion groups targeted the Kootenay Lake and District Hospital (KLDH) in Nelson, feminists built coalitions with their allies in labour organisations and other left-leaning political groups to protect abortion services at the hospital. Reproductive rights activists also joined forces with older women who volunteered on the hospital auxiliaries, an alliance which was unexpected because of longstanding tensions between the counterculture and conservative residents in the Kootenays.

The pro-choice coalition was ultimately successful in protecting abortion services in Nelson. To establish the context for this local campaign, I begin with a brief survey of the Canadian abortion rights movement. I use *Images: West Kootenay Women's Newspaper*, a newspaper published by a 'feminist-socialist' collective from 1973-

1991 and other local newspapers, the records of the Nelson and District Pro-Choice Group, and oral histories to examine the development of the women's health and reproductive rights movement in the area. This rural story explores broader politics in the history of abortion that have not received adequate attention: the barriers to access to abortion services after it was decriminalized; the influence of the anti-abortion movement at the local level and how networks of women responded to specific circumstances to ensure that vital medical services would be available to women close to home.

## Abortion rights in Canada

In the 1960s, feminist activists, medical professionals, and politicians began to question the criminalization of abortion, launching an international abortion rights movement. The decriminalization of abortion in some countries made it possible for women with sufficient means to travel to seek out legal abortions. Canadian women travelled to London after the 1967 British Abortion Act removed restrictions on residency requirements to access services. *Roe v. Wade*, the United States Supreme Court Decision that struck down state laws that put restrictions on abortion in the first trimester, made it possible for Canadian women to seek out legal abortion services closer to home. Women's individual journeys were often facilitated by grassroots organisations. These transnational networks of activists provided information about where to get a legal and safe abortion, helped women make travel arrangements and offered counselling services and practical advice to ensure that they could obtain the procedure.<sup>7</sup>

The decriminalization of abortion did not guarantee access. Many countries passed legislation that introduced a complex abortion bureaucracy that determined who could and could not have an abortion. Amendments to the Criminal Code of Canada in 1969 decriminalized early-term abortions provided in accredited hospitals that had established a TAC comprising at least three doctors. After acquiring a referral from her doctor, a woman who required an abortion then applied to the TAC for the procedure and, under the legislation, the committee could only approve the application if they believed that the continuation of the pregnancy would endanger the patient's life or health. TACs were not obliged to hear cases in a timely manner and many women worried that their application would not be approved in the time period when it was still legal for them to get an abortion. These restrictions gave the medical profession and hospital boards control over women's reproductive choices.

Under the new abortion law, it was still difficult to have a safe and legal abortion in a hospital. The law did not define health, and as a consequence women were at the mercy of the doctors who determined whether carrying the foetus to term was harmful to her physical and mental health. More significantly, hospitals were not legally obliged to establish a TAC; hospital boards, elected by members of hospital societies, decided if the hospital would perform abortions. These legal ambiguities resulted

in uneven access to abortion services in Canada. In 1975, the federal government appointed a royal commission to investigate whether or not the procedures outlined in Section 251 of the Criminal Code created inequalities in access to abortion. The commission's findings, known as the Badgley Report, revealed that by 1976, only half of the accredited hospitals in Canada had established a TAC, and that the majority of abortions were performed in larger cities because hospital boards in most rural communities had refused to establish a TAC.<sup>8</sup> Women living in these places travelled significant distances to access legal abortion services at a Canadian hospital, which were covered under public health insurance plans. Some women decided to avoid applying to a TAC and instead went to freestanding abortion clinics in Canada or the United States, depending on which option was closer to home. These services were not covered by the public health care system.

The Canadian campaign to strike down the abortion law rallied behind Dr. Henry Morgentaler, an advocate for abortion rights who established the first freestanding abortion clinic in Montreal, Quebec in 1969 to protest the restrictive abortion law. Morgentaler believed that abortion was an issue between a woman and her doctor and continued to provide abortions even after his clinic was raided and he was charged with performing illegal abortions.<sup>9</sup> Reproductive rights activists organised the Canadian Association for the Repeal of the Abortion Law (CARAL) in 1974 to support Morgentaler's seventeen-year court challenge to the abortion law. In 1988, the Supreme Court of Canada struck down the law arguing that preventing women from making an autonomous decision about whether or not to abort a foetus, and giving that authority to a TAC, was a 'profound interference with a woman's body and thus a violation of her security of the person'.<sup>10</sup> As a result of this decision, Canada has no abortion law. Without an abortion law, women who accessed abortion services in accredited hospitals that provided abortions no longer had to appeal to a TAC. Abortions provided in freestanding clinics became legal, but these services are not funded by public health care insurance in some provinces.

The anti-abortion movement opposed this court ruling, and had support from politicians at both the federal and provincial levels. In response to this decision, the Progressive Conservative federal government, led by Prime Minister Brian Mulroney, introduced Bill C-43, legislation that would have reinstated abortion in the Criminal Code and only allowed abortion if the mother's life or health was in danger. The legislation passed in the Houses of Parliament in 1989, but was defeated by the Senate in 1991. In response to the defeat of Bill C-43, some provincial governments attempted to put restrictions on abortion services. The British Columbia Social Credit government, led by Premier William Vander Zalm, removed abortion from the provincial health insurance system for three months until the BC Supreme Court reversed the legislation. In addition to lobbying sympathetic politicians, the North American anti-abortion movement, which became increasingly confrontational in the 1980s,

adopted civil disobedience tactics to deter women from having abortions: they bombed abortion clinics, used graphic literature with images of aborted fetuses, picketed hospitals and clinics that provided abortions and established counselling services to dissuade women from having an abortion.<sup>11</sup> Anti-abortion groups were most effective in their own communities where they could have a direct impact on doctors who performed abortions and on women seeking an abortion. They relied on the resources and support of a transnational network of organisations, which provided literature and support for local groups.

This political context informed the tactics and strategies of pro-choice and anti-abortion activists in Nelson. Kootenay feminists were active in provincial and national lobbies to decriminalize abortion and emphasised interrelated rural and class inequalities in their appeals to women to write letters, organise and protest. When local anti-abortion groups formed in the mid-1980s, reproductive rights activists put their tactics to restrict access to abortion into the broader context of right-wing opposition to women's rights and conservative fiscal policy. Concerns that anti-abortion activists would limit access to abortion services at the hospital in Nelson instigated the development of a broader movement to protect access to abortion services that included left-leaning groups as well as individuals who did not belong to political organisations but supported a women's right to choose.

## **Women's health and reproductive rights activism in the Kootenays**

Because of the lack of woman-centred health services in the region, creating alternatives to the bureaucratic and male-dominated health system was a priority for many women who had moved to the Kootenays as part of the back-to-the-land movement. In the early 1970s, women from the counterculture began to meet in consciousness-raising groups to discuss patriarchal relations and sexism. These informal discussions led to the organisation of the Kootenay Status of Women, the Nelson and District Women's Centre, women's studies courses at the college, conferences and the publication of *Images*. Feminism did not appeal to all of the women in the counterculture, but those who were political activists 'challenge[d] the idea and the hard reality of male dominance' in their own progressive circles as well as the broader community.<sup>12</sup> Feminist politics were less appealing to those who were not associated with the counterculture, and indeed the outspoken and provocative discussions about sexuality, unequal gender relations in the family and workplace, and violence against women sometimes offended women who held traditional values. These women were particularly upset about articles that encouraged women to defy conservative views about sex, reproductive health and parenting, issues that were at the heart of the women's health movement.<sup>13</sup>

The women's health movement encouraged women to demand control over their bodies and feminists eagerly embraced alternatives to the medical model, endorsing natural remedies and self-knowledge. Rita

Moir, a feminist activist and *Images* collective member who moved to the West Kootenays in 1975, explained that the different streams within the women's health movement were interrelated:

There was a whole midwifery movement and then there was the pro-choice movement, and we were all part of the same big conglomerate of women. People took different areas, and I mean we all had speculums (laughter). You couldn't open an underwear drawer without a speculum leaping out at you. And we were all learning how to do a self-examination.<sup>14</sup>

One of the first services that the women's health movement organised was a VD-testing clinic. Prior to the establishment of this clinic, cultures had been sent to Vancouver (which is about 650 kilometres from Nelson) for testing and they usually died before they reached the lab.<sup>15</sup> Many women from the counterculture also embraced midwifery and homebirths as an alternative to the 'bureaucratic and joyless experience of hospital births'.<sup>16</sup> To encourage community control and better access to natural birth techniques, the Kootenay Status of Women recommended that the provincial government establish courses on midwifery in community colleges. They also argued that midwifery was more appropriate than hospital birth for rural women because it was a mobile health service and because women trained as midwives could share their knowledge with other women who did not have adequate access to health care. Kootenay feminists demanded medical care that gave women control over their sexual and reproductive health and insisted that women in rural communities should have equal access to these services.

Abortion rights were a key issue of the women's health movement in the Kootenays because of the inconsistencies in hospital policies on abortion. Feminists were outraged when they learned that some doctors at the Castlegar and District Hospital, one of the largest hospitals in the area, were putting pressure on women who wanted an abortion to also have tubal ligations. They encouraged women to report their experiences with 'power-tripping doctors playing god' to the Nelson Women's Centre.<sup>17</sup> To build a medical referral service, activists sent questionnaires to doctors asking them about their views on venereal disease, abortion and birth control.<sup>18</sup> Contributors to *Images* demanded alternatives to the restrictive policies in British Columbia. In an anonymous letter, one woman described the power that doctors had over women who did not have financial or social support to raise children, did not want to be in a life-long relationship with the child's father, or who became pregnant because they refused to use the birth control pill for health reasons. An alternative to this 'humiliating' experience was to go to Spokane, Washington, about 250 kilometres from the West Kootenays, and pay \$200 for an abortion in a freestanding clinic.<sup>19</sup>

While organising these local services, reproductive rights advocates paid close attention to national developments. *Images* encouraged readers to write

letters to oppose proposals to tighten abortion laws in 1973 and to condemn federal government funding cuts to a women's centre that was referring women who could not get an abortion in Canada to clinics in the United States.<sup>20</sup> Numerous articles commended Morgentaler for defying abortion laws and providing abortions in freestanding clinics. The collective linked these national stories to local circumstances by explaining that a key barrier to women's access to abortion was the lack of uniformity in the provincial regulations that governed hospital boards, which allowed many hospitals to decide not to establish a TAC. All of the major hospitals in the Kootenays had established a TAC in the early 1970s, but they did not follow the same procedures. Hospitals in Trail, Castlegar and Rossland only required a woman to acquire one referral from her doctor for the application to the TAC. In Nelson, however, a woman needed referrals from three doctors before the TAC would consider her case, a requirement that was not mandated by the federal law.<sup>21</sup>

Allowing hospitals to establish their own criteria about whether or not a woman's health was at risk deepened inequities in access to abortion services for women in British Columbia. The Vancouver General Hospital defined health as 'the highest quality of life desired by a woman', but in the Kootenays, women reported much more restrictive practices.<sup>22</sup> A participant at the Speak Out for Choice event, held in Nelson in 1989, recalled that she had been compelled to feign mental instability in her application to the TAC to obtain an abortion at the hospital in Trail.<sup>23</sup> In a 1975 special issue of *Images* dedicated to abortion rights, the collective explained how the abortion laws exacerbated social and economic inequalities and concluded, 'Women in southwestern BC [Vancouver] are a privileged group; not only are abortions readily available, but the medical costs for abortion are provided for by the pre-paid medical plans'.<sup>24</sup> Women living in rural communities where they could not get a legal hospital abortion put more pressure on the resources of hospitals that did not put unwarranted restrictions on abortion services. When the Royal Commission on the Operation of the Abortion Law published its findings in 1977, the *Images* collective placed the Badgley Report 'in the best tradition of spending huge sums of the taxpayers' money to tell us what we all knew all along'.<sup>25</sup> They criticised the federal government's decision, in response to the report, to change the way that the law was applied rather than removing abortion from the Criminal Code. Nevertheless, the report's finding that less than half of the public hospitals in British Columbia had TACs was useful information that supported demands for the decriminalization of abortion as well as appeals to the community to defend abortion services in the Kootenays.<sup>26</sup>

The well-funded and increasingly militant anti-abortion movement threatened to reverse improvements to regional abortion services, which were the result of feminist activism.<sup>27</sup> The *Images* collective warned its readers that the growth of a North American anti-abortion movement, combined with government cutbacks to social services, could end hard-won abortion rights. *Images* reported that a new strategy to elect anti-abortion members to

hospital boards was a very real threat to the availability of abortions even in well-served urban areas.<sup>28</sup> At the same time, they argued, these localised battles had the potential to galvanise communities together because 'there are many people who may never attend a pro-choice rally, but who are taking a stand against the anti-abortionists in their local communities'.<sup>29</sup> When Nelson Future Life, an anti-abortion group that formed in 1983, began to use confrontational tactics, feminists mobilised people who had quietly supported women's right to choose and who were upset by anti-abortion tactics and their attempts to impose the will of a minority onto the community.

## Anti-abortion activism in the West Kootenays

In the 1980s, anti-abortion organisations compelled some hospitals to stop providing abortions. In addition to taking out advertisements in newspapers, mailing anti-abortion propaganda with graphic images of aborted fetuses and protesting outside of hospitals, they harassed doctors and nurses who worked at hospitals that performed abortions.<sup>30</sup> Sam Simpson, a reproductive rights activist and member of the *Images* collective, explained that in small communities this kind of pressure was particularly effective.<sup>31</sup> In 1984, the number of hospitals with a TAC in British Columbia decreased by eight, and five of these hospitals were in communities that served rural areas. The hospital in Invermere, a small town in the East Kootenays, disbanded its TAC because it was difficult to find doctors who were willing to sit on the committee and the hospital in Rossland, just west of Castlegar, stopped performing all abortions. Consequently, more women had to travel to Trail or Nelson for abortion services.<sup>32</sup> Anti-abortion groups increased their protests outside of these hospitals and medical professionals who were opposed to abortion worked inside of hospitals to stop abortions. Concerned Nurses for Life signed a petition calling for the end of abortions at the Trail Hospital.<sup>33</sup> More upsetting was the news that someone who had access to the surgery roster at the Kootenay Lake and District Hospital (KLDH) in Nelson was leaking confidential information about women who were scheduled to have an abortion to Nelson Future Life. They then harassed these young women at their homes or at school. The KLDH did not stop performing abortions, but more women decided to go to Trail, or if they could afford to pay for the abortion, to travel to Spokane to protect their privacy.<sup>34</sup>

The most controversial tactic of anti-abortion activists was the destruction of hospital property in order to launch a court case to provide a forum to criticise the KLDH abortion policies. On 27 January 1985, Jim Demers, a founder of Nelson Future Life, stole the Gamco aspirator unit from the KLDH and returned later that evening with a library trolley for the hospital that he built using the destroyed aspirator's cabinet.<sup>35</sup> This act of civil disobedience only disrupted abortion services in Nelson until the hospital acquired new equipment.<sup>36</sup> Demers planned to use the trial to argue that the KLDH was providing illegal abortions. Because the judge did not want anti-abortion activists to use the case as a platform

for their opinions, he refused to admit the defence's arguments that the TAC was 'rubber-stamping' abortions and therefore not following the law.<sup>37</sup> The judge found Demers guilty of theft under \$2,000 and ordered him to reimburse the hospital for the replacement of the machine that he had damaged.<sup>38</sup>

Despite the judge's and reproductive rights activists' attempts to prevent the case from intensifying the abortion debate, Nelson Future Life used this trial to garner support for their cause. Their tactics alienated more people than they attracted, though. Moir recalled, 'the hospital auxiliaries were really ticked because they raised the money for this kind of equipment and this was *their* hospital. They felt very violated by what they did'.<sup>39</sup> Even residents who may have supported Nelson Future Life's position believed that destroying hospital equipment was unacceptable. Nevertheless, prominent community leaders and federal politicians supported anti-abortion activists. The mayors of Trail and Warfield signed 'Protect Human Life Week' petitions, which were published in community newspapers and the anti-abortion group in Trail hosted a tea for Mila Mulroney, who stated that she and her husband, the Prime Minister, opposed abortion except in cases of rape and incest.<sup>40</sup>

To counter this publicity, reproductive rights groups organised actions to demonstrate that the majority of the community supported women's right to free and safe abortion. To protest British Columbia Premier Vander Zalm's announcement that the provincial medical insurance plan would no longer pay for abortion services, they raised money to place a petition, called 'Childbirth by Choice', in local newspapers. The petition began with quotations from the 1988 SCC Decision that ruled that the abortion laws were an infringement of the security of a person. It demanded that the government of British Columbia 'fulfil its obligation to uphold the law as set forth by the Supreme Court of Canada, which establishes the right to equal access to abortion'. The petition also expressed support for 'local health care professionals whose dedication and commitment to their patients has led them to stand up against the threat and harassment of a vocal minority'.<sup>41</sup> When the *Nelson Daily News* first published the petition, it replaced the quotations from the SCC decision with a statement that argued that a woman should not be obliged to have a child against her will nor should she 'have an abortion against her will'.<sup>42</sup> Outraged that the petition, which they had paid for, had been basically transformed into an anti-abortion advertisement, the ad hoc pro-choice group demanded a retraction and that the original petition be published in the newspaper.<sup>43</sup> They raised \$2,000 in one week from the close to 400 people who signed the petition to pay for the publication of the original petition in local newspapers. The remaining money established an emergency fund to provide subsidies for women who could not afford to pay for an abortion.<sup>44</sup>

Local events may have seemed most urgent to people who joined the ad hoc group, but Moir explained, 'we were part of .. that nation-wide movement politically, rural as we were'.<sup>45</sup> They connected local barriers to national politics, but Nelson Future Life's attempt to take

over the hospital board occupied most of the ad hoc group's time. At a meeting, Bonnie Evans warned the group not to 'get so busy fighting brush fires that we don't notice the bomb drop (in Ottawa)'.<sup>46</sup> When the Mulroney government introduced legislation that would make abortions that were not deemed medically necessary illegal, intimidation by anti-abortion activists was more threatening.

## Electing a good, pro-choice hospital board

In an attempt to change the KLDH policy on abortion, Nelson Future Life adopted the tactic of pursuing a majority of anti-abortion members on hospital boards. At the 1988 annual general meeting, new members of the KLDH hospital society, who were affiliated with anti-abortion groups, nominated people from the floor to run against experienced hospital board members who had been identified as pro-choice. Three anti-abortion activists, including June Williams the past president of Nelson Future Life, defeated the candidates whom the board had nominated. This did not give anti-abortionists a majority, but feminists worried that the harassment of women seeking abortions would begin again.<sup>47</sup> The ad hoc pro-choice group, formalised as the Nelson and District Pro-choice Group after this meeting, created a coalition between 'pro-choice supporters and "hospital traditionalists"' whose goal was to prevent the new members from putting restrictions on abortions at the hospital.<sup>48</sup>

The unanticipated alliance between feminists and older women happened because the new members of the hospital society also defeated a motion to amend a by-law that would have ensured that residents of the rural communities in the Slocan Valley could vote at hospital society meetings. Residents of this area had been allowed to vote in elections by custom because they supported and used the KLDH. Nelson Future Life members of the hospital society and board later admitted that they wanted to restrict the voting rights of people living in the Slocan Valley because they believed that most people living there were pro-choice.<sup>49</sup> Rejecting the amendment to the by-laws was a slap in the face to hospital auxiliary women. After the society voted against the by-law amendment, Hazel Varney, the treasurer of the South Slocan Hospital Auxiliary whose father had donated fresh vegetables to the hospital during the depression in the 1930s, stated, 'I'm good enough to work for their auxiliary and all the rest of it and I can vote because I'm in the auxiliary, but my husband and my neighbours can't vote. What do people in Nelson think is wrong with us people up in the Valley? Why can't we belong to their organizations?'<sup>50</sup> The Nelson and District Pro-Choice Committee invited members of the hospital auxiliaries to their next meeting; Varney joined the group.

A close examination of the by-laws revealed that auxiliary members did not have the right to vote in the KLDH society, but could vote at the meetings of societies of the other hospitals in the region. This upset the auxiliary women because they used these facilities less than the hospital in Nelson.<sup>51</sup> Other hospital auxiliary members



shared Varney's outrage, and agreed to cooperate with the Nelson and District Pro-Choice group to encourage their allies to join the hospital society before the next hospital board election so that they could elect board members who supported a woman's right to choose.<sup>52</sup> Betty Ridge, an auxiliary woman who agreed to mobilise her social network to join the hospital society, stated that she was pro-choice and that she wished that the anti-abortion groups would 'look after ones who were born'.<sup>53</sup> Some auxiliary members who signed up were ambivalent about identifying as pro-choice. One woman agreed to support the coalition but in her organising records, Moir noted that she 'hates abortions, but is realistic about unwanted children [and] individual circumstances, so is pro-choice'.<sup>54</sup>

Rita Moir and Sam Simpson became members of South Slokan Hospital Auxiliary.<sup>55</sup> Joining the ladies' hospital auxiliary introduced Moir and Simpson, who by this time had established themselves as activists in left and feminist political organisations in the area, to a group of women who, as Moir explained were 'so connected to every tendril of the community that it's an amazing force, those older women, because of their status [and] their standing'.<sup>56</sup> Like volunteers of other auxiliaries, women raised funds by organising 'bake sales, hospital coffee parties, raffles, bingos, book racks, and garage sales .. [to] attempt to provide for badly needed, but not always budgeted for, equipment'.<sup>57</sup> Women's fundraising was political work that should not be undervalued. As Lianne McTavish argues in her analysis of the Ladies' Auxiliary of the New Brunswick Museum, baking and other domestic skills were a respectable way to establish their presence in public institutions in which women were marginalised. Close examination of non-profit entrepreneurial ventures also reveals the networks of women who ensured the survival of these institutions.<sup>58</sup> This traditional fundraising work was also the basis for the hospital auxiliary women's voice in directing the administration of the hospital. They refused to accept their disenfranchisement in the hospital society by a block of new members who did not have a long affiliation with the hospital.

The coalition with the hospital auxiliaries also taught feminists that many women who did not identify as feminists were often adamantly pro-choice. Simpson recalled the parallels between working with the auxiliary women and her experience as an abortion rights activist in Halifax in the 1960s. After speaking at an abortion rights demonstration in 1969, she was concerned that older co-workers at the nursing home where she worked would reprimand her for her political activism. When these nurses congratulated her, she learned that it was important to look for allies among women who were not active in feminist politics. During the next year, the Nelson and District Pro-choice group worked with the hospital auxiliary women, union activists and other progressive organisations to encourage people who supported women's right to choose to buy memberships to the hospital society.<sup>59</sup> The group sold about five hundred new memberships to the KLDH society.<sup>60</sup> In addition to selling memberships, they wrote a motion that would allow Slokan Valley residents to

become voting members of the hospital society.<sup>61</sup>

The coalition was careful to recruit qualified candidates to run for the hospital board and approached people from different parts of the community to stand for nomination. Maureen Argatoff, who had been defeated by an anti-abortion candidate in the 1988 election, was a counsellor with strong affiliations to both the medical community and feminist groups. They also recruited Greg Stacey, a lawyer who felt 'less strongly about pro-choice or pro-life than tolerance and freedom'. He conceded that he might be pro-choice since he was opposed to one group having control over how other people lived their lives.<sup>62</sup> By the time of the election, two of the new anti-abortion trustees had already resigned, confirming the suspicion that they were not capable hospital administrators. This was not the case for all of the new board members. Sam Simpson, who was elected to the board in a subsequent election in 1990, recalled that Williams (the past president of Nelson Future Life) was an excellent board member who paid attention to hospital finances and refused to 'rubber stamp' the hospital administrators' decisions. Apart from the issue of abortion rights, Simpson recalled that they 'became allies on the board in a way around a lot of different issues, but we were two against everybody else'.<sup>63</sup> For example, in retaliation for Williams's previous involvement in the anti-abortion group's attempt to take over the hospital board, members voted against her motion to reimburse board members' childcare expenses. Simpson was the only other member to support the motion.<sup>64</sup> Williams was the only anti-abortion hospital board member whom the ad hoc group did not run a candidate against because they recognised that she was also dedicated to the careful administration of the hospital.

After the resignation of the new members, the board appointed the pro-choice board members who had been defeated at the 1988 meeting. Even though the board was safely pro-choice, activists insisted that they had to be vigilant because five seats were available in the election.<sup>65</sup> The campaign to mobilise pro-choice people from different backgrounds worked; 519 people attended the 1989 meeting.<sup>66</sup> Members elected four pro-choice trustees to the board and the society voted in favour of changing the by-laws to allow residents of the Slokan Valley to become voting members of the society.<sup>67</sup>

The Nelson and District Pro-Choice group remained active during the next year and put more emphasis on education. Planned Parenthood opened in the summer of 1988 and Nelson Future Life regularly picketed on clinic days.<sup>68</sup> Their opposition to any education on birth control and sexual health demonstrated that their mandate went beyond opposing abortion to controlling women's bodies and sexuality. Building on the momentum of the hospital board election, they organised an event called 'Speak-out about Reproductive Choice' to send a strong message to anti-abortion groups that the community did not want to be 'held ransom by a handful of people'. The event was also a protest against the federal government's introduction of Bill C-43.<sup>69</sup> *Images* reported that a diverse crowd made up of 'old and young, gay and straight, counterculture and mainstream' attended the event, which featured women

from the different cultural groups of the region who spoke about their experiences of abortion.<sup>70</sup> Bill C-43 made the need to support pro-choice candidates in the 1990 hospital board election even more important. A letter to supporters advised people to renew their memberships and 'elect a good pro-choice hospital board'.<sup>71</sup> Electing people who were dedicated to women's reproductive rights was necessary because anti-abortion activists continued to protest at the hospital and were requesting information about the age and marital status of women who sought abortion services at the hospitals.<sup>72</sup> Sam Simpson reported that Nelson Future Life was still asking for confidential information about patients and that the board refused their requests.<sup>73</sup>

Rather than deterring abortion services at the KLDH, Nelson Future Life's tactics mobilised a coalition of feminists, union activists, hospital auxiliary members, and citizens who quietly supported woman's reproductive rights. Tactics, such as the destruction of hospital property and the dissemination of upsetting images, gave them the reputation as 'radical weirdoes'.<sup>74</sup> Those who had a stake in the administration of the hospital viewed their attempt to bring an anti-abortion voice to the hospital board as the imposition of the views of a minority of people onto the community. Ultimately, their activities did not significantly interrupt abortion services at the Nelson hospital because a well-organised campaign to protect women's right to access abortion services in their community prevented them from gaining influential decision-making positions.

## Conclusion

Maintaining control over the KLDH hospital board was as important to many of the women in this particular struggle as defending access to abortion services. For the feminist community, comprised predominantly of women who were relatively new to the area and who had proudly flaunted social conventions and distanced themselves from 'the respectable ladies', the campaign demonstrated that coalitions with traditional, conservative groups were valuable. Moir explained, 'it was a good lesson in who your allies are. And sometimes you just have to have a conversation to open a door. And it also linked us into the older, broader community here in another way'.<sup>75</sup> The campaign to protect abortion services in Nelson demonstrates the importance of understanding how local circumstances affect women's access to abortion services and shape political struggles to defend this in rural communities. These local histories add complexities to national and international narratives of the reproductive movement that have focused on milestones in the achievement of abortion rights. Rather than analysing remaining barriers to abortion services as incongruities of a progressive narrative, histories of abortion must investigate the connections amongst local, national, and transnational campaigns that seek to guarantee that women can have an abortion in a timely manner.

The decriminalization of abortion in 1969 introduced a complex abortion bureaucracy that put women seeking abortions under the purview of the medical establishment

rather than criminal law. The restrictions on women's control over their reproductive health launched the abortion rights movement, which focused on removing abortion from the Criminal Code. Reproductive rights activists identified the abortion bureaucracy introduced by the law as the key barrier to women's access to abortion. The national movement mobilised to support Dr. Henry Morgentaler's legal challenges to the restrictions that Section 251 of the Criminal Code imposed on a woman seeking to terminate her pregnancy, and celebrated his victory when the Supreme Court of Canada found in his favour in 1988. Feminists organised mass demonstrations to oppose subsequent attempts to reintroduce abortion into the criminal code, such as Bill C-43, and legal challenges that sought to give fathers a voice in determining whether a woman could have an abortion and that sought to determine the legal status of the foetus.<sup>76</sup>

But it was at the local level that anti-abortion activists could most effectively manipulate the ambiguities of the abortion laws, which did not define health and did not require hospitals to provide abortion services. This was acute in small, rural communities where it was difficult to protect the privacy of women who sought abortion services as well as that of the doctors and nurses who ensured that this medical treatment was available. National and transnational politics inform both reproductive rights activists and anti-abortion tactics. But, as this campaign in Nelson shows, successful defence of abortion services relies on mobilising local networks of activists who are committed to defending women's reproductive rights.

In March 2013, Canadian feminists organised events to mark the twenty-fifth anniversary of the landmark Morgentaler decision. But the increasing political influence of the anti-abortion movement cast a pall over many of these celebrations. In Calgary, where I live, anti-abortion protesters held graphic images of foetuses and filmed people as they left the event organised by the Calgary Sexual Health Centre. As I complete this article, the Centre for Bio-ethical Reform, an anti-abortion group made up of young activists, is distributing graphic postcards to constituents in Conservative Prime Minister Stephen Harper's Calgary riding. Their goal is to mobilise his constituents to put pressure on the Prime Minister to concede to anti-abortion MPs in his caucus who want to abolish abortion.<sup>77</sup> Although the Prime Minister has vowed that he will not re-open the abortion debate in the House of Commons, his government has cut funds to aid groups that provide information on birth control and abortion overseas. It has done nothing to advocate for women who live in Canadian communities where it is impossible to get an abortion.<sup>78</sup> The anti-abortion movement seems to have shifted its target to federal politics and reproductive rights groups are carefully monitoring their actions. Yet it is crucial that we rally to defend access to abortion services at the local level because it is here where the barriers have the most consequential impact on women.

## Notes

1. Christabelle Sethna and Marion Doull, 'Spatial Disparities and Travel to Freestanding Abortion Clinics in Canada', *Women's Studies International Forum*, 38 (2013), 52-62.
2. British Columbia, Calgary Alberta and Toronto Ontario have laws that establish fixed buffer zones stipulating that protesters must maintain a certain distance from hospitals, clinics and abortion-providers' homes. The British Columbia legislation prevents anti-abortion protesters from attempting to intimidate or provide sidewalk counselling to women seeking an abortion. On the barriers to abortion in small communities, see Christabelle Sethna and Marion Doull, 'Journeys of Choice? Abortion, Travel, and Women's Autonomy', in *Critical Interventions in the Ethics of Healthcare: Challenging the Principle of Autonomy in Bioethics*, ed. Stuart J. Murray and Dave Holmes (Surrey, Ashgate, 2009); Jessica Shaw, *Reality Check: a Close Look at Accessing Abortion in Canadian Hospitals* (Ottawa, Canadians for Choice, 2006); Lianne McTavish, 'The Cultural Production of Pregnancy: Bodies and Embodiment at a New Brunswick Abortion Clinic', *Topia: Canadian Journal of Cultural Studies*, 20 (2008), 23-42.
3. Sandra Rodgers, 'Abortion Denied: Bearing the Limits of Law,' in *Just Medicare: What's In, What's Out, How We Decide*, ed. Colleen M. Flood and Robert D. Denham (Toronto, University of Toronto Press, 2006), 106.
4. Christabelle Sethna and Steve Hewitt, 'Clandestine Operations: The Vancouver Women's Caucus, the Abortion Caravan, and the RCMP', *Canadian Historical Review*, 90/3 (2009), 463-95; Judy Rebick, *Ten Thousand Roses: the Making of a Feminist Revolution* (Toronto, Penguin Canada, 2005), 35-46; Barbara M. Freeman, *The Satellite Sex: the Media and Women's Issues in English Canada, 1966-1971* (Waterloo: Wilfrid Laurier University Press, 2001), 165-186.
5. Beth Palmer, "'Lonely, Tragic, but Legally Necessary Pilgrimages': Transnational Abortion Travel in the 1970s,' *Canadian Historical Review* 92/4 (December 2011), 637-64; Shannon Stettner, "'He Is Still Unwanted': Women's Assertions of Authority over Abortion in Letters to the Royal Commission on the Status of Women', *Canadian Bulletin of Medical History*, 29/1 (2012), 151-71; Katrina R. Ackerman, "'Not in the Atlantic Provinces': The Abortion Debate in New Brunswick, 1980-1987', *Acadiensis*, 61/1 (2012), 75-101.
6. Ann Thomson, *Winning Choice on Abortion: How British Columbian Feminists Won the Battles of the 1970s and 1980s* (Victoria, Trafford, 2004).
7. Christabelle Sethna, 'All Aboard? Canadian Women's Abortion Tourism, 1960-1980', in *Gender, Health, and Popular Culture: Historical Perspectives*, ed. Cheryl Lynn Krasnick Warsh (Kitchener-Waterloo, Wilfrid Laurier University Press, 2011), 89-108; Palmer, 'Lonely, Tragic, but Legally Necessary Pilgrimages'. For American women's travel, see Leslie J. Reagan, 'Crossing the Border for Abortions: California Activists, Mexican Clinics, and the Creation of a Feminist Health Agency in the 1960s', in *Women, Health, and Nation: Canada and the United States Since 1945*, ed. Georgina Feldberg et al. (Montreal and Kingston, McGill-Queen's University Press, 2003), 355-78.
8. Robin Badgley, *Report of the Committee on the Operation of the Abortion Law* (Ottawa, Ministry of Supply and Services, 1977); Subsequent reports investigated access at the provincial level. Rodgers, 'Abortion Denied: Bearing the Limits of Law'; British Columbia Task Force on Access to Contraception and Abortion Services, *Realizing Choices: the Report of the British Columbia Task Force on Access to Contraception and Abortion Services* (Victoria, Government of British Columbia, 1994).
9. Morgentaler was sentenced to eighteen months in prison in 1975. The decision was acquitted. Catherine Dunphy, *Morgentaler: A Difficult Hero: A Biography* (Toronto, Random House of Canada, 1996).
10. *R. v. Morgentaler*, [1988] 1 S. C. R. 30.
11. Richard L. Hughes, "'The Civil Rights Movement of the 1990s?': The Anti-Abortion Movement and the Struggle for Racial Justice', *Oral History Review*, 33/2 (2006), 1-24; Michael W. Cuneo, *Catholics Against the Church: Anti-abortion Protest in Toronto, 1969-1985* (Toronto, University of Toronto Press, 1989); Ackerman, 'Not in the Atlantic Provinces'.
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14. Interview by author with Sam Simpson and Rita Moir, Vallican, British Columbia, 18 Oct. 2010.
15. 'A Dose of Clap', *The Arrow* (Jul. 1973), 14.
16. 'Health Care for Women', *Kootenay Status of Women Newsletter* (Dec. 1973). On the revival of midwifery in the Kootenays, see Megan Davies, 'The Rebirth of the Midwives in BC's Kootenay Region, 1970-1990'. Unpublished paper, n.d.
17. 'Forced Sterilization Practiced in Castlegar!', *Kootenay Status of Women Newsletter* (Jun. 1973).
18. 'Untitled Notice of Sexuality Questionnaire', *Kootenay Status of Women Newsletter* (Nov. 1973).
19. 'Only good girls get abortions in B. C.', *Images* (Oct. 1982), 6.
20. 'Justice Minister: There Otto Be a Law', *Images* (Nov. 1974).
21. Vita Storey, 'Dr. Henry Morgentaler', *Images* (Dec. 1973); 'Legal Abortion .. Safe, Not Sorry', *Images* (Oct. 1981), 11, 12.
22. 'Abortion Is Legal', *Images* (Oct. 1975), 11, 12.
23. Shawn Lamb Archives, Touchstones Nelson, Museum of Art and History, Rita Moir Fonds [hereinafter Rita Moir Fonds], File 1C, 'Letter to Participants [of Speak out for Choice]'.

24. 'Abortion Is Legal', 11.
25. Ardith Roscoe, 'Abortion Report Released', *Images* (Mar. 1977), 3.
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27. In a 1981 article, a woman described the supportive medical attention she received at the KLDH: 'Legal Abortion .. Safe, Not Sorry'.
28. They followed closely the attempts to take over hospital boards at Lion's Gate Hospital in Vancouver and at the Victoria General Hospital. 'A Question of Choice', *Images* (Oct. 1979), 15 and 19; 'Anti-abortionists Trowned', *Images* (Nov. 1979), 3; 'Anti-Abortionists Rally', *Images* (Jan. 1980), 3; 'Pro-choice Wins, Losses', *Images* (Oct. 1981), 4; 'Pro-choice Demo', *Images* (Oct. 1981), 3; 'Anti-abortionists Escalate Attack', *Images* (Jun. 1982).
29. 'A Question of Choice,' *Images* (Oct. 1979), 19.
30. Mailing abortion literature without envelopes to every home in Nelson instigated a pro-choice protest that was led by mail carriers. Suzy Hamilton, 'Abortion in Mail', *The Province*, 4 Mar. 1988.
31. Interview with Simpson and Moir.
32. 'Abortion Committees Down', *Images* (Jul. 1984), 5.
33. 'Abortion – One for Choice; Battle Not Over', *Images* (Dec. 1983), 4.
34. Joy Green, 'Guerilla Tactics Fail at Nelson Hospital', *Images* (Spring 1987), 12.
35. Demers is still active in anti-abortion politics. In 1996, he was arrested for protesting outside of an abortion clinic in Vancouver in defiance of the BC's Access to Abortion Services Act. In 1989, he was arrested for criminal trespass in Washington State for protesting at an abortion clinic. William Boei, 'BC Men face US Jail over Abortion Protest', *Vancouver Sun*, 13 Apr. 1989. In 2004, he filed a petition to the Inter-American Commission on Human Rights in an attempt to make a claim for the rights of the unborn. Joanne Byfield, 'Demers vs. Canada', *Life Canada Newsletter*, 5/5 (2006).
36. Rita Moir, 'Anti-abortionist Hits Hospital', *Images* (Apr. 1985), 3.
37. Rita Moir Fonds, File 3: Jim Demers, 'Moir script for interview about Jim Demers Trial on *Daybreak* (CBC), 11 Oct. 1985'.
38. Steve Thorton, 'Appeal by Defense Likely: Demers given Light Sentence', *Nelson Daily News*, 15 Oct. 1985.
39. Interview with Simpson and Moir.
40. 'Abortion Committees Down'; 'Brian and Mila against Abortion', *Images* (Jul. 1984), 4.
41. 'Pro-Choice Petition,' *Images* (Spring 1988), 2.
42. 'Amended Pro-Choice Petition', *Nelson Daily News*, 23 May 1986. The demand that the BC government fulfill its obligation to make abortion accessible to all people was replaced with a quotation from the Declaration on Population and Development adopted by the International Conference on Population that stated that all couples should have the right to decide on the number and spacing of their children.
43. Letter to the editor from Lynne Brown, *Nelson Daily News*, 24 Mar. 1988.
44. 'Pro-choice Group Forms', *Images* (Spring 1988), 3.
45. Interview with Simpson and Moir.
46. Rita Moir Fonds, Pro-choice Government Lobbying Women's Centre File 1C, 'Draft of Report of Meeting, 11 April 1988'.
47. 'Pro-choice forces "caught by surprise" in KLDH vote', *Nelson Daily News*, 17 Jun. 1988.
48. 'Pro-choice Coup at KLDH', *Images* (Summer 1989), 2.
49. Anti-abortionists' perception of the political views in the valley was based on experience. Sam Simpson recalled that when Nelson Future Life rented the Winlaw Hall for an event, the community organised a pro-choice rally to let them know that they were not welcome in the Slocan Valley. The picketers outnumbered the people at the event. Interview with Simpson and Moir.
50. 'Pro-choice forces "caught by surprise"'.
51. Sam Simpson's Personal Papers (in her possession), Abortion Rights File, Letter from Rita Moir and Sam Simpson to Director's Committee on Hospital Boundaries Regional District of Central Kootenay, 9 Aug. 1988.
52. Rita Moir Fonds, File Pro-choice Notes 2b, 'Notes, 17 June 1988'. People who worked in the medical community in Nelson were also upset by the vote. The Hospice Co-ordinator insisted that people from the Slocan Valley should be allowed to belong to the society because they were patients in a public system. 'Stacking the Deck', Letter to Editor from Liz Floyd, *Nelson Daily News*, 22 Jun. 1988.
53. Rita Moir Fonds, File Pro-choice notes 2b, 'Notes 7 September 1988'.
54. Rita Moir Fonds, Women's Centre Pro-choice file, 'Notes April 12'.
55. In their letter of introduction to the auxiliary, Simpson and Moir explained that they were pro-choice, but that they were not single-issue people. They argued that they both had a stake in the administration of the hospital because they had worked in health care, had used the hospital, and had friends who worked there. Simpson was also a member of the Dumont Creek Burial Society, a community group that prepared the bodies of members of the community for burial; they were supported by the Hospital Morgue. Rita Moir Fonds, Women's Centre Pro-Choice File 1b, Letter from Sam Simpson and Rita Moir to South Slocan Auxiliary, 28 Aug. 1988.
56. Interview with Simpson and Moir.
57. Rita Moir Fonds, Women's Centre Pro-Choice File (Rita Moir's notes), Untitled appeal to auxiliary volunteers.
58. Lianne McTavish, 'Strategic Donations: Women and Museums in New Brunswick, 1862-1930', *Journal of Canadian Studies*, 42/2 (Spring 2008), 93-118.
59. Rita Moir Fonds, Women's Centre Pro-choice File (Rita Moir Notes), 'KLDH Memberships Purchased during Nelson-Creston AGM, 24 Sep. 1988'.
60. Rita Moir Fonds, Women's Centre Pro-choice File (Rita Moir notes), Untitled document. Moir and Simpson recalled that they used the contact information from the pro-choice petition to sell memberships as well as their connections to labour groups. Interview with Simpson and Moir.
61. Rita Moir Fonds, Women's Centre Pro-Choice File

(Rita Moir notes), 'Motion to KLDH AGM'.

62. Rita Moir Fonds, Women's Centre Pro-choice File (Rita Moir's notes), 'A Rundown on Who's Running'.

63. Interview with Simpson and Moir.

64. E-mail correspondence with Sam Simpson, 28 Jan. 2013.

65. 'Hospital Board Makes Wise Choice', *Images* (Winter 1988), 2.

66. The high attendance for the KLDH Hospital Society AGM was unprecedented. The meeting was held in the Civic Arena to accommodate the large crowd.

67. 'Pro-Choicers Elected to KLDH Board', *Nelson Daily News*, 22 Jun. 1989, 1; 'Boundary Expansion Wins Society Members' Approval', *Nelson Daily News*, 22 Jun. 1989, 1; Kathleen Rodgers, 'Argatoff, Drew, Raschdorf Elected as Urban Trustees', *Nelson Daily News*, 22 Jun. 1989, 1.

68. Lilli Rosenberg, 'Planned Parenthood Opens', *Images* (Summer 1988), 7.

69. Rita Moir Fonds, Pro-choice government Lobbying Women's Centre File 1C, Undated letter from Nelson and District Pro-Choice Group.

70. Baker, 'Women Speak out for Choice!', *Images* (Winter 1989), 3.

71. Rita Moir Fonds, Pro-choice Government Lobbying Women's Centre File, Letter from Nelson and District Pro-choice Group, 8 Jun. 1990.

72. Ibid; 'Pro-lifers Target Kootenay Lake District Hospital: Protesters Vow to Stop Nelson Abortions', *Nelson Daily News*, 16 May 1989.

73. Sam Simpson Personal Papers, Abortion Rights File, 'Sam Simpson Trustee Report', Apr. 1991.

74. Rita Moir Fonds, Pro-Choice Government Lobbying Women's Centre File 1C, Letter from Rita Moir to Anne Edwards (MLA Kootenay).

75. Interview with Simpson and Moir.

76. *Tremblay v. Daigle* [1989] SCR 530. This case found that the fetus does not have legal rights and that men cannot prevent their partners from having an abortion.

77. 'Harper's Riding Targeted with Graphic Anti-abortion Cards', CBC News, 14 May 2013 [www.cbc.ca/news/canada/calgary/story/2013/05/14/calgary-anti-abortion-brochures-stephen-harper-riding.html?autoplay=true, accessed 16 May 2013].

78. Prince Edward Island does not provide abortions in hospitals and there are no freestanding clinics in the province. 'Abortion Policy on P. E. I to Remain "Status Quo"', CBC News, 23 Dec. 2012, [www.cbc.ca/news/canada/prince-edward-island/story/2011/12/23/pei-abortion-policy-status-quo-584.html. accessed 17 May 2013]. On cuts to overseas programmes, see Carl Meyer, 'Domestic Politicking, Failure to Consult Blamed for G8 Problems', *Embassy*, 7 Apr. 2010 [www.embassymag.ca/page/view/g8-04-07-2010, accessed 17 May 2013].

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# All aboard? Canadian women's abortion tourism, 1960-1980

Christabelle Sethna

*Institute of Women's Studies/Faculty of Health Sciences, University of Ottawa*

*Changing Places* (1975), David Lodge's witty satire of Anglo-American academic life in the 1960s, begins with the startling discovery that Morris Zapp, an esteemed American professor, is the sole male passenger on a packed flight to London. When Zapp learns that all the women on board are heading to the English capital for abortions, his pregnant seatmate, a young, single, university student, casually informs him of the package deal she has negotiated: 'round trip, surgeon's fee, five days' nursing with private room and excursion to Stratford-upon-Avon'.<sup>1</sup>

In this work of fiction, the punch line sends up what has come to be known as 'abortion tourism'. Arguably an insensitive term that has anti-abortion connotations, abortion tourism is the generic catchphrase for the very real travel women undertake to access abortion services.<sup>2</sup> Travel is one of the central barriers to abortion access; the further a woman has to travel for an abortion, the less likely she is to obtain one and the more likely she is to be young and underprivileged.<sup>3</sup> Yet abortion tourism persists. It is most familiar to Ireland, where abortion is predominantly illegal. Every year, thousands of Irish women leave to seek legal abortion services in England.<sup>4</sup> Often conducted over a long range and across domestic and international borders, abortion tourism remains such a commonplace transnational occurrence that it is documented in academic literature as well as in popular culture productions such as novels, short stories, poems, songs, and cartoons.<sup>5</sup>

Canada has its own little-known history of abortion tourism. Canadian scholars studying abortion have concentrated on analysing the changes to the status of abortion in the country's Criminal Code.<sup>6</sup> Although compelling evidence indicates that many Canadian women coped with these changes by travelling to access abortion services before and after abortion was legalised in 1969, the topic of abortion tourism remains seriously under-investigated in Canada.<sup>7</sup> This chapter focuses on contemporaneous real-life accounts of Canadian women who travelled domestically and internationally for illegal and legal abortions between 1960 and 1980. These accounts appeared in the university student press, mainstream publications, women's magazines, and government-commissioned reports. Cultural productions of abortion tourism were often infused with humour, irony, sadness, or regret. Real-life accounts, which dramatised the Byzantine lengths women journeyed to procure an abortion, were laced with indignation. Bringing women's forced flights to public light provided different constituencies of readers with valuable information on circumventing abortion laws; detailed the consequent financial, emotional, and physical risks involved; and troubled the concept of abortion tourism itself. Indeed,

real-life accounts of Canadian women's abortion tourism constructed abortion laws as a 'carceral space' within which pregnant women seeking abortion were monitored, disciplined, and punished jurisdictionally, but from which only the privileged few could escape geographically.<sup>8</sup>

## Abortion and contraception in Canadian history

The criminalization of birth control in Canada stretches back to the late nineteenth century, when eugenic thought was prevalent. Canadian legislators fearing the prospect of 'race suicide' sought to increase the number of offspring born to Anglo-Saxon Christian women.<sup>9</sup> They looked to the example of restrictive British and American birth control laws to prohibit, through the Criminal Code, the sale, advertisement, and distribution of contraceptives and abortifacients. A woman who procured her own abortion could be sentenced to up to seven years in prison. Abortion providers, who were trained medical or non-medical personnel, were liable to the maximum penalty of life imprisonment.<sup>10</sup> Although suspected abortion providers were rarely tried, guilty verdicts were reached in nearly half the cases before the courts.<sup>11</sup> There was a 'good faith' provision that allowed for an abortion to save the life of the mother. This provision eventually led some non-Catholic hospitals in the 1960s to establish Therapeutic Abortion Committees (TACs) composed of physicians who determined whether an abortion was necessary on a case-by-case basis. Still, the possibility of prosecution meant that many doctors refused to perform abortions at all.<sup>12</sup>

Despite its illegality, Canadian women, whether married or single, continued to turn to abortion. Some tried to self-abort by injuring themselves, by ingesting traditional remedies such as pennyroyal, or by introducing slippery elm bark, needles, or hooks into their uteri. Others consumed quack potions or pills advertised for sale as menstrual regulators. Finally, many women depended on abortion providers who had to perform abortions surreptitiously, sometimes under unhygienic conditions. While most women survived their abortions, others died from subsequent septic infections.<sup>13</sup>

## Around the world

As Sharra L. Vostral's discussion of postwar advice to adolescent American girls regarding menstruation reveals, the ideal white, hetero-normative woman was believed to be programmed by 'Mother Nature' to be a mother.<sup>14</sup> The wilful termination of a pregnancy seriously disrupted this essentially feminine script. However, it was not until the 1960s that illegal abortion came to be recognised as a serious public health problem in Canada.

Because illegal abortion was an underground practice, it was difficult to quantify; some conservative estimates set the number at a hundred thousand annually.<sup>15</sup> In this same decade, international organised tourism exploded exponentially. Global pleasure travel, undertaken by upper-class Europeans who benefited from colonial expansion into distant lands, has a long history.<sup>16</sup> Tourism characterised by organised holidays began in the 1840s, when Englishman Thomas Cook standardised package tours within Britain for the working classes. Cook's expeditions to European sites attracted a primarily single female clientele keen on unchaperoned travel.<sup>17</sup> By the 1960s, the expansion of airline companies, transatlantic travel routes, and middle-class disposable incomes made international organised tourism affordable for those living in the West. The World Tourism Organisation recorded seventy million annual international arrivals in 1960. The United Nations (UN) declared 1967 International Tourism Year. International bodies even recommended that developing states newly liberated from colonial rule could acquire some financial capital by attracting tourists. Ironically, the imbalance of power between tourist and host countries meant that tourism exacerbated the dependence of developing nations on Western currencies.<sup>18</sup>

As various nations began to liberalise their abortion laws, Western women seeking abortions rode the boom in international organised tourism by travelling to abortion services far from home. In mapping the global itinerary of abortion tourism, one sees, for example, that French women turned to Switzerland for abortions.<sup>19</sup> American women went to Mexico so frequently that one travel agency received an award for selling the most three-day weekends to that country.<sup>20</sup> It was even speculated that American and Canadian women took abortion vacations in Europe.<sup>21</sup> Although abortion was still illegal in Canada, no person at that time could be convicted of an offence committed outside the country.<sup>22</sup> Not surprisingly, many Canadian women seeking abortion services flocked to locales that had also become premier tourist destinations.

From the late 1960s, Britain (excepting Northern Ireland) proved to be an abortion hot spot. After it was first promulgated in 1861, the British abortion law remained virtually unchanged for many decades, decreeing that it was unlawful to procure a miscarriage. A loophole appeared in 1939 when Dr. Aleck Bourne was charged with performing an abortion. The court acquitted him, accepting that the abortion was lawful because it was intended to preserve the physical and mental health of his patient, a fourteen-year-old girl pregnant as the result of a gang rape. Whereas eugenic fears over race suicide in the late nineteenth century led to the promulgation of Britain's restrictive birth control laws, eugenic revulsion over the birth of disabled children galvanised the loosening of such legislation in the late twentieth century. In the 1950s and 1960s, thousands of British women – along with their European and Canadian counterparts – gave birth to children with malformed or missing limbs after they had consumed thalidomide, a drug marketed as a sleeping and morning sickness aid. Consequently, the 1967 British *Abortion Act* permitted abortions if two doctors agreed there was a risk of foetal anomalies. Moreover, the act

allowed for an abortion if the continuation of the pregnancy threatened the woman's life, her physical or mental health, or any of her existing children. As the act did not discriminate against non-residents, European, Canadian, and American women bolted to Britain for abortions. In the year 1973, the number of abortions performed on non-residents peaked at 56,581.<sup>23</sup>

## Accounts of Canadian women's abortion tourism

Some scholars distinguish travellers from tourists and denounce the tourist as a status-seeking consumer who has displaced the traveller searching for authentic experiences of place. Other academics reject the validity of this distinction, asserting that both travellers and tourists are marked by their privileged position in relation to the local populace.<sup>24</sup> A tourist, according to Julia Harrison, makes a choice to travel and to return home.<sup>25</sup> Nevertheless, as tourist travel has become so overdetermined by what Raminder Kaur and John Hutnyk call 'the articulation of privilege', it is perhaps more appropriate to categorise abortion tourists with trans-status subjects, refugees, or even exiles.<sup>26</sup> For this group of individuals, journeys from home can be liberating. More often than not, they can also be transgressive and fraught with peril.<sup>27</sup> Although the abortion tourist suffers because of a punitive patriarchy determined to keep her penitent, a complex articulation of privilege embedded in the practice of abortion tourism showcases the socio-economic disparities among women.

The Canadian university student press disseminated some of the earliest real-life accounts of women travelling for illegal abortions. The jump in female student enrolment in universities, the lack of sex education in schools, and the illegality of contraception contributed to a rise in out-of-wedlock pregnancies on campus.<sup>28</sup> Although the birth control pill was available (on a doctor's prescription), it was clearly intended for married Canadian women, a situation that posed numerous difficulties for both students and doctors at university health services.<sup>29</sup> As Heather Molyneaux shows, advertisements for oral contraceptives that appeared in the *Canadian Medical Association Journal* (CMAJ) routinely featured married women, their wedding rings prominently displayed, as the most appropriate consumers of oral contraception.<sup>30</sup> Young, unmarried couples facing the dilemma of an unwanted pregnancy were increasingly likely to reject a 'shotgun' marriage. Aside from adoption, the other option for a young single woman was an abortion. Procuring an abortion was an onerous task because the illegality of the procedure was compounded by the sense of sexual impropriety associated with an out-of-wedlock pregnancy. *The Varsity*, the main student newspaper for the University of Toronto, reported that 'a single girl in trouble often hasn't the faintest idea how to go about it [abortion] and besides, the shame [with] which society views her condition makes her afraid of confiding in anyone'.<sup>31</sup>

Campus newspapers like *The Varsity* carried chilling tales of the tragedy of the young, single, pregnant student who, trapped by Canada's restrictive birth control laws, made a desperate journey to an abortion provider.

In one example, a sobbing McGill University student confessed that on a \$500 loan from a married girlfriend, she went to the United States for an illegal abortion. There she was forced to have sex with the man who performed the procedure.<sup>32</sup> In another, a student from an unnamed university travelled to Toronto to procure an abortion after her own doctor declined to assist her. With the help of student friends in the city, she encountered a physician who charged \$300 per abortion. Suspecting he was under police surveillance, he refused to perform the operation. So too did the others she contacted. Increasingly anxious, the student travelled yet again, this time to Montreal, where she finally managed to obtain an illegal abortion for \$200.<sup>33</sup>

These accounts challenged the sense of sexual impropriety associated with an out-of-wedlock pregnancy. Young, pregnant, single women seeking abortions were portrayed as sympathetic victims rather than as shameful criminals. Still, it can safely be assumed that the student central to these stories was white, middle class and relatively financially privileged. The tragedy of her out-of-wedlock pregnancy signalled not only the frightening possibility of septic infection or death due to illegal abortion; it also increasingly suggested the potential derailment of professional opportunities she would experience if that pregnancy were brought to term.<sup>34</sup>

To counteract the problem of illegal abortion, some university students took proactive measures. They organised birth control teach-ins, insisted their campus health services prescribe the birth control pill, and developed their own educational material on birth control.<sup>35</sup> A committee of McGill University students compiled and published the *Birth Control Handbook* (1968). The *Handbook* was filled with accurate information about the male and female reproductive system, the mechanics of conception, and various contraceptives such as the birth control pill, diaphragm, condom, and intrauterine device.<sup>36</sup> The earliest editions dealt with the topic of abortion only by reproducing the section of the Criminal Code outlawing the procedure and by printing two articles, one by McGill University professor Donald Kingsbury and another by journalist Doris Giller. Kingsbury claimed to know many McGill students, the daughters of Montreal's elite, who ended up pregnant and despondent. He castigated the physicians teaching at his university's prestigious medical school, accusing them of remaining silent about Canada's restrictive birth control laws because they wanted to protect their careers.<sup>37</sup> Giller reported that university students had developed a network of underground contacts to abortion providers who charged from \$270 to \$600 for the procedure. The price, she noted, was 'inflated' due to pregnant women's desperation and abortion providers' fear of imprisonment.<sup>38</sup>

## The legalisation of abortion

In 1969 the government, under Liberal Prime Minister Pierre Trudeau, succeeded in reforming the Criminal Code such that contraception was decriminalised and abortion was legalised. Yet even at the draft stage, the new abortion law proved contentious. Former Secretary

of State Judy LaMarsh denounced it publicly as a 'real namby-pamby, wishy-washy gutless kind of abortion law',<sup>39</sup> perhaps reflecting the fact that abortion, for many Canadians, was far more controversial a practice than was contraception.<sup>40</sup>

The new abortion law formalised the medical profession's control over abortion access. Abortions were now legal under a time-consuming, complicated, stringent set of regulations. A woman could access an abortion only if she had a referral from her doctor to a TAC established at an accredited hospital. The TAC, consisting of three or more doctors (the doctor who referred the woman for an abortion could not be part of the TAC), had to rule that an abortion was necessary to preserve the mother's 'life or health'. The birth of babies crippled by thalidomide in Canada had sensitised the public to abortion. An Ontario businessman even offered \$1,000 to any woman who had consumed thalidomide and wanted to terminate her pregnancy.<sup>41</sup> However, in making the mother's life or health a criterion, as opposed to the condition of the foetus, the government intended that TACs reject solely 'eugenic, sociological, or criminal offense reasons for abortion'. Unfortunately, the new abortion law did not define what was meant by health. Doctors serving on TACs were, therefore, at liberty to apply arbitrary medical, psychological, or sociological interpretations of the word.<sup>42</sup> In addition, no hospital was obligated to strike a TAC, accredited hospitals were concentrated mainly in cities, Catholic hospitals rejected abortion services entirely, and there was no mechanism to appeal a TAC's ruling. Finally, doctors could refuse to perform abortions; many were divided over the morality of the procedure.<sup>43</sup>

## Cross-border abortions

Grace MacInnis, the only female member of parliament, initially welcomed the reform of the Criminal Code, arguing that wealthy women could skirt Canada's restrictive birth control laws by paying for an illegal abortion within Canada or by travelling to another country where the procedure was legal. Poor women could not. Yet she too alleged that the new abortion law was misguided because abortion, like contraception, also needed to be decriminalised.<sup>44</sup> Indeed, the new legislation did little to stop illegal abortion. Nor did it end abortion tourism; in fact, Canadian women journeyed for abortion services in even greater numbers. The edition of the *Handbook* that appeared after the passage of the new abortion law affirmed that the legislation 'will help almost no one', noting that women around the world travelled in droves to England, Israel, and Japan to take advantage of the greater availability of abortion in those jurisdictions.<sup>45</sup>

Due to the efforts of Dr. Henry Morgentaler, the city of Montreal soon became a major player on the international and domestic abortion scene. A Holocaust survivor from Poland, Morgentaler immigrated to Canada in 1950 and established a medical practice in Montreal. After he took a public pro-abortion stance at the hearings of the House of Commons Standing Committee on Health and Welfare – a committee to which individuals and

organisations presented submissions on the reform of the country's birth control laws – his office was flooded with private requests for abortions. A year later, in defiance of the Criminal Code, Morgentaler limited his medical practice to family planning and abortion.<sup>46</sup>

After the Criminal Code reforms of 1969, Morgentaler flouted the new abortion law. He performed abortions full-time at his clinic, bypassing the legal need for a TAC. Using a sliding payment scale, he charged approximately \$300 per abortion, \$200 if the patient was a student, \$25-30 if she was a single or welfare mother. Some patients paid nothing at all. To Morgentaler, clinic abortions meant that women 'could go in, have the operation under minimal anesthetic, and leave in about an hour'.<sup>47</sup> Most of his patients were francophones living in the province of Quebec. However, the speed of clinic abortions was a boon to out-of-province Canadian women and to American women sent to Montreal by abortion referral services in New York, Boston, and Minneapolis. Most of Morgentaler's patients had their abortions the day after a scheduled consultation. When women who travelled long distances could not arrange to stay overnight in Montreal, the consultation and abortion took place on the same day. A tip from the Federal Bureau of Investigation (FBI) led Quebec police to arrest Morgentaler on 1 June 1970, after he performed an abortion on a seventeen-year-old patient who had travelled to Montreal from Minnesota. His arrest launched a series of legal attacks against the new abortion law that were fought all the way to the Supreme Court.<sup>48</sup> Cross-border abortion tourism accelerated when, a month after Morgentaler's arrest, New York State drastically reformed its abortion law. The United States government had criminalised abortion in several statutes between 1860 and 1880. Doctors could legally perform therapeutic abortions only if they were intended to save the woman's life. From the 1940s onward, the introduction of hospital TACs greatly reduced the number of therapeutic abortions performed. Women of colour and poor women were disproportionately negatively affected; because of their race and class privileges, white middle-class women were much likelier to have access to therapeutic abortions. Women of colour and poor women were also more likely to be sterilised after the procedure. Some doctors performed abortions in exchange for sterilisations; these surgeries were known as a 'package deal'.<sup>49</sup>

The burden American TACs imposed on women seeking abortions led activists in the early 1960s to form groups like the Society for Humane Abortion. The society distributed pamphlets with information on abortion providers in Mexico, Japan, and Sweden, and helped send a substantial number of American women to other countries for abortions.<sup>50</sup> As in England and Canada, eugenic concerns played a role in the legalisation of abortion. Because the Food and Drug Administration (FDA) did not approve the use of thalidomide, only a few American women, like Sheri Finkbine, took the drug. The popular host of a children's television programme, Finkbine's personal travails brought abortion tourism to international prominence when, refused an abortion in the United States, she journeyed to Sweden to obtain one.<sup>51</sup>

In 1970 Alaska, Hawaii, Washington, and New

York reformed their abortion laws. Whereas the first three states required a residency period of at least thirty days before an abortion could be performed, New York opened the procedure to non-residents. It is estimated that out-of-state American women travelled anywhere from five hundred to two thousand miles to reach New York for an abortion.<sup>52</sup> Between 1970 and 1971, a total of 4,437 Canadian women had abortions in New York alone. The next year five thousand Canadian women did the same.<sup>53</sup> In 1973 the American Supreme Court ruled in *Roe v. Wade* that a woman's decision to have an abortion in consultation with her physician within the first trimester of pregnancy was a protected constitutional right. This landmark ruling gave Canadian women even more access to abortion south of the border.

## Carceral space

Dissatisfaction with the 1969 abortion law in Canada generated more real-life accounts of abortion tourism, spurred feminists to organise around abortion access, and led the government to commission a formal review of abortion practices in the country.

After the passage of the legislation, accounts of abortion tourism began to appear in mainstream publications and in women's magazines. The university student press had concentrated on the tragedy of the young, single, pregnant student seeking an abortion. Now mainstream publications and women's magazines spotlighted the efforts of pregnant married women who sought abortion services. Significantly, post-1969 accounts erased the sexual impropriety gap between the pregnant single woman and the pregnant married woman by positioning *all* women wishing to terminate their pregnancies within the same carceral space:

So, under the new law, if you are pregnant and your health is in the balance, and you know you can't face the likelihood of bearing a deformed child, that you cannot care for another child in an already overburdened and underprivileged family, or that you will live embittered by shame and resentment and lost opportunities for the rest of your life, or that your health may be impaired to the point of canceling your enjoyment of living, you won't be allowed a personal choice. Your whole future way of life will be decided not by you, but by a committee of three or more doctors, who will assume that they know much better than you do what your own needs and capabilities are. The abortion board [TAC], with this power, will satisfy its own conscience without any regard for yours.<sup>54</sup>

Mainstream publications and women's magazines held that the new abortion law was unworkable for three main reasons. The first reason implicated doctors' dubious interpretation of the legal requirements involved. In one account, a gynaecologist told his thirty-six-year-old married patient and mother of one child that it was

pointless to refer her to a TAC because her past history of breast infections would not be considered suitable legal grounds for a therapeutic abortion in Toronto. Whether or not his assessment was correct was unclear: the patient did not seek a second opinion. Determined to have an abortion, she flew to England. At the London Harley Street office, she found a 'foyer already lined with suitcases bearing tags from Pan Am, TWA and Air France'. The nurse grumbled about Canadians who 'think they can come in here at any time', but scheduled the woman's abortion for the next day. After the procedure, the patient returned for a follow-up examination, only to observe that the foyer was once again filled with overseas luggage.<sup>55</sup>

The second reason encompassed the personal beliefs of physicians about abortion. A thirty-two-year-old married mother of two discovered she was pregnant. She suffered from health and financial problems, yet her doctor refused to refer her for an abortion, saying: 'It's nice to have three children, you know'. The woman investigated going to England but ended up in Montreal at an abortion clinic she did not identify. When her doctor eventually discovered she was no longer pregnant, he admitted that he had in the past sent women to Japan for abortions, depending on the dictates of his conscience. Another woman, twenty-five-years old and single, suspected she was pregnant but was too embarrassed to consult her own family doctor because she feared his disapproval. She sought out another physician, only to have him castigate her about her immorality. He refused to refer her for an abortion. She then travelled 1,200 miles to an underground abortionist, who tried to abort her with knitting needles. This attempt failed. The woman eventually flew to England, where she obtained an abortion from medical staff who treated her well and did not judge her.<sup>56</sup>

The third reason – women's uneven access to abortion due to socio-economic disparities – received the most prominence. Financially-privileged women could travel to terminate their pregnancies. Women with few monetary resources were forced to go into debt to finance the cost of travel, accommodation, and abortion, or had to forgo the abortion altogether.<sup>57</sup> Some women could escape the carceral space demarcated by the abortion law while others remained trapped within it. In one such instance, a twenty-five-year-old married woman became pregnant because of contraceptive failure. Fearing a TAC would turn down her request, she decided to seek alternatives. Her own doctor recommended a legal abortion in London but the cost was prohibitive. Unable to come up with the \$800 a London abortion would cost, she arranged for an illegal abortion in Montreal. However, the unnamed doctor (possibly Morgentaler himself) was arrested just before her arrival, stranding her and the other women who had come to the same clinic from various parts of North America. The woman headed back to Toronto to a women's birth control centre that made abortion referrals. She finally ended up at the Toronto General Hospital. The doctors serving on the hospital's TAC questioned her about her sex life, her contraceptive use, her marriage, and her reasons for the abortion. Only then did the TAC grant her request, ending, as she put it, her 'exercise in anguish'.<sup>58</sup>

## Feminist activism and abortion law repeal

Spurred by that anguish, some fledgling women's liberation groups determined that the new abortion law constituted a weighty infringement upon Canadian women's rights. Poor and working-class women were affected even more severely because they could rarely afford a legal abortion inside or outside Canada.<sup>59</sup>

The Vancouver Women's Caucus (VWC) organised an Abortion Information Service (AIS) in December 1969. The service provided married and single women with referrals to abortion providers across the border in Washington. The AIS also helped women to navigate the complex requirements of the new abortion law. During the first four months of its existence, the AIS counselled three hundred women. Only ten of these women managed to obtain an abortion through a TAC. In test cases, the AIS discovered that TACs were most likely to grant abortions to women who were married, middle class, and white, confirming the impact of socio-economic disparities on abortion access.<sup>60</sup>

The VWC proposed that women who wanted the new abortion law repealed travel en masse to the capital of Canada for a Mother's Day protest in an 'Abortion Caravan'.<sup>61</sup> The Caravan's main feature was a coffin filled with coat hangers, representing symbolically women who had died of illegal abortions. Once the Caravan arrived in Ottawa in early May 1970, women from the West met up with those who had journeyed from the East. On Parliament Hill, a visibly pregnant Doris Powers, a member of a grassroots group for the rights of the poor, addressed the crowd. She informed the women present that a Toronto hospital TAC had rejected her request for an abortion. Powers proclaimed that had she consented to sterilisation, she may have been granted an abortion. She closed her rousing speech by insisting that the ability to travel to access abortion services had life or death consequences: 'We, the poor of Canada, are the dirt shoved under the rug of a vicious economy. In obtaining abortions, we pay a price second to none, *our lives*. We can't afford to fly off to England for a safe, legal abortion. We have to seek out the back street butchers'.<sup>62</sup>

Rallied, the crowd marched to the prime minister's residence and dumped the coffin on the ground. The next day, about thirty women involved in the action entered the House of Commons as visitors. They chained themselves to seats in the visitors' galleries and stood up to denounce the new abortion law. In the ensuing pandemonium, the women were cut loose and dragged out by security guards. Although popular media reaction was generally derisive, some quarters acknowledged that the new abortion law was unworkable.<sup>63</sup> Echoing the now-familiar theme of the impact of socio-economic disparities on abortion access, the *Toronto Star* opined that the legislation had not reduced illegal abortion because 'affluent women can get safe, legal abortions outside the country. Back-street butchery or self-inflicted torture is often the result for the poor mother'.<sup>64</sup> The federal government was unmoved. When VWC members met with Trudeau a few weeks after the Ottawa protests to discuss repealing the new abortion law, he suggested unrepentantly that Canadian women

seeking abortions could always travel to the United States.<sup>65</sup>

The Caravan drew the attention of Canadian feminists to the need for the repeal of the new abortion law. But while some insisted that abortion law repeal should remain the central focus of the women's movement, others argued that women's concerns were too diverse for such a singular agenda. By the mid-seventies, the Canadian Association for the Repeal of the Abortion Laws, later the Canadian Abortion Rights Action League (CARAL), made abortion law repeal its main goal. To that effect, the national organisation became involved in fighting Morgentaler's legal battles and in assisting abortion referrals inside and outside Canada.<sup>66</sup>

## Assessing the impact of the new abortion law

Rather than repealing the new abortion law, the majority opinion of the *Report of the Royal Commission on the Status of Women* (1970) envisioned amending it. The federal government struck the Royal Commission in 1967 to conduct public hearings from coast to coast on the economic, legal, and social position of women in Canadian society.<sup>67</sup> By the time the Royal Commission released its report, the abortion legislation had been in operation for only one year. The commissioners were themselves conflicted about the morality of abortion. Still, the majority of them found that the new abortion law made access to legal abortion in Canada very difficult. In addition, the legislation was discriminatory because poor women, unlike women with economic security, did not have the option of leaving the country for a legal abortion. The majority of the commissioners recommended amending the new abortion law to 'permit abortion by a qualified medical practitioner on the sole request of any woman who has been pregnant for 12 weeks or less'. In keeping with statutes enacted by other jurisdictions that had legalised abortion, they further recommended broadening this time frame should the pregnancy threaten the physical or mental health of the woman or lead to the birth of a severely disabled child.<sup>68</sup>

The Canadian Medical Association (CMA) took another route. Under the leadership of Bette Stephenson, physicians asked the government to define for TACs the meaning of 'health'. In response, Justice Minister Otto Lang, a devout Catholic and ardent opponent of abortion, commissioned a formal review of abortion practices in the country.<sup>69</sup>

The upshot of the review was the *Report of the Committee on the Operation of the Abortion Law* (1977). It was known colloquially as the *Badgley Report* after the committee chair, Robin Badgley, a University of Toronto sociologist. Commissioners Badgley, Denyse Fortin Caron, and Marion Powell concluded that since the passage of the 1969 abortion law, deaths from illegal abortions had decreased. Yet, only 20.1 per cent of hospitals in the country had established TACs, leading to serious regional variations in abortion access. An average eight-week interval elapsed between a woman's first contact with her doctor and her abortion. Finally, the lack of uniform interpretation of the law meant that 'the procedure provided

in the Criminal Code for obtaining therapeutic abortion is in practice illusory for many Canadian women'.<sup>70</sup>

The *Badgley Report* expressly established why the abortion legislation had failed to eliminate illegal abortion and how it had stimulated abortion tourism simultaneously. Badgley, Caron, and Powell treated abortion tourism as fundamental to their enquiry, even excerpting testimonials from women who travelled to procure an abortion before and after the passage of the law. Their data showed that Canadian women's voyages to Britain for abortion services slowed after 1969. The new abortion law was one contributing factor. But so too was the emergence of 'abortion referral pathways' to the United States.<sup>71</sup> According to the commissioners, these pathways came into play once 'some women could not meet the requirements of hospital therapeutic abortion committees, did not wish to do so, or were not referred to hospitals with committees by their physicians'.<sup>72</sup>

Doctors, non-profit organisations, and commercial abortion referral agencies directed Canadian women to American abortion services. Some of these abortion services were housed in stand-alone clinics or in clinics attached to hospitals in states close to the Canadian border. Women from the Maritime provinces went to New England for abortions; Quebec women turned to Vermont; Illinois, Michigan and New York attracted women from Ontario. Manitobans crossed into Minnesota and North Dakota, while California and Washington drew women living in Western Canada.<sup>73</sup> Some women resented having to go to the United States because they felt entitled to receive reproductive health care in their own country. As one woman told the commissioners:

My faith was shattered, and when it was suggested in my search to find a doctor that I go to \_\_\_\_\_, I was tempted to pay the \$200 and go. But now it became a matter of principle. I pay my premiums, I rarely use the services I am supposed to be insured for and now I had a real need and I was being advised to go the States, pay out of pocket, act like a criminal, sneaking over the border.<sup>74</sup>

Cross-border abortion became a profitable business benefiting owners of abortion clinics, commercial abortion referral agencies, and the transportation industry. Available figures indicate that abortion clinics could make a profit of \$80 per operation while the referral agencies could gain an additional \$75 per client. The cost of a return bus ticket to a clinic ranged from \$11.20 to \$20.55. It was calculated that between 1970 and 1975, anywhere from 45,930 to 50,106 Canadian women had gone to the United States for abortions. These numbers meant that during this period between 15.9 and 23.5 per cent of Canadian women obtaining abortions had their abortions in the United States.<sup>75</sup>

## On the road, again

By 1980 Toronto had outpaced Montreal as Canada's 'veritable mecca for abortions'.<sup>76</sup> Although Ontario's largest city served thousands of local women as



well as women from other communities, it still could not meet the demand. When the Ontario Ministry of Health asked Powell, a commissioner for the *Badgley Report*, to evaluate hospital abortion access in the province, she delivered a stinging assessment in her *Report on the Therapeutic Abortion Services in Ontario* (1987). Because she included the demand for and availability of abortion services by geographic area as one of her four main terms of reference, Powell was able to track the abortion tourism of Ontario women. She found that abortion services were much less available in smaller centres. One in five women who obtained a hospital abortion had to leave her county of residence. A minimum of five thousand women per year had abortions in freestanding clinics in Canada and the United States. Those women who did leave their counties of residence had to travel repeatedly for each step in the referral process, paying out of pocket for transportation and accommodation. The lengthy delays TACs caused led to a high rate of second-trimester abortions in the province, especially among teenagers. Those requiring second-trimester abortions could obtain them in only eight of the province's counties or in the United States.<sup>77</sup>

The following year, 1988, the Supreme Court struck down the 1969 abortion law as unconstitutional. In rendering the decision of the majority, Chief Justice Brian Dickson recognised that as a result of the legislation, many women were forced to travel to other jurisdictions to procure an abortion.<sup>78</sup> Despite the fact that abortion has been legal in Canada since that 1988 decision, is deemed a medically necessary service under the *Canada Health Act*, and occurs in hospitals as well as in non-profit and for-profit abortion clinics, abortion access remains grossly uneven across the country. Differences in provincial health insurance plans to fund abortions have eroded some women's ability to access an abortion. A few provincial governments refuse to fund abortions that take place outside hospitals. Medical institutions may impose TAC-like requirements or gestational limits for granting an abortion. The pool of abortion providers has shrunk due to ageing, lack of training at medical schools, as well as threats, harassment, and violence from anti-abortion activists. Finally, fewer hospitals across the country are doing abortions; recent statistics show that only 15.9 per cent of general hospitals perform abortions, down from the 20.1 per cent figure recorded in the *Badgley Report*.<sup>79</sup>

Such extra-legal impediments perpetuate the need for Canadian women to travel to access abortion services.<sup>80</sup> Before and after abortion was legalised in 1969, white, middle-class and relatively financially advantaged women *could* travel to access abortion services inside and outside Canada. Today the reverse is true. Now marginalised women – Aboriginal women on reserves, teenagers, women from the North, women from rural areas, and women from Atlantic Canada – *must* travel to access abortion services. Canadian women seeking late-term abortions still often journey to the United States.<sup>81</sup> Unlike the publicity attending real-life accounts of Canadian women's abortion tourism that appeared in the university student press, mainstream publications, women's magazines, and government-commissioned reports between 1960 and 1980, the travels of this population are cloaked in silence.

Although a very public debate over two-tier health care, wait times, and privatisation of medical services rages, it may well be that the same socio-economic disparities that earlier prevented marginalised women from travelling to access abortion services currently force them to journey to hospitals and clinics outside their home communities without the benefit of media hue and cry. The lack of attention paid to these journeys not only highlights the vulnerability of this population but also provides confirmation that abortion need not be illegal in order to be inaccessible to many women.

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# Concluding thoughts: abortion, reproductive 'health', and the history of female sexuality

Gayle Davis

*University of Edinburgh*

In recent decades, the history of sexuality has blossomed into an intellectually and methodologically vibrant field of inquiry. The 'virgin field' described by Vern Bullough in 1972 has since been transformed by a wide range of scholars, including historians of demography, gender and medicine, anthropologists and sociologists.<sup>1</sup> Such scholarship, as the articles in this volume so well illustrate, has deployed the concept of sexuality as a prism through which a rich range of social, cultural and political issues can be explored. Sexual attitudes and behaviours have thereby been shown to reveal the fundamental assumptions that have shaped modern Western society.

The rise of social history in the late 1960s, inspired by social and political upheaval such as the women's rights and civil rights movements, appears to have legitimated the place of sexuality in historical scholarship. Its stated rationale was to study ordinary life and to recover the experiences of marginal, voiceless groups. Social history also promoted interest in the domestic sphere, with sexuality becoming one sector of a private world now considered worthy of exploration. The sexual radical movements began to undermine preconceptions of 'natural' gender roles and sexual attitudes. Feminism and gay liberation pointed to the pervasive patriarchal oppression of women and the endemic homophobia of Western culture.

The increasing availability of safe and effective means of fertility control – abortion and birth control – and the social politics surrounding it have constituted an important focus of historical and feminist scholarship. As the articles in this volume illustrate, much of this scholarship is of an intensely political nature. Social historians have tended to locate this trend within the general programme of so-called 'permissive' measures introduced to Britain during the 'Swinging Sixties', measures that reconfigured the role of the state in issues relating to sexual morality,<sup>2</sup> with some consideration of the important role which the medical profession has assumed within reproductive health policy making and the interpretation of that policy.<sup>3</sup> Feminist interpretations, some drawing heavily upon the work of Foucault, have considered the implications of 'medicalization' – an enforced medical monopoly – of abortion law reform for the reproductive rights of women, and in non-medicalized settings have tended to view policy formation as a political struggle that strongly reflected the ideological prejudices of a patriarchal society.<sup>4</sup> While the history of infertility has as yet been comparatively under-explored, assisted reproduction – the use of techniques such as artificial insemination and in vitro fertilization to enhance fertility – has elicited heated scholarly debates on, for example, the extent to which such 'unnatural' intervention subverts the legal and moral integrity of the

family unit,<sup>5</sup> and its historical application as a strategy for positive eugenic improvement.<sup>6</sup>

Though multiple and thus occasionally contradictory definitions of female sexuality can be discerned in the historiography of sexuality and reproductive health, to a pronounced extent female sexuality has been demonstrated to have been pathologized when it was perceived to deviate from a narrowly defined norm. It has been widely noted by historians that Victorian morality was premised on a series of 'separate spheres', ideological separations between wife and husband, home and work, the wholesome domestic environment and the polluting public sphere, and that there was a clear 'double moral standard' in considerations of male versus female sexuality. While more nuanced histories have objected to any strict dichotomy between modest 'good' women and promiscuous 'bad' women,<sup>7</sup> much evidence remains that women's wilful rejection of a 'cult of domesticity', the constraining marital and maternal frameworks within which female sexuality was locked, was viewed with suspicion and hostility, and was in fact commonly linked to psychological instability.<sup>8</sup>

This pathologization of the pregnant woman is seen particularly clearly in countries which medicalized access to abortion, such as Britain and Canada, considered in this volume. Thus Sally Sheldon illustrates how Britain's 1967 Abortion Act was 'fundamentally underpinned by the idea that reproduction was an area for medical control and expertise', with the doctor cast in political discussions as the 'responsible and reassuring figure' who could be trusted to rationally decide which women merited a termination of pregnancy and to dissuade those who were not deemed to qualify.<sup>9</sup> The pregnant woman was depicted, in marked contrast, as being unable to make a reasoned assessment of her own situation due to her intrinsically and unhealthily emotional state. It is open to debate, it might be noted, whether that impaired judgement was considered the result of pregnancy or simply femininity. Since maternity, as feminist historians have stressed, has long been considered the 'female norm',<sup>10</sup> those seeking a termination of pregnancy were effectively 'reproductive deviants' who were refusing to embrace their biological destiny as mothers. Given the ideological centrality of motherhood, how else could they be rationalized, except as mad or bad?

Yet, the medical profession has enjoyed a complicated and, at times, most reluctant relationship with fertility limitation. While doctors played some part in issuing contraceptive devices such as diaphragms, the profession largely rejected involvement, branding family planning an 'improper' medical pursuit. This was partly an ethical concern, given the disreputable connotations of

contraception for much of the twentieth century, particularly the condom, and vigorous objections to 'artificial' birth control voiced by the Catholic Church. However, doctors also complained that their professional status might be undermined, given its technologically unchallenging nature. Historians tend to attribute oral contraception with breaking down medical reluctance on both sides of the Atlantic, and in 'medicalising' contraception.<sup>11</sup> 'The pill' undoubtedly placed contraception on a more scientific level, available only on prescription since specific hormonal dosages required to be measured. Indeed, the regular check-ups that the pill was seen to necessitate have been interpreted by some as responsible preventive medicine, and by others as a cynical way for physicians to unnecessarily scrutinise the perfectly 'healthy' female reproductive body. The pill was also central to the 'sexual revolution', one of the most popular cultural stereotypes of the twentieth century, the dawning of a new permissive society which appeared to revolve mainly around women. Bras were burnt and hemlines crept shorter as female sexuality, according to some, was released from suffocating male-defined Victorian boundaries. More negative commentators suggest that the pill did not in fact emancipate women – in removing the constant fear of pregnancy and thereby women's excuse to say 'no' to sex, contraceptive technology made women *more* sexually available, whether they wished to be or not.

Termination of pregnancy embroiled doctors in similarly complex legal, ethical and technical debates. The liberalisation of Western abortion laws in the later twentieth century was sparked in substantial part by the British Abortion Act (1967), which made termination legal where the risks to a pregnant woman, or her existing children, were greater than the risks from abortion. David Steel, the political architect of the legislation, wished to remove the risk of a back-street illegal abortion by delivering women to the safe hands of the medical profession.<sup>12</sup> The Act required two doctors to certify that appropriate indications existed, the legislation thus falling short of women's organisations' wish to let women decide for themselves. However, it is rarely mentioned that many obstetricians and midwives voiced initial resentment of this new responsibility, both because of the pressure it placed on gynaecological services and staff resources, and because they considered abortion the antithesis of their responsibility to bring life into the world.<sup>13</sup> The absence of a woman's 'right to choose' in early pregnancy differentiated Britain from many countries' abortion legislation, including the United States (1973) and Sweden (1975). Feminist analysis has been sharply critical of the British government's decision to 'medicalize' reproductive health, which arguably left women 'dependent on the vagaries of medical discretion and good will' when attempting to access abortion provision.<sup>14</sup> It has, nonetheless, also been acknowledged that this 'medicalization' has depoliticised abortion in the British context, in stark contrast to America's militant 'pro-life' scene.<sup>15</sup>

While doctors were initially resisting or only grudgingly accommodating abortion as a new element of their clinical remit, it was being recognised by pressure

groups and politicians alike that medical rhetoric had the greatest potential in fighting the pro- and anti-abortion cause. The few senior obstetricians who would speak openly were thus being recruited by bodies on both sides of the abortion debate, including the Abortion Law Reform Association, the Society for the Protection of the Unborn Child and the Catholic Church. Indeed, the English obstetrician Ian Donald, clinical father of obstetric ultrasound and a committed opponent of abortion, employed his new technology as a powerful anti-abortion resource by attempting to illustrate the foetus's identifiable individuality to women seeking a termination, at a time when ultrasound scans were in no way a routine part of pregnancy management. While new reproductive technologies have subsequently been used more widely to strengthen pro-life arguments (see most famously the pseudo-scientific film, *The Silent Scream*), by revealing foetal abnormalities to expectant mothers it may be that Donald's technology actually *encouraged* recourse to abortion.

Alongside such ironies, we can note a general hypocrisy to medical involvement in abortion. Abortion has historically been riven with class bias. Prior to its legalisation, wherever one could afford it, doctors could usually be found who would justify, albeit clandestinely, a 'therapeutic' termination. Once it was legalised, despite initial protests, most doctors accommodated themselves to this new responsibility. However, stronger resistance came from nurses and midwives, who remained strongly 'pro-natalist' and unsympathetic to an abortion request regardless of the pregnant woman's circumstances. This was ironically so, given the late 1970s finding of the Scottish sociologist Jean Aitken-Swan that nurses themselves asked for abortions in the same proportion as other professional women and students.<sup>16</sup> Thus, the relationship between medicine and abortion is even more complex and contradictory than the feminist 'ambivalence' towards the right to abortion on demand which Lennerhed discusses in this volume.

While doctors and nurses tend now to accept their gatekeeping and other roles in reproductive health, some continue to question being asked to make complex non-medical decisions with only their own principles to guide them, discomfort echoed by voluntary organisations. Much still depends upon the social milieu in which medical advice is sought, with the continued conflation of medical and moral discourses surrounding sexuality. Abortion and infertility services remain a 'postcode lottery' of geographic variability, while services such as cervical screening and contraception are often farmed out to specialised clinics and voluntary bodies, supported by many women who vote with their feet and choose such clinics over their family doctor. This 'reproductive travel' is a much more muted version of the 'abortion travel' phenomenon explored by the contributors to this volume. Despite the fact that men have tended to dominate public debates for and against abortion in many countries, the pronounced element of abortion travel seen historically acts as an important reminder not only of the injustices and inequalities in abortion provision globally, but of the

agency of the woman at the heart of these contradictory discourses, and the desperate measures to which woman have historically resorted when local access to reproductive services is denied them. As Janovicek and Sethna both warn, the need for abortion travel in countries like Canada remains equally pressing today, even where legal, with local, national and transnational politics all continuing to influence a woman's personal reproductive decisions and actions. This volume, amongst other things, offers the beginnings of a fascinating 'historical geography' of abortion provision.

## Notes

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4. See, for instance, Sally Sheldon, *Beyond Control: Medical Power and Abortion Law* (London, Pluto Press, 1997); Melanie Latham, *Regulating Reproduction: A Century of Conflict in Britain and France* (Manchester and New York, Manchester University Press, 2002); Lesley Hoggart, *Feminist Campaigns for Birth Control and Abortion Rights* (New York, Edwin Mellen Press, 2003).
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9. Sheldon, *Beyond Control*, 24-26; Sally Macintyre, 'The Medical Profession and the 1967 Abortion Act in Britain', *Social Science and Medicine*, 7 (1973), 130.
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12. Gayle Davis and Roger Davidson, "'Big White Chief", "Pontius Pilate" and the "Plumber": The Impact of the 1967 Abortion Act on the Scottish Medical Community, c.1967-80', *Social History of Medicine*, 18(2) (2005), 283-306.
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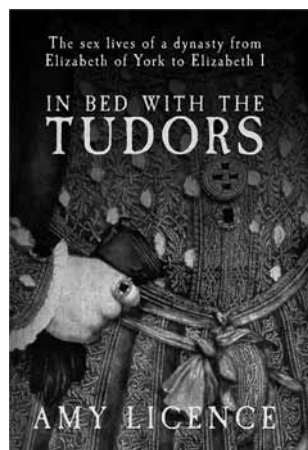


## Book Reviews

### **Amy Licence, *In Bed With The Tudors, The Sex Lives of a Dynasty from Elizabeth of York to Elizabeth I***

Stroud: Amberley Publishing, 2012. £20 / \$29.95, ISBN 978 1 4456 0693 4 (hardback), pp. 256

Ruth E. Richardson  
*Independent Scholar*



The Tudors of the title range from Elizabeth of York, queen of Henry VII, through to the wives of her two surviving sons, Arthur and Henry VIII, this Henry's wives and mistresses, and then to her grand-daughters Mary I and Elizabeth I. The book, therefore, covers over a hundred years from 1485 to 1603. The format is chronological and the eleven chapter headings have dates attached for easy reference.

The ladies concerned are Elizabeth of York, Catherine of Aragon, Elizabeth Blount, Mary Boleyn, Anne Boleyn, Jane Seymour, Anne of Cleves, Catherine Howard, Catherine Parr, Mary I and Elizabeth I. However, in addition to the information on the domestic areas of the Tudor courts, the comparative life-styles of other women of the time are discussed: for example, that of Jane Yate of Berkshire.

In fact, the topics covered are far more numerous than the rather misleading title would suggest. They include: the position of women, all the arrangements of the wedding ceremony, suitable clothes, the dynastic backgrounds of the participants, establishing paternity, arranged marriages, arrangements for birth and how these changed, midwives, illegitimacy, religious icons and how these reflected the changes in religion, what could go wrong with a birth, poor hygiene, herbs and remedies, methods to preserve breasts and skin, breast-feeding, wet nurses, relevant poetry and songs, the Tudor understanding of how the body worked, why women were considered to be inferior males, why an ill body was considered to be the product of an ill mind or behaviour, punishments for lewdness, menstruation, the evidence for the non-consummation of Catherine of Aragon's marriage to Arthur, that the possibility of deprivation in her late teens was a cause of Catherine's difficulties in having children, worship at shrines, pilgrimage, infant mortality, poor nutrition and famine, the age of consent to marriage, Mass for expectant mothers, miscarriage, deformation, twins, churching, christenings, astrology, homosexuality, masturbation, two different standards of behaviour for

women and men, and more. This is a cornucopia of really interesting information. It even points out that the significance of Henry VIII growing a beard was to indicate sexual prowess 'with facial hair being equated with the production of sperm and may have paralleled his desire to successfully father a male child'.

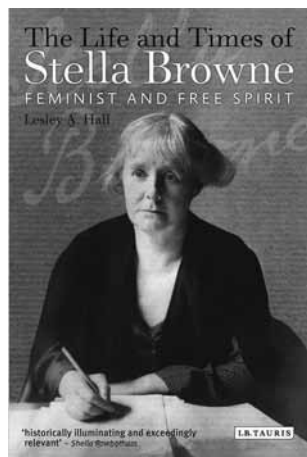
Unfortunately however, the format makes this a difficult read. It is sad that the text is not more user-friendly. The paragraphs are far too long. The text would have seriously benefited from side-headings, or an old-style summary of contents, with relevant page numbers, at the start of each chapter. While sincerely appreciating the depth and scale of the author's research, she has been ill-served by the lack of any real editing. This has resulted in needless repetition and even factual misinformation. Margaret Beaufort, King Henry VII's mother, was not the Queen Mother for she had never been queen in her own right or married to a king. The Queen Mother was, in fact, Elizabeth Woodville, wife of Edward IV, but the text is apparently referring to Margaret not Elizabeth. It was Kirk O'Field in Edinburgh that was 'blown apart by gunpowder' resulting in the death of Henry Stuart, Lord Darnley, husband of Mary Queen of Scots, not the palace of Holyrood. The order of succession in Henry VIII's will was: Edward VI and his children, Catherine Parr's children by Henry VIII, then Henry's daughter Mary and her children, his daughter Elizabeth and her children, and only then to the heirs of his sister Mary Rose, etc. Only if either daughter married without the consent of the Privy Council would she forfeit the succession. Therefore, it is not true that the succession was 'entailed upon the heirs of Henry's sister Mary Rose, rather than his own daughters Mary and Elizabeth'. On a later page, the succession as set out in Edward VI's will is described and this did exclude Mary and Elizabeth. There is no clarity in the text to explain the differences in these wills and the result is apparent contradictory information confusing to a reader not conversant with the historical details.

There are useful references for each chapter, a bibliography and an adequate index. The coloured illustrations are a delight, with short explanatory captions. However, what may be wrongly thought of as the niceties of accuracy are important because if facts are inaccurate how can readers be certain of the reliability of other details with which they are unfamiliar? This lack of editing is a very great pity for there are some excellent accounts in this book. A notable example concerns the changes in allowable legal devotion to shrines over the period. Therefore, this is a book that is informative, and fascinating, but it is directed to those with historical knowledge of the period, or who wish to investigate, and search for, particular aspects of domestic life.

**Lesley A. Hall, *The Life and Times of Stella Browne: Feminist and Free Spirit***

London and New York: I. B. Tauris, 2011. £25, ISBN 978 1 84885 583 0 (hardback), pp. xi + 292

Reviewed by Anne Logan  
*University of Kent*



Lesley A. Hall's fascinating biography of Stella Browne is a detailed account of the life of the British suffragist, socialist and self-confessed 'agitator' for birth control, abortion rights and sexual freedom for women. Realised through meticulous research among archive material, a lot of which only became available after the publication of Sheila Rowbotham's 1977 study of Browne (*A New World For Women*), this is a surprisingly

detailed and occasionally intimate portrait of a woman for whom 'ahead of her time' is more apposite than for many.

Although evidence concerning parts of Browne's life – especially her earlier and later years – is patchy, Hall nevertheless creates a worthy account of her subject, albeit limited by the absence of a personal archive which might have shed further light on the subject's private life. This is no mere prurience: as Hall conjectures Browne's views on sexual freedom, the legitimacy of sexual relationships outside marriage, and the necessity for safe abortion for women who choose it, were all likely to be grounded to an extent in personal experience. The source material, including the personal papers of Browne's colleagues and fellow-agitators (which necessarily foreground the individuals' shared campaigning interests), the records of the campaign organisations she belonged to and her public pronouncements in a wide selection of periodicals, collectively mitigates against the production of an intimate portrait. As a result we are left with sometimes tantalising glimpses of Browne's personality, or occasional insights into the way her co-workers saw her, for example as "eccentric, somewhat weird in appearance ... aggressively unfashionable", indeed, a "caricature bluestocking" (p. 224). Ultimately the reader is left to infer from Hall's detailed account that Browne was an indefatigable, if not always tireless campaigner, whose inner life necessarily remains hidden from historical view.

Hall's account of Browne's life is chronological and much of the text relies heavily upon quotation. From the period before the First World War until the mid-1930s, Browne lived the life of a political agitator, maintaining her precarious finances through writing and translation work. The chapters covering this period seem almost to present us with a portrait of a 'lobbyist', although Hall does not use this term, probably because it would be anachronistic

in the context of the 1920s and '30s. Yet Browne was for much of that time a lobbyist without a group, if not without a cause. The book and its subject therefore really come to life in Chapter 9 and (especially) Chapter 10 ('the Years of Triumph') which details the formation of the Abortion Law Reform Association. Perhaps this development, together with Browne's concrete work of preparing evidence for the government-appointed Birkett Committee on Abortion in 1937, give the narrative a stronger focus than the account of a seemingly endless round of speeches to interested organisations and letters to newspapers that make up the previous four chapters. However, one cannot but admire the meticulous research that has enabled Hall to produce this portrait of an activist's life, and it is perhaps inevitable that a subject who held opinions regarded as wildly radical in her own time might appear to spend much of her time as a voice crying in the wilderness.

My main criticism of the book is that despite its title, I felt there was too much focus on the 'life' and not enough on the 'times'. For a portrait of such an interesting and significant personality, the book could potentially be confusing and insufficiently explanatory to a non-specialist, which is a shame as it deserves to be read widely. It certainly would have benefitted from a greater contextualisation of Browne's work. Despite my sound knowledge of early-twentieth-century British feminism, I am not over-familiar with the eugenics and sex-reform groupings of the period, and found the profusion of organisations and the relations between them remained unclear as I read the book. More contextualisation and explanation from the author would undoubtedly have helped. I would also have liked to know more about the way Browne fitted into the political scene of her era, given her links to both the Communist Party and the Fabian Society which are intermittently discussed in the book. I would also have preferred the brief essay on the historiography of Browne and the nature of the sources, presented in this volume as a 'coda', to have been at the beginning of the book, but this is a minor point.

Nevertheless *The Life and Times of Stella Browne* is a worthwhile contribution to our understanding not only of this particular – and highly unusual – individual, but also of the astonishing generation of feminist agitators – prototype lobbyists – to which she belonged.

**Linda Payne, *With Words and Knives: Learning Medical Dispassion in Early Modern England***

Ashgate: Aldershot, 2007. £60.00, ISBN 978 0 7546 3689 2 (hardback), pp. 194

Reviewed by Elizabeth Connolly  
*University of Adelaide*

This book may need to come with a warning for the squeamish, as it contains graphic descriptions of the sights, sounds and smells of early modern medical practice. Drawing on Barbara Rosenwein's theory of emotional communities, Payne combines the history of emotions with the social history of medicine to examine

the attitudes of early modern surgeons as they dealt with the nauseating work which frequently confronted them. Scholars have accepted that surgeons required a degree of dispassion in order to operate on patients who were fully conscious and in excruciating pain, but Payne attempts to show the learning process by which doctors went on to develop their dispassion. Using case studies on doctors such as William Harvey, Walter Charleton, John Ward, and the infamous Hunter brothers of body-snatching fame, Payne gathers evidence from their writings, and the writings of those who observed them at work, to argue that they went through a process of learning a 'necessary inhumanity' to enable them to carry out their work. The book brings alive the pre-anaesthetic era of surgery and gives a glimpse into the passionate fervour of the men who thirsted after greater knowledge of the human body.

The first two chapters of the book deal with the faithful eyes and rational mind of the surgeon, and argue that part of the learning process to become dispassionate emphasised the importance of seeing what was in front of the eyes and reporting it faithfully. Payne does not, or cannot, say how Harvey learnt to be dispassionate, but provides many examples to illustrate that he was. Harvey's curiosity, fascination and awe of the human body overrode his nausea and disgust on many occasions in the anatomy theatre. One can understand that anatomy can be fascinating and enlightening to some individuals, but the disturbing facts that Harvey anatomised his own father and his sister and kept a dead baby in a bucket to show to his friends, seem even more fascinating, and leave one wondering about the nature of dispassion. In *Rational Minds*, the dispassion of the surgeon contrasts with lay-man Samuel Pepys' uneasy visit to the anatomy theatre accompanied by Walter Charleton. Payne regards Charleton as a barometer for his time, and the second chapter explores the rational philosophies of Cartesianism, Neo-Epicureanism and Neo-Stoicism by which Charleton and others were influenced. Questions arise, though, about whether learning dispassion developed from the influences of the time or from the personalities and their peers who practiced this macabre trade.

The following two chapters examine the godly hearts and disciplined hands of the surgeons. Payne shows that while surgeons were considered to be atheists and even cannibals by some, the surgeons defended themselves with words, claiming they were doing work that brought them closer to God through the miracle/wonder of the human body. In a case study on surgeon Daniel Turner, Payne shows that manual dexterity of disciplined hands meant that words joined with knives, as weapons, to reveal to the public how knowledge of anatomy was useful in contributing to more effective ways of treating illness. Turner's medical notes reveal the dispassion by which he tricked patients into succumbing to painful treatments that were beneficial to them; such evidence casts doubt on scholarship which accepts the power of the patient during the early modern era.

The Hunter brothers, William and John, are the case study of the final two chapters which are full of

stench, blood, pus and nastiness as bodies are dragged from the grave; images of charnel houses and Mary Shelley's *Frankenstein* spring to mind. The ever-present need for fresh bodies to dissect shows medical dispassion at its zenith. These two chapters descend into the chaos of body-snatching and thus chart an emotional change which was a far cry from the godly minds of the previous century. Also charted is the continuity in attitude of the non-medical public, who resolutely disliked the practice of cutting up the bodies of loved ones. Although people were more familiar with exposure to the dying and the dead, they remained sensitive about how bodies were used. Religious sensibilities were important to many, such as the belief that if a body had been dismembered it could not rise again on Judgment Day. Payne gives several examples of satiric cartoons from the period to illustrate this point. There is an abundance of quoted sources throughout the text but one can see why Payne has included them, given that such graphic descriptions of medical horrors speak for themselves.

We can never know exactly how each individual coped with the stresses and strains of early modern surgery. Nevertheless, Payne clearly illustrates how peer pressure within an emotional community contributed to the behavior of the group as a whole. Her study is an admirable contribution to emerging scholarship which combines medicine and emotion and which arouses further speculation, not least of which is the paradoxical notion that surgeons who lusted after knowledge displayed a passion which enabled them to become dispassionate.

### **Sophie Heywood, *Catholicism and Children's Literature in France: The Comtesse de Ségur (1799-1874)***

Manchester: Manchester University Press, 2011. £60, 978 0 7190 8466 9 (hardback), pp. 220

Victoria L. Harrison

*University of Birmingham*



Born into the Russian aristocracy in 1799, the comtesse de Ségur married a French nobleman and produced eight children before beginning a career as a children's author in the mid-nineteenth century when she was a fifty-five year old grandmother, producing twenty-five books in sixteen years. Although well known and the subject of much scholarship in France, Heywood's is the first substantial history of this very

successful author who is virtually unknown in the English-speaking world. Rather than being a simple biography, Heywood goes much deeper, situating the author and her works within the religious, political and cultural context of the period.

In the nineteenth century, women's primary role was biological – they were required to produce and raise children. However, the tone adopted by Ségur in her books, aimed predominantly at well-to-do pre-adolescent girls, helped her to extend this role beyond its natural limit and her success can partly be attributed to this. The comtesse dedicated her books to her grandchildren, who often featured as characters, stating that these were stories she had read to them; she portrayed herself as the grandmother of the French nation who educated the nation's grandchildren through her stories. Heywood argues that her role as an author was where she found fulfilment; through this role she found her 'voice', a sense of independence and, most importantly, a means to transmit her Catholic faith.

The book is divided into five succinct chapters, which look at aspects of the comtesse's life and career, and Heywood assesses how the debates over topics such as child protection are reflected in the comtesse's novels. Chapter One examines the semi-autobiographical nature of her works of fiction. Having suffered corporal punishment throughout her childhood, the comtesse used her Fleurville trilogy and the character of Sophie to transmit her own experiences. This was an attempt to confront her past as it was severely frowned upon for a pious woman to write her memoirs as it placed the individual above the family. The nineteenth century saw a change in the way children were viewed, in line with the philosopher Rousseau's views that children were innocent and lacked knowledge rather than the Catholic view which considered them as inherently sinful. In line with this came the transformation from promoting a 'God of fear' to a 'God of love'.

Chapter Two examines how the comtesse's work reflected this change of definition by featuring three types of child in her stories – the 'noble' child, the 'saintly' child and the 'delinquent' child – and how she used these children to both appeal to a wider audience, not just to aristocratic children, and to transmit a moral message to her readership. Chapter Three focuses on the fraught relationship she had with her editor at the Hachette publishing house and the indignant letters that the two exchanged – after all she was now one of the few females within a male-dominated publishing industry. Her editor dictated the length of her books, the illustrations used and censored her work without her consultation. The comtesse's two eldest sons converted to Catholicism as adults and her eldest son wished for them to become a new 'Catholic dynasty'. All the family were militant Catholics and focused their attention on transmitting their faith to children through literature. Chapter Four details the extent to which their works were a collaborative effort and the ways in which they promoted each other's books. Chapter Five looks at the reception her books gained from their target audience. Heywood shows that the carefully

constructed self-image the comtesse created made her very accessible to her readers and almost invited them to make contact with her. Although much of the correspondence the comtesse received has been lost and the sources available are very limited, there are examples where young girls question whether the characters truly existed as they feared that they would struggle to live up to these ideals.

Although relatively short at just over 200 pages, Heywood constructs very convincing arguments and explores the complexities surrounding being a pious, female aristocratic author in the nineteenth century in a very accessible manner. She discusses how the author's carefully constructed image enhanced her appeal to children and parents alike, in addition to the bargaining power this gave her with regards to negotiating with her editor and publisher. Although not a biography in the traditional sense, as the chapters are thematic rather than chronological, Heywood's book nevertheless gives a very thorough, detailed and well-written insight into the personal life, career, religious conviction and political engagement of one of France's best loved children's authors.

## Report by Prizes Coordinator Maggie Andrews

This has been a mixed year for the WHN Prizes. We have obtained sponsorship from the History Press for a Community History Prize and aim to award this for the first time in 2014. The Carol Adams Prize for Schools was suspended for 2013 due to the limited number of entries and it was decided it was not appropriate to award the Clare Evans Prize to the only entry that was submitted this year. Ann Kettle's report on the Book Prize is below.

Overall there is a clear sense that we need to find new ways of promoting the prizes, through for example, a posting in autumn to all University History departments, archives and museum services and by providing fliers at WHN National and Regional Conferences. Priorities for next year appear to be:

- Finding new ways of promoting all the prizes so as to increase entries
- Establishing the WHN Community History Prize
- Considering whether we should review the criteria / submissions process for the Clare Evans Prize
- Exploring the possibilities of sponsorship and re-launching of the Schools Prize

All suggestions would be welcome (email: Maggie.andrews@worc.ac.uk) and hopefully the National Steering Group can discuss this at the November meeting.

## WHN Book Prize

**An annual £500 prize for a first book in women's or gender history**

**T**he Women's History Network (UK) Book Prize is awarded for an author's first single-authored monograph that makes a significant contribution to women's history or gender history and is written in an accessible style. The book must be written in English and be published in the year prior to the award being made. To be eligible for the award, the author should be a member of the Women's History Network (UK) and be normally resident in the UK. The prize will be awarded in September 2014.

Entries (books published during 2013) should be submitted via the publisher by 31 March 2014

For further information please contact June Hannam, chair of the panel of judges, University of the West of England, Department of History, Philosophy and Politics, Frenchay Campus, Coldharbour Lane, Bristol BS16 1QY.

Email: [bookprize@womenshistorynetwork.org](mailto:bookprize@womenshistorynetwork.org)

## Clare Evans Prize

*An annual prize for a new essay in the field of  
GENDER AND HISTORY*

**I**n memory of Dr Clare Evans, a national prize worth £500 is offered annually for an original essay in the field of women's history or gender and history. Essays are considered by a panel of judges set up by the *Women's History Network* and the Trustees of the *Clare Evans Memorial Fund*. The winning essay will be submitted to the *Women's History Review* for possible publication.

Clare Evans was an outstanding woman who died tragically of cervical cancer on 30 November 1997, aged just 37. Born in Bath, she read history at the University of Manchester, graduating in 1982. She continued her studies, registering for a PhD at the University whilst preparing and delivering seminars on feminist history, creating the first feminist historiography course in collaboration with Kersten England and Ann Hughes. Clare would have approved of an award which helped women to publish for the first time, giving them the confidence to further develop their ideas.

To be eligible for the award, the candidate must be: a) a woman who has not yet had a publication in a major academic journal, b) not in a permanent academic position, and c) normally resident in the UK.

The article should be in English and of 6,000 to 8,000 words in length including footnotes. We welcome submissions from any area of women's history or gender and history.

Please send completed essays to Ann Hughes by 31 May 2014. Please also include brief biographical details (education, current job or other circumstances) and include a cover sheet with title only (not name) to facilitate anonymous judging.

Those wishing to apply for the prize should first email or write for further details to:

Ann Hughes, School of Humanities (History),  
University of Keele, Keele, Staffs, ST5 5BG.  
Email: [a.l.hughes@keele.ac.uk](mailto:a.l.hughes@keele.ac.uk)



## Getting to Know Each Other

**Name:** Jane Berney

**Position:** I've just been awarded a PhD by the Open University, so I am now looking for a job! The title of my thesis was 'The Contagious Diseases Ordinances in 19<sup>th</sup> century Hong Kong: Imperial Edict versus Local Governance.' I'm now working on developing a chapter or two into articles and/or extending my thesis into a book.

**How long have you been a WHN member?**

On and off since about 2000. I became more actively involved in 2010 when I joined the steering committee and then started to review books for the magazine.

**What inspired your enthusiasm for women's history?**

It really has come from my enthusiasm for social history as a whole. As a student at Manchester University in the 1980s, women's history was only just beginning, so I concentrated on social history. I was particularly interested in the ways in which marginalised groups reacted with the authorities in medieval towns. Once I graduated and worked in finance, I found that I was increasingly reading books about women in history, but I did not study women's history until I began my MA in 2006 and since then I haven't looked back.

**What are your special interests?**

Prostitution, trafficking and slavery, particularly within the British Empire – I'm still interested in how marginalised groups interact with authority - Hong Kong, Chinese History and women's history generally.

**Who is your heroine from history and why?**

I'm not sure I have any one particular heroine; I just admire any woman who has stood up for herself.





## BOOKS RECEIVED AND CALL FOR REVIEWERS – October 2013

The following titles are available so if you would like to review any of the titles listed below, please email Anne Logan [bookreviews@womenshistorynetwork.org](mailto:bookreviews@womenshistorynetwork.org)

Lucy Bland, *Modern Women on Trial: Sexual Transgression in the Age of the Flapper* (Manchester University Press)

Crescy Cannan, *The Iron House: Jane Cannan and the Rush to Melbourne* (Bugloss)

Elizabeth Crawford (ed.), *Campaigning for the Vote: Kate Parry Frye's Suffrage Diary* (Francis Boutle)

Maud F. Davies, *Life in an English Village* (Hobnob Press) [first published 1909, introduction by Jane Howells]

Julie V. Gottlieb & Richard Toye (ed.) *The Aftermath of Suffrage: Women, Gender and Politics in Britain, 1918-1945* (Palgrave Macmillan)

Catherine Lee, *Policing Prostitution, 1856-1886: Deviance, Surveillance and Morality* (Pickering and Chatto)

David Loades, *Jane Seymour: Henry VIII's Favourite Wife* (Amberley)

Rosalind K. Marshall, *Mary, Queen of Scots* (National Museums Scotland)

Emma Robinson-Tomsett, *Women, Travel and Identity: Journeys by Rail and Sea. 1870-1940* (Manchester University Press)

The following titles are still available from lists published in the Spring and Summer 2013 issues of the Magazine.

Elizabeth R. Escobedo, *From Coveralls to Zoot Suits: the Lives of Mexican American Women on the World War II Home Front* (University of North Carolina Press)

Christina Laffin, *Rewriting Medieval Japanese Women: Politics, Personality and Literary Production in the Life of Nun Abutsu* (University of Hawaii Press)

Joan Mant, *Land Girls: Women's Voices from the Wartime Farm* (Amberley)

Nina Reid-Marony, *The Reverend Jennie Johnson and African Canadian History, 1868-1967* (University of Rochester Press)

Laura Schwartz, *Infidel Feminism: Secularism, Religion and Women's Emancipation, England 1830-1914* (Manchester University Press)

Nancy C. Unger, *Beyond Nature's Housekeepers: American Women in Environmental History* (Oxford University Press)

Marc E. Vargo, *Women of the Resistance* (McFarland)

## WHN Book Prize

Ann Kettle

University of St Andrews



The Book Prize for 2012 has been awarded to Angela Davis, Postdoctoral Fellow, Centre for the History of Medicine, University of Warwick, for her monograph, *Modern Motherhood: Women and Family in England, 1945-2000* (Manchester University Press, 2012). Congratulations to Angela for a book that the judges commend as 'a fascinating survey of women's experience of motherhood', 'eminently readable', 'a solid and thoughtful study', 'an

outstanding piece of oral history', and 'ambitiously wide ranging'. This year's judges were June Hannam, Angela John, Ann Kettle (chair), Clare Midgley, Jane Rendall and Alex Shepard.

There were four entries, all covering twentieth century topics, compared to five in 2012 and seven in 2011. This decline in the number of entries, in spite of direct approaches to publishers who had nominated entries

in previous years, was a cause of some concern to the panel. It was thought that it may be the result of changing patterns of publication as a result of the REF or possibly the difficulty for young scholars of getting permanent academic jobs in the UK. It was also suggested that small publishers might be put off by the need to supply copies of an expensive monograph to six judges.

It is recommended that the prize should continue in its present form for another year and, if the number of entries continues to decline, consideration should be given to revising the criteria or awarding the prize every two years.

Three members of the panel (Ann Kettle, Clare Midgley and Alex Shepard) now leave the panel after serving on it for five years. It has been suggested that the number of judges be reduced to five and June Hannam, the new chair of the panel, will recruit two new judges, bearing in mind the need to make sure that all subject areas are broadly covered.

The chair of the panel is currently *ex officio* a member of the steering committee but this is probably no longer necessary following the creation of a Prize Coordinator role.

# Report on the conference of the International Federation for Research in Women's History and Women's History Network, Sheffield, 29 August – 1 September 2013

Anne Logan

*University of Kent*

Writing this report twenty-four hours after returning from the IFRWH/WHN conference in Sheffield, my head is still buzzing with ideas and excitement following this stimulating conference. Around two hundred delegates from around the world gathered to listen to and discuss a range of interesting papers grouped into about seventy different panels, hear three fascinating keynote presentations and one 'round table' discussion, and enjoy all the opportunities to talk over drinks and meals.

The conference opened with Professor Catherine Hall's lecture on 'Gendering the legacy of slave ownership'. Catherine gave us an interesting glimpse of the wider project, *Legacies of Slave Ownership*, funded by UK research councils, of which her presentation is a part. This was not the only presentation I attended which was connected to funded research, and it is encouraging that notwithstanding the difficult economic climate of the last few years, women's and/or gender history is still succeeding in attracting resources from external funders. Nowadays, the official website is an almost mandatory part of research council-funded projects, and as a result there will be plenty of interesting history websites for us to look at in the weeks ahead. The second keynote was by Professor Jacqueline van Gent, whose presentation on Moravian missions had resonance for the historical questions being mulled over by many of the delegates in the panels and discussions. On Saturday afternoon, before the conference dinner, the third keynote address, from Professor Mrinalini Sinha of the University of Michigan, took the broad sweep of the conference theme (The Local and the Global) and inverted its usual trajectory, by moving from the global back to the local: a stimulating approach, in my view.



*Angela Davis receiving her book prize from June Hannam.*

With so many panels, I can naturally only report on the ones I attended, which had often been selected for me as I had been asked to chair them! This produced the undoubted benefit that I was exposed to a wide



*Clare Midgley being thanked by the committee for her hard work.*

range of topics and approaches. I thoroughly enjoyed a panel on 'Reading the Irish Woman', another product of externally funded research, in this case by the Irish Research Council for the Humanities and the Social Sciences. The two papers, one on the Enlightenment and one on the twentieth century were both contrasting and complementary. The final session I chaired included a paper about the 'country' hams made by Nancy Newsom Maheffey in Kentucky, which I will probably remember for a long time! While the topic was not a historical figure, but a business woman and artisan food producer living and working today, the paper had a lot to say about heritage, consumerism and the local-global relationship in the early 21<sup>st</sup> century. Melissa A. McEuen's presentation was thus not only fascinating, but also completely relevant to the conference theme.

Finally, I should mention the conference's social programme. I did not attend the visit to the Bronte museum, having been there before, but I trust the mainly overseas delegates who did attend enjoyed it. Thursday's opening reception, sponsored by *Women's History Review*, witnessed the launch of the Routledge title, *Women's Activism: Global Perspectives from the 1890s to the Present*, edited by F. De Haan, M. Allen, J. Purvis and K. Daskalova. On Friday, we celebrated twenty-five years of the journal *Gender and History* (the reception sponsors), launched Lucy Bland's book for Manchester University Press, *Modern Women on Trial: Sexual Transgression in the Age of the Flapper*, and witnessed the presentation of the WHN book prize to Angela Davis (reported on elsewhere in this issue). The conference dinner, on Saturday, was held in the magnificent surroundings of the Cutler's Hall and was addressed by Pam Liversidge, the only woman to have held the historic office of Master Cutler. Pam gave a lively after dinner speech, most fitting for the occasion, about her determination to study mechanical engineering at a time – less than forty years ago – when it was not deemed a suitable subject for girls. She also told us something about the history of Sheffield's famous cutlery industry and its company of cutlers, the sort of topic



*Lucy Bland launching her new book!*

guaranteed to enthrall a group of historians!

This was my first IFRWH conference, and I would definitely like to go again if I get the chance. 'Stimulating' seems too tame a word to describe the excitement of meeting researchers working on women's history from around the world and realising that ours is a truly global community.

## Bursary Holder's Report

Janet Smith

*London Metropolitan University, Bursary Holder*

Sheffield provided the setting for this year's Women's History Network Annual Conference, hosted jointly for the first time with the International Federation for Research in Women's History, and what a wealth of opportunities it provided for thought provoking debate and discussion across continents and cultures. This was my first conference and exceeded even my expectations from the moment I got off the train. The city of Sheffield, with its culture and history evident in its care of its historical buildings, proved a fine setting to host this gathering of international delegates. The city's impressive architecture has successfully combined its industrial heritage with



*Some WHN stalwarts enjoying the wine reception.*

modern buildings of its post-industrial present. The modern tramway system and the wide streets of the city centre give Sheffield a European feel. The friendliness of the people was never more in evidence than amongst the staff, both administrative and catering, of Sheffield Hallam University, which hosted the event on its impressive modern campus. The food and facilities were first rate and the central foyer was an excellent area for networking

and exchanging experiences between the sessions, while enjoying the superb buffet provided each day.

It was the perfect conference to give a first paper, providing a warm friendly, engaging and knowledgeable audience. I thoroughly enjoyed the experience. Giving my paper at the first session left me able to relax and savour all that was on offer for the next three days. The only dilemma was, what papers should I go to? The choice was overwhelming. I took the opportunity to savour the full international flavour of the conference, choosing an array of strands mainly falling outside my own PhD study area of Britain and Ireland in the Victorian era. So I crossed from women and home-building in Georgian Britain (Kate Smith) to Readings of Irish Women (Mary O'Dowd and Bernadette Whelan) by way of Métis children in colonial French Africa (Rachel Jean-Baptiste), Lucy Bland on mixed race GI babies in the Second World War, Oluwakemi Abiodun Adesina's Nigerian women's search for equality and Pippa Virdee's thought-provoking exploration of the disjunctures in Pakistani women's histories. I listened to explorations of conservative women's political agency (June Purvis, Clarisse Berthezene and Julie Gottlieb) and the involvement of women in trade and society down the centuries in Bristol (Peter Fleming, Madge Dresser and June Hannam). I only wished that podcasts could have been available for every talk.



*Part of the Scandinavian contingent catching up.*

Keynote speeches, book launches, cultural trips and a formal dinner gave delegates an unforgettable experience. Of equal value were the informal moments during breaks in the programme which gave time to hear how others had managed to finish their PhDs and where I received much encouragement and tips for dealing with the daunting writing-up period for which I will be eternally grateful. During such a break I learnt too of fascinating research on Australian women cricketers and on a group of Australian women musicians.

The memory of the four days, the friendliness of the delegates and their passion for research and for listening to the research of others, will stay with me and has galvanised me for the effort required in the last six months of my PhD. I am already looking forward to next year's conference in Worcester and wishing I had not taken so long to take the plunge and go and present a paper. I am now busy considering how I can present my research within the theme of Women and the Home Front in 2014, at which I hope to renew old acquaintances and make new ones at this most friendly and relaxed of conferences.

## Committee News: Annual General Meeting 2013

The WHN AGM took place during the Sheffield Conference on Saturday 31 August. The Convenor reported that this has been a very successful year for the WHN with both our membership and our profile in the media steadily growing. Our finances are healthy, partly due to the increase in membership but also due to Gift Aid refunds received from HMRC. However, we still need to keep an eye on expenses and after the *Magazine*, the second highest amount of expenditure was on travel costs to steering committee meetings. One way to reduce this was to restrict membership of the steering committee to UK residents, but this was considered by the membership to be unfair. Other ideas included video-conferencing or setting a cap on the amount that could be claimed. It was agreed that these two ideas would be explored further at the next steering committee meeting and then discussed again at the next AGM. Although membership has increased, the entry to the various prizes had not and it was agreed that the committee should investigate ways to resolve this.

The convenor thanked the retiring members of the committee: Grainne Goodwin (Treasurer), Anne Logan, Linsey Robb and Flora Wilson. A warm welcome to the following who were all voted in at the AGM: Aurelia Annat (Treasurer), Rachel Rich, Gillian Beattie-Smith and Meleisa Ono-George.

As the WHN is a charity it requires a minimum of three trustees, all of whom are drawn from the steering committee. As Anne Logan's term of office has now ended and to ensure continuity, the AGM approved the appointment of Kate Murphy and Maggie Andrews as trustees with immediate effect.

Visit [www.womenshistorynetwork.org](http://www.womenshistorynetwork.org) for the full minutes of the AGM. All members of the WHN are welcome to attend meetings of the Steering Committee. Meetings are held three times a year and the next meeting will be on Saturday 16<sup>th</sup> November at 11.30am at Senate House, University of London, Malet Street, London, WC1E 7HU.

## Publishing in *Women's History Magazine*

*Women's History Magazine* welcomes contributions from experienced scholars and those at an earlier stage in their research careers. We aim to be inclusive and fully recognise that women's history is not only lodged in the academy. All submissions are subject to the usual peer review process.

Articles should be 3000-8000 words in length. Contributors are requested to submit articles in final form, carefully following the style guidelines available at:

**[www.womenshistorynetwork.org/  
whnmagazine/authorguide.html](http://www.womenshistorynetwork.org/whnmagazine/authorguide.html)**

Please email your submission, as a word attachment, to the editors at

**[editor@womenshistorynetwork.org](mailto:editor@womenshistorynetwork.org)**



# What is the Women's History Network?

The WHN was founded in July 1991. It is a national charity concerned with promoting women's history and encouraging women interested in history. WHN business is carried out by the National Steering Committee, which is elected by the membership and meets regularly several times each year. It organises the annual conference, manages the finance and membership, and co-ordinates activities in pursuit of the aims of the WHN.

## Aims of the WHN

1. To encourage contact between all people interested in women's history — in education, the media or in private research
2. To collect and publish information relating to women's history
3. To identify and comment upon all issues relating to women's history
4. To promote research into all areas of women's history

## What does the WHN do?

### Annual Conference

Each year the WHN holds a national conference for WHN members and others. The conference provides everyone interested in women's history with a chance to meet and it has become an exciting forum where new research can be aired and recent developments in the field can be shared. The Annual General Meeting of the Network takes place at the conference. The AGM discusses issues of policy and elects the National Steering Committee.

### WHN Publications

WHN members receive three copies per year of the *Women's History Magazine*, which contains: articles discussing research, sources and applications of women's history; reviews of books, conferences, meetings and exhibitions; and information on calls for papers, prizes and competitions, and publication opportunities.

## Joining the WHN

### Annual Membership Rates

Student/unwaged	£15*	Overseas minimum	£40
Low income (*under £20,000 pa)	£25*	UK Institutions	£45
High income	£40*	Institutions overseas	£55
Life Membership	£350		

\* £5 reduction when paying by standing order.

Charity Number: 1118201. Membership application/renewal, Gift Aid Declaration and Banker's Order forms are available on the back cover or join online at [www.womenshistorynetwork.org](http://www.womenshistorynetwork.org)

# Women's History Network Contacts

## Steering Committee Officers:

Membership, subscriptions, Imaobong Umoren:

[membership@womenshistorynetwork.org](mailto:membership@womenshistorynetwork.org)

or write to her at St Cross College, St Giles,  
Oxford OX1 3LZ

Finance, Aurelia Annat:

[treasurer@womenshistorynetwork.org](mailto:treasurer@womenshistorynetwork.org)

Committee Convenor, Barbara Bush:

[convenor@womenshistorynetwork.org](mailto:convenor@womenshistorynetwork.org)

Web Team:

[web@womenshistorynetwork.org](mailto:web@womenshistorynetwork.org)

WHN Book Prize, Chair, June Hannam:

[bookprize@womenshistorynetwork.org](mailto:bookprize@womenshistorynetwork.org)

UK Representative for International Federation for  
Research into Women's History, June Purvis:

[ifrwh@womenshistorynetwork.org](mailto:ifrwh@womenshistorynetwork.org)

Charity Representative, Jane Berney:

[charityrep@womenshistorynetwork.org](mailto:charityrep@womenshistorynetwork.org)

Newsletter Editor, Meleisa Ono-George:

[newsletter@womenshistorynetwork.org](mailto:newsletter@womenshistorynetwork.org)

WHN Blog, Jocelynn A. Scutt:

[womenshistorynetwork.org/blog/](http://womenshistorynetwork.org/blog/)

## Magazine Team:

Editors: Katie Barclay, Sue Hawkins, Anne Logan, Emma  
Robertson, Kate Murphy, Lucy Bland:

[editor@womenshistorynetwork.org](mailto:editor@womenshistorynetwork.org)

For Magazine submissions, steering committee and peer  
review:

[editor@womenshistorynetwork.org](mailto:editor@womenshistorynetwork.org)

For book reviews: Anne Logan:

[bookreviews@womenshistorynetwork.org](mailto:bookreviews@womenshistorynetwork.org)

or send books to her at University of Kent, Gillingham  
Building, Chatham Maritime, Kent, ME4 4AG

For magazine back issues and queries please email:

[editor@womenshistorynetwork.org](mailto:editor@womenshistorynetwork.org)

*You may now join the WHN online – just go to  
**www.womenshistorynetwork.org** and follow the instructions.  
Payments, standing-order mandates and Gift-Aid declarations can all be  
accessed online as well – see panel on page 18 for further details*

## Membership Application

I would like to \*join / renew my subscription to the Women's History Network. I \*/ enclose a cheque payable to Women's History Network / have filled out & returned to my bank the Banker's Order Form / for £ \_\_\_\_\_ (\* delete as applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Tel (work): \_\_\_\_\_

Tick this box if you DO NOT want your name made available to publishers/conference organisers for publicity: ☐

Detach and return this form with, if applicable, your cheque to: *Imaobong Umoren, St Cross College,  
St Giles, Oxford OX1 3LZ*

Email: [membership@womenshistorynetwork.org](mailto:membership@womenshistorynetwork.org)

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## Gift aid declaration

Name of Charity: Women's History Network

Name : .....

Address: .....

..... Post Code: .....

I am a UK taxpayer and I want the charity to treat all donations (including membership subscriptions) I have made since 6 April 2000, and all donations I make from the date of this declaration until I notify you otherwise, as Gift Aid donations.

Signature: \_\_\_\_\_ Date ...../...../.....

### Notes

1. If your declaration covers donations you may make in the future:

- Please notify the charity if you change your name or address while the declaration is still in force
- You can cancel the declaration at any time by notifying the charity—it will then not apply to donations you make on or after the date of cancellation or such later date as you specify.

2. You must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims on your donations in the tax year (currently 28p for each £1 you give).

3. If in the future your circumstances change and you no longer pay tax on your income and capital gains equal to the tax that the charity reclaims, you can cancel your declaration (see note 1).

4. If you pay tax at the higher rate you can claim further tax relief in your Self Assessment tax return.

If you are unsure whether your donations qualify for Gift Aid tax relief, ask the charity. Or you can ask your local tax office for leaflet IR113 Gift Aid.

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### Banker's Order

To (bank) \_\_\_\_\_

Address \_\_\_\_\_

Account no.: \_\_\_\_\_

Pay to the account of the Women's History Network, Account No. 91325692 at the National Westminster Bank, Stuckeys Branch, Bath (sort code 60—02—05), on \_\_\_\_\_ 20\_\_, and annually thereafter, on the same date, the sum of

(in figures) £\_\_\_\_\_ (in words)\_\_\_\_\_.

Signature: \_\_\_\_\_