

Branching Out

canadian magazine for women

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Our Bodies: Taking Control • Is a Hospital Any Place to Have a Baby? • Sterilization and the Law that Isn't There • Self-Defense — Beyond the Hatpin • How Medical Politics Affect You • When a Stranger Says 'Hey Baby!' • Can a Feminist be a Stripper?
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by Francie Ratner
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letters

May I respond to Ms. Kozub's objections regarding "Open Letter to Niles Newton" (May/June 1977) which was printed in 'letters' July/August 1977?

I am sorry Ms. Kozub assumed "Open Letter" was exclusively about Niles Newton's sexist child rearing advice or a plea for research to inform us that we can raise children outside of rigid sex roles. Surely it is more about *methods* employed in parenting books which have proliferated since Newton followed Spock some 30 years ago. By any criteria, some of the methods used reflect a low opinion of intended readers, readers who by implication are usually women parents. (Dodson even writes a separate book for men: *How to Father*, 1974).

On matters of factual information I agree with Ms. Kozub that the authority of people like Niles Newton is very useful, but on matters reflecting an author's opinion and values I object to the liberties taken in parenting books in failing to give reasons for opinions given or assuming that a given system of values is universal. Failure to analyze research cited and writing as if all research results are synonymous with truth are other ways of implying that a parent is incapable of intelligent choices. Surely a parent is more than a means through which some authority's advice should be implemented.

Yes, Newton did publish her words 20 years ago. Had her method in writing "Differences between boys and girls" been less authoritarian, her advice would look less dated Ms. Kozub implies, however, that Newton's ideas have disappeared, and hence need not be discussed. Sexist child rearing attitudes have hardly disappeared since her book was published, and perhaps child rearing is one of the areas least influenced by feminist thinking. Newton's book is still very much read and undoubtedly influences the upbringing of many children today. The advice she gives is not altered in the least by Ms. Kozub's defense that she is both female and a PhD.

If "Open Letter" is anything, it is a plea to parents to read widely, care-

fully and critically. As Margot Edwards said at a recent conference, "If you've got to read any of those books, read a lot of them."

Eunice Scarfe, Edmonton

I take exception to Marguerite Corriveau's view of "feminine" as expressed in her interview with Judith Mirus (May/June, 1977).

Ms. Corriveau, discussing the film *Eliza's Horiscope* for which she was associate producer, states "It's important that women become liberated because the conscious aspect of a woman, *her nature* [emphasis mine] is Eros — the feminine, the affectionate, the sexual and procreative, the intuitive."

Has it come to this, replacing old stereotypes with "new (?) improved" ones?

To refute her point of view I would like to quote Simone de Beauvoir: "...

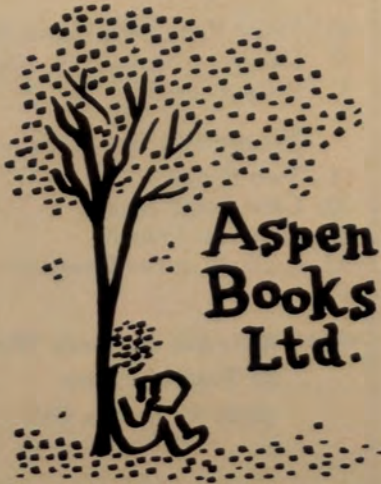
that women have special links with the earth, the moon, the tides, et cetera, that they have more soul, are less destructive *by nature* (emphasis mine) et cetera. No, if there is any truth in it, it is not of our nature, but of the way we live."

She further states "... it is a good thing that a woman is no longer ashamed of her body, of her pregnancy, of her periods. But one must not make too much of it and believe the female body gives a fresh vision of the world. It would turn it into a counter-penis. Women who share this belief descend to the level of the emotional, the mystical and cosmic. They fall into the trap of men who will then be able to oppress them more easily."

We should not be trying to excuse sexist behavior and attitudes by attributing them to something we have no control over, i.e. our right or left brain hemisphere.

If Ms. Corriveau is right and this is an important "woman's film," I shudder.

Peter Draper, Sidney, B.C.



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law

Sterilization: What's the Law When There is None?

by Pat Wright and Doris Wilson

Voluntary sterilization is usually understood to mean sterilization for the sole purpose of family planning. The doctor performing the operation and the hospital taking responsibility for it are concerned about their potential liability if the individual, the individual's spouse or the government should take legal action as a result of the sterilization.

The Canadian law on voluntary sterilization is uncertain, as are many areas of the law. Frequently the reason for such uncertainty is that there are numerous statutes stating the law in varying ways and conflicting cases interpret the statutes in different ways. For example, divorce law has become uncertain because of the multiplicity of cases and varying interpretations by different judges. There are no hard and fast rules as a result.

The uncertainty in Canadian law regarding voluntary sterilization stems from exactly the opposite cause. That is, there is little law on the subject. No law in Canada says that physicians cannot sterilize a person who requests the operation for contraceptive purposes. There have been no cases in Canada where judges have said sterilization for contraceptive purposes is illegal; nor are there cases which say it is *legal*. Only two Canadian cases have addressed sterilization and neither of these have contributed to a clarification of the law. As a result, both doctors and the public are uncertain of their rights and obligations in the area of voluntary sterilization.

Your doctor may tell you that s/he must proceed carefully when a patient requests sterilization because of legal problems facing doctors who perform such an operation. Many doctors have never investigated whether such problems exist in fact. If you can advise your doctor that if s/he is not negligent the patient *cannot* successfully sue, perhaps you will be given what you request or perhaps your doctor will attempt to correct his/her misinformation. If a doctor attempts to tell you that s/he cannot sterilize you because it is against the law, the following information will enable you to answer. You may also find it useful if

you were sterilized when you did not want to be.

Could you, as a patient, sue the doctor who sterilized you? As in any medical operation, your doctor could be sued if the operation was done negligently and damage resulted. If you died, the person appointed to look after your affairs could sue.

There have been no cases in Canada where judges have said sterilization for contraceptive purposes is illegal; nor are there cases which say it is legal.

Negligence could also take the form of misinformation or inadequate information as to the effects and implications of the operation. In that case, your consent would not be a fully informed one and your doctor could be found negligent even if the operation was competently performed.

Complete lack of consent will enable you to sue your doctor, unless an emergency has made the procedure necessary. If the operation has been competently performed and was necessary in the opinion of the doctor treating your emergency, usually there will be no liability even though consent has not been obtained (due to the patient being unconscious or otherwise incapable of consenting).

If, however, you have given a fully informed consent, you cannot sue your doctor if the operation was done properly. The doctor performing a sterilization operation is protected against criminal liability by s. 45 of the Criminal Code, particularly if the procedure were done during the course of another operation, or was performed as an emergency measure:

s. 45 Everyone is protected from criminal responsibility for performing a surgical operation upon any person for the benefit of that person if

- a) the operation is performed with reasonable care and skill, and
- b) it is reasonable to perform the operation, having regard to the state of health of the person at the time the operation is performed and to all circumstances of the case.

However, if the operation were negligently done, then s. 198 allows the patient to lay a criminal charge, as it does for any other medical procedure improperly performed.

s. 198 Everyone who undertakes to administer surgical or medical treatment to another person or to do any other lawful acts that may endanger the life of another person is, except in cases of necessity, under a legal duty to have and use reasonable knowledge, skill and care in doing so.

It is unlikely that anyone would attempt to have a doctor criminally charged for a properly performed sterilization which has been voluntarily requested. There is no parallel with abortion, for abortion is itself considered a criminal act (it is an indictable offence under s. 251 of the Criminal Code). Sterilization is not an illegal operation; there is no statutory law on it at all.

Two possible charges which the Crown might attempt to lay against your doctor are found in s. 228 of the Criminal Code and s. 423 (2)(b). Section 228 is a charge of "maiming" which means to cripple or mutilate or disfigure. However, this would be a difficult charge to prove as the patient would have requested the operation. Therefore the patient's consent would probably form a complete defence for the doctor. Section 423 (2)(b), the offence of a common law

The Royal Commission on the Status of Women recommended that the law on sterilization be clarified. The Department of Justice replied that clarification was not necessary.

conspiracy to effect a lawful purpose by unlawful means, could apply but only in very particular circumstances (which would be too complicated to discuss here).

The Royal Commission on the Status of Women (1970) recommended that "the criminal law be clarified so that sterilization performed by a qualified medical practitioner at the request of his/her patient shall not engage the criminal responsibility of the practitioner".

The response of the Department of Justice to this recommendation was that sterilization is a matter for medical discretion and that sterilization performed by a qualified medical practitioner at the request of his/her patient does not engage the criminal responsibility of the practitioner. Therefore it is considered that no action is required to clarify the criminal law in respect of sterilization.

This point of view can be supported to some extent in that any act which has not been affected by statute law has not been classified at all by the state, and therefore has no criminal status whatsoever. A codification of the law regarding sterilization might result in some tightening up of the law; perhaps committees similar to the therapeutic abortion committees would be required, or perhaps the availability of the sterilization procedure might be unduly limited by law.

As long as there has been no state interference in the matter at all, there is no problem with obtaining a sterilization, legally speaking. As the goal of the criminal law is to provide public security and individual protection, it is debatable whether the criminal law should penalize activities which, while highly controversial, do not threaten these goals. However, the uncertainty which is created in the minds of doctors regarding their possible civil and criminal liability might outweigh the advantages of leaving the area uncoded. Uncertainty in the law often results in unduly strict measures designed to conform to public policy, rather than to the letter of the law. Also, by leaving the matter uncoded at the present time, the law makers of the future may create a criminal offence where none was before, and not be limited in their creation of it by formerly more lenient laws. If there is a history of laws allowing sterilization, then it might become more difficult to transform the operation into a criminal offence.

Another issue is that of spousal consent. Doctors across Canada are extremely reluctant to perform sterilizations without obtaining spousal consent. Could the spouse of a patient sue the doctor if spousal consent to the operation had not been given? At one time, the untested legal opinion was that husbands and wives should have to consent to the sterilization of their spouses. However, a 1954 British case which allowed for divorce on the grounds of the husband's cruelty in obtaining a vasectomy without the wife's consent did not comment on the lawfulness of such a sterilization; and we know of no instance of a doctor being successfully sued because spousal consent had not been obtained.

Although a husband or wife might attempt to sue a doctor in negligence claiming loss of consortium (matrimonial

fellowship and services) as damage suffered, there is a British case in which it was held that the mere incapacity to have sexual relations or children was not sufficient to prove loss of consortium. Again, there is no Canadian case which even comments on this issue; but, following the British precedent, it is unlikely that such an action would be successful.

In a very recent and unique case in the United States *Murray v. Murray*, the patient's spouse sued the doctor — and lost. The husband sued for damage to his right of consortium and his right to reproduce another child. The court said there was no authority that an incident of marriage is a right to a child bearing wife

Concern for public policy in the medical profession has dictated that sterilization be treated with fastidious care.

and that right of a person who is capable of competent consent to control his own body is paramount. It is to be emphasized that this is the law in one state in the United States and does not necessarily apply to Canadian law. However, it is interesting to note that since the *Murray* case, the Board of Directors of New York City's Health and Hospitals Corporation have adopted sterilization guidelines that state there is no basis for requiring a spouse's consent prior to sterilization.

When the Canadian Royal Commission on the Status of Women (1970) investigated the area of voluntary sterilization, it concluded that the law on the area of spousal consent was not clear. They recommended that spousal consent should not be required and that a statutory law to that effect should be enacted to clarify the legal position for the medical practitioner. In Alberta, hospitals generally require that husbands and wives consent to spousal sterilization.

Sterilization may be considered a ground for divorce. Under *The Divorce Act*, a petition for divorce may be presented to the court by a husband or wife on the ground that the respondent, since the celebration of the marriage, has treated the petitioner with physical or mental cruelty of such a kind as to render intolerable the continued cohabitation of the spouses. The test for cruelty is a subjective one, that is, whether *this* conduct by *this* man to *this* woman or vice versa is cruelty. Under this definition of cruelty, refusal to have children has been grounds for divorce in one Canadian case.

A wider generalization in English law (which might be followed in Canadian law) is that any form of birth control is capable of being cruelty if practised to

an extent which proves injurious to the other spouse, and if unjustified. It may be found by the court, however, that the insistence on contraceptive measures is justified; such behaviour is cruelty only when there is not reasonable excuse for it and it is done out of a desire to inflict misery on the other spouse.

The attitude of Canadian courts to sterilization as a justifiable means of contraception has never been examined. Because it is a permanent means of contraception, it might be thought unjustified; however, the petitioner would still have to prove that the respondent's behavior was injurious. Refusal to have children is not a recognized grounds for divorce in all instances, but must always meet the test of mental cruelty. Neither is sterility of itself a ground for annulment unless there is non-consumation of the marriage due to some impediment or abnormality or physical cause existing at the time of the marriage. Therefore it would seem that Canadian law (though largely untested) works on the same assumptions as the American law did in the recent American case discussed above; there is no absolute right to reproduction as an incident of marriage. Translated into practical terms, then, there would be no bar to sterilization without spousal consent, and no absolute right to a divorce if the spouse has been sterilized without consent unless the petitioner can show that such sterilization constituted an act of mental cruelty within that particular marriage.

Concern for public policy in the medical profession has dictated that sterilization, as an area in which the law has not been codified, be treated with fastidious care. It has been felt that although there are no express legal restrictions (or perhaps *because* there are no express legal restrictions), public policy demanded that access to the procedure be limited. In some American states unusual guidelines were instituted, such as the Rule of 120. The American College of Obstetricians and Gynecologists made a decision that a woman could be sterilized if the multiple of her age and the number of children she had was over 120. For instance, if she had four children and was 30 years old, then she could obtain a sterilization operation upon request. However, if she had four children, but was only 25 then she could not be sterilized. In contrast, the same set of guidelines set out the requirements for male sterilization as simply that the man be 21 years old.

The present policy of the Canadian Medical Association and the Alberta Medical Association is

“that any procedure for the purpose of producing sterilization of either male or female is acceptable in the following

circumstances:

- a) when it is performed by a duly qualified medical practitioner,
 - b) and if performed in an active treatment public hospital, or other location with adequate facilities,
 - c) and if performed with the written permission of the patient, and after the patient has signed a statement to the effect that he or she understands that the sterility will in all likelihood be permanent; similar consent of the spouse or guardian, if applicable, should be obtained when possible.
- Professional judgment should be exerted, as is the case with other therapeutic procedures."

Because the medical associations recommend that "professional judgement" be exerted, the ease with which the sterilization operation can be obtained varies from doctor to doctor.

When Pat Wright wanted to be sterilized as a childfree, unmarried woman of 23, she found an Edmonton doctor who merely wished to know whether she was making an informed and considered choice. However, he did ask her to consult a psychiatrist. After three visits, over the space of one year, both the doctor and the psychiatrist felt able to say that she was making such a choice, and the procedure was done.

Although her quest was successful, it is possible that other women (or men) might have more difficulty in obtaining a desired sterilization. With the current policies of the medical associations in Canada, doctors are given a great deal of leeway in deciding whether or not to perform a sterilization. One woman, who went to a different doctor than did Pat Wright, was told that she would have to prove that she was mentally and/or physically unfit to be a mother in order to obtain a sterilization from him. Such discretionary power on the part of the doctor to decide who to sterilize and who to refuse can lead to abuses in the field, at worst, and a tiring expenditure of time, effort, and money in searching for the right doctor, at best.

There are several arguments for and against restrictions on the availability of the procedure. For those who believe access to the operation should not be restricted, the argument goes like this: We assume we have the "right" to marry and procreate. Should we not then have the right not to procreate? Should we not be able to control our bodies and our lives? Should not women, particularly, be able to free themselves from biologically imposed roles if they so wish? If a woman perceives that her biological determination will lead to a particular social role (that of major parenting figure in a nuclear family), should she not be free to reject this role in whatever way she chooses? Finally,

should not the likes and dislikes, abilities and shortcomings of each individual be important enough for that person to choose not to raise a family at all, if s/he feels unsuited to such a role? And, if the decision is made not to have a family at all, should the person making such a decision be condemned to the constant use of temporary contraceptives, many of which are now being revealed to be factors in such diseases as cancer, particularly with prolonged use?

How can the attitude of doctors who feel they can tell a patient that s/he may not turn off her/his reproductive capacity by the means of her/his choice be justified?

We assume we have the "right" to marry and procreate. Should we not have the right not to procreate?

Those who are requesting guidelines regarding the availability of sterilization believe that guidelines are a compelling necessity because of the possibility of abuse in the present system. There have been some cases of women who did not want to be sterilized being subjected to the procedure. This has been documented as occurring most frequently among the poor in the United States. No studies appear to have been done on Canadian practice in this area, but there have been newspaper reports of such abuses, particularly in the North. In the past, special hospital sterilization committees reviewed requests for sterilization. Under the present recommendations of the Canadian Medical Association and the Alberta Medical Association, such committees are not necessary

though some hospitals still continue to use them. But it is important to remember that requests *are* still being assessed, and by only one doctor. This is where attitudes toward women in general may lead doctors to deny requests.

The absolute right to be sterilized would have the effect of allowing women control of their bodies — and thus freeing them from biologically determined roles and the constraints of the nuclear family if they so wished. This becomes both a moral question and a political one in societies which require the work of the homemaker in order to function. Until day care facilities are made equally available to all and are adequately supervised, the role of the homemaker remains a vital one to society. So long as women are ultimately defined by society as childbearers rather than as individuals, public policy will not allow reproductive freedom.

Pat Wright and Doris Wilson are law students at the University of Alberta and both are members of the National Association of Women and the Law. Pat is presently director of the Women's Project at Student Legal Services and Doris is director of the Dickensfield Project.

The authors would like to thank A. Barry McLaren for a discussion regarding the effect which the codification of law has had on abortion and possible correlation between abortion law and sterilization law.

MOVING RIGHTS ALONG

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Alberta Status of Women Action Committee.



Rose Harbour Whaling Station 1910

i.

That first six weeks,
eighty whales came in,
(the stink of rendered fat
inside us,
in the bark of us).
We found a way
to kill by night
what we'd done each day,
and told lies
to pacify our sleep.
He was uneasy, though
(it was nothing I could reach),
and moved his hands
as if he were enclosed in caves,
or swam in seas
that had no end.
I did my best,
but didn't satisfy.
He wanted what a woman
couldn't do—
to mend some sin in him.
He spoke of gulls and crows
that gorged on waste.
He heard them cry,
"Our Lord's body
must be crucified",
and felt them drink
his veins dry.
He learned to quiet them,
and offered bread and whale-flesh
in his stead—
those were his dreams.

They ate to die.

Last night
we went to bed,
and then he said,
"I'm letting go",
and took his knife—
the one that slices thin as skin,
that lives off carcasses,
that cleans—
and opened up my side with it,
a red seam.

I saw his eyes were miracles of peace.
The blue-dark swam and sounded deep.
I was in seas
that once had bound the world in flood.
He said, "A whale's slippery,
even dead.

I've never been afraid.
I know where every bone
should be.
It isn't hunting
when they come to me."

The blue and grey forms dived
within his eyes.

Flesh is cipher to this place.
God give us grace.

ii.

He went to work
that day, transformed.
His eyes were miracles of peace.
"I killed a whale", he told them,
"in my sleep.
I cut her out before she went too deep.
They take false shapes,
and enter in our hearts.
They make us blind.
We have to slay
the images,
keep watch,
and know our kind."

by Marilyn Bowering

Two Geese

Two geese
fly
toward the moon,
close
to the wide-armed moon.
How many lonely deaths
there have been this year:
one by drowning,
the moon pulled
the water's cover
over him,
one by strangulation,
and seas closed over
absences like frost,
one by jealous love,
and one
who had lost
himself,
and lonely, looked
at two geese
flying with the moon,
as mirrors of his distance
and his desolation.

Marilyn Bowering has had two books of poetry published, The Liberation of Newfoundland and One Who Became Lost. Another book The Killing Room, will be out in the fall. She is currently in Scotland on a writing grant and will be in Canada for a tour in January.

A Body Awakening

by Dulce Oikawa

I am a physical coward at heart. I can swim, but I refuse to go over my head because I fear the deep, unknown waters. Once, it took me three hours to ski down a one mile run because I couldn't quite free my body. During school years, I never excelled in sports. Tennis, skiing, hiking, bicycling — I leave that for the hardier souls, much preferring to sit or, better still, lie in bed and read a good book. Yet here I am at 34 involved in a physically rigorous, harshly demanding sport activity — karate.

There are some 25 celsius nights when I puzzle over why I'm not lying on a sandy beach instead of masochistically sweating it out at a karate class. Yet I always leave classes feeling revitalized in spite of the strained kneecaps and the purple bruised arms. Karate has given me a new knowledge of myself and of my body. Previously, my body was a thing apart, an untraveled territory, so to speak. Now, because of karate, I am actually becoming acquainted with my own self.

My initial interest in karate was sparked several years ago. I watched a television special on stress by the renowned Canadian neurologist Hans Selye. The camera focussed on a karate class performing a kata (a series of formal techniques against imaginary multiple opponents). Dr. Selye remarked how the students had discovered karate to be an antistress therapy. Psychological benefits aside, I was much more struck by the stark beauty of the human body moving aesthetically into various karate stances. I also wondered about karate as a self-defence strategy.

A year previous, I had been attacked by a knife-wielding man in my third floor apartment. I'll never, ever forget the horror of having my life at the total mercy of some man, not so much because he grabbed me in a throat-choking hold, or that he brandished a 10-inch knife, but because he was a man and I was a woman. I knew absolutely nothing about how to use my body in a defensive or offensive move against him. I might as well have been an invalid or a baby. I felt, and was, helpless. That helplessness meant that he had control over whether I lived or died. And, I fumed, how dare a person have that God-like domination over my destiny, predicated solely by our biological differences.

As long as I remained in such a helpless state, I would continue to be a perpetual, potential victim. Anger at my own

debilitated condition smoldered within me for many years. Finally, last summer, it surfaced into constructive action. I enrolled in a karate and self-defence class with the Feminist Karate Association of Vancouver. I chose the Feminist Karate Association because the fees were affordable — \$5/month versus \$35/month at other mixed schools. Initially, I merely wanted an introduction into the arts plus some practical self-defence. Also, I liked the idea of working with women whose physical state was probably at relative par with my own ho-hum condition.

The karate classes were held three times a week on a continuing basis with about six to eight students in attendance. The self-defence classes, however, were given for a short-term period only as part of a continuing education program either at a high school, college, or community centre.

Both classes commenced with warm-up exercises, a must to prevent injury. In the karate classes, we proceeded into what are called basics — body stances from which to execute a punch, kick, or block. Then we practiced moving techniques, which meant moving forward with the punch, block, or kick. Classes usually concluded with kumite (sparring).

While the students were at various levels in their basics and moving techniques, we were all at a similar state of confusion when it came to kumite. It was awkward and difficult for us to enter the fighting spirit of sparring. We would treat it more like an amusing game and giggle to hide our unease. Or, if we happened to land a good punch, apologies and condolences of "Oh, did I hurt you?" stopped the fight. Do you ever hear men apologizing to each other when scrapping about? Little boys are often seen tangled up, punching and kicking one another. Girls, on the other hand, play nurse with their dollies. The women in karate had to learn to overcome that healing instinct and instead take physical aggressiveness seriously. Our instructress, a blue belt (intermediate level), was a hearty, scrappy fighter; but, alas, not so her students.

The self-defence classes were a different ballgame altogether. There were twenty of us enrolled for ten sessions. We met once a week. Almost all of the women were there because they lived, in some lesser or larger degree, in fear. "As soon as I get home, I have to look in all the rooms and closets before I can relax," said one woman. "I'm afraid walking from the bus to my apartment in the early evening," confessed another. We

were therefore given group exercises to articulate initially those fears and then to arrive at some sort of resolution: why should women have to live in this constant state of fear?

For instance, we walked about the room and made direct eye contact with one another. Those who felt that they were stronger than others in the room lined up on one side and the weaker on the other. Psychologically, I felt stronger than the other women, but being 5'2", 110 pounds, and out of shape, I didn't believe I could tackle the 135 lb., 5'10" bruiser nor many of the other women who were all taller or heavier than I. "Stand opposite a partner and push," we were instructed. Here again, as in the karate classes, the giggling began. But then, anger at being beaten by someone one had considered weaker welled up, and there was some serious pushing. Height and weight did not have that much to do with physical strength after all! Anger and determination were what mattered.

For instance, in between the once a week self-defence classes, I began to have the advantage of a couple of karate classes under my belt. So I started to feel more confident at self-defence in relationship to the other women. At our fifth session, I was amazed to discover that I who had initially lined up as the weakest member of the class was selected by class members as "the woman I'd like to tackle the least with." "She looks tough," was how I was described. And sure enough, I pushed all opponents off the 6' x 5' mat. Confidence, anger, self-determination — that's what it took.

In self-defence women are taught to fight fast and dirty. Aim for the vulnerable points of a man's body. Gouge to the eyes, smash down on the nose, bash the ear drums, jab the Adams apple, kick his groin (if you can get at it). Then, run like hell for help! But self-defence classes are like a band-aid to cover up a wound. However, a band-aid is better than bleeding to death while you wait for an ambulance. Personally, however, I wanted to prevent that wound from occurring.

Flailing your arms about is a hit and miss proposition. In karate one is taught technique: all the specific details of punching, through to the speed and power delivery of it, full force. Likewise one is taught all parts of a strong, dynamic kick. I also wanted to learn the other aspects of karate, the body in aesthetic motion performing the kata. The Feminist Karate Association did not have the resources, namely, a committed black belt teacher, to allow the full development of a woman seriously interested in karate. So, in January 1977 I left the FKA and toured various martial art schools in the city to select an alternative.

What is a martial art? It really isn't all that flashy, Hollywood-diluted version of Bruce Lee decapitating heads with dynamic kicks and somersaults. It goes back thousands of years to a group of Chinese monks. To protect themselves from marauding bandits, the monks devised a form of unarmed combat, developing their limbs to such a stage that the arms and legs could be used as effective, powerful weapons.

The Chinese art became known as kung-fu or gung-fu and tai-chi-chaun. Kung-fu, the hard style, used techniques based on animal survival. Its movements are tiger, crane, snake, dragon. Tai-chi-chaun, the soft style, is based on the study of the Yin-Yang, of breathing, of natural elements of earth, wood, fire, water, and metal.

The Okinawans adapted the Chinese art and from Okinawa it was introduced to Japan where it became known as karate, "the empty hand." A number of other martial arts forms, however, had direct origins in Japan. They are judo, meaning "the gentle way," involving body holds and throws; kendo, a style of Japanese fencing; and aikido, meaning the way of co-ordination of the Ki (energy). Like the Chinese monks using kung-fu as a self-defence mechanism, so judo, kendo, and aikido were devised as forms of combat by the ancient Japanese warriors, the samurai. Taoism, Confuciusism, Shintoism, Buddhism, Bushido, all of the religious or code of honor systems are an



Dulce Oikawa

photo by Martha Miller

integral part of the culture of the countries where martial arts originated. Hence philosophy is part and parcel of a serious study of the martial arts.

I had many considerations to make before choosing a school to which I was ready to commit my money and time for years to come. I ruled out kung-fu because it involved working primarily of my own volition with only occasional consultation with the teacher. I am not self-disciplined enough to be left on my own. I need class and teacher motivation. Tae-kwon-do (Korean karate) was much too expensive, \$35/month for a 3-hour week. Judo — well, all that throwing around of bodies lacked appeal. Hapkido, a Korean style of self-defence, appeared the most practical. The techniques were borrowed from the various martial arts forms and adapted to practical street defence methods. Probably in time I'll study hapkido, but for the moment the more aesthetic karate has greater appeal. I therefore visited four karate schools and finally selected the B.C. Karate Association.

The main reason I chose this school was that beginners (white belts) were separated from the intermediate and advanced (yellow, green, brown, and black belt) divisions. This meant that one could concentrate on mastering the basics instead of worrying about keeping up with the advanced students. In addition, the black belts in the school, who numbered about ten, appeared dedicated and committed towards assisting the teacher in correcting the pupils. Finally, the school appeared to be disciplined both in terms of the way the classes were structured, moving from warm-up exercises to basic punches and kicks, to controlled and free sparring and then into the kata performance.

In February, I commenced classes. After training with women and being allowed to work at my own pace — doing a couple of push-ups then giving up — I felt isolated, insecure, and lonely walking into a cold stark dojo (place of training). The B.C. Karate Association meets at a reconvered firehall. It has a 40' x 30' clean linoleum floor space with mirrors along one wall. Only those who are training are allowed on the dojo floor, feet bare, clad in a karate white gi (uniform). Students bow when entering and upon leaving the dojo, and when the sensei (teacher) enters the room, the students bow to him as a sign of respect.

I was the only female among six men in the white belt division. The classes were extremely formal. All sessions began with bowing to the sensei, kneeling, a two to three minute meditation to prepare the mind, standing at attention, then standing at ease. We were not allowed to talk in class nor stand in a lackadaisical fashion or step out of the line-up during the lull between techniques. Sensei was a tall, stern Japanese traditionalist master, shouting, barking orders. "I'm not used to being man-handled," I wanted to complain as sensei jabbed and jerked my body into the correct postures. I felt I was in grade one again with the meanest teacher in school. My body felt all tangled, exhausted from repeatedly going over the punches and kicks, and holding the long, low stances. At the end of class, my mind was a jumble of instructions, "hips down, ass tight, shoulders straight, elbows back — relax!" My karate gi was drenched with perspiration, but it was not quite the end of class. "Everyone down into a duck squat. Thirty kicks into the air, return to the squat position. Don't miss or you do ten more kicks!" And out came the bamboo pole, whistling in the air, 'slish, slish' across the rear if you were not squatting low enough or kicking high enough. I pushed my agonized body and it performed, by God, it performed! I collapsed on the dressing room floor, de-energized, dehydrated. Strangely enough, in spite of the tortuous, arduous one and a half hours, I began to feel elated, revived, revitalized.

The school was a good choice, and I am not being masochistic. The past five months have been a slow learning experience by my mind over my once dormant body. I am learning flexibility through muscle stretching exercises, through holding long-low stances, knees bent, shoulders relaxed, head straight. Endurance; yes, endurance. I can actually do thirty half decent push-ups on the flat of my hand now, which is the only way I can keep up with the men beside me who are doing three-finger push-ups. Endurance is pushing your body to the limit and beyond. And mind control. I know mentally how techniques should be executed but the body is a slow responder. One day, something clicks, maybe it's the old body finally listening to the brain, and my side kick goes out to the side straight and firm, instead of looking like a mangled boomerang.

"A woman will not be able to develop as much muscle power as a man. But you as a woman have the advantage of speed and flexibility," advises sensei, "and speed and flexibility together with focus have more power than muscles!" I store that advice in my memory bank from where it may one day emerge fully comprehended. I cannot yet see the top of the stairs, but I can take each step one at a time, the mind coaxing, controlling, disciplining the body. I have gone to karate classes emotionally and mentally drained or with a nagging personal problem at the back of my mind. In the process of concentrating and focussing on each technique, my mind becomes cleared of the clutter and worry; there is no place in the mind for any external thoughts outside of karate. Now I understand how karate is an anti-stress therapy.

But I still freak out at sparring sessions. What do you do when you are faced with the black belt champion of Canada? (A club member placed first at a recent national championship tournament). I am overcome again by helplessness, baffled, what do I do? I lunge a jab at him. He looks at me as if to say, "what was that, a mosquito bite?" and I feel like a soggy marshmallow.

I talk to other women and discover that my fears are shared. The women huddle in the dressing room talking about hating the kumite (sparring) sessions. "I can't take it. I got kicked in the ribs tonight and the tears just sprang to my eyes. I felt so embarrassed," confesses one.

From where does the ability to fight come? Must physical aggressiveness already be inherent in the woman? Is it an acquired, learned, or natural skill? At the recent national championships I have the rare opportunity to talk with the man

who introduced karate to Canada, Master Tsuruoka. "How can a woman become a good kumite artist," I question him, "when she has been so conditioned to being non-aggressive?" "Perfect your techniques. Perfect your kata in the true spirit of karate, where you are performing your techniques against an imaginary opponent. In time, your kumite skills will come," he advises me.

Later that same evening at the banquet, I do the rounds of the PEI, Nova Scotia, New Brunswick, Ontario, Quebec, Manitoba, and Alberta team delegations and am appalled to hear it said, "we don't allow women to participate at the tournament level." They speak proudly of women's involvement at their respective clubs, but the door is closed at the competitive level. (The National Karate Association has a membership of over 2,500 practitioners. B.C. and Alberta are the only provinces within the NKA that allow females to participate at the tournament level). "Why?" I ask in disbelief.

"Well, its unfeminine for ladies to fight," responds one. "If you are an attractive 18-year-old and you get your teeth knocked out like Howard did this afternoon, why, you'd have trouble getting a husband wouldn't you?" said another club manager. Yet my shock at hearing such statements levelled off when I probed deeper and discovered that the women themselves in the prairie and eastern provinces were not demanding that they be placed at par with their counterpart martial artists. In Ontario last year they opened the tournament to female competitors and only two women signed up.

Is it that same "fear of fighting" I have recognized in myself that holds women back throughout Canada? This is a two-sided fear, of being hurt and of hurting another. We are to be the Florence Nightingales of the world, the healers, not the inflictors of pain, says our conditioning. I may understand internal menstrual and child-bearing pains, but I'm not used to blocking a fast punch and getting brushed. I'm not used to being kicked in the gut by the assistant instructor because my stance is sloppy.

Karate is not for the weak nor light-hearted. It is a constant learning and relearning experience for my body after 34 years of adverse conditioning. It is encouraging to discover that other women in the arts are involved with similar reconditioning struggles.

"Does my fear of fighting mean that I'll be ineffective if I'm attacked on the streets?" I ask. "Probably," say my male colleagues at the pub after class. "It's useless for women to defend themselves against men," they repeat in unison. In class the men are all supportive in a caring way. They are interested in helping me progress and improve upon my techniques. So I don't get riled by their macho statements outside of the classroom.

It is better to know about my body, its strengths and weaknesses, than to know absolutely nothing and hence always be a victim. In the end, that is what karate is all about. Knowing, discovering ones own self, and overcoming ones fears. The assistant instructor defined it beautifully when I went to congratulate him for placing first by performing a dazzling kata at the tournament. "I did not do well," he said, shaking his head. "I won, only because the others did worse. For me, that is not a victory — to do better than someone else. Karate, for me, you see, is knowing my own body's capacity. In karate, you are fighting only one opponent, and that is yourself."

Dulce Oikawa works as a supervisor with the B.C. Teacher's Federation. She would like to attain a black belt in karate.

Martha Miller works with the Vancouver women's media group, ISIS.

Hospitals

are they any place to have a baby?

by Zonia Keywan

"I don't know why a woman giving birth has to leave her environment, where she feels comfortable, to go to a place where everything is centered around sickness and germs, where everything is cold and distant. I think help should come to her — she shouldn't have to go out to find it. Hospitals don't give a woman what she needs. They're too impersonal, they don't respect the woman's individuality."

Suzanne, eight months pregnant, sits in her east-end Montreal apartment, reflecting on the impending birth of her first child. She speaks easily and with conviction.

It was during her fourth month of pregnancy, she recalls, that she first heard from an acquaintance of women giving birth at home. The idea appealed to her. She enrolled in a discussion group on home birth at a women's centre. She listened as women who had given birth at home described their experiences. She grew convinced, as did her husband, that home birth was right and natural and desirable.

But then came the crunch: who would deliver the baby? Nowhere could she find a doctor who would attend her outside of a hospital (my inquiries yielded the name of only one doctor in Montreal who is willing to assist at home births — and he charges a fee of \$400). And given the precarious legal position of midwifery in Quebec, where no licences are issued except in a few remote corners of the province, the women in charge of her study group refuse to participate in birth in any overt way and thereby run the risk of being charged with practising medicine illegally.

"They'll give you information," Suzanne says. "They'll suggest books for you to read. They'll be present at the birth. But they won't do anything. They make it clear to you that it's you and your husband who are responsible for the birth."

Some women are not deterred by the lack of professional help, but for Suzanne it meant an end to her plans. "I won't be able to do it. Both the wife and the husband have to be prepared. But my husband works all the time; he doesn't have time to read up on childbirth. He doesn't know what it's all about. He's afraid to take on the responsibility."

So Suzanne has resigned herself to entering a hospital after all. Her doctor is reasonably sympathetic: perhaps he will allow her labour to proceed according to her wishes. Perhaps. But she is disappointed and she still harbours some reservations, especially with regard to the baby. "I only hope it won't be *too* maltreated," she remarks apprehensively.

Doubt, fear, mistrust: Suzanne's dim view of institutional birth practices is shared by a large and ever-growing number of women in Quebec, as in the rest of Canada. In Montreal, for

example, a recent forum on home birth, sponsored by the French-language division of *Chatelaine* magazine, drew an animated crowd of more than three hundred women and men, eager to talk and to listen, to share experiences of home birth and to voice their dissatisfaction with the existing system. The rumbles of change are being heard. Women are rejecting the role of pliant and passive consumers of obstetrical services and are demanding a more active part in that most personal experience, the birth of their own children.

This shift in attitude is the natural consequence of the feminist movement, which has led women to clamour for control over all aspects of their lives, including the functions of their own bodies, combined with the new consciousness generated by the counter-culture ideology of the 1960s, with its

Practitioners of "high-rise medicine" have lost sight, from behind all their hardware, of the human factor and have blurred the distinction between serious illness and the natural bodily states that present minimal risks to health.

questioning of all established authority, and its emphasis on a return to more natural lifestyles. Add to this the appearance, several years ago, of Dr. Frederick Leboyer's revolutionary book, *Birth Without Violence*, which proclaimed the news that childbirth can be a happy event in which the mother and her child, and not the hospital staff, are the prime actors. Although Leboyer's humanistic message was rejected by some women (in his native France they marched in protest, crying "We will not give birth in the dark!"), and by virtually all members of the medical establishment, an enormous number of readers were moved and inspired by his description of birth as an intimate moment of close physical and emotional contact between mother and infant.

Under the influence of these new ideas, women have begun to take a closer and more critical look at medical practices, in particular as they relate to their own reproductive functions. And what they see does not inspire confidence:

— Surgery performed with what appears to be gay abandon: If present trends continue, one out of every two women in the United States will, at some time during her life, undergo a hysterectomy. The Canadian figures are only marginally better.

— Routine dispensing of tranquilizers to pregnant women. The tragic effects of Thalidomide brought the issue into sharp focus but, although the drugs have changed, the practice has not stopped.

— Increasing rate of interventions during labour with forceps, surgery, anaesthetics, and a variety of other drugs, often administered not for the safety or comfort of mother or child, but for the convenience of the doctor. Approximately 70% of babies in hospitals are delivered with forceps. Labour-inducing drugs are frequently administered to fit births to the doctor's schedule or to his social calendar. According to figures released by Statistics Canada, weekend births have decreased dramatically during the past few years. (In Ontario, in 1974, 34% more births occurred on Thursdays than on Sundays).

In contrast to his T.V. image as a concerned and understanding father-figure, the real doctor sometimes seems more to be a scalpel-and-drug-happy menace to health, who pushes women into medical treatment they do not want, and more importantly, do not need.

Where serious threats to life and health exist, modern medicine has wrought wonders, literally making the lame walk and the blind see. Diseases that in former ages were incurable have been controlled, some even eliminated. Childbearing women have reaped benefits from medical advances. The introduction of sterile conditions has effectively wiped out the "child bed fever" that formerly claimed the lives of so many new mothers. Women for whom pregnancy presents a risk can expect to survive labour. Infants born prematurely, once almost certainly destined to die or to suffer serious, lifelong handicaps, now live and are healthy, thanks to the sophisticated technology of intensive care units. Fifty years ago in rural Canada, the mortality rate among mothers and children was twenty-five times what it is today. And the figures continue to improve: in 1967 the rate of mortality among newborns in Quebec was 22 per 1000; in 1974, 13 per 1000.

But like the planners and architects who, in the interests of improving cities, tear down old but comfortable neighbourhoods and replace them with glass and concrete towers in which human beings feel lost and superfluous, so too practitioners of "high-rise medicine" have lost sight, from behind all their hardware, of the human factor and have blurred the distinction between serious illness and the natural bodily states — such as most pregnancies — that present minimal risks to health.

To humanize current birth practices, to provide pregnant women with more alternatives, to help them gain control — these are the goals of pre-natal instructor, Janet Torge. Janet's work with pregnant women has made her acutely aware of the shortcomings of existing obstetrical services. When I met with her in her central Montreal office/clinic, a small but cosy place, well-stocked with books, pamphlets, and mimeographed sheets on childbirth techniques, she spoke eloquently about the need for reform.

Rather than concentrate on home birth, which is not, at this time, a feasible option for most women in Quebec, Janet is striving to bring about "the best possible hospital births." To this end, she has organized a parent-controlled birth clinic, a unique program in which the wishes of each woman and her mate are considered and respected at every stage of pregnancy, from pre-natal preparation to the moment of delivery.

Persuading the medical establishment in Quebec to make even limited concessions to the wishes of women has not been an easy job. "In other cities there are more alternatives," Janet says. "In the West, things are freer. In Vancouver, for example, there are lots of home births. Toronto has more options. But Montreal is a very stiff and conservative place."

The obvious gulf that exists between the attitudes of obstetricians and the needs of their patients she attributes to two factors: the male pre-dominance in obstetrics, and over-specialized training of doctors.

Ever since medicine has become an institutionalized, exclusively-male preserve, a trend Janet traces back to the seventeenth century, the age-old practice of midwifery has been steadily eroded. "When men decided to get into medicine, they



Janet Torge

photo by Martin Coles

Birth homes based on the European model are what Torge hopes to see in Montreal in the future.

had to take medicine, and especially childbirth, out of the hands of women. In Europe, the medical profession still left birth largely to women, but here they took over the whole kit and kaboodle. Physicians took over licensing midwives, and they just don't issue licences in the city. In this way, they maintain control."

For all their training, obstetricians who are men (about 97% at the present time in Canada), tend to misperceive pregnancy: they view it as an illness, rather than as a normal function of the female body. "They don't seem to fully understand that during pregnancy the whole body goes through hormonal changes that make birth possible, and that afterwards, again through hormonal changes, the body gets back to normal," Janet says. This attitude accounts for the almost routine performance of episiotomies [incisions through muscle between vagina and rectum] during labour: doctors do not believe that women are *capable* of giving birth. "One doctor even said, 'When you come right down to it, a baby can't come out of that little hole'."

Training in obstetrics, as in all specializations, dwells on the abnormal, on crises, on disease; normal and healthy states are largely ignored. Doctors who regard themselves primarily as surgeons, as obstetricians do, are automatically inclined to use complicated techniques and hardware, regardless of whether they are required. Unneeded interventions often cause psychological pain and discomfort. Worse yet, Janet maintains, they can be downright dangerous.

"There are so many interventions now that cause complications. For example, foetal heart monitors: I get very annoyed at the way they use them. The machine measures the foetal heart rate and contractions during labour. This has some advantages — you get a continual charting of what's happening to the child. In cases of high-risk pregnancy, or at certain points during

labour, this is a good thing. But what they do now is use monitors on everybody, all the time. This means the woman has to lie on her back. She's immobile. She can't move around to handle the pain, so they give her an anaesthetic, cut her, and pull out the baby with forceps.

"The use of foetal heart monitor has increased the number of Caesarean births. The mother's position puts the foetus in distress, the foetal heart rate goes down, so then they do a Caesarean section to save it. My argument with them is that a lot of people they save, they put into risk in the first place."

In Janet's view, technical interventions during labour should be reserved for those situations in which complications arise. For the 90% or so of women whose labour proceeds normally, proper pre-natal education that stresses "emotional, physical, and psychological preparation for birth," coupled with emotional support during labour, would be far more beneficial than interventions.

"The medical profession thinks I'm into risking the lives of children. But I would never throw out all technology. It's valuable if used correctly. For example, if a woman is freaking out, that's more harmful than giving her an epidural [spinal anaesthetic]. But the trouble is, they don't support you with anything else but technology. If labour gets hard, they don't come and sit by your bed and support you in getting through. They'd rather give you a drug and leave you alone."

Janet's own work is consistent with her belief that childbirth, and preparation for birth, should be largely out of the hands of over-trained specialists. She has had no formal medical training. Her interest in pre-natal education grew out of her personal experience. While in her seventh month of pregnancy, she moved from Vancouver to Montreal. She searched for a good pre-natal clinic and could not find one.

"So I decided I would teach pre-natal. I thought I could do a better job than what was available. After my baby was born I spent all my time reading."

As a non-professional, she experienced difficulty in finding sufficient funds to operate a pre-natal course, but finally succeeded in obtaining a salary from a local community service centre. She set up shop in the basement of the Montreal Youth Clinic, a refurbished house in an old residential neighbourhood near the city centre. Unlike any others offered in Montreal, her classes were free and unaffiliated to any institution. It was not long, however, before Janet realized that pre-natal education alone was insufficient.

"In my classes I was preparing people for natural childbirth. But the women would arrive at their hospitals prepared for a natural birth, then the doctors and nurses took over and did things differently. There was a real gap."

To bridge that gap, she decided, a more complete birth clinic was needed, a clinic whose program reached into the hospital maternity ward. Through argument, negotiation, and "creating a lot of shit" she succeeded in forging an agreement with the Montreal General Hospital: women attending her clinic would deliver at the hospital, but in a way that would be "respectful of parents and their decisions on what kind of birth they want."

As director of the birth clinic, she now not only instructs pre-natal classes, but negotiates on behalf of the parents with the hospital staff. Working on the premise that pregnant, and especially labouring, women are in a powerless position vis-à-vis their doctors, she herself takes on the responsibility of ascertaining that at the time of delivery the mothers' wishes are carried out as far as is possible.

"For the mother to try to resist her doctor is very difficult. When you're in labour you're very vulnerable. The only way to go is to negotiate with your doctor beforehand. But most doctors get very hostile when women tell them what to do.

"Our clinic isn't for everybody. But if you have a very clear idea of what you want, then you come here. Here you're

in control. Whatever you want, we will fight for on your behalf because you can't fight during labour. We hire doctors on that basis."

In the few months since the clinic began operation, Janet has persuaded the Montreal General's staff to make some significant departures from standard hospital procedures. "We don't do anything routinely. We don't intervene unless something unusual is happening. It's getting back to a respect for nature. Drugs are never offered. We see them as a risk. The only way you get them is if you ask for them. This means they're not pushed down your throat.

"So far, women still have to go to the delivery room where all the equipment is. We haven't been able to get the hospital to let birth take place in the women's rooms. But we've been able to introduce the Leboyer technique [dimmed lights, hushed sounds, baby placed in contact with the mother as soon as it is born] except for the bath. The one big concession we got is no separation between mother and child. The doctors have to come to your room to observe the baby. They don't take it away."

The birth clinic is a step in the right direction, but it is only a step. Janet would like to go further: to take low-risk births entirely out of the large hospital setting. "There are very concrete examples of better alternatives," she says. "Look at Holland or the Scandinavian countries. They have lower mortality rates, and the babies tend to be much healthier. In those places, if you're a high risk, you go to a hospital. But if the risk is low, you go to a clinic with a home setting that is run by midwives. This is for the first birth, at least. The second baby may be born at home, again with a midwife."

Birth homes based on the European model — relaxed, intimate, home-like centres, supervised by qualified midwives — are what she hopes to see in Montreal in the future.

Many vested interests stand in the way of the sorts of changes that Janet envisages. Obstetrics is a comfortable and lucrative specialization; obstetricians are not eager to loosen their monopolistic hold on childbirth. But given the wide-spread dissatisfaction with the status quo, Janet believes, "in the long term, it's got to change. If the public need is ever the reason for bringing about changes, then things will change."

There are a few encouraging signs. Last May, an English-language public meeting on birth practices led to the formation of action committees to work on legalization of midwifery, establishment of birth houses and education about, and discussion of, birth experiences. At the most recent Parti Québécois convention, women brought up, along with the question of abortion, the issue of legalizing midwifery (it was quashed). In the Gaspé region of the province, women are circulating petitions in favour of midwifery.

Public demand for change is necessary, but it can do only so much. Janet is convinced that, ultimately, changes will have to come from within the medical profession. "People will have to start taking risks — midwives, doctors, nurses. If more were willing to do it, then the situation would be different. One of these days, a midwife will start practising openly. It will be like the Morgentaler thing."

When that moment comes, when professionals show themselves willing to defy the system, public opinion will play an important role. "If you have a nurse putting her head on the chopping block, then you'll have to have public support."

In view of the attitude of Suzanne and of the thousands of women who share her sentiments, in view of the high level of interest in all discussions of birth reforms, in view of the number of women who choose to give birth at home in spite of the law and the positive response to programs like Janet's birth clinic, it seems safe to assume that the support will not be lacking.

Zonia Keywan is a Montreal freelance writer. Her book about Ukrainian settlement of the West, published by Harvest House, is coming out in the fall.

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Home Birth Revival

by Joanna Dean and Jannie Edwards
photos by Paul Murphy

In the wake of recent interest in home births, the editorial staff of *Branching Out* decided to prepare a questionnaire to send to women who had delivered a child at home. We sent the questionnaire across the country hoping to get an idea of some of the regional differences in attitudes and facilities available for home births. We received replies from New Brunswick, Manitoba, Saskatchewan and British Columbia.

The women who returned the questionnaire are all between the ages of 21 and 30. The majority of them had delivered at least one child in a hospital setting. We wanted to know why they chose a home birth over a hospital delivery; what preparations they made; and their feelings about the birth itself.

We found a marked consensus of opinion in the majority of questionnaires. The recurring theme that runs throughout most of these women's reasons for wanting a home birth is the feeling that the hospital and the people running it are a rather monolithic institution often inflexible in respecting and catering to individual wishes. Rita Bloomfield of British Columbia rejected a hospital setting for the births of both her children because she was opposed in principal to the disease-oriented sterility of hospitals as well as the break up of the family during the time the mother spends in hospital. Several of the women who replied chose a home setting for the births of their second or third children because of previous negative hospital experiences. One woman in New Brunswick wrote, "My experience with birth in the hospital was like rape. There are tremendous advances in medicine except in childbirth; it is out of the middle ages."

Carol Cook of Saskatoon carefully prepared for the birth of her first child by learning breathing techniques to make the delivery easier. However, when she was in hospital, she was pressured to follow the routine and "all my preparations and desires went out the window". She was given Demerol, a pain reliever, and then received two types of anesthetic; a block which cuts off most sensation below the waist, and a gas, nitrous oxide. The baby had been induced and forceps were needed to pull it out of the birth canal. With the birth of her second child, she was determined to do things her own way and felt: "I didn't want to go through the hassle of trying to explain why the things I wanted were important to me". So she had a home delivery with an understanding doctor in attendance.

The things she wanted were things a lot of the other women

wanted but the hospitals wouldn't accommodate. Things like being allowed to choose the most comfortable position on the delivery table; having the father actively participate in the birth; not having drugs and anesthetics given as a matter of course; and being able to nurse the baby as soon as possible after the birth to establish the first bonding contact as well as to contract the uterus and lower the risk of hemorrhage. Rather than fight with their doctors and the hospitals for these things, the women chose to have their babies at home.

Preparations made for home births varied. One woman read only a single book, while others attended prenatal classes, talked regularly with a midwife or with other women who had had home births, and read whole libraries on the subject. All

Hospitals are synonymous with sickness. Childbirth is not a disease.

Paula Murphy, Winnipeg





... they took my son to the premie nursery before I even saw him. I just sat on my bed and cried. All I could think about was that this was the most disappointing experience of my life. Post partum depression lasted for about a month.

Carol Cook, Saskatoon

were under the regular care of a physician and took special care of their health during the pregnancy.

For many women, the hardest part was finding a supportive doctor and/or midwife. One woman's doctor refused to accept legal or medical responsibility for a home delivery. She could not find another who would and her midwife could not attend unless a doctor was present, so she delivered with only her husband's help. All the other women had a doctor in attendance but only one woman, in Saskatoon, was able to find a midwife to help her through the delivery. She found that "the midwife was the important one at the birth; the doctor only made it possible for her to be there". It is illegal for a midwife to attend a birth without a doctor present. Doctors who take on home birth cases are often denied hospital privileges and given reprimands by their professional associations.

The women often said they found their deliveries easier without the drugs and equipment routinely used in hospital. According to one woman: "It was all so easy. I had no difficulty concentrating on relaxing or breathing and not once did I feel I was even close to losing control. This I attribute to relaxed and familiar surroundings." "A joyous family affair" was the way a Winnipeg woman described the event. She even washed the kitchen floor and prepared salad for dinner that night. One woman in British Columbia used a specially designed birth chair with sloping back and seat to be in the most comfortable position possible during the actual birth.

However, not all home births are so simple. Rebecca Wilson of Saskatoon had a difficult time. "My home delivery was a longer and harder labour than usual due to the fact that my son weighed almost eleven pounds and was facing up during most of the passage through the birth canal. But it was so much more rewarding than my first delivery which was in a hospital, because of the calm home atmosphere and the support of those present. It was hard but it felt right; it made sense to work hard to get a beautiful baby. I was told by a couple of people present that because the first stages took so long, I would probably have been given a caesarean section had I been in a hospital. I am very pleased I didn't have one as there was obviously no need for one. The whole experience was beautiful and everyone was fantastic — they were helping me constantly."

Converts to home births feel that they are much healthier

for the baby and the family. One woman's doctor told her the home is a safer place to give birth because there is a lower risk of infection than in the hospital. The germs that are in the home are the mother's and the child has a natural immunity to them. Another woman felt her daughter had a better start psychologically because "she has never had to cry it out alone and has only been held by loving arms". While many hospitals will not allow new methods of child care such as the Leyboyer technique, at home it is up to the mother.

There is a common feeling of elation amongst the women who had successful home births. They are unanimous in describing their experiences as fulfilling and joyous compared to their hospital experiences. Rosemary Hampton had her sister with her, as well as her husband and they all shared in the excitement. Afterward, her doctor told her it was like seeing his first baby born all over again thanks to the home atmosphere and her sister's wonder. The birth was more relaxing for Rosemary too: "How nice to lie in my own bed nursing our new babe while my husband, sister and doctor sat around chatting and having coffee. Gramma and our first son arrived soon after". One woman decided to have her three year old son present although "he was quite unconcerned about the whole thing, he was more interested in the cartoons on T.V.". At another birth there were ten people helping the mother including her husband, doctor and six friends who "loved it and wanted to see it all again".

However, while most deliveries are straightforward, predictable events, there is the danger of complications developing which can't be dealt with at home. A gynecologist we spoke with gives another view of home births. "We are victims of our own success," he says, "In lowering the infant mortality rate in hospital deliveries to almost nil, we have led some people to believe that hospitals and doctors are completely unnecessary." He went on to say that no matter how "ideal" a candidate for home birth a woman may appear to be, no one — not even her own doctor — can predict the medical complications that can occur. Even with ready access to a hospital, there may not be time to move the mother and unnecessary tragedy could arise. He felt that women choosing the home birth route were being selfishly romantic in wanting a beautiful and spiritual birth experience. He felt they had no right to endanger their own and their child's life.

I did not want to bring my baby into a sterile world of bright lights and white masks.

Rita Bloomfield, Denman Island, B.C.



A woman who chooses home delivery can minimize the risk of complications by taking a few precautions.

It is most important to first have a doctor do a complete checkup to detect any abnormalities that might lead to a difficult birth. A home delivery is not suitable for all people. In countries such as England where they are generally accepted, usually only women having their second, third, and fourth children have home deliveries. During a first pregnancy, it is difficult to predict complications; and after her fourth pregnancy, a woman has an increased chance of severe bleeding. Women with a history of difficult births are routinely sent to hospital.

If a woman does not fall into these categories, she has a good chance of a normal birth; but she should still take precautions at the birth. She should have had her blood typed in case she needs a transfusion. She should be within easy reach of a hospital and be prepared to go there if necessary. It is advisable that she have a doctor and a registered nurse, preferably one trained in midwifery, with her at the birth. The Medical Act defines midwifery as a medical responsibility, and anyone who claims they can supervise a delivery alone (outside of emergencies) is doing so illegally. Apart from the legal aspects, a doctor is the only person qualified to prescribe any medications the woman might need and the doctor or a professional midwife will detect signs of complications long before a lay person. However it is often difficult to find a doctor willing to support and supervise a home delivery. The two doctors who used to do this in Edmonton have now stopped (perhaps because of pressure from the medical profession), although one such doctor still practices in Calgary. After delivery, a professional midwife can care for the baby, but it should have a complete examination by a doctor after one week.

The other thing that a woman should consider before planning a home delivery is cost. In hospital the health insurance covers most costs. At home the fees for the doctor and the midwife, the equipment and the drugs can add up to a large bill.

Home deliveries place a lot more responsibility on the woman. Even a matter like registering the birth is left for her to do. However, many women feel that the added control they have over this important event is worth any increased responsibility and risk.

At times (at the home birth) I thought I was dying and would never be able to continue. I screamed with each contraction.
Rita Bloomfield, Denman Island, B.C.



We are very grateful to have found a doctor who views birth as a 'family affair' not the factory production line affair of the hospital.
Rosemary Hampton, Winnipeg

Joanna Dean was a nursing student for two years and worked as a nurse's aide. She returned to university in September to study history.

Jannie Edwards lives in Edmonton and is on the staff of Branching Out. She is currently expecting her first child.

Paul Murphy is Paula Murphy's brother-in-law. According to Paula, he was quite nervous at the birth "until he was given a job (as photographer), then when the head was crowning he was ecstatic. I wish I could have taken pictures of him."

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Haec Ars Viros Dedecet

(this art is not suitable for men)

Roderigo a Castro 1594

by Joanna Dean

Women today who are fighting for the right to the supportive care of midwife during childbirth are not starting a new struggle but resuming one that their great-grandmothers lost. Until the eighteenth century, physicians didn't consider childbirth worthy of their skill, and midwives monopolized the art, passing on their knowledge by word of mouth. The development of the use of forceps during delivery, which required a man's strength, and the publication of obstetrical texts in English led men to challenge the midwives' capabilities. Physicians accused

the women of ignorance and superstition and organized classes for male midwives. The women fought back fiercely, calling the men mere instrumentalists whose proximity to a woman's private parts would lead to "the excitement of improper feelings"; but they lost ground as it became fashionable to have a man in attendance during childbirth. Those upper class women who did use a midwife would have a physician in the next room in case of emergencies. Gradually midwives became what they are today — doctor's assistants.

High and lofty and conceited midwives will leave nothing unattempted to save their credits and cloak their ignorances. They were too officious and would not sufficiently trust to the workings of nature, using pothooks, packneedles, silver spoons, thatcher's hooks and knives to show their imagined skills.

Dr. Willoughby, 1600's

. . . male practitioners continued to instruct and elevate their shy and sulky sisters.

J.H. Avelling, 1825

The feelings of sympathy [of the midwife] are too powerful for the cool exercise of judgement.

W.C. Boston, 1820

Among ourselves it is scarcely more than half a century since females were almost the only accoucheurs [midwives]. It was one of the first and happiest fruits of improved medical education in America that they were excluded from the practice.

W.C. Boston, 1820

These "wisewomen" had little or no medical knowledge or surgical skill. When they had a labour in hand where nature was insufficient they called in a surgeon or physician too often when the life of mother or child or both was already doomed.

Kedarneth Das, 1929

I cannot comprehend why women are not capable of completing this business when begun without calling in men to their assistance, who are often sent for when the work is near finished, and then the midwife who has taken all the pains is counted of little value, and the young men command all the praise.

Sarah Stone, 1737

Those instruments, those weapons of death [forceps]; would not one imagine that the art of midwifery was an art military? It can only then be for the sake of his iron and steel instruments that a man midwife has so much as a pretext of being necessary and I hope to prove that all the needful can be much better done without them.

Elizabeth Nihell, midwife, 1760

Man midwifery is a personal, a domestic and a national evil.

John Blunt (probably a pseudonym for a midwife) 1793

They are forced to borrow from us the very name they practice by and call themselves man midwives. The poor country people where there are none but the women to assist the women are fruitful and as safe and well-delivered . . . than the greatest women in the land.

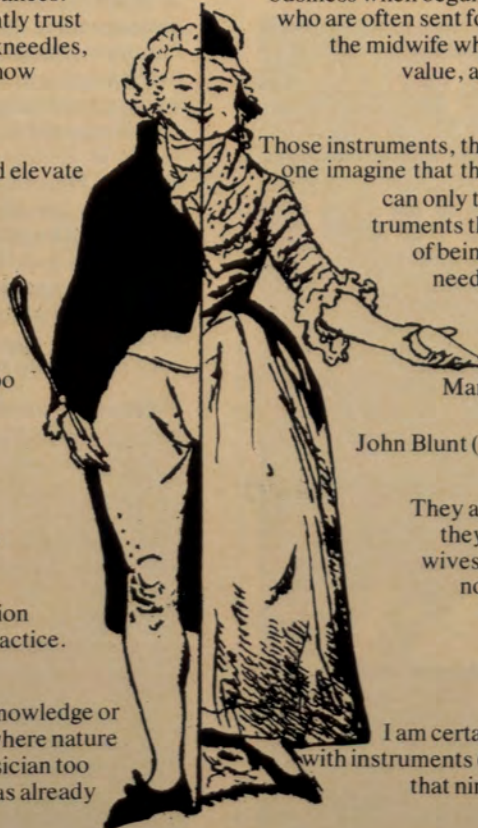
Jane Sharpe, 1671

I am certain that where twenty women are delivered with instruments (which is now become a common practice) that nineteen of them might be delivered without, if not the twentieth.

Sarah Stone, midwife, 1737

. . . those self-constituted men midwives made out of barbers, tailors, or even pork butchers. The faculty of using these instruments [forceps] is the sole tenure of their usurped office.

Elizabeth Nihell, midwife, 1760



Taking It Off

a strip act with a difference

by Anne McLean

The flyer began as follows:

Dance Workshop

by Margaret Dwight-Spore

1. *Building up and stripping down*

The Feminine Clown

2. *Group Ritual*

and ended with the lines:

Let us mobilize around the material at hand – traditional feminine gear. Together we will transform their oppressive matter into oxygen. When the feminine clown is the feminist clown the revolution will begin.

The workshop was held on a weekend in February, in a women's centre in Toronto. Half a dozen women were there. Some at first were very nervous about the whole thing: it wasn't your typical women's movement function.

Some had met Margaret at a women's conference in Ottawa a few months earlier. There she had performed a strip act for an audience of women, on a stage constructed out of two tables pulled together. She had talked while she took her clothes off. Among other things in her impromptu monologue, she'd said:

"Where's the stripper? Bring on the stripper! I'll help her!"
(This in a typical strip club audience voice.)

"Why don't you strip?"

"Oh, me, I don't have the body for it. It's been ruined by childbirth."

(pause)

"Does anybody have the body for it?"

Considering the feminist politics of the audience, the reaction to Margaret's dancing had been surprisingly positive. One woman wrote an enthusiastic review for *The Other Woman*, a Toronto feminist newspaper, describing part of the act as follows:

Margaret said it takes a lot longer to strip with Adidas on.

When she couldn't get her pants off because they were rolled over and trapped inside her socks, her friend, all dressed in cap, scarf and jacket, came out of the background and helped her remove them.

The dance workshop later in Toronto incorporated Margaret's concept of the stripper as archetypal Feminine Clown. It began with group experiments in make-up (self-painting) and costume, and ended with each women taking her clothes off in

front of the whole group. It was a celebration of certain traditional feminine arts, applied in a feminist context, by women, for women. And a number of performances, according to Margaret, were very imaginative and very funny. One of the participants in the weekend workshop, Gay Bell, described it as "absolutely inspired", and felt that she and the other women had learned a tremendous amount about their own sexuality and ways of expressing it.

But would-be clowns need sensitized audiences. When Margaret attempted to strip for the first time at an all-women's dance at Powerhouse Gallery a year ago, she was deftly and graciously led off the stage by an unidentified woman from the audience. The effect on Margaret was devastating.

"Here was this woman, deciding for the whole audience that what I was doing was anti-woman and couldn't be allowed to go on. I'd just come to Montreal and I had never done anything like that in front of women before. After that experience I went into retirement for a few months."

Margaret Dwight-Spore

photo by Len Lue



A year has made a difference. In Montreal's sociable feminist community, Margaret is now accepted as an entertainer, along with poets, singers, tapdancers and jugglers. Last spring, invited to strip at a women's dance, she came on in a sexy black sheath and performed a stocking act complete with the "spreads" which are illegal in Toronto nightclubs. She struck a variety of coy and wicked poses throughout the stylized grinds and sensuous, rippling movements. When the music stopped, there was loud applause, and even a few cries of "bravo". But one woman did go up to the microphone afterwards to protest, "I don't know about the rest of you but I for one am for Woman's Liberation."

Margaret insists that the most daring and significant thing a woman can do is to "liberate her own territory", not abandon it. Not surprisingly, she is critical of certain women's movement conventions which have been elevated to the status of sacred norms. "I get tired," she says, "of women in Jackboots and army shirts telling me I have a "male defined" image.

When she performs for a women's audience, Margaret always gets a reaction. Whether the tone is friendly or hostile seems to depend less on the performance itself than on the context set up either at the beginning of the show, or in the advance publicity. Female audiences seem to respond less defensively when they have been informed ahead of time that Margaret is "not really serious". They then can relax and enjoy the performance as political comment, as sophisticated joke, or exotic pastiche. It is impossible to say how many women respond to the erotic content of the dancing itself, and how many are just caught up in the novelty of the idea.

There is no doubt that Margaret herself would like them to get turned on. As a dancer she would like to become a mirror in which women might see their own alienated sexuality. In that mirroring role, she sees herself as a means through which women could recover their own "sexual essence" which for so long has been appropriated, subordinated, and distorted by male culture.

Margaret's "Feminine Clown" grew out of her experience dancing in clubs in Vancouver, Toronto and Montreal. She learned about the world of prostitutes, strippers and pimps and became fascinated by the personal qualities of these strong, cynical, sometimes violent women. She is convinced that the "older" female professions have a great deal to teach feminists. In the comments below, she describes some changes in her attitudes since she began stripping.

I've been working off and on for four years as an erotic dancer. Although originally my motivation was financial, I soon discovered that dancing was my metier. A lot of women have asked me how I could have learned anything in such an exploitive milieu.

At one time, before I learned that women have different personalities, I used to think every woman needed to work as a stripper. I was a tough broad, because I was alone and had to be tough, and I thought that any woman would learn and grow a lot in the same circumstances - the clubs where I was doing my act every night. In other words I was full of myself and unsympathetic to other people's weaknesses.

After reading Lesbian Nation I became aware of collectivity. I could no longer fail to see the suffering, the unused strength, in women around me. I felt that no matter what the particular quirks of my personality, I had to join the feminist struggle.

What Lesbian Nation showed me was that it was the environment I danced in that made what I was doing so threatening to the very people who might benefit from it - women. No matter how unique my expression, it remained threatening, because the culture we live in has made women afraid of their own sexuality.

The question people ask is, by stripping for women, am I

trying to perpetuate the existence of something women need to get beyond or destroy completely? Am I perpetuating the image of woman as a sex object?

The fact remains, though, that the knowledge I gained working in nightclubs is knowledge about myself as a woman. The fact that I gained it largely in front of men is to a certain extent irrelevant. An artist has to have a sense of personal integrity, particularly in a hostile environment. At the moment men as an audience still have the power to define a woman - and that power will remain theirs until women take it away. If women were at one time putting all their creative energy into sexually alluring, highly personal arts, while the benefits were being reaped by men, why don't women now take this creative power and knowledge, and use it for the benefit of women?

What I am trying to do now, as an erotic dancer, is a much more crucial step for me than the decision I made to do this kind of work in the beginning: that is, to gain acceptance by an audience of women. I can't go back to the work I used to do, knowing what I do now about feminism. I could return to it for money, as we all do, if I had a way of regenerating myself in between. It's probably important that I do return to the clubs, in fact, because I know there are a lot of women out there alone, and there is no reason for them to be alone.

Anne McLean is a Montreal writer.

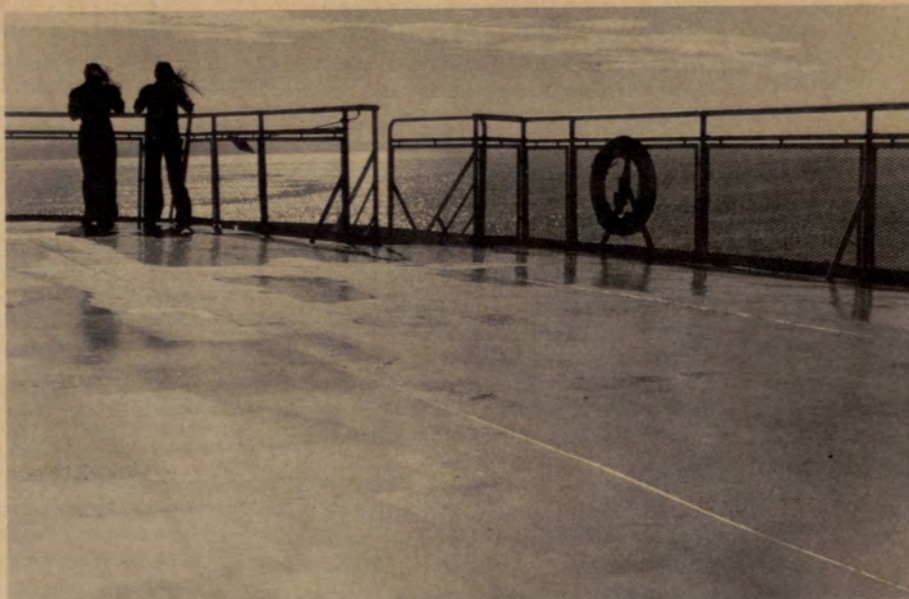
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Wilderness Hike



text and photos by Cherie Westmoreland and Sally Bowen

Swinging my pack up with great effort, willing my knees not to buckle, I had my first qualms. We were wearing rubber boots and carrying our hiking boots. Within five minutes we hit our first "mud hole" which was a little deeper than our wellington boots and about 25 yards long. Skidding on a hidden tree root, I found myself on my back, muddy water seeping into my pack, a tree branch nestled deeply between two ribs. I wondered whether my arm was only twisted and asked myself just why we were doing this. Half an hour into our four day hike and I was wet and wounded.

Cherie and I had talked about setting off on a "challenging adventure" in our thirtieth year. It seemed like a good idea (over scotches in a warm living room) to see how far we could



push our stamina and will. Our destination, we decided, would be the Cape Scott lighthouse at the northern tip of Vancouver Island. We travelled north by highway to Campbell River, took the 3½ hour ferry ride to Port Hardy, then drove thirty miles of logging roads to the Cape Scott Provincial Park campground — a few sodden sites under massively beautiful trees. From there

to the lighthouse is a fourteen mile wilderness hiking trail through the Quatsino rain forest (over 200 inches of rain a year). The trail was broken by Danish settlers in the 1890's. Reading the history of their colonizing efforts, we thought about the women who struggled to create homes, a dairy industry and farms; women who walked these mud trails, often with heavy loads and sometimes with only wild animals for company. By contrast, we had the advantages of lightweight food and 20th century "roughing it" equipment.

As we slogged along my sense of unease grew all out of proportion. The trees were huge and high, blocking the sky. In other places, the trail tunneled through tangles of salmon berry. Not even a bird sounded. Eventually a low monotone whistle broke the silence, over and over, like a spirit trying to lure us



off the path. There was a remarkable "presence" there and I wasn't at all sure it approved of us.

Instead of covering fourteen miles in one day, our goal, we managed only 7½, arriving worn out at the Fisherman's River campsite. A cold river wash, warm dry clothes, hot food and just sitting down were luxuries. Foot rubs in the tent and being able to laugh (shakily) did wonders too. We thought of the trees 40 feet thick we had climbed over, the endless mud holes, deadfall, and the overgrowth so dense the branches had grabbed our pack frames and thrown us off balance. Growth, decay and, most of all, that eerie stillness.

The next day we reached the ocean. Released from the oppressive grip of the forest, I felt a sense of relief. We were welcomed by two other campers. (I will always bless that



woman — don't ever go into the bush without tampons.)

We set up camp then hiked the remaining few miles across Experiment and Guise Bays to the lighthouse. We sang loudly and banged sticks together as we noticed fresh tracks of bear and cougar.

Along the beach were the remnants of a very tenacious, although ultimately unsuccessful, group of settlers. Then, in contrast, there was the lighthouse with the white bungalows nearby, neatly pruned flower gardens and lace curtains. Bud, one of the inhabitants, walked us across the bouncing suspension bridges to the light on the top of the island.

We hadn't allowed enough time to stay and explore the area — or to recuperate — so after camping overnight we started back, muscles aching.

Fourteen miles later, exhausted and soaked through, we felt an amazing sense of accomplishment. I had rediscovered my body's power and the knowledge that it can do more than I ever ask of it. And I discovered the strength of my mind and will — not that I was brave, but that I could deal with my fear and maintain my ability. Finally, I had experienced the joy of interdependence, of knowing that we could cope and give strength to each other.

Sally Bowen is a Community Programmer with Regina Plains Community College.

Cherie Westmoreland is an information officer at Grant MacEwan Community College in Edmonton. More of her photos from the hike appear on the following pages.

The best (and probably the only) reference book for this trip is Hiking Trails, Central and Northern Vancouver Island, Outdoor Clubs of Victoria, P.O. Box 1875, Victoria, B.C.



Cape Scott Trail

photo essay by Cherie Westmoreland













IN TRANSIT

fiction by Veronica Ross

illustration by Valerie Power

For one insane moment at the funeral, Helen looked up, expecting to see Billy. *They might allow him out.* But of course not. They wouldn't allow a murderer out of jail to attend the funeral of his victim. Hard to think of Billy in terms of murderer and Sammy lying in his baby's coffin as the victim. All her life has been shaped by moments. The moment Mama called the cops on Pa, and he fled, forever; the moment Sammy was conceived; the moment when she lost her temper in school and struck Mrs. Mills and was subsequently expelled; the one explosive moment three days ago which put Billy behind bars and Sammy in the coffin. The word "if", she thought of a lot. If she hadn't been expelled she wouldn't have been working at Judy's Diner and Grill and would never have met Billy. If she had never met Billy, Sammy would not be lying there in the coffin — he wouldn't have existed at all.

A welfare funeral, of course. Where would she get a thousand dollars? Helen no longer believed in God. But if there was someone surely he wouldn't mind the small pine box, decent enough, instead of the white satin-lined ones she had glimpsed at in the showroom. The minister was young and he looked uncomfortable as if he didn't know what to make of it. Helen watched him, he wouldn't meet her eye, as if she were somewhat responsible for Sammy's death. He cleared his throat several times, touching his tie, and looked at the air above the people in the chapel. She'd wanted a funeral though; it was only proper. You couldn't bury anyone without it. It was almost as if the baby had died of something normal, like pneumonia.

The neighbours on the street were there, particularly the people in the rooming house. Old Mrs. Henry from downstairs, wearing a hat, smelling of rum and crying noisily. Fat Bertha from across the hall, sweating in her best three piece suit, holding Helen's hand. The two young queers who lived in the downstairs room smiling at her with hatred.

The funeral people had suggested cremation, but she didn't want her baby's body burnt to ashes, shrivelling into nothingness in a fire. The smashed up head was bad enough, the big gash across the forehead, flattening his nose. She wanted a grave, something she could put flowers on.

They were all expecting her to cry. Bertha was giving her sidelong, curious looks from behind her handkerchief. Perhaps they thought she had had something to do with it. Cry, cry, it'll

do you good, the minister had said. She had sat stoney-faced in her room that day, two days ago, staring at him. He had even said. Who knows what drove that poor man? She had glared at him. Hatred drove him, hatred pure and simple, he was crazy, she had known that right after Sammy was born, watching him at first look at the baby with a fierce, passionate hate, his eyes flashing. Then he had started ignoring the baby completely, screaming at her instead, until that night, three nights ago.

She had had a plan: take a course in typing at night school and when it was over, take the baby and go. Fat Bertha offered to look after Sammy for her. They all knew Billy didn't have patience with kids, or with Helen either, although he was always smiling and joking with the other people at the boarding house. Get your diploma, she had thought, then take Sammy and go away and get a job.

The school was called the Primrose Academy. Why it was called that she never knew, because it was an old grey stone building, rundown and unheated, which was run for grown-ups trying to get a trade at night. Some neighbourhood church had started it, and Helen had realized, after Sammy was born, that she just had to get out. For weeks she had walked past the building. There was a poster beside the door: Typing, Short-hand, Drafting, Radio and TV Repair. She remembered the poster: white with a blue border — she saw it in her dreams at night. Looking around their two room apartment, at the bedroom with the faded cotton curtains hanging stickily in the heat, at the dirty clothes in the corner, the baby crib jammed against the wall, she wondered if she would be able to dress, walk downtown, sit at a desk, learn to type, talk politely to people, smile, just as if she were any ordinary person. Someone who lived in a modern little house, whose husband stayed home nights watching tv, reading the paper, someone you could talk to. She had to go to school. It was the only way to get out.

Sometimes she thought of that moment in school, in the ninth grade, when she had struck Mrs. Mills. She had been put in the back of the class, as always — she belonged to "those Wilsons" over the track; the fat whore who had a whispered disease was her mother. Mrs. Mills had asked her something, grinning because she knew very well Helen hadn't done her assignments. Mama had been up the entire night before with a cold cloth on her head, alternately swearing and laughing, and

the baby had been sick. Helen was almost asleep when Mrs. Mills asked her and she remembered looking up, dumbfounded, mouth open. And then, Mrs. Mills, bounding down the aisle on horse's legs, leaping, the mole on her chin trembling, saying, "Why you little tramp, you've been out all night again and haven't got your lessons done. She remembered Mrs. Mills coming very close, that horsey face stuck right into hers. Her breath smelled stale, not from booze the way Mama's did, but from some queer, inside mould, and she — she had struck that long quivering nose, right on the end with her fist. The other kids sat silent, then began to titter. Mrs. Mills stepped back, holding onto her nose, the blood dripping on the floor, and Helen stared unmoving at the growing puddle on the unscrubbed hardwood floor. Then she had simply run out, and the next week, a letter had come from the school board. Dear Mrs. Wilson, your daughter is being expelled from school for the following reasons: On the 23rd day of May she did strike her teacher, Mrs. Mills . . . "What does this mean?" Mama had asked, waving the letter in the air. It was already stained where Mama had been handling it. "Oh nothing at all. It's just junk," Helen had answered and tossed the letter into the fire. Two weeks later she was working at Judy's Diner and Grill and a year later she met Billy and they moved to the city.

The typing course was only way out. During the day, Helen peered into offices, banks, credit bureaus, even a lawyer's office one day, when the door was left open. She saw girls in nice dresses, pretty girls, with careful hairdos and relaxed faces, joking together. "You're crazy," Bertha has said when Helen had told her. "You ain't the kind of person, honey, who could ever work in a place like that." She had wrinkled her nose and stared at Helen intently. "You got a man to support you anyways, and besides, if I was you, I'd get a job down at that new bar across town. You'd have some laughs too, instead of sitting in a dumb office all the time. And the money would be better. And you could always make a little on the side, if you know what I mean." Helen knew, and she stared at Bertha, fat with rolls of fat jiggling inside her mauve flowered housecoat, her legs up on a hassock, beer cans along her feet. I'm gonna get away from here, she had thought. I'll never have to see you again. Which was unfair really, because Bertha was good to her, and she really needed her with Sammy.

But no more. The choir, four elderly-silvered-ladies, was singing, and she felt Bertha press her hand. I don't need you any more, Helen thought. I'm free now. Billy's behind bars and Sammy's dead. I won't need a baby sitter anymore. I'm getting my diploma in two weeks time and then I'll go away.

Sammy's dead. Dead. One minute he had been screeching and crying, banging his head against the bars of his crib, looking at her imploringly, wanting her to come over and pick him up. And then, he was so silent, not a whimper. He had fallen over in his crib, head first, legs dangling in the air. And all that blood, on the wall, on the floor, coming from his half-open mouth.

If only she hadn't gone that night. But it was the last night, when they were having their final speed test. Bertha had been called away to her sister's who was sick, and she couldn't ask Mrs. Henry downstairs because the old lady couldn't even walk without a cane. And there remained only the two queer boys, but she hated their mocking grins, and she didn't want to leave Sammy with them.

"Just this once, Billy," she had said. "Please. Just this once. It's only for two hours."

"I've been working all day, hauling boxes from the trucks to the warehouse. All you got to do is stay here and look after him and keep the place clean. You can't even do that right, and then at night, you wanna go prancin' around."

"It wouldn't kill you."

"I might want to go out tonight myself." He was smiling at her, half-smiling, enjoying her pleading. His big handsome face watched her in the mirror. I can get any woman I want, he used

to say so often. And look at you, he'd say. Some beanstalk you turned out to be. It was true; she was too thin, with her shoulder blades showing, her breasts shrunken, her bones showing even in her face. After the baby, her hair had become thinner, hanging in mousey brown strands. More milk, the doctor had said. You need protein and vitamins. But that wasn't it at all. She was merely waiting, planning, not living at all, just living for the day when she could get out on her own, away from Billy. Then, she knew she would gain weight, she'd brush her hair every night, she'd have nice clothes and not have to listen to Billy's nagging all the time.

In the end, she had said nothing. She had dressed carefully, in her one good pant suit, which had a big stain on one leg. But no matter, it didn't show that much. Funny how you remember small things, she thought. I'll always remember it, the rest of my life, running down the stairs, and opening the door, seeing that stain on my pants. Somehow it had reassured her. She had simply left, run out the door before he could stop her. The stain seemed to say: You deserve something, but by the time she reached the Primrose Academy, she felt the panic burning in her stomach again. It drove her, and she got the highest score in her class. She would graduate top of her class, the teacher, a bespectacled old lady, kind and soft-spoken, told her afterwards, and she'd help her to get a job. I'll see you in two weeks, she had said. And Helen knew now, that she would be there in two weeks time, looking for a recommendation for a job.

When she opened the door to the rooming house, she could hear Sammy screaming. She listened for Billy's voice. He was silent. Perhaps he had gone out. When she got there, running up the stairs, still excited from getting the highest score, Billy was sitting glumly at the kitchen table, drinking beer.

"That bastard's been screaming all night," he said thickly, not looking at her.

In the bedroom, she saw Sammy, angry and bewildered, pulling the rungs of his crib, his small pale face red with anger. She picked him up, stroking his hard, tense body, feeling him sob against her. She cleaned him up, humming to him, and finally, he quieted down. Gas. He had always had gas, ever since he came home from the hospital, and she held him up to her shoulder, rubbing his back. "You're makin' a sissy outa him," Billy often said. "Whyn't you just put him down and leave him alone. All he needs is a few good slaps in the right places." She always managed to quiet Sammy down before Billy got too angry.

After he was quite, she went out to the kitchen and made herself a cup of coffee.

"I got the highest score in the class," she told Billy. "Soon I'll be able to go out and get me a good job. I'll be able to help you, you'll see." That was the lie she told him. We'll live better. We'll move to a better place. I'll buy you a fancy car. Some nights, she lay beside him, nights they couldn't sleep, and she whispered to him, with his arms around her. "I'll make all kinds of money. We'll live like kings. You can have everything you want then." Sometimes, she talked so long, she even believed it herself. They'd stay together, move, have more money, then all their problems would be solved and Billy would become someone else. He'd seem the handsomest man she'd ever met again, the way he was when they had first met, with a fine, hard belly and big broad shoulders, and heavy arms, tilting her chin up to look at him. Morning brought reality, however — another day closer to her goal: independence, freedom.

By the time they got to bed that night, Billy was quite drunk, and she turned away from him, staring into Sammy's crib.

"That bastard kept me home tonight," he said. "I wanted to go out. Always screamin' and goin' on. It's all your fault. If you'd do what I said once in a while, give him something to cry about, he wouldn't be like that."

She ignored him. He always wanted to fight when he was



drinking. She was almost asleep when Sammy woke up again, crying. She closed her eyes, hoping he would get back to sleep but within five minutes he was standing up in his crib, jiggling the sides of it, banging his head against it. Gas again. His face was crinkled up with pain and anger. She started to get up, to pick him up, when she heard Billy say, "Don't you go to him. Leave him alone. I'm sick of you always caterin' to his every whim and fancy. Leave him be."

"He'll cry if I don't pick him up."

"He damn well better not. I'm gettin' pretty fed up with this."

She decided to ignore Billy, and started to pick Sammy up. "Leave him alone," he said, his voice threatening. Suddenly, she felt Billy grab her by the hair and pull her back down on the bed. "You leave him be or I'll kill you," he said, his fists drawn up.

"I'm going to pick him up," she answered, evenly.

If she had only stayed in bed, even for ten minutes.

"I said, leave him alone." He was sitting up in bed now, shouting, still holding her by the hair as she tried to get up again. With one shove, she pushed him away, and picked up Sammy, who was really screeching by this time.

"Put him down!" Billy screamed. "Put him down!"

"No!"

With one movement, he had seized the little boy from her arms, thrown him in the crib. "I hate that kid!" he screamed. "You hear me, I can't stand that screaming anymore!" And what . . . she stared . . . everything seemed to stop for her as Billy punched and punched, his fists doubled, dark agony on his contorted face. Over and over, until she gave a great cry and sprang to him. For a minute, he looked surprised, as if she had startled him out of a dream. A nightmare. Sammy was quiet, Dead, killed. Small face smashed; blood, horror, madness . . .

Sammy's dead, she thought, and I can't cry. I should be crying, wailing, tearing my hair.

Afterwards, Billy had sat numbly in the kitchen, suddenly sober. When the police came, he said, "I killed him because I couldn't stand him screaming anymore." And he had started to cry. He had killed his child, his own flesh and blood. He was in agony, and Helen watched him in shock and amazement. It was the first time she had seen him cry. Demons inside him, there were. Perhaps he hated her as much as she hated him. But he was in jail now, she would never see him again.

When they were going to the cars, the choir ladies were whispering behind her. "Hard as nails," they said. "No wonder, that type always is."

"She probably drove him to it."

"She didn't even shed a tear."

Helen turned around, meeting the eyes of the ladies with hatred.

Bertha gripped her arm harder, and she looked away. She, too, had heard. In the car, going to the cemetery, she said, "You know, Billy ain't had an easy life. Told me one time his Pa used to beat him all the time. You could tell just by lookin' at him that he'd never had no lovin' from anyone at all. His mother died when he was born and the old man gave him a rough time."

"I know all that Bertha. I don't want to hear it."

"Used to beat him every Saturday night, whenever he got drunk. He didn't have no softness about him at all, Billy didn't. A person like that ain't right in the head."

Helen said nothing.

"It was just the way he was, that's all, the way he was made."

She talked of Billy as though he were already dead, Helen thought, staring out at the grey city. It was beginning to rain. Somehow, she had imagined there would be flowers, birds, sunshine. It seemed only right. That's what would have been fitting, such a small child. She remembered the few times she

had taken Sammy to the park to crawl around. He was bewildered at first, feeling the cool grass beneath his legs. Then he had picked a flower from one of the flower beds, and he had sat, ever so still, trying to take it apart, his eyes wide and luminous. He had finally dismembered it, holding the pieces in the palm of one hand for her to see.

By the time they got to the cemetery, it was really raining. The funeral people had brought umbrellas, and they handed one to Bertha, who held it over her head. The ground was cold and sticky, like clay. If you walked in it in your bare feet, it would squish between your toes. Cold, soggy mud, water holes in it . . . such a big hole for such a small child. Although Bertha tried to pull her back, Helen walked to the edge of it, staring down. The coffin was standing beside it, the young minister was fiddling with his prayer book, looking at her strangely. She looked up at him. "It's so cold and deep," she whispered, "so horrible."

"Don't look at it, honey," Bertha said, trying to pull her back.

"It's awful. They're not going to put him in there." Looking across to the minister, she screamed, "I won't let you! You're not going to put my baby into that dark hole! No! He liked the sun, you know what, he even liked flowers. He shouldn't be in that hole."

Behind her, someone whispered approvingly, "Crazy with grief."

"No, no, no!" Bertha gripped her hard, and finally pulled her back. Bertha was sobbing, holding on to Helen. *Sammy was dead because Billy killed him. That's my baby in there, my baby I carried in my stomach and now he's dead. He'll rot away, his head is all squashed. And Billy killed him. And I didn't stop him. He's dead.* She started to scream again, trying to move towards the small coffin which was being lowered into the grave as the minister was intoning his words.

"Come away, come away," Bertha crooned. "I knew you shouldn't have come to the graveyard. Ain't no need for you to see all this. Come on honey."

But she stayed, she wouldn't move. The coffin was lowered, and still she wouldn't move. She stared down at it, way down, thinking, if only I had listened to Billy, he wouldn't have gone wild. If. If. But Sammy's dead. Forever.

In the car going back to the rooming house, she cried in Bertha's arms. Bertha kept patting her shoulders, saying, "It wasn't your fault, honey, you couldn't do nothing about it." Soft with grief, Bertha kept wiping her dripping nose, rubbing her face with her yellowed hankie. "It's okay honey," she kept saying, "it wasn't your fault." Everything was all right now that she was crying, the way she was supposed to. They had looked at her with love and sympathy when she left the cemetery, they had made room for her to pass. Crying, that's the way they wanted to see her, guilty.

But you don't understand, she wanted to cry. Anyway, it didn't matter. All ifs, moments, she had created none of them. It had all been out of her control, from the minute she was born.

But no more. She'd create everything herself. *I'll get out. I'm graduating top of my class. I'll go away, get a job somewhere, maybe someday go to college even.* She'd have her diploma in two weeks, and then it would be the end, of Billy, of Sammy, of fat Bertha, of the horrible rooming house, poverty.

She had stopped crying when they reached the rooming house. Everyone was on the steps, waiting to see her. Looking at her tear-stained cheeks, they all smiled at her with love and affection. She passed them like a queen.

Veronica Ross has sold fiction to the Re fiction has appeared in Redbook, Chatelaine, The Atlantic Advocate and other publications. She has taken credits towards a B.A. but feels she is largely self-educated. She lives in Liverpool, N.S.

Calliope in the Cornfield

A Poem for Carol

I.

Always fleshed in glass and metal;
wheels for feet beneath me;
tongue and nostrils captured in monoxide;
eyes and ears rolled up
like automatic windows,
shut but see-through senses;
clutching this cold steering wheel
as if it had a destination.

Belted in and buckled down
I safely pass the cornfield
with its autumn corpses
speared and shimmering with sun.
Doors locked,
(all four),
and gas tank full,
fifth tire in the trunk,
I safely pass the cornfield
out in the middle of
Nowhere.

II.

Today you asked me out to play —
grown women!
“Not in cars but bicycles”, you said,
“for engines scare the hawk and crow before arrival.”
“Arrival where?”, I asked,
but knew what you would answer.

Along the hill we coasted down,
I felt the wind beneath my heart,
and tracing, like a drawing,
all the contours of my body,
some I had forgotten.

Like a sail I was,
boat-bound beneath me,
filled and swollen
swifter, faster,
cursed with only double sails
and double lungs.

Then came the warning —
cornfield rattled bony fingers,
Indian silence
shook the senses:
somewhere in the middle
hiding
came the hollow moan
of a calliope.

Air lifted, wind held me
as my body left the earth
and circled with the hawk
out in the middle of
n o w h e r e.

Kem Murch

Kem Murch co-authored the feminist musical Straight jackets, first produced in London, Ontario in 1975. She is a co-director of Women's Workshop in London which prepares courses and workshops in affiliation with Fanshawe College and Canada Manpower.

"Hey Baby, What d'ya say?"

by Karen Joyce Hood

You are walking by yourself through a family department store in search of some light bulbs. Suddenly a man appears beside you. He says, "I can't help but admire your nipples".

You're stunned; momentarily speechless. What should you do? Ignore him? Say something nasty? Most likely you will try your hardest to walk on and not reveal your mortification.

When this incident happened to me, I did not ignore it, but that was because I had been thinking a lot about how to handle this type of harassment. I was tired of saying nothing to whistles and sexual comments. I wanted to do something. However, before deciding on exactly how I wanted to do react in these situations, I thought I should try to understand why they happen in the first place, so I set out to interview a dozen friends and acquaintances. Some of the women were single: all were working either full or part time; and most had university educations. The discussions centered around two areas: what harassments were all about and how women had learned to deal with them.

One of the things that puzzled me most when I began was whether men were really sexually excited when they made noises and comments to women.

One of the questions that puzzled me the most when I began to think about harassments was whether men were really sexually excited when they made noises and comments to women. As I listened to the opinions of other women, the suspicion grew that sexual attraction has very little to do with this behaviour. In *The Female Eunuch*, Germaine Greer argues that men have been taught to view sex as dirty and therefore, by sexually harassing a woman, they can equalize the situation by making her feel as degraded as they do. Although there may be some truth in this, Greer gives more emphasis to the sexual aspect of this behaviour than I think it warrants.

What leads me to this belief is the answers women gave when I asked them what they thought men were actually saying in these overtures. First of all the harassment expresses the man's liking or lusting after the woman's physical attributes.

But is that all? Most of the women I talked to thought it was more, and came up with something like this, "Listen baby, I want you to know that I can have you if I want you. You're here for me and don't you forget it."

If this is true, it seems that harassments may have more to do with the assertion of power than with sexuality. Perhaps this is why of the women I spoke to, the ones who were pregnant or often accompanied by children were so seldom harassed — men

For some of us, sexual harassments, although humiliating, can still emote feelings of satisfaction. Being sexy is powerful.

are able to imagine these women as already being under the control of some man, even though it is not them. Susan Brownmiller in her book, *Against Our Will*, contends that the act of rape is more a symbol of power than sexual arousal. She illustrates this by pointing to the rapes performed by soldiers in overtaken countries.

There are other interesting similarities between the results of my discussions with women and Brownmiller's findings. For example, most of the women I spoke with said that they were more often harassed by men of different ethnic origin or economic background. *Against Our Will* attests to the fact that the majority of rapists belong to the lower part of the occupational scale. In my opinion it may well be that those who are denied power in our society, often low income and immigrant people, express their hostility and need for control by way of sexual encounters with women. One thing is clear, "Man's discovery that his genitalia could serve as a weapon to generate fear must rank as one of the most important discoveries of prehistoric times." (Brownmiller)

Putting aside for the moment the question of why men harass, let us consider why women allow men to get away with it. For some of us, sexual harassments, although humiliating, can still emote feelings of satisfaction. Ingrid Bengis, in *Combat in The Erogenous Zone* states that "for most women being sexy is a tool, a weapon and a source of pleasure." More to the

Some women have attempted to deal with harassments by compelling men to relate to them as human beings. This can be done gently or forcefully.

point perhaps is that being sexy is powerful. Beautiful women are more able to get what they want from men. When a man praises a woman on her appearance, he is acknowledging this power. It seems unlikely that women are going to want to give this up until there are other things that make us feel valued and powerful.

But what about those of us who don't have mixed feelings about harassments — those of us who are continually and clearly enraged by such encounters? Of the women I interviewed, most admitted to experiencing very intense emotions during harassments. Yet the majority chose to try to ignore them. Why? Perhaps they are afraid that if they challenge the men, the holders of power, they will run the risk of having the tables turned on them, of somehow being blamed for the incident happening because they "asked for it".

Personally, I have decided to direct my energies toward creating new ways of handling harassments rather than staying on the defensive. I don't see why I must watch where I walk, how I dress or whether I can safely go out on the street alone. Men don't; and I'm not going to either. I'm not as powerless as some might think. I am reminded of the devastating story in *Combat in The Erogenous Zone* which recounts an incident of sexual assault.

A young girl was riding home on a terribly packed subway. A man put his hand up her skirt and slowly began to touch her genitals while casually reading the evening newspaper. She was unable to move and was terrified of causing a commotion, especially since to all appearances nothing out of the ordinary was going on. Needless to say, the incident was quite damaging and she was left with many fears of men and subways. Since then she says she has acquired a sharp tongue and quick knee and feels undeniably healthier. When I spoke with other women in the interviews, part of my purpose was to find out how they had learned to handle harassments in the hope that I might learn as well. Some of these alternatives may be useful to you also.

Some women have attempted to deal with harassments by compelling men to relate to them as human beings. This can be done as gently or forcefully as you wish. For example, a man makes smacking noises with his lips as you walk past. If you chose to be moderate, you could stop and say to him in a calm voice, "Maybe you don't know this, but many women don't like to have men make comments about them. It really annoys me that I can't walk down the street without being intruded on. Please keep whatever you're thinking to yourself". This response is fairly unaggressive and as such it has less chance of causing anger or retaliation. It is most effective in situations where you are feeling only mildly irritated. I have tried this approach myself and was surprised to see how astonished the man was to hear a woman speaking up.

Lena, a thirty-two year old woman who works developing women's programs told me that she was accosted by a man as she stepped out of a grocery store. "Hi there, good lookin'. What's happening?" She stopped and looked straight in his eyes. "Oh stop it. I don't give a damn whether you think I'm good looking or not — you or any other man. So get lost". The harasser seemed confused, turned and walked away. The fact that she insisted on being treated as a human being seemed to make this man speechless!

The act of looking a man in the eyes may be helpful in preventing harassments as well. Julie tries to do this as a man approaches her on the street. She says it seems to establish

I feel the most satisfied when I focus on my own feelings rather than commenting on the character of the harasser.

contact on a person to person level and inhibits the male from sexually objectifying her.

When a harassment is particularly nasty, you may want to act in a less accommodating manner. In the department store incident mentioned above, where the man commented on my nipples, I turned and said to him in a loud voice, "What? What did you say?" Several people turned their heads towards us. "How dare you come up to me like that a make rude comments about my body. People like you make me furious!" I would have continued, however, the man had turned and was fleeing the store. As I write this now, it still brings a smile of satisfaction to my face.

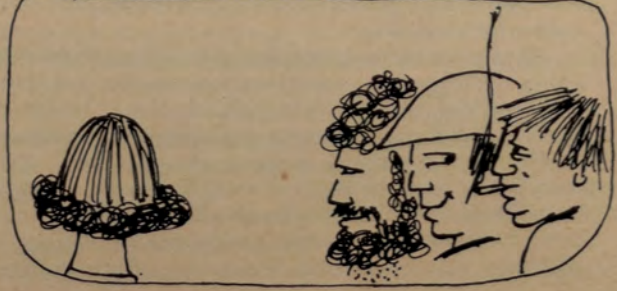
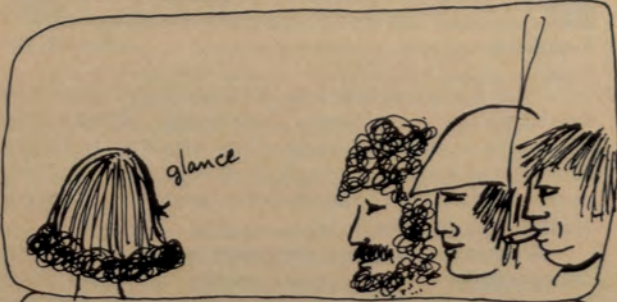
Some women have succeeded in thoroughly humiliating and degrading harassers. I certainly was tempted to call the harasser in the department store a pervert and other names. Although every woman must make her own choice as to how far to go, I find that I feel the most satisfied when I focus on my own feelings, rather than commenting on the character of the harasser. Nevertheless, attacking the harasser verbally does have advantages. For example, Susan a single woman who works for the government, was on her way home from work when a man called out, "Hey sweetie, what are you doing later?" She stopped and went over to him. "Minding my own business like I think you should do." Noticing his wedding ring, she added "You're married . . . probably have kids . . . how do they feel about having a dirty old man for a daddy?" The man squirmed and was quiet. Although Susan was successful in humiliating her harasser, she did resort to tactics that were very similar to his.

Many women I talked with tell harassers to 'bug off' or use more profane language. This tactic doesn't allow for much increased understanding of your feelings, but it does tell the man that you are not going to put up with that sort of treatment without an argument, thereby balancing out the power. Some women have taken this one step further. In these situations women conclude that the only way to stop men from continuing their harassment is to give them some of their own medicine. For example, a man made sexual noises to a group of women. The women turned and whistled at him and made remarks regarding his figure. One woman actually reached out and pinched his rear. The man was mortified. The danger of an approach like this is the possibility of the abuse being returned. Or he could take his anger out on other women.

Yet whatever their methods of handling it, in all the situations I have described so far, the women did not ignore the harasser. They took action. Of course the type of action depended on their personalities and the particularities of the incident itself, but most learned that not only is the expression of annoyance and outrage acceptable, but that it is often highly satisfying. Furthermore, one can hope that as a result, the men involved will think twice before harassing women again. And that other men who witnessed the incidents will be more hesitant as well. But best of all, you will have given other women an example of how not to remain helpless in these encounters.

Karen Joyce Hood belongs to the Women's Writing Collective in Toronto. Last May the Collective sponsored a women's poetry festival which resulted in a publication entitled Landscape.

danger: construction ahead



by Jacqui Vannelli

Body Politics

are you a casualty?

interview with Dr. Ruth Simkin
by Patricia Preston

Bitchiness and menstruation. Alcoholism and arthritis. Crazy and menopause.

None has to accompany the other. But for years they've been linked, first by the majority of the male medical profession and then by women who themselves perpetuated the myth.

"Doctors have been conditioned, in a sense, to think that no matter what the symptoms, women's complaints are basically neurotic," says Calgary physician Ruth Simkin.

"The whole attitude toward women as persons with legitimate physiological complaints is largely put down or ignored by many male doctors — even some female physicians. This attitude is beginning to change for the better in medical schools, but for a long time it was prevalent, even reinforced."

Simkin is angry because many doctors "tend to gloss over what might be potentially wrong" and because women are "stereotyped as having certain kinds of neuroses at certain ages."

She said that often a woman has been told that "if she's middle aged, she's going through menopause; if she's younger, she's having trouble sexually with her husband; if she's younger still, she's uptight about something; and if she's old, she's suffering from hormone lack — and she's neurotic anyway, because all women are."

"Doctors have, for a long time, said 'What you really need, dear, is to take a holiday, or to find a husband, or to have a good lay.' If you tell someone long enough that she's neurotic, of course, she'll believe it eventually."

Many of Simkin's patients come to her apologetically ("I'm really sorry doctor, but I'm having a lot of pain.") She examines them, orders tests and discovers often that there is a physiological problem.

"Nobody has ever bothered to give these women the benefit of the doubt," Simkin said. "I treat them and they return later saying how great they feel and how grateful they and their families are. I feel almost as good as they, but why do they have to suffer so long?"

A study conducted by Calgary psychologist Maria Ericksen illustrates that a great number of women with physiological complaints are ignored. For example, Ericksen's findings show that of 498 female interviewees, each of whom had diagnosed arthritis, 87 percent went for a period of twelve years or more after initial contact with a doctor before the disease was recognized.



Ruth Simkin

photo by Kim Bruce

"I get many women who come to me from other doctors who haven't examined them," Simkin said. "Some are alcoholics who have some physiological pain which has never been detected and these women have been drinking for years to overcome the pain. The family doctor never looked beyond the alcoholism in treatment."

Women such as these, she points out, have been going to male doctors for a long time and have told the doctors of symptoms, only to have the doctor listen and write out a prescription — often for tranquilizers.

"I examine these women, find something is physiologically wrong — often serious — and I perform surgery," said Simkin. "All along they've been told to relax, or not to let husbands and children upset them, or other equally patronizing remarks."

However, this thorough approach to patients is encountering problems at the political level. Simkin says that many young feminist doctors are being penalized by the government for their thoroughness. All billing to Alberta Health Care, she explained, is computerized. Within that system various norms

are established with regard to tests done and so on. If a doctor deviates too far from the norm, ACH 'flags' that physician's chart.

"This means AHC writes to you and tells you, for example, your billing procedures for the past year have been examined, and that, in certain areas, you've deviated from the norm," Simkin said. "The doctor who is flagged has to write a letter of explanation and if that isn't acceptable, the doctor has to go for an inquiry so the government can check to see if she or he is spending the money the way the government intends it to be spent."

She said many of the young women doctors get flagged their first year in practice.

"I got flagged my first year," she said. "I wrote the government and explained why I thought women doctors were being flagged. We tend to order more tests because we do more than just provide an ear for female patients' complaints. Because we have more female patients than our male counterparts, we do more pap smears and vaginal cultures. So the profiles of our practices are distinctly different.

I explained all this to the government and pointed out that until the discrepancy in the ratio of male to female doctors in Alberta is decreased, the government should compare male and female physicians separately or at least in different ways. I wasn't objecting to controls, because I know there have to be some.

"Their answer was that, although they accepted my explanation, they wanted me to realize there was no discrimination in Alberta. They totally missed why women have different profiles to their practices. So I'll save it all and write it all again when I get flagged next," she said with a smile and shrug of her shoulders.

Although she recognizes that many women come to her because she is female, Simkin prefers to have patients choose her because she's good.

"That should be the criteria for choosing any doctor. I want to be a good doctor and I am a woman, but my sex has nothing to do with my inserting an I.U.D. or treating a sore throat. I know many women come to me because male physicians have tended to be unsympathetic about feminine problems. I understand that. I don't know what it's like to have an erection and if a man comes to me with an erection problem I can medically treat him, but not really identify, but if a woman comes in and is nervous at work because she hemorrhages on the first day of her period and she's afraid the blood will run down her leg, I can identify with that — bang on! Her irritability when she ovulates is easy to understand too."

She knows these symptoms don't mean the woman is neurotic. "Male doctors, and even some female, tend to say 'Don't worry about it. It's not that serious.' But I know I can do something about these things. There are physiological reasons for these problems; women don't have to feel bitchy when they menstruate and they don't have to hemorrhage or be uncomfortable at period time. A change of pill or dosage may be all that's needed."

Simkin believes there is a broad area of women's health that has been irresponsibly handled, even ignored.

Many doctors, she said, tell women to take a break from the pill "just to get your system back to normal, dear." And many women get pregnant this way.

"I went to medical school and so did every other doctor, and now that we are practising we are obliged to share our acquired knowledge with our patients. And that includes telling women how not to get pregnant. Telling a woman to take a break from the pill without also telling her how not to conceive is irresponsible," she said.

She is adamant that birth control should be regarded by physicians and the government as preventive medicine.

"I feel strongly that birth control should not only be avail-

able but also be considered an essential service provided to the people in this province and in this country," she said. "The doctors as a whole feel this way, but many are not prepared to stay on top of all the latest contraceptive methods (see box) and learn how to deal adequately with them. If they did then they'd be providing what I feel would be good contraceptive care.

"Doctors are perfectly capable of giving good birth control advice. They agree it should be done but they don't do it. If they aren't going to then it's their responsibility to help people that are — groups such as birth control associations. Doctors aren't prepared to take a stand in this area. Instead they ban saccharin for the so-called good of the people, yet when children should be taught how not to have babies for the good of the people neither the doctors nor the government want to get involved."

She said the Calgary branch of the Canadian Federation of Medical Women offered to go into the schools, at no cost to the school system, to give sex education and birth control lectures.

"We were turned down. We were told 'That's dirty and the parents would object,'" she said. "So for the good of the people the kids can go out and copulate and get pregnant and have abortions.

"Doctors tend to be political within their own structure but form no lobbies. They publicly support birth control, yet don't give adequate counselling. They are loath to let their nurses do contraceptive counselling, because the doctors would lose money."

"The feminist movement has helped," she said. "But we must make patients aware of their rights and we must pressure the government into getting involved in preventive medicine. Doctors tend to forget patients are individuals. I don't want to be regarded as a liver, or heart, or just another infection, and no patient should be treated this way." She said patients should speak out for their rights. Patients are consumers and if they don't like the way their doctor treats them, they should go elsewhere. Simkin feels that, in return, she, as a physician, has a right to accept or not accept patients.

"As doctors we also have a responsibility to speak to patients in terms they can understand. Medical jargon is fine among the medical profession, but patients have an absolute right to know what the problem is, whether I know precisely what it is and what my plan of action is," she said.

"Very often I don't know what the problem is and I say we must wait and see," she added. "I think the patient has a right to know that I don't know."

Simkin believes it's the government's responsibility to encourage physicians to spend more time with patients. "Why not establish time clauses or similar methods so doctors can afford to take time with patients?" she asked. (Doctors get paid the same amount per patient no matter how much time they spend with the patient, although they can bill for 'detention time,' extra time spent with a patient. "But detention time doesn't encourage doctors to practice preventive medicine. They can't do it and make a living.)

"The government does not encourage doctors to treat patients as individuals. In fact, doctors are penalized if they take too much time with their patients. Simkin told of the time she stayed with a patient who was in labour at the hospital. "I stayed from midnight to 4 a.m. because the woman was nervous and scared. Then when I billed AHC for the extra time, I was turned down because the government said my staying wasn't essential to the woman's survival."

She said she feels everything the government is doing is short range.

"Birth control is just one area of long range preventive medicine the government should be supporting," she said.

And then, with another shrug of her shoulders, she sighed and said . . .

"Oh . . . hell, it's all political"



films Festival Notebook: Cannes and Berlin

It's film festival season, that half year from spring through fall when international exhibitions crowd the calendar and eye drops become more precious than passports. As we go to press, Montreal's World Film Festival of Canada is drawing to a close — just eleven days before Toronto's Festival of Festivals begins and only weeks before New York, London, Los Angeles, and assorted other Old, New, and Third World centers host major film events. From two capitals on the festival map we've received the following reports.

CANNES: WOMEN AND FIVE FILMS

Cannes — the 30th International Film Festival — is long over, but fortunately its films are still with us.

And this year's crop of films bode good for women. Women featured prominently in credits as screenwriters. As subject matter they were seen frequently, distinctly and sympathetically. And the response was generally favourable to the several films directed by women.

I saw only one film in this last group — *Le Camion* by Marguerite Duras — and walked out after twenty minutes of insults from her self-indulgent "intellectual" games. The entire film consisted of cuts between travelling shots of a highway seen from the point of view of a truck-driver (unseen) with occasional glimpses of the truck cab (empty), and dialogues between Duras and Gerard Depardieu (in which he simply agrees with everything she says), discussing a drama that could possibly take place between the driver and a woman hitchhiker. This exercise was in aid of Duras' theory that true cinema must lose itself. Well, it lost itself entirely here, and the result was uncinematic, narcissistic and tiresome.

There were several excellent films that looked at women through various men's eyes and were exciting and thought-provoking for their revelations. It's good to see how the other half thinks, as opposed to fantasizes. And the

women in the films this year were generally exciting as well, because they were real women — not as anyone thinks they are, not as they would like to be — but as they are. They were women who didn't leave their husbands, and who did not strike new paths. They were women who did nothing more daring than come to some self-understanding and continue to manage within their established role patterns. They are as real and recognizable as any women you will likely see on screen.

Monique Mercure shared and amply deserved the best actress award for her role in Jean Beaudin's *J. A. Martin, Photographe* (Quebec). At the turn of the century, in her fifteenth year of a marriage gone stale, Rose-Aimee Martin scandalizes the neighbours and leaves her children in the care of an aunt to join her husband in his annual travels taking photographs. J.A. (Marcel Sabourin), her husband, is laconic and unspirited; Rose-Aimee is trapped in a mind set that involves only her children. Through their travels the couple come to see one another and themselves anew and must reevaluate their life together. Rose-Aimee in particular must confront her womanhood and the scope it offers. This is a quiet tale of subtle changes and calm resignation which details the ever-so-silent growth of a marriage beginning a new cycle.

The film is beautifully shot, if slow-moving. But it has some brilliant moments of unspoken conflict, and of breaking through into sharpened understanding. Mercure handles her part with a great deal of love for a woman who learns how to deal with her long conditioned role, how to accept yet make richer the things she cannot change.

Ettore Scola's *A Special Day*, an Italy-Canada co-production, concerns the day Hitler visits Mussolini in Rome and two people who stay home from the event. Marcello Mastroianni, a persecuted homosexual, stays home on principle: he is anti-Fascist. Sophia Loren, a dowdy housewife, stays home out of duty to her family — to clean the apartment and prepare dinner. Married to the Fascist ideal of machismo (played

by John Vernon, to a T), she keeps a scrapbook of Mussolini's various definitions of the "real man". These two neighbours, living in completely different worlds, meet. Their encounter leads them to greater self-knowledge and understanding of others, raising many questions on the social/political/sexual conditioning of male/female roles.

Loren is supremely touching as a woman struggling with unfulfilled desires — physical, emotional, intellectual and spiritual; Mastroianni gives one of the most sensitive renderings of the homosexual yet seen. The film is political in all respects and cries out for respect of the individual. It is exceptionally well-made, both as a period piece and human drama.

J.A. Martin and *A Special Day* deal with women who accept where they are, but through personal dignity and good old-fashioned human warmth, rise above the mundane. Their triumphs are quiet, and small — in fact liberated women might say they do not triumph at all. Yet for where they are, and who they are, every step is a minor coup.

On the other hand, *The Lacemaker*, a study in solitude by Claude Goretta (Switzerland), concerns an inarticulate but highly sensitive young woman who succumbs totally to her own despair. She falls in love with a student intellectually beyond her and is subsequently devastated by his unintentional thoughtlessness.

Goretta wishes to speak for those people unable to speak for themselves. Isabelle Huppert is superb in her understated role as the young woman who, through her inability to communicate, is destroyed. But her destruction and disintegration are of rare eloquence, and broken, she stands for us whole. Goretta films to perfection the unspeakable thrill of blossoming love, the shyness of first encounters, and the pain of shattered dreams. *The Lacemaker* is an exquisite film. Without hesitation, the trip to Cannes would have been worth it if this were the only film I'd seen.

Robert Altman's *3 Women* (unhappily withdrawn from commercial

distribution because of poor box office returns) was another rare gem.

Dreamlike, three women merge into one, blending and melting before our eyes, striking deep chords within us all.

Shelley Duvall, Sissy Spacek and Janice Rule are remarkable, gliding through a world so real it becomes bizarre, a world smothered in superficialities and ruled by a not unseen but somehow more than natural masculine sexual power — fertility becomes almost evil in a series of nightmarish paintings that unify the film. The film was a joint effort, the actresses contributing heavily to the growth and structure of the blending. *3 Women* is almost terrifying in many ways and above all disquieting in its eerie familiarity. It is a film difficult to discuss, because of its interiority, but it is a film not to be missed.

Of course there were films at Cannes that exploited women and betrayed no understanding whatsoever for the female condition. Yet these four films represent the big films at Cannes — the competition films, the ones that will reach the largest audiences. There are women no doubt that will cry cheat because no battles are won in these films. But understanding is achieved on many levels, and that is where freedom begins.

NOTES FROM BERLIN'S FILM FESTIVAL: WOMEN NOT YET AT PARITY BUT GETTING CLOSE

The Berlinale is really two major events and a few accompanying minor ones. The official Festival Competition Program is made up of big-budget products, usually mainstream in style. (Canada provided nothing to fit the bill; one of this year's U.S. entries, Robert Benton's *The Late Show*, won a deserving Lily Tomlin the Silver Bear Award for her performance as the spaced-out Margo Sperling). Official sub-events were the usual Trade and Information Show and the retrospectives, the main one reviewing all of Marlene Dietrich's films.

The other major event — unfortunately lesser known — is the Forum of Young Films where non-competitive, non-commercial programming is an alternative to the Competition. Besides a more exciting range of entries — including documentary, experimental and Third World material — films by and about women are an integral part of the Forum. Among U.S. entries here were Yvonne Rainer's *Kristina Talking Pictures* and the Karemquin Collective's documentary



Sissy Spacek and Shelly Duvall in *3 Women*

The Chicago Maternity Center Story. Canada was only semi-represented by *Etnocidio*, an NFT-Mexico co-production exposing the extermination of Otomi Indians in Mexico.

Women in the Forum

Works of female directors made up more than a third of the featured films. They took up a broad range of issues and were among the Forum's best attended, best received films, as well as some of the best of the Festival itself. A few examples:

Harlan County, USA (USA 1976). Barbara Kopple's extraordinary documentary of the nearly year-long Kentucky coal miners' strike in 1973 demonstrates how well-observed fact can be more absorbing than fiction. Except for some compilation footage on earlier strikes and working conditions in Harlan County mines, nothing was reconstructed or staged. Kopple and her crew, who lived through the strike with the miners and their families, became in effect participants and made a film undeniably partisan with the strikers. It impressively records the miners' populist worker-radicalism and the immediate dangers from management scabs. Fears and failings are effectively revealed alongside the courage and determination, especially on the women's part, to hold out for a fair contract.

The Sealed Soil (Iran 1977). Marva Nabili depicts the identity crisis of an 18-year-old village girl who rejects century-old tradition by refusing to

marry but cannot accept the new values of encroaching industrialization in its place. Like an increasingly compassionate outside observer, the camera records with little or no movement her developing disorientation, anxiety and eventual emotional breakdown. This is registered by subtle changes in her performance of daily routines, particularly in her attempts to be alone, to isolate herself from everything but the concrete reality of physical existence. It's Nabili's first feature length film, and the austerity of approach she's chosen demands much from an audience. The reward, however, is a nearly perfect representation of the psychological effects of social change.

News from Home (Belgium/France/W. Germany, 1976). More modestly than in her phenomenal *Jeanne Dielman*, Chantal Akerman succeeds again in conveying the complexity of a personal experience by carefully presenting its minimal components. An inexperienced girl from a petty bourgeois Belgian family goes to New York to study. All we see are alternating, gradually more personalized scenes of the shabby sides of the city: a crowded subway, deserted alleys, the garment district, traffic. Juxtaposed to these is the voice of her mother reading letters from home that are always loving, somewhat solicitous, always wondering when her daughter will come home and why she writes less and less often. It's a simple idea, yet it describes in a refreshing way the common feeling of initial isolation and insecurity, then the gradual familiarization and identification that



Flora Shabavis in *The Sealed Doll*

anyone experiences in an alien environment.

Also excellent from a thematic point of view was Ula Stoeckl's *Erik's Passions* (*Erika's Leidenschaften* W. Germany, 1976) in which two women — sometimes painfully, sometimes comically — go over the nature of their relationship. Stoeckle shows how two people, regardless of their sex, misuse each other's affections and fall into partnership role-playing patterns. The film ends improbably but convincingly with both women accidentally locked in the bathroom, having talked everything out and forced by circumstance to begin enjoying one another's friendship again.

Women in the Competition

Only three films directed by women were featured in the Competition Program. Nevertheless, one of these, Larissa Shepitko's *The Ascent* (USSR 1976), walked away with the Festival's top award, the Golden Bear, and prizes from the critics and the International Catholic Film Organization. Shepitko believes in cinema as a vehicle for moral allegory; hence, the title's symbolic, almost liturgical, implications. The film concerns the plight of two partisans captured by the Germans. One of them withstands torture and becomes a source of inspiration to prisoners and captors alike, one of them doesn't. What impressed both audiences and critics — besides the authenticity and lyricism of her treatment, was the humanity with which Shepitko depicted the traitor's position.

As for the other two, Joan Micklin Silver's *Between the Lines* (USA, 1976) was a crowd pleaser because it nostalgically described the breakup of an underground Boston newspaper and the dissolution of its crew's New Left values. I found it too wordy and slickly formulated to allow any lasting identification with its characters. By comparison, Robert Bresson's *Probably the Devil* (*Le Diable probablement* France, 1977) treated youth's self-despair and ideological disillusionment with the seriousness it deserves.

Also disappointing was Heidi Genée's *Grete Minde* (W. Germany, 1977), a super studio-style adaptation of a 19th-century novella about a young woman in 17th-century Germany who rebels blindly against society's repressive mores and destroys herself and her loved ones in the process. A far more rewarding image of Woman was provided by *The Man Who Loved Women* (*L'Homme qui aimait les femmes* France, 1977), Francois Truffaut's latest tragicomedy, of an otherwise ordinary man who spends all his free time exploring the varied nature of the female and in the end gives up his life in pursuit of just one more pair of legs.

Significantly, the most perceptive representations of female sexuality were in films by male directors. In Bernhard Wicki's *The Conquest of the Citadel* (*Die Eroberung der Zitadelle* W. Germany, 1976) a deaf-mute rich Italian girl seduces the dirty German construction worker. Their love scene concentrates on her sexual frustration and the hopeless effort

to express it verbally. Paolo Pietrangeli's flawed but exceptional *If Pigs Had Wings* (*Porci con le ali* Italy, 1977) explores the sexual confusion of young people in the '70s. Its hero and heroine are portrayed with equal sympathy and understanding.

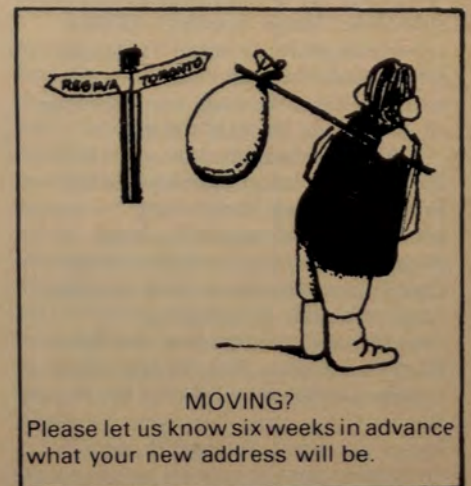
Finally, there was Pal Sandor's *A Strange Role* (*Herkulesfurdoi Emlek* Hungary, 1976). Its peculiarly attractive story has a young man spend the better part of World War II disguised as a woman and working as a nurse in a home for convalescents. The role is one he not only accepts but actually finds comfortable. Experiencing more security among women than men, he is captivated by their sensibility and vulnerability on the one hand and their courage and ability to survive on the other.

Postscript

Very much a part of the Festival was a meeting for women filmmakers and journalists called by a Dutch group, Women of the Free Circuit, now preparing an international information catalogue on films by women. Anyone with details on Canadian films by women should send titles, credits, a short synopsis, names of distributors, and any other useful data to: Vrouwen Vrije Circuit/Postbus 1998/Filmhuis Breda/Breda, Holland.

Jane Dick is a Montreal screenwriter and assistant director of a repertory cinema in that city. Already familiar to Branching Out readers, Judith Mirus recently saw forty-five films in twelve days while covering West Berlin's Film-Festspiele.

3 Women will be re-released in Canada sometime this fall.



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acclaimed prize-winning novel!




CHILD OF THE MORNING

A NOVEL BY PAULINE GEDGE

Co-published by Dial Press, New York and Macmillan of Canada, the life story of the woman pharaoh, Hatshepsut, "daughter of the sun," has created unrivalled pre-publication excitement. Its gifted author is the latest winner of Alberta's Search-For-A-New-Novelist Competition — and this is a novel every Canadian can be proud of. "A particularly fine first novel," . . . Publishers Weekly.

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Jacket painting by Leo and Diane Dillon



books

THE WRITER AS PSALMIST

by Shirley Swartz

Enchanted Summer by Gabrielle Roy.
Translation by Joyce Marshall of *Cet ete qui chantait*. McClelland and Stewart, 1976. \$7.95, cloth.

Garden in the Wind by Gabrielle Roy.
Translation by Alan Brown of *Un jardin au bout du monde*. McClelland and Stewart, 1977. \$10.00, cloth.

Gabrielle Roy dedicates *Enchanted Summer* to "the children of all seasons with the wish that they will never tire of listening to their planet Earth." Canadian writers look — one recalls the flight of geese across the sky, of swallows over the water, or that "certain Slant of light" which are Margaret Laurence's signatures for so much that is deep and inarticulate in the psyche —; few listen with an ear as well-attuned or sympathetic as Gabrielle Roy's.

In *Enchanted Summer* she listens to the crows, the killdeer, the cowbells, the river, but most often she listens to the wind. All are intimations of immortality. Swallows sing ill-timed responses at a Mass from which the celebrants emerge into a world cleansed by sudden storm. There, domestic animals await them with seeming adoration, asking what vision has transfigured their masters. A favorite crow arrives with the wind, settling himself in the exact center of a cherry tree and letting himself be rocked from one horizon to the other. On calm days, "days when I myself grow lonely — perhaps for eternity—" he absents himself. One day, shot, he lands there to die, feathers catching apocalyptic fire from the sun's ray. Martine, one of the many women wearied by work and childbearing whom Roy treats so compassionately in her fiction, longs to make a pilgrimage before she dies to the river of her childhood. Her feet in the water, "barefoot on the rim of the summer sky," newly aware of the "invisible" and "all attention to recognize intimations of the unknown," she begins to ask the questions Roy's novels have asked over and over. "Why do we live? What are we sent to do on this earth? Why do we suffer so and feel lonely? What are we waiting for?

What is the end of it all? Eh? Eh?"

Like Martine, Roy frequently touches the "mysterious goal" in her writing. And if, again like Martine, she doesn't quite know the answer to her questions, she accepts it as "good." And therein lies the structure of this anecdotal book. Opening with the death of a frog named "Toong," it closes with a return visit to his pond and a happy encounter with its new tenants, three killdeer, who sing of acceptance of joy and sorrow: "If everyone is happy together, it will be paradise." Paradise, not this world which Roy listens to with love and compassion.

* * *

Reading in translation is almost always a series of renunciations. How does a translator remain faithful to both the literal sense of a text and a larger meaning which may have no equivalent expression in another language? How can he recreate a pattern of sound in a second tongue? Rendering *Cet ete qui chantait* as *Enchanted Summer*, Joyce Marshall has kept one significance of the French but surely all that singing of birds, wind, river which pervades these reminiscences and which has all but disappeared from our *enchanted* is lost. Other exigencies are to be equally regretted: the loss of the onomatopoeic *ouaouaron* from the opening sentence, the very exact *whisper* for the more evocative *chuchotement* of waves. But if these exigencies are the price we must pay for reading in translation, surely we need not also pay in incomprehensible inaccuracies. Why, for example, need the *forme animale*, the *rat musque* who eats Toong become a *long-legged bird, a little heron*?

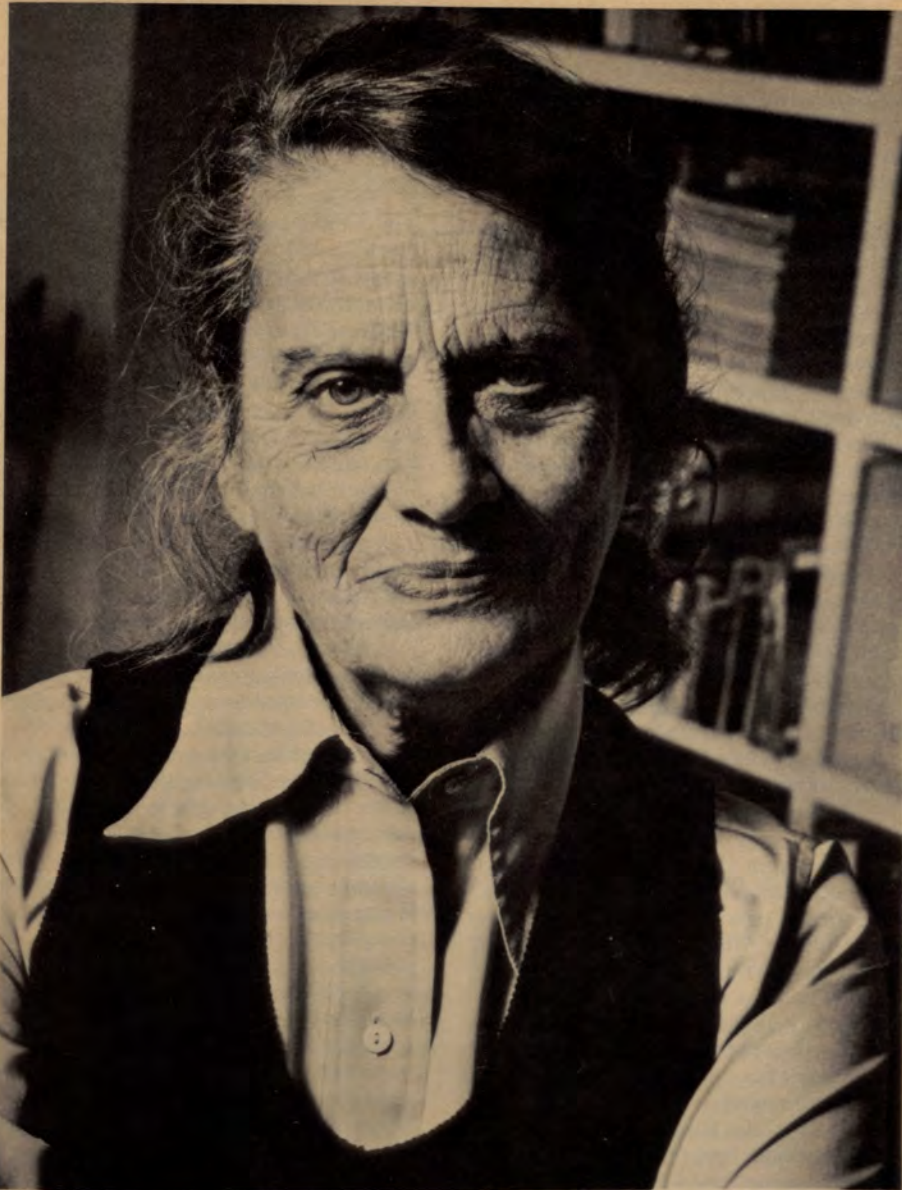
But even translations have felicitous moments. Alan Brown shaped one when he rendered *Un jardin au bout du monde* as *Garden in the Wind*, keeping something of the rhythm of the original and paying tribute to Roy's major symbol in these short stories. They are prairie stories, and the wind which stirred the imagination of Christine in *Street of Riches* and which quickened Roy in *Enchanted Summer* here awakens in the lonely settlers Martine's questions about life and intimates their answers.

Two of the stories Gabrielle Roy has reworked from earlier published versions. "A Tramp at the Door" carries us directly back to *Street of Riches*. In the simplest of prose, she narrates the story of Cousin Gustave's two visits to the isolated Manitoba family. Each of the characterizations — the trusting father with his great need to find some love in his past, the sceptical mother with such reserves of compassion for those whose need moves her, the homeless Gustave who brings "home" to each family he captures with his tailor-made reminiscences — is insightful and immediately telling. The images of storm, prairie sky, wind, a walking-stick cut from the garden, are naturalistic and unobtrusive, yet add immeasurably to the sense of individual loneliness and the strength of companionship which this story creates.

Far less successful is "Hoodoo Valley." Here no character seems memorable in himself, and the chimerical vision which convinces the Doukhobors to settle in the barren valley never carries me with it to the point of sharing their conviction. I remain too aware that, if this vision comes from God, it is a trumped-up affair of light and not a promise of the prosperity the settlers left behind them. I think I should believe, if only for a moment, with the Doukhabor leaders. As it is, I am left with a sense of futility and an exasperation at these people who only see backwards into the past. I wonder how they fared against stony soil and inhospitable winds; my wondering makes me feel the story has not really ended.

Ever since *The Tin Flute*, Gabrielle Roy has clearly been at her best when depicting the lives of those oppressed by circumstances, those who, burdened with care and inarticulate as they are, yet experience some *elan* towards life and faith, some love of what remains enduringly beautiful of this planet Earth. *Garden in the Wind* contains two such characters, Sam Lee Wong and Marta Yaramko.

Any of us who have lived in small Canadian towns can recall the isolation of the Chinese restaurant-keeper. One never saw him on the street; one thought of him — when one thought of him at all — as a being apart and yet he kept his restaurant year after year in the community's midst. I



Gabrielle Roy

photo by John Reeves

can recall, too, a man who, late in life, confessed to having left a wife and child in China. Prevented from bringing them with him by restrictive immigration laws, he never could save their passage later. Yet who among us has taken the time to "imagine the life" of these people? In "Where Will You Go, Sam Lee Wong?" Sam has left an overcrowded China led by the memory of open space and some round hills in a happier childhood. He follows that memory to Horizon, Saskatchewan, where, in the prairie's desolation but within sight of a small range of round hills, he sets up a restaurant in an abandoned shack. His hills in sight, Sam endures. He endures the slow beginnings of business, insensitive customers, the windy summers, the cold, windier winters, the long draught. Only prosperity loosens him. With the discovery of oil, Horizon is afflicted by rising property values and

health inspectors. Sam leaves, crosses the hills. When he resettles, he sees them again, on the other horizon this time, infusing his life with a meaning he can never articulate. They encompass him.

Marta is another whom most of us would never think to sing. "A woman sharpens herself to endure," one of Sheila Watson's characters remarks in *The Double Hook*. Marta has endured and in a valuable way — Roy makes us realize — has spiritually flourished. We find her in Volhyn, Alberta, "on the edge of the inhabited earth," dying. As she weakens, Marta watches her "Garden in the Wind" and questions the meaning of her life. Much of her long protection of her flowers has been against the ravages of the wind. That wind also promises, in rare summer moments, "tenderness but as if that were a far country infinitely hard to reach." It "links her always with the wellspring of

her life." The flowers and the wind lead her to those same questions Martine asked, questions she feels beyond her; they also provide "inexhaustible consolation." They reawaken a ferocious and inarticulate tenderness in her estranged husband and lead him back to an affirmation — however unwilling — of life. Finally, "air and wind and grasses" intimate her immortality.

These last two volumes by Gabrielle Roy emphasize the religious impulse of all her writing. Not religious in any sectarian emotion or doctrine. But religious in that it affirms over and over again the value of all, even seemingly insignificant, lives. No character of Roy's, no matter how oppressed, how inarticulate, remains unable to perceive a meaning in his life that, for moments at least, transfigures his daily drudgery. Each finds in his surroundings of this planet Earth the impulse towards faith. Each becomes, with Sam Lee Wong, a psalmist lifting "his eyes up to the hills."

Shirley Swartz teaches English at the University of Alberta.

FEMINISM IN FRENCH CANADIAN LITERATURE

by Simone Martin

La Riviere Sans Repos, by Gabrielle Roy. Beauchemin 1970. Translation by Joyce Marshall to *Windflower*. McClelland and Stewart, 1970.

La Sagouine, by Antonine Maillet. Lemeac, 1974. *Les Enfants du Sabbat*, by Anne Hébert. Le Seuil, 1975. *Le Corps Etranger*, by Helene Ouvreard. Le Jour, 1973.

Women abound in the literature of French Canada, both as authors and as main characters.

In Quebec folklore of the seventeenth and eighteenth centuries, heroines are endowed with great powers. Take, for instance, Rose Descoutures who dances dangerously with the devil at a ball but manages to elude him. Several versions of this old Gaspé legend exist and varied symbolisms can be extracted from them. Rose, who certainly amused herself with a perilous situation, appears capable of reason and decision. In addition, she stands as a figure of light against the forces of darkness.

The first Canadian novel, *The History of Emily Montague*, published in 1769, was written by Frances Brooke, an English woman who lived in Quebec city where the story is set. Frances Brooke used the epistolary, or letter form for this novel. It is a technique that makes her characters extremely real. In their letters they exchange confidences, gossip, and impressions of life in Quebec. It is fascinating to realize, across all these years, how

little human traits have changed. After all, there is a certain timelessness in the meddlings of friends and relatives and in the temporary misunderstandings between lovers.

But attitudes have changed and modern characters would generally react differently in a number of situations. Today's reader may object to Emily's engagement, which was arranged by her uncle, and which leaves her cold. When she reaches the point of admitting to a friend that she dreads the eventuality of this marriage, it is distressing to a liberated mind that she still takes an incredibly long time to break with her fiancé because she fears the "censures of a prying impertinent world." Fortunately, the book has an important and lively character, Arabella Fermor, who questions the state of things and urges some improvements. She represents feminism in the bud and expresses ideas of liberation for both women and men.

Skipping ahead two centuries, and choosing arbitrarily among the many worthwhile Canadian books written in French, one finds feminist themes in the writings of Gabrielle Roy, Antonine Maillet, Anne Hébert, Helene Ouvrard.

One of the identifying features of Gabrielle Roy's stories is that she puts such tenderness in the building of her characters and seems to care so much about them that the reader must care too. Though highly individual, Roy's voice is never repetitive. She examines motherhood in several memorable novels, each time against a totally different background. In *La Rivière Sans Repos* (*Windflower*) an Eskimo village is chosen. Motherhood happens to Elsa Kumachuk as the result of a rape. Elsa is not resentful and wants the very best for her son. Unfortunately, conflicts between old Eskimo values and white modern ones confuse her. She tries very hard both ways but fails. Eventually her half-white son runs away to the South.

The English title is not a literal translation of the French, yet both titles stem from important symbols contained in the narrative. One is the endless flowing of the Koksoak River, flowing as life does. The other is that of a chance seed. It symbolizes life, too, and the many ways it can develop. The real flower of the chance seed is Elsa's maternal love. It grows and sustains her. But in the end, Elsa is alone, outside of everything. She is no longer in the mainstream of her village's life, and the title is aptly symbolic of her long solitary walks by the Koksoak, the current rolling tumultuously by her.

Water is also significant in Antonine Maillet's Acadian story *La Sagouine*. Whatever fortune la Sagouine received, came from it. She was born by the sea, lived among fishermen and sailors, and finished her life before a pail of water,

cleaning other people's homes.

At seventy-two, la Sagouine is old and worn but she comes vibrantly alive in a monologue of about ninety pages. All her life, la Sagouine suffered from poverty and ignorance. She never overcame them, perhaps because she had always been extremely passive. She exclaimed that, when she was young, she wanted "everything"; however, she never really set out to get even a portion of it. She philosophized that during national and world crises "they" look after her and provide her soup. Even a reader fluent in French, will probably need the glossary provided at the end of the book, since la Sagouine's language is Acadian. But the book is very readable as la Sagouine pathetically or amusingly speaks about her life and whatever comes into her mind.

Passivity and resignation are not common with Anne Hébert's heroines. Take any book by her, be it novel, play or poetry, and one will likely find in it the themes of self-realization, liberation, freedom. These goals are ardently sought but not always attained. However, Anne Hébert's heroines often use drastic means when they deem them necessary in order to reach freedom.

In her last novel, *Les Enfants du Sabbat*, strange events happen around a restless nun in a Quebec convent. Should they be ascribed to sorcery? possession? hypnotism? or something else? The reader must decide. After an entertaining, colourful, ironic narrative, Soeur Julie de la Trinité escapes her convent through a window, with the help of ropes and pulley. What will happen after and who is really waiting for her under the window is again left for the reader to decide.

In *Le Corps Etranger*, Helene Ouvrard also depicts an attempt at self-realization and autonomy. This novel is a protest against forced conformity. Ouvrard says of her novel that she is not thinking of it as feminist but as a libertarian and humanitarian book. Nevertheless, the story is about a woman's alienation in a world she has not shaped, which she had ignored until she found the oppression unbearable. At the end of the book, the heroine has failed, partly and temporarily it seems, in her identity quest. She must give herself another chance.

More than offering solutions, Ouvrard, Hébert, Maillet, Roy, and other female writers in French Canada today are asking questions that will remain in their readers' minds. As good books should, theirs stimulate awareness and open a dialogue with the reader.

Simone Martin has taught French and Canadian literature at several universities. She is also the author of four children's books, and is now writing a novel.

THE FEMALE FACTOR

by Donna Rae

The Female Factor: A Report on Women in Western Europe, by Shari Steiner. Longman Canada Limited, 1977. \$10.50, cloth.

"The Italian feels that the woman is essential and the male accessory; the Anglo Saxons perceive woman as a second-class man; the French believe she is a different species."

This statement occurs in Shari Steiner's introductory chapter on the French in her book, *The Female Factor: A Study of Women in Five Western European Societies*.

Another *bijou* (paraphrased). Freud exhibited his Germanic nature when he called sexual inhibitions "unhealthy." The French would have said "illogical," the Americans, "impractical," and the British "ridiculous." Canadians?

However, Steiner does not indulge over-much in comparisons of this nature. Her major effort is directed toward the analysis of five cultures: English, French, Italian, German and Swedish, as they are influenced by and have moulded women. And in this she is admirably perceptive. As she states in her introduction, she is not concerned with the universals of women's condition. She is engaging in social cartography and for this purpose uses generalization to draw national outlines.

Now maps are not the good red earth (or brown or yellow). One cannot smell the heather. Do not expect this book to have the emotional depths of a good novel. But I, for one, find maps fascinating. I like to know which way the rivers run and the direction of the sea. Steiner's discussions, examples, etc., while not overburdened with statistics, do have the good smell of authenticity.

Steiner's purpose is not to hold up any one society as the most successful. Most of the comparisons are left up to the reader. However one's memory is not taxed by noting that real wages for women in England are little better than half those of men, while in Sweden these wages amount to about ninety percent. In Sweden the major push is for equal opportunity. In all of the countries, as in North America, working women tend to cluster in the low paying service jobs, although there are wide differences here in degree. It is these wide differences that Steiner elucidates.

In spite of the fact that women from these industrial countries (selected because they seem the ones most conscious of change) all "do it with Dash," read Agatha Christie and Simone de Beauvoir, and watch the same Italian films, conspicuous fundamental differ-

ences persist. Steiner's stated purpose is to enable women, through a comparison of differing experiences, to glimpse what they have to offer each other, with the ultimate object of being able "to experiment with roles and life-styles as eagerly and as guiltlessly as today we try on dresses." It is here she shows her American bias and contradicts her own thesis.

United States citizens will persist in believing themselves to be the inhabitants of a "new" country — amorphous, ready to develop in any direction. To do a little intercultural comparison myself, Mexicans do not have this notion. They think of themselves as "old," although Mexico was not settled by Europeans all that much earlier than the more northern countries. If the popular Italian dwelling is an apartment house because, as Steiner says, of their ancient Etruscan group-living heritage, life-styles will always be a bit more unmanageable than dresses. The very word, style, coupled with life is suspect. But this bias is a minor weakness. Steiner knows as well as the rest of us that fundamental socio-economic changes are responsible for changes in patterns of living. According to her, everything that previously promoted status or self-esteem for women was taken over by industry including childbirth, and, with the pill and world over-population as catalysts, women were obliged to discover different combinations of manners. And so, although changes do and have occurred, these changes are very much a confluence of disparate, established streams.

Steiner's brilliance lies in her objective analyses of these streams and of the larger river. Her style is partially responsible for her success. For example, she is liberal with terms appropriate to the various cultures. If you don't know the difference between cheeky and uppity, Steiner explains it, and, as well, why English women can cope, i.e. endure, where other women cannot. For British women from the working class, there are advantages to being a Temp(orary) because the Daily Slog has no status, as it does in Germany. Italian women have no problem commanding respect if placed in high office. They have always controlled the *cassa* (till) as well as the *casa*. Nor is the French woman less interested in her *amour-propre* than the French man. It is only *raisonnable*. And she never has been "just a housewife" but a *la menagere*, a title which reflects the professional value of her exacting work. Supposedly German women totally lack the all important *wille*; a passionate driving force (which few men have either). However, since West Germany has one

of the lowest birth rates on earth, these women must have something comparable. In Sweden's fluid society *ensamhet* (loneliness) is more to be feared than rape or murder. There are one-fifth the number of rape cases in Sweden that there are in Michigan, a similar geographical area. Promiscuity in Sweden is bad because of its stigma of irresponsibility and poor planning. Steiner's work is lustrous with exotic hypotheses of this nature. The book is engrossing because of it. If you have a taste for the exotic as well as an interest in women (in process), you will enjoy reading *The Female Factor*.

Steiner is a prize winning journalist who has lived in Europe for over thirteen years and borne her children there. While she relies a bit too heavily, for my taste, on the contradictions between two female archetypes, The Warrior Woman and The Lady, in accounting for contemporary society, she has produced a work which does not ignore the force of history or myth.

Donna Rae teaches English at Grant MacEwan Community College in Edmonton. Her short story "The Fraser River" appeared in Branching Out two years ago.

And more books

Informed Consent, by Jane Cowles. Longman Canada Ltd., 1977. \$10.50, cloth.

Approximately one in every fourteen women will contract breast cancer during her lifetime. Almost certainly each of these women will be treated by a male surgeon who is extremely unlikely ever to have to deal personally with the physical and emotional consequences of the disease. For this reason, sound and supportive books on the subject are a sore necessity. Regrettably, *Informed Consent* is not one of them.

Jane Cowles' book begins with a perfectly valid premise — that women facing breast surgery have the right to exercise some measure of control over what is about to happen to their bodies; that they have the right to choose between conventional, and mutilating, radical surgical procedures or less extensive but still effective treatment. Underlying everything is the need of sufficient information to make an informed choice. But the author makes her case in a way which is neither particularly useful to the general reader nor especially supportive to the woman who has discovered a lump in her breast and is frantically trying to decide what to do about it.

Cowles presents two "composite case histories" of women with diagnosed

breast cancer, that is, two imaginary portraits of cancer victims. Although each "case" is filled out with sociological and psychological detail, we know these are not real women, but fictions developed to prove a point about good and bad treatment. It is therefore impossible to become emotionally involved with them as persons, and the reader resents the patronizing attitude of the author who appears to assume that we can absorb hard information only if it is sugar-coated with fiction.

In general, the book condescends to its readers. It is illustrated with rather rudimentary line drawings, the first of which shows "the normal breast" — an outline drawing of a woman's torso with two lines indicating breasts appearing where one might expect them. Further along, among the diagrams explaining breast self-examination, appears an outline drawing of "the hand," which is to be used in feeling "the breast." Did the author or editor feel that women might have some difficulty distinguishing one from the other? The book moreover alternates between an aggressively cheery style (there is a chapter called "Breasts Are Fun to Know About") and morbidity, as in an unnecessarily grisly description of the consequences of untreated breast cancer which is likely to depress the healthiest reader. Cowles, by the way, uncritically recommends routine mammography, a procedure which the American Medical Association now confines only to women with a prior history of cancer; the book is recent enough for her to have been more cautious.

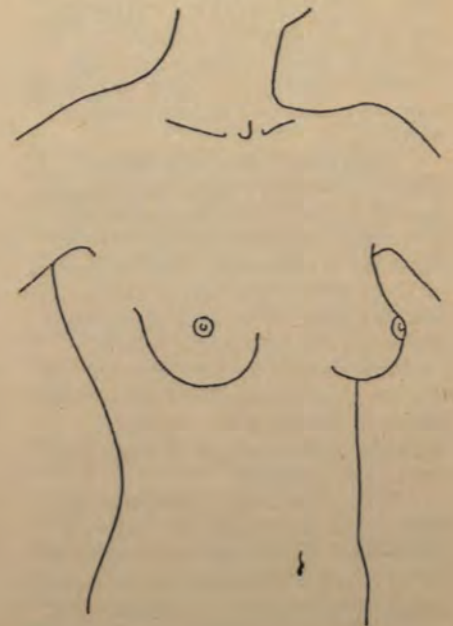


illustration from *Informed Consent*

Fortunately, there is a far better book on the subject available. It is *Breast Cancer, a Personal History and an Investigative Report*, by Rose Kusher (Harcourt, 1975). Kusher had to fight her way through the medical establishment to make the choice described in *Informed Consent*. Her struggle was real and painful, not imagined. As a trained science writer, she is able to inform the reader about recent medical thinking on breast cancer without resorting to fictional case histories and is able to present in a readable and comprehensible way the facts and figures we need to know to come to our own decisions. Because it was written by a woman who did not have to imagine the emotional consequences of breast cancer, it engages us sympathetically as well as providing immense support for women facing breast surgery. It is certainly the book to read on the subject.

by Yvonne Mathews-Klein

Yvonne Klein is a Montreal writer. She teaches English at Dawson College.

The Neglected Majority; Essays in Canadian Women's History, eds. Susan Mann Trofimenkoff and Alison Prentice. McClelland and Stewart Ltd., 1977. \$5.95, paper.

"You are surprised at what a short time you have been away from home," remarked Nellie McClung in the midst of the female suffrage debate. "You put the potatoes on when you left home, and now you are back in time to strain them." The analogy is not lost on the reader of *The Neglected Majority*. The process of social change is slow and nowhere is this more evident than in this series of essays on Canadian women's history.

Eight essays deal with diverse aspects of women's past, from colonial days to the end of the Second World War. Thus, one finds that in 1651 "all roads led to matrimony" for the women of Three Rivers, Quebec; or that female teachers in the 1850s were on the same low social and educational level as "spinsters and household servants"; or that the popular magazines of the 1920s furthered the image of woman as a scientific home manager to make housework more palatable.

Sylvia Van Kirk's account of the marriage patterns of the fur traders is particularly interesting. The custom of taking a native wife made the fur trader's transition to an alien, nomadic culture easier. With the coming of the "tender, exotic" wives from England, class distinctions suddenly appeared and the

position of the native women correspondingly declined.

While the book is of obvious interest to the historian, its anthology approach might turn off the casual reader. As with any series of essays one senses a loss of continuity between articles, writing styles that range from the pedestrian to the engaging, and sudden variations in research methods. I also had misgivings about the tendency to dwell on ideas raised by men about women — whether they spoke as school administrators, journalists or agents of the government. There are few, if any, rebuttals voiced by women and in only one essay on women's attempts to organize nationally is there a feeling of dynamic, collective will.

The Neglected Majority fills in many conspicuous gaps in Canadian history and does so in a commendable fashion. It ends with a bibliographical essay which will hopefully spark interest in further exploration into the field.

by Helen Corbett

Helen Corbett is a freelance writer and broadcaster.

Women in Canadian Life: Politics, by Jean Cochrane.

Women in Canadian Life: Sports, by Jean Cochrane, Abby Hoffman, and Pat Kincaid. Both published by Fitzhenry and Whiteside, 1977. \$2.95 each, paper.

Women in Canadian Life is the title of a new series of books written for the classroom. *Politics* and *Sports* are two of the four initial publications which will also include *Literature* and *Law*.

Politics is basically a chronological survey of women who have had an impact at various levels of Canadian political endeavour. Despite the potential richness of this subject matter, the book is uninteresting. Too often it disintegrates into a list of names, places, and dates, reminiscent of too many other history books. Ms. Cochrane has sacrificed human interest for detail. Her heavy-handed use of quotations, particularly from *The Report of the Royal Commission on the Status of Women in Canada*, consumes space which might have been better devoted to original thought. Answering many of the questions posed in each chapter would require a great deal of research; this limits the value of the questions, in this context.

Politics would contribute better to the school curriculum as a reference book than as a text. It presents useful



Historical cartoon from Women in Canadian Life: Politics

historical information on a number of Canadian female politicians.

Sports, in contrast, makes enjoyable reading. It discusses the history of women's sport in depth and detours into such interesting areas as sex-testing at competitions. (Since only women are tested, it would appear that any successful female athlete must be suspected of having some male chromosomes.)

Sports is a fascinating study of people and events which emphasizes positive and negative influences on women's participation. Abby Hoffman's theories and perspectives are worthwhile contributions to the series.

Co-educational classrooms could make this series difficult to teach. Boys may balk at an entire unit on women without equal time for them. In fact, the entire series might be best suited to girls' guidance classes.

The books are written for the junior and senior high school level, and their Canadian orientation enhances their value. The layouts are attractive. Both could positively affect our educational view of women's roles, particularly *Sports* which leaves the reader with a more hopeful view of future female achievement. However, books desirous of changing male views of female roles would require more information of interest to boys.

These books do have a place in the libraries of our schools, if not the classrooms. Future installments of the series, to include *Education* and *Medicine* among others, may be welcome additions to the limited information presently available on women in Canadian life.

by Mary Riskin

Mary Riskin gave birth to her second son in February. She lives in Edmonton.

Practical Self Defense for Women: A Manual of Prevention and Escape Techniques by Judith A.H. Luchsinger. Dillon Press, Inc., 1977. \$4.95, paper.

The novice will find this manual to be a useful introduction to self-defense for it is readable and easy to follow. It defines self-defense, explains the philosophy and its preventative aspects. The manual should, however, be used in conjunction with actual participation in a self-defense class.

Ms. Luchsinger's twelve years of judo experience dominates the manual so that many of the techniques described cannot be accurately practised by an individual who is not a martial arts student. The chapters on throws and advanced techniques could be harmful to a novice in that one must accurately know how to shift one's body weight and that of the opponent or bodily injury can occur to both.

The chapters on vulnerable pressure points (where best to attack) and escape techniques (e.g., what to do if an assailant grabs your blouse) are useful. They are pictorially illustrated and step by step procedures are outlined, as well as common reasons for failure of the techniques.

For the self-defense practitioner, this manual would be well worth adding to a library of other similar manuals. Contrary to Ms. Luchsinger's introductory remark that "to my knowledge this is the first manual of its kind," there are several other self-defense manuals on the market, written both by men and women, manuals which are much more complete than Ms. Luchsinger's in that they cover a wider range of techniques, attacks, and methods of defense.

by Dulce Oikawa

Every Womans Guide to Self-Defense, by Kathleen Hudson. Collins, 1977. \$1.40, paper.

This book recently received a full page review in a Vancouver daily newspaper. When I went to the bookstore to look for a copy, I was impressed by the forty or more photographs and attracted by the price, \$1.40. I rushed home with the book, and there my excitement ended.

Ms. Hudson bears no credentials, and many of the techniques recommended in this book are attributed to a rather obscure method of "atemi jitsu." The technique consists mainly of "pinching" the attacker at vulnerable points. The pictures are really fun. They show the attack taking place at parties, a bus stop, at the movies, in a confined space, a telephone box, in the home, a flight of

stairs, narrow doorway, in the park, and so on.

"Pinch the inside of his thighs," Ms. Hudson keeps advising. So I tried it out on a 23-year old male. Maybe it was because he had unusually thick thighs or because he was wearing heavy denim, whatever the reason, it didn't work: he barely felt discomfort. "A man has you on the ground . . . grab his mouth and twist it round. This must be a firm decisive movement, pressing the grabbed skin together and inwards and twisting sharply. This will cause your assailant to pull back and enable you to make a getaway." What does Ms. Hudson think the man's meaty arms will be doing while you are twisting his mouth? Most likely bashing you in the head, or choking you, but the book fails to explain the problems. She stops short at one technique and suggests no follow-through.

It is self-defense books such as this that add fuel to law enforcement officers' claims that "false security can get women into more trouble." A pictorially well-illustrated book and a tempting price, but otherwise, a book that will do women more harm than good.

by Dulce Oikawa

STILL MORE BOOKS

Beginnings: A Book for Widows, by Betty Jane Wylie. McClelland and Stewart, 1977. \$7.95, paper.

Probably nothing changes a woman's life more and leaves her more unprepared to cope with that change than widowhood. She is apt to be left with mortgage payments, a drastically reduced income, children, no job, and "couple" friends who fall away when she is alone. She may not know what her husband's assets and/or debts were; if she has been very dependent, she may not even know how to write a cheque or change a lightbulb. She has to work through her own grief; how does she cope with all this as well?

Betty Jane Wylie attempts, from her own experience, to provide the answer. She identifies the stages of a widow's grief and urges acceptance of them. And she demands that her widowed readers approach their situation with a certain irony, that they recognize in it an opportunity: the opportunity to become more self-reliant.

Beginnings provides direction towards that increased self-reliance. Its insistence that widows avoid self-pity is relentless; its list of activities with which

they can stave off midnight depressions obsessively exhaustive. But by far the most useful chapter is "Coping with Money." Ms. Wylie learned the hard way that cash advances are available against insurance policies; that some settlement options leave you more, and the tax officials less, than others; that refunds or disability waivers may be yours for the asking. She lists sources from which you can expect benefits on your husband's death, the documents you will need to collect them, and tells you whom to approach; if all else fails, she suggests ways of getting a loan.

Other chapters deal with children and sex. The first is full of common-sense; the second Ms. Wylie euphemistically entitles "Companionship," probably because she has not solved the problem and can really recommend only variations on the "take a cold shower" regimen. But even if some chapters of *Beginnings* are less satisfactory than others, the recognition that others have found the necessary self-reliance and the wealth of practical information will be useful to almost every widow.

That gladly said, let us also admit that Ms. Wylie's book belongs to that genre of self-help books aimed at a mass-market which is assumed to be almost illiterate. It relies on monotonously short sentences (keep the reader's attention), an overuse of the pronoun "you" (involve her), one-liners, and lists wherever they can be worked in. The faults are those of almost all the self-help books appearing on the market today, but the style is particularly unfortunate here because it leads Ms. Wylie to write sentence after sentence in the imperative. Foreful, yes. But what about that self-reliance which is to be the widow's new goal? Should she really be substituting the imperatives of *Beginnings* for her dead husband's directions?

Ms. Wylie stylistically contradicts herself again in the matter of self-pity. Very wisely, bravely even, she abjures it. But then we have a picture of her home alone on a Saturday evening, "soft tears streaming" down her cheeks. "Soft tears" belongs to the language of Harlequin Romance; the reader swallows hard and identifies herself with the heroine's plight. The adjective does nothing to diminish self-pity.

Beginnings: starting a new life. But this book leads not to a beginning but an ending. The final chapter, advising widows to make wills, to keep their affairs tidy and easily accessible to others (*they* leave no husband to straighten the mess out), is once again useful and to the point. But placed as it is, does it not negate all that emphasis on a new life? And what about those conspiratorial final paragraphs:

... But you and I know, don't we?
I'm not afraid of dying and death.
It's living that's hard.

True enough perhaps. But that has not been Ms. Wylie's apparent message to widows.

That bathetic ending is calculated to engage readers' more susceptible emotions, not their intelligences. It will be good for sales — and I wish Ms. Wylie and McClelland and Stewart every success there — but it won't help the widow's new self-reliance. Only information and practice will do that. *Beginnings'* strength is that it *does* provide that much-needed information.

Report of the Committee on the Operation of the Abortion Law. Supply and Services Canada, 1977. \$6.75, paper.

The Committee collected and presents information relevant to the abortion law in Canada and to the type and extent of induced abortions in this country. The requirements and hospital practices of different provinces are outlined and the availability of abortions, even after the law, is questioned. Different paths open to women seeking abortions are presented (go to the States, if you're in a hurry!) and the laws pertinent to doctors, hospital committees, and hospital staff and their attitudes towards abortion are closely scrutinized. The cost of this

health service figures in this report as does a consideration of post-abortion complications and the sexual behaviour and contraceptive practices of women seeking abortion. The report abounds in graphs and tables of statistics.

The report gains a humane quality such documents often lack by the inclusion of the actual testimony of patients (both those who had illegal abortions and those who had the operation performed legally) and doctors. While some patients resent delays and what they feel to be callous treatment, their words testify to the effectiveness of legal abortion in freeing women who seek an end to unwanted pregnancy from much of their fear and nearly all the physical danger posed by quacks. The emotionalism of their testimony reveals the importance of legal abortion to them; the emotionalism of doctors and nurses reveals the reluctance of many of them to participate in abortions. Despite some eight years of legalized abortion in Canada, only one woman in six favors abortion on demand; another one in six is against *all* abortions, even those which would save a mother's life. Perhaps what is badly needed now is a study of "unwanted" children. When we know how much physical and emotional abuse or neglect such children suffer, pro-abortionists and anti-abortionists may move closer together.

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