

instruments" (bottles) and "second-class substitutes" (formula) for infant feeding. Palmer argues that the replacement of breastfeeding with bottle feeding has had little to do with freeing women from a so-called "time-wasting biological tyranny," or improving the health of mother or baby. Rather, she links the global decline of breastfeeding to industry's quest for profits and the medical management of childbirth and infant care.

Palmer demonstrates that the "baby milk" market was created in the interests of manufacturers and doctors. The process of medicalization has limited women's control of infant feeding and destroyed their confidence in their bodies' ability to function. The "insufficient milk syndrome" is accepted by most health care workers as a natural and widespread condition, especially among undernourished women. However, evidence shows that very few women are biologically unable to produce milk. Rather than investigating the absence of physical factors in insufficient milk production, the bottle feeding alternative is presented as an equally satisfactory method. This myth becomes part of the justification for baby milk exports into poor countries.

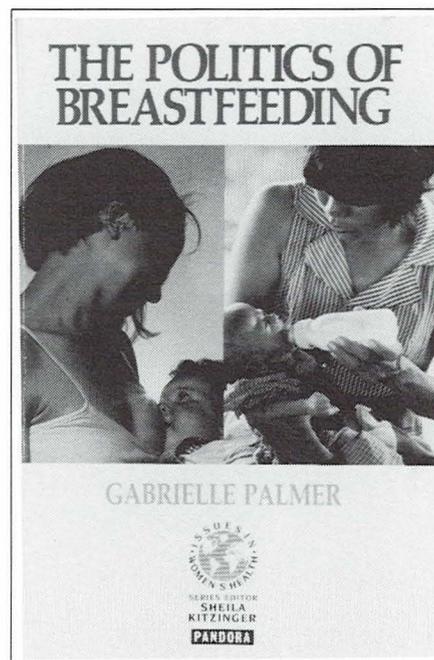
The baby milk industry thrives in countries such as Malaysia, the Philippines, Brazil, India, Pakistan, and Papua New Guinea, in addition to the countries of North America and Europe. The links between health care and industry, as well as advertising and aggressive marketing, combine to replace women's confidence in their bodies with confidence in baby milk products.

According to Palmer, the ill-effects of scientising infant feeding abound, and the tragedies of breast milk substitutes continue to this day. The baby milk industry follows the dictates of nutritional fashion in its attempt to create products which simulate breastmilk. Breastmilk is replaced by dairy industry waste, condensed milk, pea flour and bicarbonate of potash concoctions. Not surprisingly, untold numbers of babies die needlessly from malnutrition and diarrhea, and an unknown number suffer from debilitating health problems.

Perhaps the most infamous baby milk producer is Nestlé. Palmer devotes much of her argument to the ways in which Nestlé has extended and secured its reach

into global markets. Even after the widely documented Nestlé boycott, the liaisons between medicine, commerce and government maintain Nestlé's profit-making baby milk industry.

Palmer locates the devaluation of breastfeeding in the scientific discourse of manipulating nature. In this discourse, infant feeding has been removed from the realm of (female) nature to be managed by the (male) "formula cult" of rigorous exactitude, mathematics and chemistry. The damage is staggering. Breastmilk is wasted. Energy is wasted. Production of baby milk (which sustains the dairy cow industry) requires that cows eat grains, the staple food for most of the world's human population. The global population



explosion, can, in part, be attributed to the displacement of lactational birth control. The irony is that overpopulation and scarcity are perceived to be Third World epidemics, yet it is in these countries that the baby milk industry thrives.

Some readers may find Palmer's suggestions for revaluing breastfeeding through wages, her anthropological material (breastfeeding through the ages), and her indictment of Western imperialism, to be less than compelling. As well, despite her careful arguments to the contrary, her reassertion of the 'man-science/woman-nature' dichotomy could be selectively appropriated by those who want to argue that only women are naturally suited to

childrearing.

Much of the information Palmer presents is available elsewhere, and there are probably better resources for those researching the practices of particular baby milk producers or the effects of baby milk substitutes in specific countries. What is useful about this book is its synthesis of material in a comprehensive overview. The appendices and bibliography are a good basis for further research. More interesting than Palmer's solutions are the questions she raises, which have import in a variety of fields, such as community health and hospital planning, 'development' policy and nutritional counselling.

For the general reader, this is a highly informative and generally persuasive feminist argument. Palmer combines medical and nutritional research with anecdotal accounts, wit and scathing sarcasm to present a sophisticated argument in an entertaining manner. While raising suspicions about industry in general, she effectively demonstrates that breastfeeding is in fact a political issue which has profound social, economic, and cultural consequences.

THE POLITICS OF ABORTION

Janine Brodie, Shelley A. M. Gavigan, and Jane Jenson. Toronto: Oxford University Press, 1992.

By Lisa Schmidt

When it comes to abortion, the personal is political.

Facing each other in the political arena are two diametrically opposed parties, each with an agenda based on deeply rooted personal beliefs and each speaking a language where the meanings of specific words are chosen to represent these beliefs. For instance, where pro-choice advocates say: woman, the fetus and abortion, pro-life groups say: mother, the unborn and murder.

Hence, in writing *The Politics of Abortion*, authors Janine Brodie, Shelley A. M. Gavigan and Jane Jenson have not only surveyed dozens of legal documents, books and newspaper clippings, they have

also navigated the territory of semantics. The result is an informed and uniquely Canadian analysis of the roles of governments, women, doctors, the justice system and those who claim to speak for the unborn in the abortion debated.

In the same way a prism reflects different colours depending on the angle of vision, each author views the abortion issue in a slightly different way. Thus, while Brodie, Gavigan and Jenson collaborated on writing the introductory chapter which defines the premise of the book, the subsequent three chapters are authored by each woman separately.

The second chapter, written by Jenson, outlines the history of abortion in Canada from the late sixties to the 1988 Supreme Court ruling that found the existing abortion legislation unconstitutional as it violated a woman's 'security of the person.' This legislation, adopted in 1969, was the result of pressure by a medical profession that wanted the power to perform abortions without the fear of arrest. Throughout the next 20 years, however, this legal 'medicalization' of abortion was unable to ensure equal access to abortion services for all Canadian women. Nor was it able to quell a growing movement that was turning abortion: the medical procedure, into abortion: the moral dilemma.

The subsequent chapter, authored by Brodie, describes the immediate reaction to the legislative void. Brodie brings the parliamentary debate alive by sprinkling this account with the emotionally loaded words of MPs. This time, the abortion discourse revolves around rights—those of women *versus* those of the fetus. After much debate, in which 79 per cent of Tory MPs lamented the destruction of innocent babies' lives, no legislation was devised due to lack of consensus in the House.

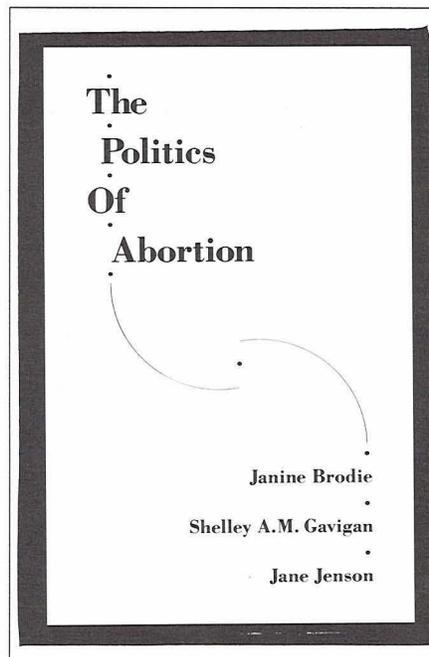
But events during the summer of 1989, such as the court injunctions brought against an Ontario woman and a Quebec woman by their respective partners, resulted in parliament's attempt to reintroduce legislation. Bill C-43, as it was called, passed in the House but in dramatic fashion, died in the Senate due to a tie vote. Not surprisingly, both pro-life and pro-choice forces saw victory here.

In the final chapter, Gavigan takes the stage to probe the meaning of the events of the past two decades and she calls into play the larger issues involved in the abor-

tion debate: women's perceived role in society and society's perceived role in women's reproductive lives.

Here, the full complexity of the abortion issue emerges. Quoting British feminist Carol Smart's warning that law is an imperfect instrument with which to correct the injustices women face in society, Gavigan introduces the idea that there are limits to the ability of legislation to bring about social change.

At the outset, the authors are quick to point out that the language of the abortion issue reflects the position of those who speak it. Similarly, the language of this book exemplifies the academic background of the authors. Some passages are difficult to grasp without an understand-



ing of legal words and precepts.

Nonetheless, this book clearly cautions feminists against looking to the state for the regulation of women's reproductive lives. Instead, advocates of a woman's right to choose may achieve greater success by employing a wide variety of tactics to bring about full reproductive freedom, as opposed to spending vital energy fighting a small but vocal anti-choice lobby in the courts and in parliament—a lobby that refuses to see the financial, social and personal realities of women's lives.

1 IN 3: WOMEN WITH CANCER CONFRONT AN EPIDEMIC

Edited by Judith Brady. Pittsburgh: Cleis Press, 1991.

By Kim Hume

This collection of women's essays, stories and poetry is a revealing first-hand look at a disease that manifests itself in many forms, attacking 1 in 3 people. While breast cancer is the focus of this volume, women with other forms of cancer have also contributed. The personal accounts are disturbing in their openness, graphic in their detail. And if the descriptions of the disease and its treatments aren't horrific enough, the mistreatment of women by doctors and husbands, and the cover-up of information by government, are sure to instill rage.

One woman, a farmworker, tells the story of how she moved to a farm near the Hanford nuclear complex in Washington state. "I became pregnant easily and often, only to miscarry at 3 months or give birth at 6 or 7 months. 'You are too high strung,' I was told... Over the next few years my marriage slowly became a nightmare in a world made up of a resentful husband, piling medical bills, and premature babies born dead or dying of cranial hemorrhaging." Among a myriad of health problems, this woman had to deal with both cervical cancer, for which she had a partial hysterectomy, and then breast cancer and a mastectomy.

Later, while watching TV, she saw a program about the Hanford Nuclear Plant and the radioactive iodine and waste it had purposely released into the air and ground in the 1940s. "I listened first in paralyzed pain as I heard the show's host tick off a list of illnesses connected with radiation and iodine-133, and my mind jumped from one memory to another as I relived the cranial hemorrhaging, the seizures, the birth defects, the hormonal problems which had plagued me and my children. How often I had blamed myself! How often I had labelled myself as a 'bad' mother, a 'bad' wife. And all this time the real reasons for my troubles had been known by the plant and the government. In fact, they had released the cloud of