

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.

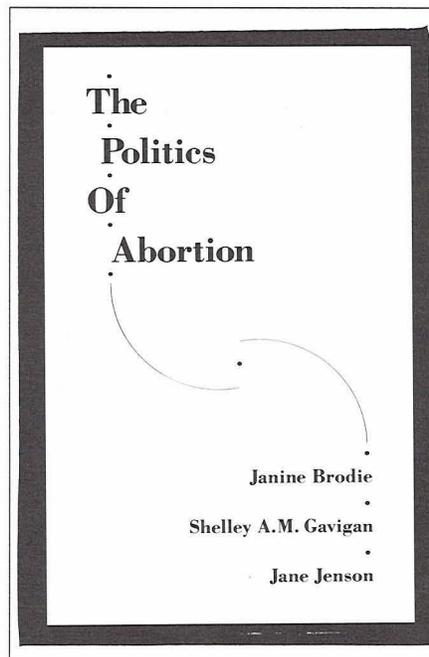
But events during the summer of 1989, such as the court injunctions brought against an Ontario woman and a Quebec woman by their respective partners, resulted in parliament's attempt to reintroduce legislation. Bill C-43, as it was called, passed in the House but in dramatic fashion, died in the Senate 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

radiation on purpose.”

It made me sick to read this woman's story. Then, it made me sad. There are other horror stories too. One woman's doctor dismissed her symptoms and then months later identified her problem as an advanced cancerous tumour requiring immediate surgery. Another woman tells of a friend who died of breast cancer. Her husband had refused to allow her to have a mastectomy.

These women criticize the American cancer agencies for focussing on cure rather than prevention. Cancer is largely an environmental problem: Judith Brady, the editor of *1 in 3*, estimates that 90 per cent of cancers are caused by environmental toxins, and quotes the Louisiana

regular mammograms. In a country whose health care system caters to those who can afford it, these women are as much victims of poverty as of cancer.

But the politics and the medical profession aside, there are positive aspects to these women's cancer experiences. These women have faced their own mortality, and have much to say about it. They have learned to appreciate life, they have discovered communities in women battling breast cancer. Today women are taking charge of their lives, arming themselves with information and making their own treatment decisions.

One woman tells how she took an active role in selecting her own treatment for a cyst in her breast. After exploring all the alternatives, she decided not to have the mastectomy advised by her doctor, but instead a lumpectomy and radiation treatment. Unfortunately, more than ten years later, radiation-induced cancer in her shoulder was discovered. The radiation she had undergone after her lumpectomy had caused this second cancer and had also damaged nerves in her arm and hand. After complex surgery to remove her clavicle, her left hand has no strength. “I recognize that my decision to choose radiation therapy rather than mastectomy was a mistake, but it was I who made that decision.” More and more, women are refusing to have their treatment paths dictated by their doctors, and are finding the consequences, whether good or bad, easier to face.

The title of this book is intended to be dramatic: *1 in 3: Women with Cancer Confront an Epidemic*. Unfortunately it is also misleading. This book focusses on breast cancer, which strikes one in nine women. The one in three refers to cancer statistics overall; not just women, not just breast cancer. While the title may grab one's attention, it may also harm the book's credibility.

This criticism aside, I found the book a gripping read. The horror inspires rage and disgust, but there is hope for the future. The contributors' sources are well documented, and a brief resource list is included with the editor's closing comments. Certainly my interest and concern have been aroused. I don't have cancer — yet. But I know people who do, and with these statistics, most of us will know people who will die of this disease. Many of

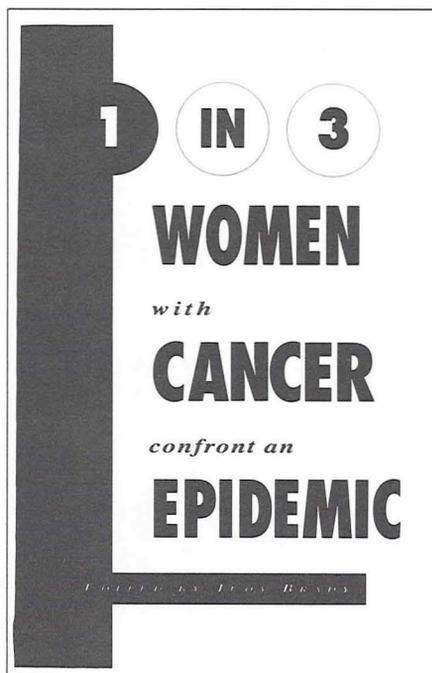
these excerpts are in effect dying words. They're to live by.

In Canada, the Canadian Cancer Society has a number of brochures on breast health and breast cancer. In their breast self-examination brochure they state that eighty per cent of all breast cancers diagnosed clinically were found by the woman herself. That's a good place to start.

FEMMES, SAVOIR, SANTÉ.

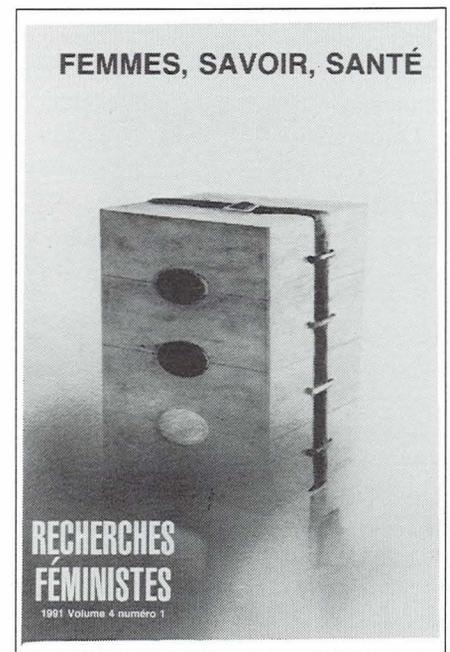
Recherches féministes, vol. IV, n° 1, 1991, Université Laval, Québec.

Par Madeleine Gilchrist



State Legislature as stating that “many, if not most, cancers are preventable.” This leads to the question of why this disease is so statistically significant, yet so low in profile. In Canada in 1987, 4,381 people died of breast cancer, compared to 417 AIDS deaths in that year.

Unfortunately, cancer does discriminate. Cancer incidence is higher in communities near chemical factories. These neighbourhoods are often poor and non-white. There is also a tendency for toxic waste dumps to be located in Black or Hispanic neighbourhoods. In the U.S., the women in such communities cannot afford the health insurance that would cover



Il était grand temps qu'on se penche sur les recherches féministes faites dans le domaine de la santé et des femmes. La revue *Recherches féministes* a ausculté, exploré ce domaine et l'a intitulé : « Femmes, Savoir, Santé ». Des infirmières, des sociologues, des écrivaines, des ingénieures en philosophie, des professeures d'histoire, de psychologie, de médecine sociale, de génétique, venant du Canada, particulièrement du Québec, de la France et de l'Algérie, nous font part de leurs travaux. En tout sept articles, un dossier et huit comptes-rendus composent ce numéro unique.

Disons tout de suite que la publication