When I first began practicing medicine, in 1960 in Williams Lake, British Columbia, I encountered cases of botched illegal abortions with serious long-term complications. The hotel-room abortionist’s usual method was the insertion of a small piece of slippery elm, a wooden stem, into the cervical canal and the pregnant uterus. The slippery elm was full of spores and bacteria, and when in contact with the woman’s blood, it would expand and dilate the cervix with disastrous results. A woman bleeding profusely with septic abortion would appear in the emergency ward of the Cariboo Memorial Hospital. The specialists in Kamloops always answered my phone calls regarding gynecological and obstetrical emergencies, and thanks to their help and the dedicated Williams Lake nursing staff, there were no fatalities.

On one occasion in 1965, in the town of 100 Mile House, a male hotel-room abortionist shoved lye pellets up the young woman’s cervical canal into her pregnant uterus. In this case, the young woman
began bleeding heavily, became septic, and sustained a badly burned vagina, cervix, and uterus. This horrific injury gradually healed, taking months, but the woman would remain sterile for the rest of her life.

The certified gynecologists in Kamloops were beacons to whom I could turn and they helped me and my colleagues during difficult maternity and gynecological situations in isolated communities. When I moved to Kamloops in 1966, I got to know them well.

When therapeutic abortions became legal, the Kamloops “Obs and Gyne” group performed many abortions in BC’s central interior. They did their own surgery as well as a large number of therapeutic abortions on a weekly basis, making themselves available to these mostly young women despite the risks to their own safety and reputation in the community. Some of the Kamloops-based gynecologists were picketed by pro-lifers on the streets in front of the gynecologists’ personal residences, where the protesters displayed their anti-abortion placards as they marched back and forth in confrontation seven days a week, fifty-two weeks a year. Many of my pro-life medical colleagues were also opposed to the local gynecologists who performed therapeutic legal abortions.

In 1969, the Canadian Parliament amended section 237 (now section 287) of the Criminal Code. Following the amendment, the existing criminal sanctions against a doctor who performs an abortion and a woman who procures one would no longer apply, provided the abortion was approved in writing by a therapeutic abortion committee consisting of three medical doctors and was carried out in an accredited or approved hospital. For many years, I served on the committee at the Royal Inland Hospital, in Kamloops, with other general practitioners and my friend Doug, the local psychiatrist. In twelve years, we never rejected an application for abortion by a pregnant patient under twenty weeks’ gestation.

The many disastrous cases resulting from backroom abortions that I encountered proved to me how important it is to have safe therapeutic abortions available to all women. Each woman must have complete control of her reproductive rights and must be uninfluenced by men or religious zealots. Pro-lifers, whether politicians or ordinary citizens, have a different agenda for Canadian women’s reproductive rights. The pro-choice decision by the Supreme Court of Canada must be maintained. Canadian laws must not be changed.
Note