

# Discoveries and Dissimulations: The Impact of Abortion Deaths on Maternal Mortality in British Columbia

ANGUS McLAREN and ARLENE TIGAR McLAREN

One of the most striking improvements in the health of Canadian women was brought about by the lowering of the risk of maternal mortality. Between the 1930s and 1960s the chances of dying in pregnancy fell from about 1 in 150 to 1 in 3,000. Maternal deaths, which in the early 1930s had accounted for 10 to 15 percent of all deaths among women in the child-bearing years, fell in three decades to 2 to 3 percent.<sup>1</sup> This dramatic breakthrough was so welcomed that few have asked why it occurred so late. In the early nineteenth century about one-quarter of the deaths of women aged between 15 and 50 were related to pregnancy and its complications. With the onrush of medical improvements associated with Joseph Lister's discovery of antiseptics in 1867 there was the real possibility of eliminating many of the traditional causes of maternal death.<sup>2</sup> Conditions did improve somewhat, but if one were to judge by the statistical data the gains made in the first decades of the twentieth century were still disappointingly modest. Whereas the infant mortality rate fell from 120 deaths per 1,000 live births at the beginning of the century to 68 per 1,000 by 1936, the maternal mortality rate continued to hover at about 5 per 1,000 and actually rose to a century high of 5.8 per 1,000 in 1930.<sup>3</sup>

This paper could not have been written if it had not been for the skilful and diligent work of our research assistant, Debra Ireland. We would like to thank her for her help, Ellen Gee, Chad Gaffield and Rennie Warburton for their comments, and the staff of the Provincial Archives of British Columbia for their assistance.

<sup>1</sup> M. C. Urquhart and K. A. H. Buckley, *Historical Statistics of Canada* (Cambridge: Cambridge University Press, 1965), p. 40; Sam Shapiro and Edward C. Schlesinger, *Infant, Perinatal, Maternal, and Childhood Mortality in the United States* (Cambridge, Mass.: Harvard University Press, 1968), pp. 143-49; Suzann Buckley, "Ladies or Midwives: Efforts to Reduce Infant and Maternal Mortality," in Linda Kealey, ed., *A Not Unreasonable Claim: Women and Reform in Canada, 1880s-1920s* (Toronto: Women's Press, 1979), pp. 131-50.

<sup>2</sup> Edward Shorter, *A History of Women's Bodies* (New York: Basic Books, 1982), p. 98.

<sup>3</sup> Canadian demographers and sociologists, while paying a good deal of attention to the decline in infant mortality, have virtually ignored shifts in maternal mortality.

The fact that Canadian families were becoming smaller and that as a result a higher percentage of all births were the more dangerous first births contributed to the sustaining of the high maternal mortality rate. But even with the larger percentage of primiparous births, the lower age of mothers and the improvement in medical care should have led to a decline in deaths associated with pregnancy. In a 1934 study of 334 maternal deaths in one year in Ontario an important finding was unearthed. Researchers found that fifty-nine, or 17 percent, of all maternal deaths were due to abortion. These abortion deaths were "artificially" inflating the number of deaths attributed to normal pregnancies.<sup>4</sup>

This article has two purposes. The first is to employ the statistics available on maternal and abortion deaths in British Columbia to demonstrate that what the Ontario researchers discovered was not an isolated phenomenon.<sup>5</sup> We will show that abortion played an increasingly important role in keeping maternal mortality figures high right through the inter-war period. The second purpose of this paper is to reveal how an analysis of the relationship of abortion deaths to all maternal deaths raises methodological issues that must interest those who use quantitative evidence. How a maternal death was classified depended ultimately on the

---

See for example Roderic Beaujot and Kevin McQuillan, *Growth and Dualism: The Demographic Development of Canadian Society* (Toronto: Gage, 1982); Carl F. Grindstaff, *Population and Society: A Sociological Perspective* (West Hanover, Mass.; Christopher Publishing, 1981); Warren E. Kalbach and Wayne McVey, *The Demographic Basis of Canadian Society* (Toronto: McGraw-Hill Ryerson, 1977); Johannes Overbeek, *Population and Canadian Society* (Toronto: Butterworths, 1980). One French-Canadian study actually appears to lament the fact that whereas before the Second World War the chances of survival of men between the ages of 15 and 35 were better than that of women such is no longer the case. For this curious insistence on describing a decline in female mortality as really a case of "la surmortalité masculine" see Desmond Dufour and Yves Péron, *Vingts ans de mortalité du Québec: les causes de décès, 1951-1971* (Montréal: Les Presses de l'Université de Montréal, 1979), pp. 58-59.

<sup>4</sup> J. T. Phair and A. H. Sellers, "A Study of Maternal Deaths in the Province of Ontario," *Canadian Public Health Journal* 25 (1934): 563-79; see also F. W. Jackson and R. D. Jeffries, "A Five Year Study of Maternal Mortality in Manitoba, 1928-1932," *Canadian Public Health Journal* 25 (1934): 97. On parity see Linda G. Berry, "Age and Parity Influence on Maternal Mortality: United States, 1919-1969," *Demography* 14 (1977): 297-310 and Steve Selvin and Joseph Garfinkel, "Paternal Age, Maternal Age and Birth Order and the Risk of Foetal Loss," *Human Biology* 48 (1976): 223-30.

<sup>5</sup> On the relation of abortion deaths to maternal deaths in Britain in the 1930s see Jane Lewis, *The Politics of Motherhood* (London: Croom-Helm, 1980), pp. 36-38; 209-11. In the United States the Children's Bureau reported in the 1930s that a survey of 7,500 maternal deaths revealed a fourth were abortion related; the New York Academy of Medicine set the figure at 17.5 percent. See Helena Huntington Smith, "Wasting Women's Lives: The Frightful Toll of Abortion," *New Republic* (28 March 1934): 178.

differing judgments and sometimes conflicting concerns of doctors, coroners, and magistrates. We will attempt to determine both the magnitude of the discrepancies in classification that resulted and the professional preoccupations that underlay such conflicts.

\* \* \*

### *Abortion Deaths*

Social amnesia — the failure of one generation to remember the experiences of an earlier one — is a not uncommon occurrence.<sup>6</sup> It is a weakness to which some of the current commentators on the abortion debate seem prone. Since the 1969 reform of the law relating to abortion and contraception, deaths due to abortion have become a rarity in Canada. In the decade 1970-79 there were in the entire nation only thirty-one such deaths reported, and one-half (fourteen) occurred in 1970 before many hospitals had established therapeutic abortion committees. In 1978 and 1979 no abortion deaths whatsoever were recorded in Canada.<sup>7</sup> It has thus become easy to forget that in the past deaths were frequently associated with abortion.<sup>8</sup> We have found, for example, that in British Columbia alone there were in the 1930s at least 139 abortion deaths. We use the term "at least" advisedly because of the impossibility of determining the real rate of abortion deaths. The difficulties encountered when determining the number of abortion deaths and establishing the impact they had on the overall rate of maternal mortality in British Columbia are the main topics broached in the first part of this paper.

The estimation of the frequency of abortion-related deaths is at best a hazardous task and cannot be tackled in a straightforward fashion. In this study we used three separate sources: (1) a survey of medical prac-

<sup>6</sup> See Russell Jacoby, *Social Amnesia: A Critique of Conformist Psychology from Adler to Laing* (Boston: Beacon Press, 1975).

<sup>7</sup> Statistics Canada: Health Division, *Therapeutic Abortion, 1981* (Ottawa: Minister of Supply and Services, 1983), p. 126; Robin F. Badgley, *Report of the Committee on the Operation of the Abortion Laws* (Ottawa: Minister of Supply and Services, 1977), pp. 29, 66.

<sup>8</sup> No references are made to maternal deaths in works opposed to abortion such as Alphonse de Valk, *Morality and Law in Canadian Politics: The Abortion Controversy* (Dorval: Palm, 1974) and E. J. Kremer and E. A. Synan, eds., *Death Before Birth: Canada and the Abortion Question* (Toronto: Griffin House, 1974). Even pro-abortionists give only vague impressions of the risks that were associated with illegal abortion. See for example Eleanor Wright Pelrine, *Abortion in Canada* (Toronto: New Press, 1971), p. 56 and Wendell W. Watters, *Compulsory Parenthood: The Truth About Abortion* (Toronto: McClelland & Stewart, 1976), pp. 169-71.

tioners; (2) British Columbia vital statistics; and (3) the records of the Attorney-General's office. Each of these sources reports on the number of abortion deaths that occurred in British Columbia over extended periods of time. The survey of doctors covers the years 1955 to 1968, British Columbia vital statistics provide data on the period from 1922 to 1968, and the records of the Attorney-General's office were searched for the years 1896 to 1937. Though these records tended to show some of the same overall patterns regarding the changing trends in the frequency of abortion deaths, they often differed remarkably in the number of deaths they reported for each year. No single source provided an entirely satisfactory account; each had its particular strengths and weaknesses.

### *Medical Reports*

Unfortunately we have only one medical account devoted to determining the changing pattern of British Columbia abortion deaths. In 1970 Dr. W. D. S. Thomas reviewed the forty-four cases of maternal death attributable to abortion for the years 1955 to 1968.<sup>9</sup> They represented 22.4 percent of the total of 197 maternal deaths. For the purposes of our study Dr. Thomas' findings for the years 1955 to 1959 are of special interest inasmuch as they allow us to compare medical reportage of abortion deaths — based on hospital records, coroners' reports and "personal communications with medical examiners" — with those of the division of vital statistics. For that five-year period the estimate of British Columbia abortion deaths ranged from the nineteen reported by doctors to the fourteen cited by Vital Statistics. (See table 1.)

This comparison suggests that only two of every three abortion deaths was reported by Vital Statistics and presumably even a lower ratio of deaths known to medical authorities may have come to the attention of legal authorities. Why was this the case? The first reason was the fact that for a report of an abortion death to be made by Vital Statistics and by the judiciary (and perhaps beyond that by the newspaper press) it had to be first passed on by medical authorities. Whether intentionally or not, this process was not always carried out. An ante mortem or deathbed statement might not have been taken, a death certificate might have been inaccurately drawn up, a post mortem might not have been held. Figure

<sup>9</sup> W. D. S. Thomas, "Abortion Deaths in British Columbia, 1955-1968," *B.C. Medical Journal* 12 (May 1970): 111-12. In a later study of 132 maternal deaths Thomas found that 60 were due to direct obstetric causes and 27 percent of these were abortion related. See J. L. Benedet, W. D. S. Thomas and B. Ho Yuen, "An Analysis of Maternal Deaths in British Columbia, 1963 to 1970," *Canadian Medical Association Journal* 110 (1974): 783-87.

TABLE 1  
Reported B.C. Abortion Deaths

| Year | Doctors' Reports | Vital Statistics |
|------|------------------|------------------|
| 1955 | 2                | 0                |
| 1956 | 3                | 3                |
| 1957 | 6                | 6                |
| 1958 | 3                | 3                |
| 1959 | 5                | 2                |
|      | 19               | 14               |

SOURCES: *B.C. Medical Journal*, 12 (May 1970), 111-12; B.C. Vital Statistics.

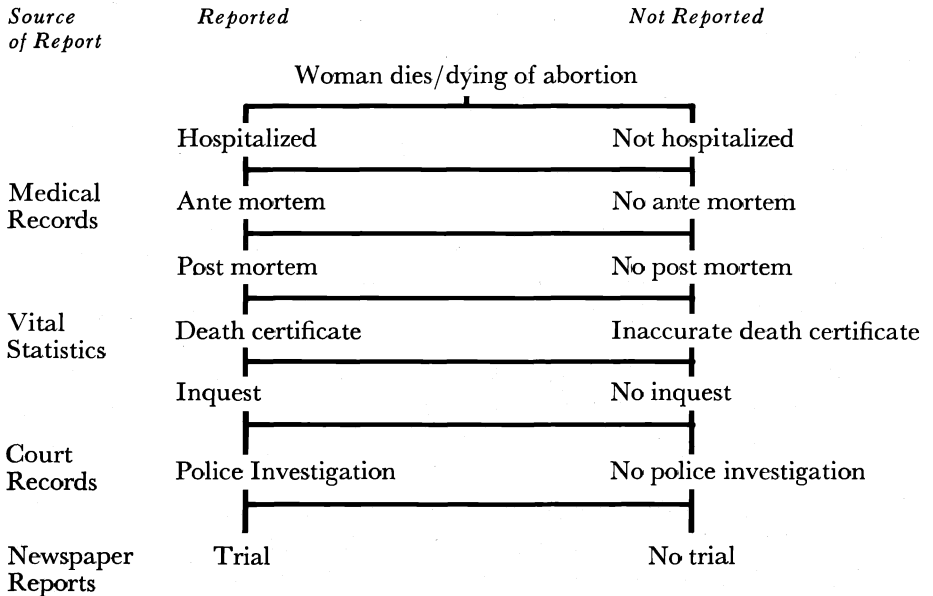
1 indicates the various stages at which a report of an abortion death might go astray and thereby fail to show up in the classifications of the next reporting agency, be it Vital Statistics, the judiciary or the newspaper press.

The second reason for the failure of the medical records to tally with those of Vital Statistics and the Attorney-General is that some doctors simply did not want to report abortion deaths. We will be returning to this issue in the second part of the paper; here it is only necessary to note that because of the illegal nature and moral stigma attached to abortions, many doctors may have concealed them to protect the reputations of their colleagues and patients.

That so few abortion deaths reached the notice of the courts is perhaps dramatic witness to the ambivalence that the medical profession felt regarding the status of abortion. British Columbia statistics on abortion were accordingly flawed for the same reasons suggested by an American writer in an 1934 issue of *New Republic*.

It is natural to wonder why, with scores of statistical tables being published year after year, the true state of affairs has not been revealed before. But it is not hard to understand when you know how the statistics are obtained. For example, Anna J. Brown comes into a hospital with a high temperature, and a story of falling down the cellar stairs in the third month of pregnancy. The hospital authorities may or may not believe the cellar-stairs explanation, but their function is to treat her for a dangerous septic condition, not to do police work. If she dies, the death is correctly certified as puerperal septiemia, and that's that, so far as the hospital is concerned. This grain of fact is deposited in the county health records. Eventually it is turned over to the federal Census Bureau. And Anna J. Brown, now relegated to the limbo of

FIGURE 1  
*Reportage of Abortion Deaths*



statistics, becomes one of six thousand infinitely shadowy women who die in this country each year of puerperal septicemia — a disease known to centuries of women as childbed fever.<sup>10</sup>

The result was that enormous discrepancies appeared between what doctors and legal officials knew regarding the numbers having recourse to abortion.

Medical authorities clearly knew better than any other officials the extent of abortion-related deaths; the problem is that we have very little information on the process of classification they employed. Much more work should be done in this area, but given the medical profession's concern for self-policing it is likely that only an "insider" who enjoyed the confidence of his colleagues — as does Dr. Thomas — could provide an accurate picture of their perceptions. It also has to be remembered, however, that even doctors missed some cases of abortion — one researcher commented on the "unbelievable gullibility and stupidity of doctors" who

<sup>10</sup> Smith, *op. cit.*, p. 179.

misdiagnosed causes of miscarriage-related deaths — and medical statistics have to be presumed to be minimal estimations.<sup>11</sup>

### *Vital Statistics*

The information concerning abortion deaths reported by British Columbia Vital Statistics was based on the death certificates completed by doctors.<sup>12</sup> As already indicated, these figures were certainly lower than those known to doctors for the period after 1955. A similar under-reporting of abortion deaths by Vital Statistics must have occurred in earlier decades as well, but its full extent cannot be determined.<sup>13</sup> This source, therefore, has certain inherent weaknesses. Its great strength is that it allows us to gain an impression of the frequency of *reported* abortion deaths, of changes in their frequency over time and of the extent to which such deaths varied in relation to other causes of maternal mortality.

What was the general twentieth-century pattern of deaths due to abortion in British Columbia? In the vital statistics maternal deaths were classified as due to sepsis (infection), toxæmias (eclampsia or poisoning), haemorrhage, abortion without sepsis or toxæmias, abortion with sepsis, and other complications. The average number of annual deaths attributed to abortion in the 1930s was 13.3; in the 1940s the number declined to an average of 6.9; and in the 1950s it further declined to an average of 4.1. (The years 1925-30 were reported to have an average of only one abortion death per year; the reasons why we feel this figure is suspiciously low are given below.) As table 2 shows in more detail, the number of annual abortion deaths peaked in 1936 at twenty-one. The decline was very gradual, and only in the 1950s did abortion deaths become unusual.

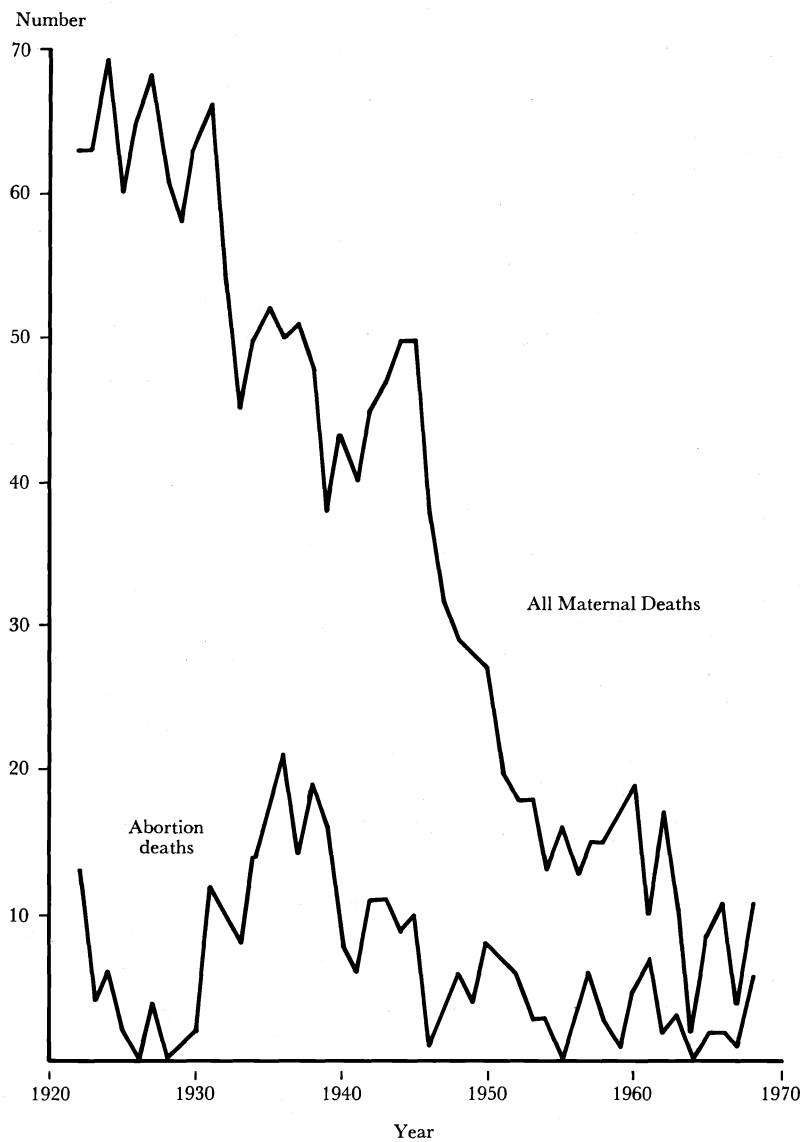
Table 2 also shows the number of maternal deaths during these four decades. Abortion deaths in almost every year contributed to the level of maternal mortality, but the proportion which they contributed varied substantially over time. In the 1920s maternal mortality in British Columbia peaked and then began to decline. In 1924 sixty-nine maternal

<sup>11</sup> H. R. M. Johnson, "The Incidence of Unnatural Deaths Which Have Been Presumed to be Natural in Coroners' Autopsies," *Medicine, Science, and Law* 9 (1969), 102 cited in Malcolm Potts, Peter Diggory and John Peel, *Abortion* (Cambridge: Cambridge University Press, 1977), pp. 24-25.

<sup>12</sup> Provincial Board of Health: Report of Vital Statistics, 1922-1946; Department of Health Services: Vital Statistics of the Province of B.C., 1947-1968.

<sup>13</sup> On the problems posed the collectors of statistics see J. T. Marshall, *Vital Statistics in British Columbia* (Victoria: B.C. Provincial Board of Health, 1932).

TABLE 2  
*British Columbia Maternal Deaths: 1922-1968*



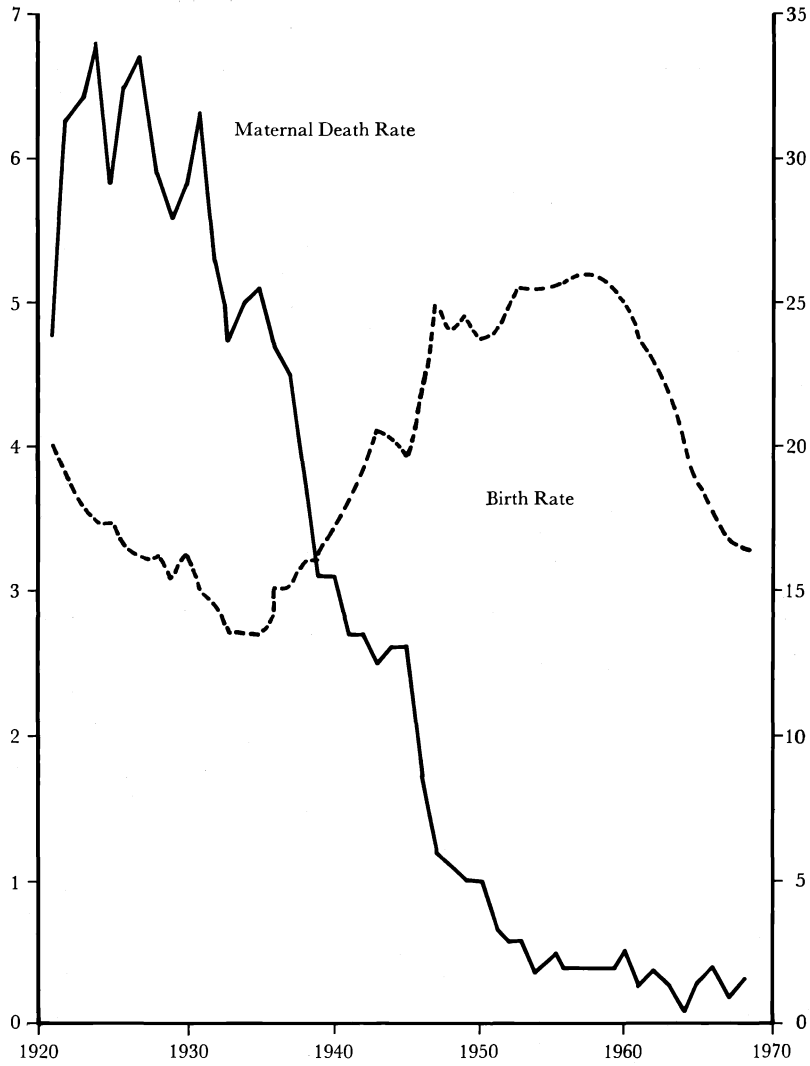
SOURCE: B.C. Vital Statistics.



TABLE 3

Maternal Death Rates in B.C.  
(rates per 1,000 live births)

Crude Birth Rates in B.C.  
(rates per 1,000 population)



SOURCE: B.C. Vital Statistics.

TABLE 4  
*British Columbia Maternal Deaths:  
 Complications of Pregnancy Including Abortion*

| <i>Year</i> | <i>Total Maternal</i> | <i>Abortion Deaths</i> | <i>Ratio of Abortion Deaths to Total</i> |
|-------------|-----------------------|------------------------|--|
| 1922        | 63                    | 13                     | 20.6                                     |
| 1923        | 63                    | 4                      | 6.3                                      |
| 1924        | 69                    | 6                      | 8.6                                      |
| 1925        | 60                    | 2                      | 3.2                                      |
| 1926        | 65                    | 0                      | 0.0                                      |
| 1927        | 68                    | 4                      | 6.1                                      |
| 1928        | 61                    | 0                      | 0.0                                      |
| 1929        | 58                    | 1                      | 1.8                                      |
| 1930        | 63                    | 2                      | 2.9                                      |
| 1931        | 66                    | 12                     | 18.1                                     |
| 1932        | 54                    | 10                     | 18.5                                     |
| 1933        | 45                    | 8                      | 17.7                                     |
| 1934        | 50                    | 14                     | 28.0                                     |
| 1935        | 52                    | 17                     | 32.7                                     |
| 1936        | 50                    | 21                     | 42.0                                     |
| 1937        | 51                    | 14                     | 27.4                                     |
| 1938        | 48                    | 19                     | 39.5                                     |
| 1939        | 38                    | 16                     | 42.1                                     |
| 1940        | 43                    | 8                      | 18.5                                     |
| 1941        | 40                    | 6                      | 15.0                                     |
| 1942        | 45                    | 11                     | 24.4                                     |
| 1943        | 47                    | 11                     | 23.4                                     |
| 1944        | 50                    | 9                      | 18.0                                     |
| 1945        | 50                    | 10                     | 20.0                                     |
| 1946        | 38                    | 1                      | 2.6                                      |
| 1947        | 32                    | 3                      | 9.3                                      |
| 1948        | 29                    | 6                      | 20.6                                     |
| 1949        | 28                    | 4                      | 14.2                                     |
| 1950        | 27                    | 8                      | 29.6                                     |
| 1951        | 20                    | 7                      | 35.0                                     |
| 1952        | 18                    | 6                      | 33.3                                     |

| <i>Year</i> | <i>Total Maternal</i> | <i>Abortion Deaths</i> | <i>Ratio of Abortion Deaths to Total</i> |
|-------------|-----------------------|------------------------|--|
| 1953        | 18                    | 3                      | 16.6                                     |
| 1954        | 13                    | 3                      | 23.0                                     |
| 1955        | 16                    | 0                      | 0.0                                      |
| 1956        | 13                    | 3                      | 23.0                                     |
| 1957        | 15                    | 6                      | 40.0                                     |
| 1958        | 15                    | 3                      | 20.0                                     |
| 1959        | 17                    | 2                      | 11.7                                     |
| 1960        | 19                    | 5                      | 26.3                                     |
| 1961        | 10                    | 7                      | 70.0                                     |
| 1962        | 17                    | 2                      | 11.7                                     |
| 1963        | 11                    | 3                      | 27.2                                     |
| 1964        | 2                     | 0                      | 0.0                                      |
| 1965        | 9                     | 2                      | 22.2                                     |
| 1966        | 11                    | 2                      | 18.1                                     |
| 1967        | 4                     | 1                      | 25.0                                     |
| 1968        | 11                    | 5                      | 45.4                                     |

SOURCE: B.C. Vital Statistics.

deaths were reported. By the mid-1930s the figure had dropped to about fifty deaths a year. From 1934 onward the maternal mortality rate began to drop dramatically and consistently. (See table 3.)

Ironically, just as maternal mortality rates were in the 1930s reaching ever lower levels, abortion deaths appear to have been reaching unprecedented heights. As table 4 indicates, from the 1930s to the 1950s abortion deaths continued to claim a large proportion of the maternal deaths. In 1927, according to Vital Statistics, abortions accounted for only about 6 percent of all maternal deaths; in 1936 they were responsible for a staggering 42 percent of all maternal deaths. Even through the 1950s, abortion remained a major contributor to the overall maternal death rate.

Why was the rate of abortion deaths, especially during the 1930s and early 1940s, so high? The first reason was that women seeking abortion shared some of the same risks as those bearing children: complications of pregnancy, child birth, and puerperium or sepsis. But since abortion deaths were rising substantially just as the rate of maternal mortality was declining, other factors besides the risks of childbearing had to be at work.

The rate of maternal mortality was pulled down by the increased percentage of term deliveries in hospitals, the employment of antibiotics to control infection, the better use of blood and blood substitutes to control haemorrhaging, the identification of high risk patients, the judicious use of Caesarian section and more use of prenatal and postpartum care.<sup>14</sup> It is obvious that while hospital practices relating to childbirth improved significantly during the 1930s and 1940s, they improved much less rapidly among women who sought the aid of abortionists or attempted to induce their own abortion. Because women were forced to work within an illegal system, they were at a much greater risk of exposure to unsanitary conditions and methods that were dangerous and undependable. The rate of abortion deaths was high and in fact rising through the 1930s relative to other causes of maternal mortality largely because of the illegal nature of the operation, not because of the backwardness of medicine.

But abortion deaths were, according to the vital statistics, not simply increasing relative to the rate of maternal deaths. In the 1930s and 1940s they increased in absolute numbers. Such a rise in abortion deaths suggests that despite the illegality of the procedure more and more women were seeking to terminate their pregnancies. This was the second reason for the high rate of abortion deaths. Certainly many commentators believed that they were witnessing an abortion epidemic. It should be stressed, however, that the rate of abortion deaths as reported by Vital Statistics is not to be taken as an indicator of the actual number of women who sought abortions. It has been estimated that in industrial countries in the first half of the twentieth century the rate of pregnancies ending in both spontaneous and induced abortions probably rose from 10 to 15 percent. Despite the obvious risks posed by abortion, its mortality rate was low: it has been deduced that only 1/10 of 1 percent of all abortions resulted in death.<sup>15</sup> It was because so many women were seeking to terminate their pregnancies in the 1930s and the 1940s that the absolute number of abortion deaths was so frighteningly high.

#### *Attorney-General Records*

Doctors knew that there were more abortion deaths in British Columbia than those reported by Vital Statistics; Vital Statistics in turn classi-

<sup>14</sup> See Shorter, *op. cit.*, pp. 139-76; Jo Oppenheimer, "Childbirth in Ontario: The Transition from Home to Hospital in the Early Twentieth Century," *Ontario History* 75 (1983): 36-60; Anne S. Lee, "Maternal Mortality in the United States," *Phylon* 38 (1977): 259-66.

<sup>15</sup> Potts, *op. cit.*, pp. 270-71; Shorter, *op. cit.*, p. 195.

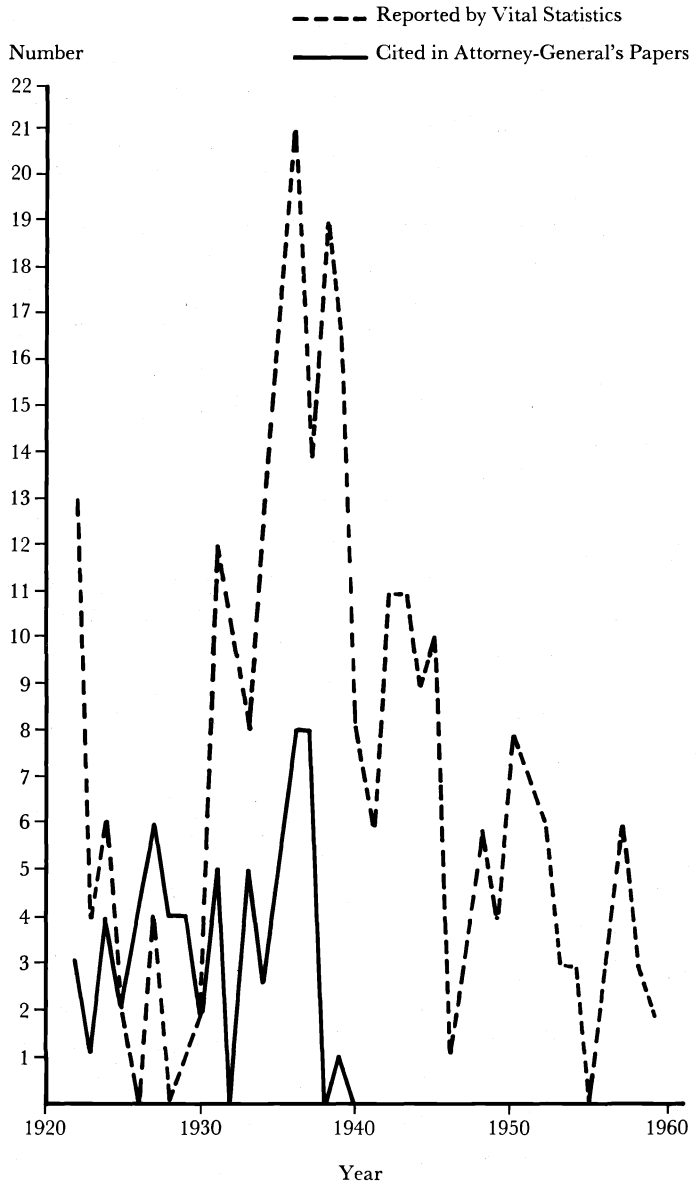
fied far more abortion deaths than those dealt with by the provincial Attorney-General. Since abortion was a crime, it would be natural to assume that legal records would provide a good indicator of the incidence of such practices. In fact when one turns to the papers of the Attorney-General's office one immediately discovers how difficult it is to trace systematically the pattern of abortion prosecutions. Some cases of abortion reported in the press could not be located in the court records. Some files had been removed. Some abortion death cases were treated as murder or manslaughter.<sup>16</sup>

Three series of reports emanating from the provincial Attorney-General's office were searched: A.-G. (B.C.) Correspondence-Inquiries which related to preliminary investigations into suspected abortion deaths which sometimes were followed by an inquisition; A.-G. (B.C.) Inquisitions which provide records of the formal inquisitions; and A.-G. (B.C.) Court Records which documented the cases that proceeded to court. Because of the lacunae noted above only the papers for the 1920s and 1930s provided a fairly satisfactory but certainly not complete account, as indicated by the fact that in 1936, when Vital Statistics listed twenty-one deaths as attributable to abortion, the provincial legal authorities' papers reported only five cases. Of our three sources the Attorney-General's files clearly provide the most inadequate account of the rate of abortion deaths. Nevertheless this source is of immense interest because it provides detailed accounts of individual cases stretching right back into the nineteenth century. It offers insights into the relative shifts in the number of abortions of concern to the judiciary and reveals how the police and courts functioned. The greatest value of this source is that it contains a rich mine of information concerning the interplay of doctors, lawyers, abortionists and women. An exploitation of such material allows one to flesh out the dry, quantitative accounts presented by Vital Statistics and have some sense of the personal dramas posed by abortion.

The fact that a low level of abortion deaths was reported by the Attorney-General's office should occasion no surprise. The Attorney-General would presumably have dealt only with cases where there was a possibility of criminal prosecution. A certain proportion of attempted abortions would have been self-induced, and these amateur attempts might have been more likely to bring about sepsis, but there would be no

<sup>16</sup> On the actual number of abortion cases prosecuted in British Columbia (which would, of course, be larger than the number relating to abortion deaths) see Statistics Canada, *Statistics of Criminal and Other Offences* (Ottawa: Statistics Canada), Ref. HA 743 85 201. On the national figures see Badgley, *Report*, p. 68.

TABLE 5  
*B.C. Abortion Deaths 1922-1959*



point in laying a charge in such cases. Other women might have been admitted to hospital in such a state that they were not able to explain who performed the abortion. It is thus easy to imagine that although a woman was listed on her death certificate as having died as a result of an abortion, legal proceedings might, for a variety of reasons, not be pursued. As a result one would expect the number of abortion deaths cited in the Attorney-General's papers to be lower than those reported by Vital Statistics. Table 5 indicates that this was generally the case.

Between 1931 and 1940, for example, Vital Statistics reported 139 abortion deaths for an annual average of 13.9, while the Attorney-General's office reported 34 for an annual average of 3.4. Vital Statistics was therefore reporting four to five times more abortion deaths than were dealt with by the legal authorities. For some reason, however, the situation was reversed between 1926 and 1930. As noted earlier, Vital Statistics reported a suspiciously low number of abortion deaths in those years. A comparison of these figures with those of the Attorney-General's office reveals that in fact Vital Statistics reported only seven deaths caused by abortion in those five years whereas the Attorney-General's office dealt with eighteen. Such a discrepancy might have been caused by Vital Statistics listing as abortions those deaths directly caused by abortion but not those that occurred as a result of abortion complications such as puerperal septicaemia. It would appear, however, that some reform in the classification system took place in the early 1930s. This would explain why according to Vital Statistics abortion deaths as a percentage of maternal deaths suddenly leapt from 2.9 percent in 1930 to 18.1 percent in 1931. The reported surge must have been at least in part a product of new methods of reportage and recording.

Other evidence from the Attorney-General's papers can also be drawn on to support the assertion that abortion must have been more prevalent in the 1920s than the Vital Statistics figures suggest. Indeed, the legal accounts list almost as many deaths from abortion in the 1920s (thirty-three) as in the 1930s (thirty-six). It is difficult to determine which decade had the highest level of abortion deaths. It would be reasonable to suppose that in the 1920s less sophisticated medical techniques might have resulted in more deaths. A stronger argument can be made, however, that the social and economic dislocations caused by the Depression led more women to terminate their pregnancies and accordingly produced a higher level of mortality in the 1930s.

The discrepancies between the two sources could, of course, be the result of shifts in record keeping and changes in the efforts of the

Attorney-General's office to track down cases of abortion. These questions raised by the data cannot be easily answered. The Attorney-General's papers do impress upon us, however, the fact that abortion deaths did not suddenly crop up in the 1930s; they were a tragically familiar phenomenon in British Columbia from at least the time of the First World War.

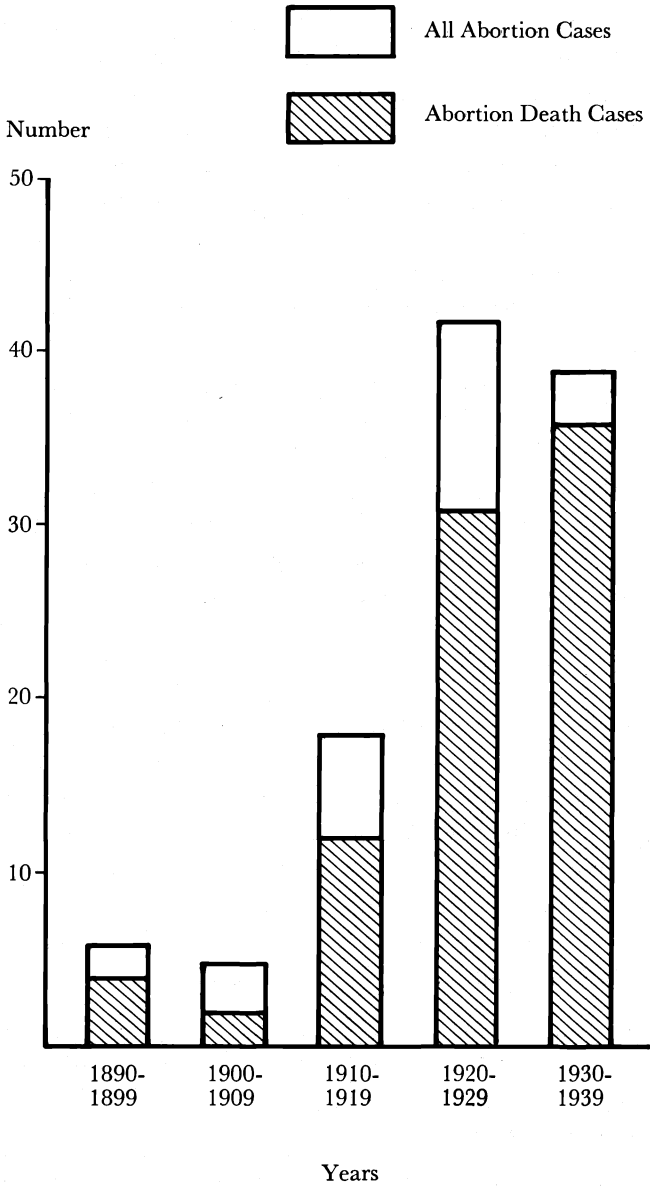
If Vital Statistics gave an inaccurate account of the number of abortion deaths reported in the 1920s, their figures from that decade on at least appear to be fairly reliable. In any event, for the later decades it is necessary to rely primarily upon them, because the Attorney-General's files for the 1940s and subsequent decades are closed. The Attorney-General's records that are accessible indicate that the vast majority of abortion cases that were brought to the attention of the Attorney-General were pursued because they involved the death of a woman. (See table 6.) These records make it abundantly clear that though abortion and attempted abortion were criminal acts, the higher levels of the judiciary only pursued prosecutions when death or serious complications ensued. Between 1930 and 1939 as many as thirty-six out of thirty-nine abortion cases drawn to the attention of the Attorney-General involved deaths.

The court records of the period from 1896 to 1937 help give us some idea of what women were up against in their desire to control their reproduction. Because abortions were against the law women were forced to resort to whatever methods they could devise and to seek the often inadequate help of those willing to take the risk of aiding or performing an illegal act. If complications arose as a result of the attempt to abort, the woman had to face the approbation of the medical and legal systems and of much of the community in which she lived, as well as the real risk of death. The court records show the extent to which women were determined to control their births even when forced to work within a hostile legal environment.

In the second section of this paper we will further employ the papers of the Attorney-General's office to illustrate the ways in which abortion deaths might either be reported or covered up. In concluding the first part of this paper it is only necessary to reiterate that each of the three sources we have exploited in seeking to determine the rate of abortion deaths has its advantages and disadvantages. The medical survey, though presumably the most accurate source, covers a limited time span. Vital Statistics deals with a longer period but does appear to under-report — especially for the 1920s — the incidence of abortion deaths. The papers of the Attorney-General's office are quantitatively the least adequate of our sources, but they do provide invaluable qualitative material. Each



TABLE 6  
*Abortion Cases in the Attorney-General's Files*



source reveals the fact that the categorization, classification and recording of social events are complex processes subject to a variety of constraints.

By drawing on the strengths of each source it is possible to conclude that though the actual number of abortion deaths for any one year cannot be precisely determined there can be no doubt that they contributed significantly from the 1920s to the 1950s in keeping maternal mortality rates high. If we add the number of abortion deaths cited by the Attorney-General's office for the 1920s to those reported by Vital Statistics for the 1930s and 1940s we arrive at a total of 241 deaths in three decades. We have noted, however, that in the 1950s only two out of every three abortion deaths were correctly reported by Vital Statistics and only one out of every ten may have come to the notice of the Attorney-General. If we assume that a similar under-reporting occurred between the 1920s and the 1940s and multiply the Attorney-General's only by six and those of Vital Statistics by one and one-third we arrive at a corrected abortion death total of 476, which would account for approximately 30 percent of all maternal deaths. This would appear to be about right since Dr. W. D. S. Thomas found that in the 1950s abortion deaths were responsible for 27.5 percent of all maternal deaths.<sup>17</sup>

### *Discrepancies in Reportage*

Enormous difficulties are met with when one attempts to determine the rate of illegal acts such as abortion. The overwhelming majority of successful abortions would never come to public attention for the simple reason that no one involved would have any interest in revealing such information. We usually only have evidence of the unsuccessful, most often the rare cases, in which death resulted. In testifying at a 1921 abortion trial Dr. Archibald Dunbar was asked by the prosecuting attorney W. M. McKay about the incidence of abortion:

<sup>17</sup> It should be noted that there were marked contrasts in the causes of maternal death for the Indian and non-Indian populations in British Columbia. Indians, who accounted for only 2 percent of the population between 1955 and 1965, were responsible for 5.7 percent of all births and 16.1 percent of maternal mortality. But whereas abortion accounted for 27.5 percent of non-Indian maternal deaths it accounted for only 11.5 percent of Indian maternal deaths. Postpartum haemorrhaging was the great killer of native Indian women, whose maternal death rate was three times that of non-Indians. See W. D. S. Thomas, "Maternal Mortality in Native British Columbia Indians: A High Risk Group," in Carl F. Grindstaff, Craig L. Boydell and Paul C. Whitehead, eds., *Population Issues in Canada* (Toronto: Holt, Rinehart and Winston, 1971), pp. 54-59.

208 Q. In fact the numbers are very large, aren't they Doctor?

A. Quite large.

209 Q. In every large city?

A. Yes.

210 Q. It amounts, I am told, to some hundreds per month even in this city of Vancouver. Would you go so far as to say that?

A. I could not say the exact number . . . because I have no way of telling.

211 Q. And the number of deaths that result from them is insignificant in number?

A. Yes, the deaths are not very prevalent.<sup>18</sup>

When deaths did result this still did not guarantee that they would be classified and reported as abortion deaths. Relatives would frequently seek to conceal the cause of death because abortion — like suicide — was considered by many to be evidence of the immorality of the victim. Doctors might be sympathetic to such concerns and could also have their own reasons for failing to report abortion deaths. From the quantitative point of view the main issue was whether or not a doctor who knew of an abortion death passed this information on to the appropriate authorities. If he did it would be reported in the Vital Statistics and possibly be followed up by legal enquiries. If he did not the information would be lost.

A good deal of evidence can be drawn from the papers of the Attorney-General's office to demonstrate how doctors and lawyers could clash over the question of the reporting of abortions. The inquest held to investigate the death in July 1919 of Mrs. S—— R—— provides a good example. In the inquest held by the Vancouver coroner, Dr. Thomas W. Jeffs, evidence was first given by William Bailie, the accountant of the Vancouver General Hospital. He testified that, to protect the hospital officials from possibly being incriminated in an abortion, they had received from Mrs. R—— the following deathbed declaration:

My trouble started with going to a doctor in Vancouver, Dr. T—— V——, Lonsdale Ave., North Vancouver. . . . I was told of him by Mrs. P——, Denman Street, West End, Vancouver. I saw him last Friday week. I told him I was six weeks overdue in menstruation. I asked him if he could do any thing for me and if there was any risk. He asked me who my husband was, and said he charged \$100 and there was no great risk as he did

<sup>18</sup> Attorney-General (B.C.), Court Records 1921:31 (v. 239).

eight and ten a day. I went home and my husband implored me not to go. I went the next day with \$75 and told him that was all I could afford. He told me he would not do it. I cried to him and eventually he did. I was ill on the Saturday night and the Sunday and the Monday I phoned him. He said he did not remember me. When I asked him what to do for the pain in the abdomen, he said "Better get used to it," said "Take a hot soap-sud douche" which I did. Continued sick as ever. I went to see him on Wednesday. He felt my pulse and said I would get along alright. On Thursday at 4 o'clock in the morning my husband phoned him and demanded him out at once. My husband met the six o'clock boat. He came and curreted me and douched me without anaesthetic.<sup>19</sup>

Near death Mrs. R—— was taken to Vancouver General Hospital where she was attended by Dr. George Ernest Gillis. Gillis admitted that in order to protect himself and the hospital, Mrs. R—— was stimulated with drugs so that she would be in a fit state to make an ante mortem statement. The case was not reported to the coroner. Charles Reid, the justice of the peace who took the ante mortem statement, asserted in court that the hospital officials were negligent in not notifying the authorities of the abortion death until Mrs. R—— was buried. As a result the body had to be exhumed to permit an inquest to be carried out.

Dr. V——, who R—— claimed had performed the abortion, was in fact the North Vancouver coroner. He did not appear at the inquest, but was defended by his colleague Dr. Ernest Phillip Fewster. Dr. Fewster handled all of Dr. V——'s cases in Vancouver when V—— was not available and had seen Mrs. R—— before she entered hospital. According to Dr. Fewster the deceased had told him:

I have been doing a number of things to myself and taking a lot of drugs for a long time. I was flooding badly and I went over to Dr. V—— of North Vancouver. He examined me and took a piece of tissue from me which was hanging out of my womb. He said he thought I would be alright but I was to go home and if I did not feel better he would come over to Vancouver and curette me.<sup>20</sup>

In other words Dr. Fewster suggested that Dr. V—— had only tried to give some comfort to a woman who had already induced her own abortion. Mr. R—— retorted that Dr. Fewster's statement was an absolute lie; that the doctor had been informed of the nature of the operation Dr. V—— had carried out on his wife.

<sup>19</sup> The information that follows on the R—— case is drawn from Attorney-General (B.C.), *Inquisitions* 1919:138 (v. 33); *Vancouver Daily Province*, 10 July 1919, p. 16; *Vancouver Sun*, 11 July 1919, p. 10; 18 July 1919, p. 3; 19 July 1919, p. 11.

<sup>20</sup> *Ibid.*

The inquest verdict was straightforward: "Mrs. S—— R—— came to her death at the General Hospital, Vancouver, B.C., July 9, 1919, from septic poisoning resulting from an operation for abortion." What was not cleared up was the question of who performed the abortion. The very fact that an abortion death had even occurred had required a good deal of effort to establish. The coroner was obviously outraged by what appeared to him to be the efforts of doctors and the hospital management to protect themselves. In charging the jury he stated:

It is a very serious matter, you know, this abortion business — criminal abortion — anybody that advises it or tries to cover it up in any way is guilty, and medical men may run themselves into trouble, because if they grant a certificate in a case that should be reported to the coroner it is an offense and a criminal offense.<sup>21</sup>

He referred in particular to the unsatisfactory testimony of Dr. Fewster, which he noted was contradicted in toto by that of Mrs. R——'s husband and sister-in-law. It was, Dr. Jeffs concluded, the dirtiest type of tactic to try to cast all the blame for an abortion onto the deceased woman.

For the purpose of this paper the R—— case is of importance inasmuch as it shows how both hospitals and doctors might try to circumvent the regulations pertaining to the reportage of abortions. In the R—— case there was the very strong impression given that it was the doctors' desire to protect themselves from possible criminal prosecution that primarily preoccupied them. In other cases it was the concern of the doctor to protect the reputation of the victim that led to a coverup of abortive practices. After the death of a woman in St. Paul's hospital in 1921 the coroner asked one doctor:

Q. Dr. Fuller, is it not really customary to report these cases when they get better?

A. I don't know. As a matter of fact I guess not. Many are reported but I thank the Lord I have so few of them I don't know from my experience. I think if a doctor could find any information that would do any good, most of them would be willing and glad to give information, but what is the good of going to a whole lot of expense when you cannot do anything.<sup>22</sup>

A similar situation was found when doctors did not seek to obtain an ante mortem but simply let a woman die in relative peace. In 1922 Dr. Alexander Stewart Munro and the Vancouver General Hospital Medical

<sup>21</sup> *Ibid.*

<sup>22</sup> Attorney-General (B.C.) Inquisitions 1921: 249 (reel 38).

Superintendent were criticized by the coroner for failing to notify the police of the condition of a woman dying as a result of an abortion. The coroner informed the jury:

Hospital authorities were negligent in not reporting the criminal abortion to police immediately instead of several hours after the woman's death. Certainly hospital authorities were not giving any help in the detection of crime. This made an ante-mortem statement impossible.<sup>23</sup>

The coroner played a key role in mediating the relationships between the medical profession and the courts. In turn, the personality and efficiency of the coroner clearly had a good deal of influence on the process of reporting abortions. If the official was especially zealous — as seemed to be the case with Dr. Thomas Jeffs — noncomplying doctors would find themselves subjected to hostile questioning in front of inquest juries. After receiving Dr. Jeffs' direction a 1916 jury brought down the verdict:

We recommended that the law be enforced or improved to force medical men to give information whenever a case of this nature [abortion] comes to their notice.<sup>24</sup>

Jeffs, who was Vancouver coroner from 1910 to the early 1920s, never missed an opportunity to berate medical authorities for their failure to track down cases of abortion. It is not clear why he was so preoccupied by the subject, but there can be little doubt that if a less conscientious official had been in charge the reportage of abortions would have been lowered. It is, of course, difficult to provide evidence of non-reportage, but a 1923 case is instructive. When a twenty-one-year-old woman died in St. Paul's Hospital of toxemia caused by a suspected abortion the new coroner, W. D. Brydone-Jack, decided that an inquest would not be held. He informed the Attorney-General's office:

As she [the woman] refused to give any information, I felt that it was unnecessary to institute any further inquiry, especially as there seemed no possibility under the circumstances of incriminating any person.<sup>25</sup>

The case would not have come to light had not a Vancouver lawyer written the Attorney-General to protest that the woman

according to the newspapers died suddenly of pneumonia. As a matter of fact, you will observe that she died of septicaemia consequent on an

<sup>23</sup> Attorney-General (B.C.) Inquisitions 1922: 208 (reel 40). See also *Vancouver Sun*, 5 August 1922, p. 28.

<sup>24</sup> Attorney-General (B.C.) Inquisitions 1916: 261 (reel 28). For similar concerns expressed by the Victoria coroner at doctors' ignorance of the law see Attorney-General (B.C.) Inquisitions 1920: 330 (reel 36).

<sup>25</sup> Attorney-General (B.C.) Correspondence 1924: 49-6 (reel 107).

attempted abortion. It strikes me that the coroner's excuse for no inquest . . . is altogether absurd.<sup>26</sup>

It seems that the coroner's desire for discretion was in this case shared by the Attorney-General's office. The deputy attorney-general informed the Attorney-General:

It appears to me that the Provincial Police should be directed to inquire into this matter with a view to discovering who performed the operation or administered the drug which caused the abortion. Possibly the girl herself procured the drug. In any case inquiry should be made with such secrecy that in case it leads to nothing the public will be none the wiser and the reputation of the dead girl will be spared publicity.<sup>27</sup>

Apparently nothing was found, because no other references to the case were made. Had Jeffs still been Vancouver coroner one suspects that a far more vigorous investigation would have been undertaken and as a result the statistics on abortion deaths necessarily altered.<sup>28</sup>

### *Conclusion*

This paper set out to determine the impact of abortion deaths on maternal mortality rates in British Columbia and to explain why there were discrepancies in the reportage of abortion deaths. In part one we established that abortion deaths did significantly contribute to maternal mortality, in some years accounting for a large percentage of all maternal deaths. Two conclusions can be drawn from this finding. The first is that abortion was a method of fertility control far more widely employed in past decades than is often realized. The ratio of reported abortion deaths to the total number of abortions presumably varied from year to year and is impossible to determine. But whether the ratio was 1:100 or 1:1000 it still means that enormous numbers of women were seeking by risky and illegal methods to terminate their pregnancies. The second conclusion which emerges from this reappraisal of the causes of maternal death is that any discussion of the general health of women in the first half of the twentieth century must take into account the extent to which abortion deaths inflated the maternal mortality rate. The number of maternal deaths began to fall in the 1930s. The number of annual abortion-related deaths was only lowered a decade later — presumably as a result of the belated employment by abortionists of more sophisticated methods — but the percentage of all maternal deaths attributed to abortion was consis-

<sup>26</sup> *Ibid.*

<sup>27</sup> *Ibid.*

<sup>28</sup> On the way in which coroners can construct images of sudden death see J. Maxwell Atkinson, "Societal Reactions to Suicide: The Role of Coroners' Definitions," in Stanley Cohen, ed., *Images of Deviance* (London: Penguin, 1971), pp. 165-91.

tently high. Changes in the law relating to abortion in addition to medical improvements were necessary to abolish the frightening spectre of maternal death.<sup>29</sup>

In the second part of this paper we examined some of the reasons why there were discrepancies in the reporting of abortion and abortion deaths. We encountered problems similar to those met with by researchers investigating cases of rape and suicide.<sup>30</sup> Statistics on such subjects are inevitably suspect because of the problems of definition of the act, of variations over time in the use of such definitions, and the inconsistent application by reporting agencies of the definitions. Because of the nature of abortion deaths many cases were not discovered, or not reported, or not recorded. In some cases the victim herself or the victim's family might have applied pressure to have the facts classified as other than an abortion death. Doctors, because they were, or were afraid of being, implicated in abortion deaths might fail to report cases. The courts, in their turn, were inconsistent in their investigation and prosecution of abortion. Abortion death statistics therefore have to be seen not as neutral numbers but as social products.<sup>31</sup> This leads to our final conclusion. The under-reporting of abortion deaths, in our view, raises both methodological and political issues. Although the various agencies we investigated did not, in under-reporting abortion, set out deliberately to deceive or mystify, that was their final effect. The statistics that resulted therefore had an ideological colouring; the importance of the need for safe, legal abortions could not be fully appreciated while the numbers of women who died as a result of illegal abortions was concealed.<sup>32</sup>

<sup>29</sup> On the elimination of maternal mortality after the law reforms of the 1960s see Potts, *op. cit.*, pp. 142-43; Watters, *op. cit.*, pp. 169-71; Betty Sarvis and Hyman Rodman, *The Abortion Controversy* (New York: Columbia University Press, 1973), pp. 154-64.

<sup>30</sup> See for example Charles W. Dean, *The Crime and Consequences of Rape* (Springfield, Illinois: Thomas, 1982); Lorenne Clark and Debra J. Lewis, *Rape: The Price of Coercive Sexuality* (Toronto: Women's Press, 1977); Jack Douglas, *The Social Meaning of Suicide* (Princeton: Princeton University Press, 1967).

<sup>31</sup> B. Hindus, *The Use of Official Statistics in Sociology* (London: MacMillan, 1973); John Irvine, Ian Miles and Jeff Evans, eds., *Demystifying Social Statistics* (London: Pluto Press, 1979).

<sup>32</sup> In 1947 Mrs. Strum pointed out to the House of Commons that although every Canadian knew that 41,000 servicemen were killed in the Second World War, few were aware that since 1926 21,000 women had died in childbirth. But Mrs. Strum was herself either unaware of or reluctant to mention the extent to which abortion deaths sustained the high level of maternal mortality. There was similarly no reference to abortion in the many newspaper accounts of the problems posed by childbearing. See *House of Commons Debates*, V, 4054; *Victoria Daily Colonist*, 23 January 1935, p. 8; *Victoria Daily Times*, 30 September 1937, p. 4; *Victoria Daily Times*, 27 February 1947, p. 7.