

**Interviewee: Kath Lambert and Margaret Anderson**

Interviews conducted by Nicky Leap and Billie Hunter during research for the publication '*The Midwife's Tale: an Oral History from Handywoman to Professional Midwife*' (1993; 2<sup>nd</sup> edition 2013)

Date recorded: 22 August 1985

Duration of audio: 2:28:24

Collection: Special collections of the archives of the Royal College of Midwives

Archive Reference: RCMS/251/19

**Description:**

Transcript of an interview with Kath Lambert and Margaret Anderson covering their experience as domiciliary midwives during the 1940s and 1950s, including discussion of a midwife's intuition, place of birth, relationship between midwives and doctors, as Queens nurses in Saffron Walden, modes of transport, effect of the Second World War on nursing services, payments for childbirth, training, experience with thalidomide and other disabilities, delivery positions, pain relief during childbirth, destruction of the placenta, methods used during complicated deliveries, resuscitation of babies, antenatal and postnatal care, cot deaths, breastfeeding, social conditions, existence of handywomen, anecdotes of births they attended, and emergency obstetric services.

**Topics include:** Midwifery; Maternity services; Childbirth; Antenatal care; Homebirth; Contraception; Analgesia, Second World War

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**[START OF FIRST AUDIO RECORDING]**

Interviewer 1 The first question is how many babies have you delivered?

Margaret Roughly between the two of us, thinking about whether or not you had medical aid and they, they ended up with either a forceps delivery or a, or a doctor catching it, 1,000 between us.

Kath That's not...

Interviewer 1 Overall in the whole of your midwifery?

Margaret I think we went through the books, didn't we, and we reckoned...?

Kath Yes.

Margaret Isn't that wonderful?

Interviewer 1 Did you enjoy your work? Was it a vocation?

Margaret Well, I did. I love midwifery.

Kath Oh yes, yes we did. I like, I like... mind you, I prefer the general nursing to midder ((sic)). But anyway, she did the midwifery as well as I did. And, uh, yes I think I, I did enjoy mid, yes.

Interviewer 1 This is a difficult question: what do you think you need to be a good midwife?

Margaret Patience. ((Laughter))

Kath She's right.

Margaret I think it's, I think it's, I think it's, um, I think it's liking the mother, you know. When somebody comes and sits on your couch and says, your, your, um, yes your couch, and says they're going to have a baby, and, and somehow or another you take over and you think oh, this is, this is... you're going to see something come into the world from this mother. And you get extremely fond of your patients – some of them you don't; but mostly you have a feeling for them, don't you?

Kath Oh yes, yes.

Margaret Even now I mean when we go out...

Kath Even the tarts of the village.

Margaret Oh, we had some real tarts. ((Laughs)) Real tarts. One mother in particular she ended up with 13. Now, she started off, when we first came here she'd got four: three of her husband's and one could be anybody's. She'd got four. Then she started with a Greek, she left her husband and she went and lived with a Greek, and she had three of his. Now, we had them all, didn't we?

Kath Yeah.

Margaret She had three Greeks. ((Laughter)) Then he went off to London and she took in a lodger. He was a man who left his wife and seven children and he gave her five, and she had them all at home; she wouldn't go into hospital. We got very fond of her.

Interviewer 1 I'm not surprised.

Margaret She used to sit on the couch, and I used to say, "Look Phil, Phil, you go into hospital with this one. I'm not having it at home." She cried. ((laughter))

Interviewer 1 And were they all normal?

Margaret Yes, yes.

Interviewer 1 All normal deliveries?

Margaret Yes, except the one before last, which was number 12 – oh she's had a procured abortion as well. She'd gone to the village, um, she'd gone to the village... what do you call them?

Kath Abortionist.

Margaret Abortionist woman. And she'd had a procured abortion and she nearly lost her life, um, over that. But that was before we took any. That was during the war when the Americans were here. But then she went on and had a lot more; she didn't ever try aborting again. And, um, what did you say? What was the question you asked about this woman?

Interviewer 1 I asked you whether she had normal births.



Margaret All very normal and all good big babies, except the one before last. And she was so worried that we were going to be away on holiday...

Kath We were going away on holiday.

Margaret We were. Uh, she always had her babies a fortnight, a fortnight after she expected them. And she had this one; her water's broke a fortnight before her expected date. And, uh, we kept her in bed. But the time came and we were going on holiday, and she went in labour that night. She was terrified. We got the baby, and the most peculiar thing, she had a temperature of 106 after she'd had it, for no reason. She had a temperature of 106 after she'd had the baby, which was quite a small baby for her. And then, um, then we went away on holiday and we left her in the hands of our big one, our maternity nurse.

Kath By the time we came, she had it during the night...

Margaret Yes, that's right, yes.

Kath And by the time we went, in the morning she was down, she was in a bath of water and she came down. She was perfectly all right after that. I think she had a fright.

Margaret Yes, yes. Go on.

Interviewer 1 Okay. What do you think about midwife's intuition? Do you think that's important?

Margaret Intuition?

Interviewer 1 Hm.

Margaret Uh, yes I think so, yes. Yes, you get a feeling.

Kath You can generally tell...

Margaret Yes, you get a feeling.

Kath You can generally tell.

Margaret Um, just by looking at them. And another thing, I can always remember being told when I was very young you can always tell by that ring of bracelet that goes around your ears. If you have a ring of bracelet that goes up into the palm like that, ((laughter)), you'll have difficulty. Now, I, it's a funny thing but I always used to look. ((Laughter)) Let's have a



look at your hands mum, and see whether that ring went up into the hand like that. And, and, uh, I always used to think you're going to be all right.

Interviewer 1 Really? And did that hold out?

Margaret No, not really! ((Laughter)) A little bit of intuition. But I do remember that.

Kath Yes, sometimes, sometimes. Poor Betty, poor Betty, poor Betty Wigg had that, and Betty Wigg lost her baby, didn't she, in hospital.

Interviewer 1 So, what are your feelings about home birth?

Margaret Ooh, well, there you are, we were domiciliary midwives.

Interviewer 1 Ah, silly question!

Margaret There's a place, there's a place for mothers in hospital; but also there's a place for mothers at home.

Kath A definite place for mothers at home, yes.

Margaret And on the whole, you know, I think you know there are a lot of mothers who would like to have their babies at home. It became fashionable at one time for husbands to be present. Um, it, it came about shortly after we started here. It became fashionable for young husbands to be present. And the young mothers used to say to you, um, do you mind if my husband's present, nurse; we want to share the experience, you see. And you'd say ((laughing)) you've got to share the experience; you've got to have this baby yourself. Of course you can! Sometimes the husbands wouldn't come, would they?

Kath If you gave them a job though, if you gave them a job they'd be very good.

Margaret Yes. But it became very fashionable. And of course now it's the done thing, isn't it.

Interviewer 2 What did you feel about it?

Margaret Ooh, I didn't mind.

Interviewer 2 You didn't mind?

Margaret Some, some you feel no, I'd rather not. But on the whole, on the whole I think they're very useful; they can be very useful.



Kath What did we feel about having the husband in?

Margaret Yes.

Kath Oh yes, they're very useful, oh yes, yes.

Interviewer 1 Can you tell us what was the attitude of the women and their families to the midwife?  
How did they see the midwife: as a friend or as a...?

Margaret Oh yes, as their saviour.

Kath Yes, they loved them.

Margaret Yes, they loved them.

Kath They did. They were a little bit, perhaps a bit shy when they first came up to book. Uh, but once they got to know us oh no, they were marvellous.

Interviewer 2 Were they in awe of you?

Kath Oh no.

Interviewer 2 Or did you become a friend?

Margaret An equal. Nobody was in awe of you, not really.

Kath I think it's you yourself, uh, uh, uh, will make the atmosphere.

Margaret Oh yes.

Kath The way you approach a patient.

Margaret Oh yes.

Kath Don't you think so?

Margaret Oh yes, yes.

Kath The way you approach a patient. Put them at their ease or get on with them.

Interviewer 1 And of course you had a lot of continuity with them, didn't you? You saw them all the way through.

Kath All the way through.



Margaret I can always remember Kath saying to me, “When you do your midwifery, Marg...” she used to say, she said to me, “Call your mother by her Christian name”. And we always did, didn’t we?

Interviewer 2 That makes such a difference, doesn’t it? Yes.

Margaret Call your mother by her Christian name.

Interviewer 1 And what do they call you?

Margaret Nurse or dear or duck or darling or mate or... ((Laughter)) Nurse usually.

Kath Generally nurse.

Margaret Doctors used to call us sister, but, um...

Interviewer 2 But you became a friend rather than a professional to families?

Margaret I think so, I think so at the time.

Kath Yes, I think so yes, at the time.

Interviewer 2 Was there a conflict between the midwife’s advice and granny knowing best?

Margaret Quite often. But you had to, um, you had to sort them out those difficulties. Because yes, because quite often you would get a mother who would come in and say, use your pains girl, push! Just when you didn’t want her to push. And you’d have to banish her from the room and say, um, go and make a cup of tea dear, will you. Never get out, we don’t want you here. You had to be tactful.

Kath Or is there plenty of water on downstairs, or a towel or...

Margaret Yeah.

Kath Or washing towels.

Interviewer 1 What was the relationship between the doctors and the midwives like?

Margaret Very good here.

Kath Well, taken on the whole yes. With the exception of that terrible one we had.



Margaret We had a dreadful woman, dreadful woman here who came, who came from Chelsea. During the war she was bombed out of Chelsea. She had a clinic of some sort. She was trained at the Rotunda in Dublin and she was absolutely deadly. She came here and she sort of poached the practice. And the doctors here at that time – and this was just after the war; well she came during the war.

Kath She came during the war.

Margaret She was here when we first came. Um, the doctors here gave her their midder, terribly wrong because whatever she did she was deadly.

Interviewer 1 Was that because she was a woman they gave it to her, did they?

Margaret No, I think she... just to lighten the loads I, I would think. And she, she took a house in town and started up a private nursing home. And the mothers used to go in, she used to anaesthetise them all and put forceps on all of them.

Interviewer 1 Oh no.

Margaret And her midwifery was....

Kath Terrible.

Margaret Terrible. And she had a lot of tragedies, a terrible lot of tragedies. And, um, in the end the Ministry of Health shut her down. We had some terrible, we had some terrible stories come out of that nursing home.

Interviewer 1 That's awful. So, she was shut down?

Kath She died. She went back to London, she went back to London and she died soon afterwards, didn't she?

Margaret Yes. She, she, she used to try and get the district midwives to go in and give her a hand, but they weren't allowed to. We, we, um, asked the Essex County Council whether, whether we could or not, and we weren't allowed to – which was...

Kath But she died.

Margaret She would...





Kath The mothers themselves were so stupid: the dear doctor will put me out of my misery, my pain. And she would put forceps on dilated cervixes. Shocking.

Margaret Oh dear.

Kath Oh, I had a real tragedy with her on the district. Dreadful.

Interviewer 1 How would you disagree with the doctor if you had to?

Margaret Well, to be quite honest you know really and truly I think we were midwives, we did know what we were talking about, and, uh, and you'd tell the doctor what you thought. I don't think we ever had arguments with them, did we?

Kath No. Well, we could have an argument with Caulson.

Margaret We didn't do...

Kath Well, what we used to do in the end with Caulson was to send, if the patient had booked with the doctor, we would send to her, when it was too late, we would send for her. It was a bit ((unintelligible)) of us but ((unintelligible)).

Interviewer 1 But the other doctors it was fine, they respected what you said?

Margaret Yes.

Kath Yes, our GPs on the whole told us, didn't they, send for us, send for us if you need us.

Interviewer 1 Otherwise... That's good, isn't it? Did they treat you as an equal, equal status the doctors?

Margaret Old Pederson didn't.

Kath No.

Margaret Old Pederson was one of those doctors that liked to do it on his own. He was a little tin god. He'd got a face like Billy Graham ((laughter)), you know, that sunny, that sunny exterior. He was a lay preacher. He was a nice man, he was a very nice man. Very kind. But he really did think he was a little tin god, he did really. He thought he, he thought he was irreplaceable and nobody came up to his... didn't he, he thought he was wonderful. And he



wanted to catch all of the babies. He'd push you out of the way. He'd push, literally push you out of the way to get his hands on the baby.

Interviewer 1 Oh dear.

Margaret Uh, but he wasn't... he lived in Great Chesterford; he didn't live in this town so we didn't have much to do with him really, but occasionally.

Kath But all the others... George Gray couldn't bear, couldn't bear midder could he? Gladys Grey, well, his wife...

Margaret She was all right.

Kath She was all right. Um, um, Lumsden would leave it to you; Lumsden would leave it to you. Justin Bartlett couldn't care less.

Interviewer 1 Did they ever ask your advice on things?

Margaret Oh well some of them. Lumsden would.

Kath Lumsden would, yes.

Margaret He was always querying.

Interviewer 1 So, you felt very much that you were independent practitioners?

Margaret Oh yes, very much so, yes.

Interviewer 1 What was your relationship with other midwives like?

Kath Well, now...

Margaret This is strange because when we first came to Saffron Walden we were the first Queens nurses, that meant that we were the first SRNs, first Queens nurses to come here.

Kath This district.

Margaret All the other villages roundabout had what they termed village nurse midwives. They were midwives; they'd done their two-year training; but they'd done six months in Leytonstone, the Queens training, they'd done six months there on the district, which enabled them to get that SEAN.



Kath When SEAN came in they were able to get it. But at the time of their training it was wartime.

Margaret Yes.

Kath It was wartime and, and this was, this was, uh, a short-term practice for wartime.

Margaret Short-term practice, yes. They did the villages.

Kath Yes. They didn't, they didn't, uh... I think they were a bit jealous of us.

Margaret One gets the impression that...

Kath They were good midwives though.

Margaret Oh...

Kath They were good. I think most of them did their mid at Bearstead. Is it still going strong Bearstead? It closed down.

Margaret I don't know.

Kath Bearstead.

Margaret I think Vi did hers at Romford, she did. The others did it at Bearstead.

Interviewer 1 So, was it like a team approach to midwifery?

Margaret No, no.

Kath We all had our own areas.

Interviewer 1 You had your own patch.

Margaret We had own district. Saffron Walden was ours.

Interviewer 1 And did you ever cover for each other?

Margaret Yes.

Kath Yes.

Interviewer 1 What if you went on holidays?

Kath Us working together we covered for each other.

Margaret Yes. We often used to cover for one of the other villages.



Kath Yes, oh yes.

Interviewer 2 How did you get around?

Margaret We had bicycles for 18 months.

Kath We had bicycles.

Margaret And then, uh, we said we'd leave if they didn't give us a car.

Kath We had that terrible, terrible winter of 47.

Margaret Think you're too young to remember that terrible winter we had.

Kath Terrible winter, and we were on bikes. And, um, we decided I can't go through another winter like this. So, went and told, went and told our committee you see. We were, we were a little local committee. Sorry, Mr Allen, um, uh, I think we should have to leave; we can't go through another winter like this. And then we discovered that one of our old patients that we'd inherited as we came into the town, general case, had given some money, £200 or something, to the committee to buy the nurses a car. And they hadn't done a darn thing about it, had they; they hadn't done anything about it.

Interviewer 1 Good gracious.

Kath However we got a car. We got one car.

Margaret We got one car. So, I had a bicycle with a cycle master on the back. And then later on, a few years later our town clerk...

Kath His wife was ill, his wife was ill.

Margaret Sent in a plea to the county council to say that these nurses can't go on like that; they need another car. So, we got another car for the county.

Kath Yes. I was cycling up to his house one day in the snow on a bike and this is what he said, "Our nurses need to have another car". So, anyway we got another car. So, then we had cars forever after that.

Margaret We had a lot of clobber to carry about you know.



Kath Sure yes, bags and... ((talking over each other)) Then we had our gas and air, medic's apparatus, then we had oxygen, then we had...

Interviewer 1 Could you carry it all on a bicycle?

Kath You did!

Margaret You rather had to ask the husband to go back to your house and pick up the rest of your clobber. And we also took blocks with us to raise the beds up. Because most of your beds are low like this – oh, your poor old back. And double beds at that. You had to try and get them on a single bed. And if it was a low bed you'd raise them up on the eight inch blocks so that we got comfortable.

Kath Some of the fathers made them for their wives and then gave them to us afterwards.

Interviewer 1 Did they?

Kath Yes.

Margaret Nice, you know, real nice big safe blocks to put the beds on.

Kath Lovely.

Margaret We've still got some down in our chalet.

Interviewer 2 In the 1930s why do you think the maternal mortality rate was so high?

Interviewer 1 Rising in the 30s, wasn't it?

Kath Well, I don't know if it was actually rising.

Interviewer 1 It did actually go up.

Kath You see look, we weren't midwives in the 1930s, were we?

Interviewer 1 No, we shouldn't ask you that.

Margaret No, we weren't doing midwifery then.

Kath One has...

Margaret One has to remember about the times we lived in. um, uh, we had no antibiotics; we had no sulphonamides; we had no, um... ((pauses)) it's progress, isn't it?



Interviewer 1 Do you remember the general strike?

Kath Do we remember it?

Interviewer 1 Yes.

Kath Very vaguely. We were school children.

Margaret General strike.

Kath Very vaguely.

Margaret 1926 general strike; 1926 well, we were school kids.

Interviewer 1 Where were you actually born?

Margaret We were born in Bromley in Kent. But at that time during the strike we were living in Chislehurst.

Kath Yes.

Margaret Now, my father was an electrical engineer and he was in charge of an electric power station in Chislehurst, and we lived in the electric power station. And we used to go to school in a lorry, we went to school in Bromley, and we went to school in a lorry owned by a Mr Frank Teehart who lived in Chislehurst – very wealthy man, Bank of England man. And, uh, that's how we used to go to school, didn't we? We were very young then, weren't we?

Kath Yes.

Interviewer 1 Can you tell us when you were born, what year?

Margaret 1913 I was born. I'm 72.

Kath I'm, I'm 74 and was born at the end of 1910.

Interviewer 1 Amazing. Okay, what was the effect of the war on your practice?

Kath Well, I was out in South Africa. The, the last war of course; yes, 1939 I was out in South Africa.

Margaret It didn't really make... I was doing my general then at the Miller General Hospital in Greenwich. Um, it didn't really make any difference at all really. We were at the very

beginning of the war some of us, me included, were sent down from Greenwich down to, um, this, um, near Maidstone to the TB village – what's it called – Preston Hall; Preston Hall TB village. Down there, there's a big TB hospital down there, near Maidstone in Kent. We were sent down there and eventually down in this TB village where we lived. And we were sent down to various hospitals and we took over certain buildings in the hospital. I went to a loony, a, a mental hospital, uh, and we took over some of their buildings to get them ready for, for, um, blitz patients, well for London patients to come down to, especially if, if we had any bombing. We were only down there three months and then we went back to London and stayed in London.

Kath So, it didn't make any difference really.

Margaret Well, it did because part of our hospital was closed down and we had to work more or less down in the basements and on the ground floor.

Interviewer 1 You obviously did a lot of your midwifery after the NHS. What sort of changes did you see come about with the National Health Service in 48?

Margaret Not an awful lot.

Kath The one thing that affected us was that we didn't have to collect money.

Margaret Yes.

Kath We didn't have to collect. Now, in, in areas like this, in areas like this, uh, um, patients would pay in to two... there were three funds, there were three funds that used to go on: there was one that you had to pay in a penny or tuppence a week to the hospital, so if you went into the hospital it was paid. There was another for the, um...

Margaret District Nursing Association.

Kath The District Nursing.

Margaret Tuppence a week.

Kath Tuppence a week.

Margaret Eight payments a year.



Kath And there was...

Margaret The HSA.

Kath And so, so if we had a patient that was paying into the district nurses, to the district nurses tuppence a week, and she was going to have a baby, instead of having to pay £2.10...

Margaret £2.10 a, £2.10 for her delivery and our time. They only had to pay 30 bob.

Kath Yes, if she wasn't paying into it she had to pay £2.10 for us. And, and only £1.10 if she was paying in for it.

Margaret Yes. Didn't pay us; they paid the association.

Kath They paid into the association, you see. No, we didn't get it, we didn't get it.

Margaret No.

Kath But you paid it in. And of course we had to collect it though.

Interviewer 1 From the association?

Kath For the association.

Margaret From the patient.

Kath From the patient to give to the association. And for general patients you had to ask... you were supposed to ask them for one and six a visit.

Margaret Yes.

Kath One and six...

Margaret I don't say you were supposed to.

Kath Except if they were an OAP.

Margaret Yes.

Kath Now, an OAP they got a grant from Chelmsford, OAP.

Margaret Yes. But we very seldom asked for anything. I don't think we took much in, did we, Kath?





Kath No.

Margaret We were very bad.

Kath But nevertheless the feeling was already there.

Margaret You did get £1 once for enema.

Kath I got 30 bob, I got 30 bob for an enema. ((Laughter))

Interviewer 1 Can you tell us a bit about your midwifery training? What it was like? What you thought about it? Whether it prepared you well for the job?

Margaret Oh, she had a wonderful training.

Kath I had very good training, very good training. Every chance.

Margaret Now when you think about all the drugs that you came into contact then, the beginnings of them.

Kath Yes.

Margaret Well now there is...

Kath No, you see I did my midder, I did my midder at Charlotte's, and then I decided to go abroad to earn more money. Because in those days I knew that I would only be getting £65 a year, my general training and my midder training and I would only be starting on £65 a year. Well, even then that wasn't very much, was it? Um, so, so I was contemplating going abroad and I thought I'd go to South Africa. I did my midder in six months, as I told you before. My, my... it was divided into two, divided into two: hospital and district. The hospital was divided into two: six weeks on the labour ward, six weeks on the wards, uh, mainly, mainly. If you were on the ward during the daytime and there was a patient come in from the labour ward into your... you'd go along and watched. But you did your, your... you did your training in the labour ward in six months, six months on. And then you went onto the district and did another three months, another three months, uh, on the district, on the district, going into the homes, going into the homes. And it was very good training; it was marvellous training.



But Charlotte's had a lot of abnormalities. We used to get a lot of abnormalities in the hospital. On the district you got your normal midwifery; but in the, in the hospital they got... you had your abnormals. Once when we asked why do we get all these abnormalities the, this wonderful labour ward nurse we had, said, "As a good midwife you've got to be able to, to, uh, diagnose or recognise any abnormality". Which is true, isn't it?

Interviewer 1 Of course, yes.

Margaret Well, in those days I think it was the mother at risk or an abnormality of some sort from the mother or perhaps the baby, uh, because they didn't x-ray in those days, did they?

Kath No.

Margaret They didn't like x-raying in those days.

Kath No, there was no x-ray. I don't remember x-rays.

Margaret They didn't like x-raying mothers then. I mean, they do now, don't they? They do this, what do they call it?

Interviewer 1 Ultrasound.

Margaret Ultrasound thing, um.

Kath But you didn't get any of that.

Margaret You, you...

Kath I've never seen an ultrasound, never seen one.

Margaret No. But do you... you remember when you were at Charlotte's how you saw the beginnings of the Prontosils and the formamides

Kath You see, while I was waiting to go abroad I went along to Charlotte's isolation block in Goldhawk Road in Shepherds Bush and we saw all the cases, uh, from the district and from the other hospitals that had gone wrong. And we... I saw the birth of the Prontosil. You wouldn't remember Prontosil, would you?

Margaret No. it was the forerunner of...

Kath Formamides?

Margaret Prontosil white and Prontosil red and then also the formamides.

Interviewer 1 What about your training, Margaret?

Margaret Well it was during the war when I had mine. We were evacuated from the city of London down into the country near Welwyn Garden City in a large manor and a big stately home called Brocket Hall. And so we were practising midwifery or learning about midwifery under difficulties. However, I, I say that I had a very good training. We used to have to go up from there during our training, because I, I did the first part in six months; I didn't do the whole thing in six months. So, my first six months was in this hospital in, in, in, what, divided up, City of London. we used to have to go up to clinics to City Road to City of London, and whenever we went up we used to have to bring back some of the mothers that were coming up to be due. We used to get them, herd them along like, you know, sheep, and, uh, into the trains. And they'd meet us at the other end in a bus, take them along to a hospital. There they would stay until they went into labour, and they would come into us at Brocket Hall to have their babies.

And, uh, we used to do various visits to the eye hospital, we used to go to Moorfields to see eyes; because babies' eyes in those days they used to put these drops into.

Kath They don't do that now, no.

Margaret No. they used to put 0.5% silver nitrate.

Kath Silver nitrate.

Margaret They were done up in little tiny wax things where you just pricked the end and squeezed them in each eye; used to get a reaction in the eyes. Um, but I, yes I think I had a very good... I think I had an excellent training. And when we came here – because Kath had done a lot of midwifery – but when I came here I had never practised on my own, not even in my second part; there had always been somebody there. The very last baby that I had in my training, my second part, was on Easter Sunday morning before I left. I was due to leave, I'd been on night duty, I was due to leave and Easter Sunday morning a whole crowd of mothers came in in labour. All the labour wards were... we had three labour wards. And then another woman came in in strong labour. And because I was just about to go they



were go on, just take that one. So, I was in an ordinary ward with this girl, and I delivered this baby – well the mother did; I caught it – and it had the cord round its neck four times. You know, I mean you think about the cord around once or twice; but this cord was round its neck four times. The colour! ((Laughter)) Single-handed, get that off. No good shouting or screaming for help and... ((laughter)) you know, this baby had this dark blue thing around it. Oh my god, what do I do! And I'll clamp it and cut it. And just as the door opened my mate, my friend came in and I said, "Oh, quick, quick!" She came and handed me these things and I cut this thing; couldn't get it round; it was as tight as anything. The little baby was blue in the face. And, uh, that was the last baby I had in my training; I hadn't taken my final then. So, that was the last one I remember.

Uh, but when we came here I was...

Kath We were shocked then.

Margaret We were shocked at how we had to manage and what we had to do.

Kath Yes.

Margaret And a little... I mean, when I come to think of, uh, one girl, who happens to live down the road here, she was in labour, she was in labour for three days and three nights.

Kath Yes.

Margaret And they didn't do anything about it.

Kath There was, there was a man...

Margaret The doctors didn't do anything about it; they just left you to it. They didn't do any... if you sent for medical... you had to send for medical aid.

Kath Yeah.

Margaret You had to do it in triplicate: you'd fill your forms in; you'd keep one, you'd give one to the doctor and you'd send one to Chelmsford. But the doctors wouldn't do anything about it.

Kath Look at the girl, Marge.



Margaret Oh that was terrible; that was another awful thing. That girl had had miscarriage after miscarriage. And eventually she went into... started a baby and carried it. And the doctor said, oh you shouldn't have it at home, you see. So, she came up for... everything seemed to be all right, everything seemed to be all right. And then her waters broke and nothing happened. And we went on like that for a fortnight. They didn't do a thing. They did, they sent her to, they sent her to Herts. and Essex Hospital and they just sent her home again. And she also went to Mill Road Maternity at Cambridge.

Kath What was that woman's name? It was a woman gynaecologist, obstetrician, consultant.

Margaret Anyway she just sent her home again.

Kath Yes, she went and saw two consultants in two different hospitals; they sent her home.

Margaret And then the girl went into labour and I couldn't hear a foetal heart, and I sent for the doctor and, uh, and he sent her off to hospital, and the baby was born dead.

Kath That's, that's when a mother should go into hospital, isn't it?

Margaret Yes. That wasn't, that wasn't so much the general practitioner; that was two consultants in two different hospitals.

Interviewer 2 It sounds like you're saying you had the opposite problem that we have these days, which is that doctors want to do too much and they want to intervene too quickly. It sounds as though you had the opposite problem in a way.

Kath Taken on the whole our doctors here were not very keen on midder, were they Margaret, our doctors?

Margaret No.

Interviewer 2 So, you think they often didn't intervene where they could have done? They could have done things?

Kath Well, you see in that case, in that case they had gone; she had been sent to hospital.

Margaret Yes.



Interviewer 1 Did you ever meet any direct entry trained midwives, the midwives who hadn't done nursing first?

Margaret No.

Kath No. Mind, yes, yes, I did. I met them at the hospital. I met them training, I met them training at Charlottes, but not...

Interviewer 1 Not on the district.

Kath Not on the district, no.

Margaret Yes, we did have some. And we also had, we also had midwives training at, at Beechcroft when I was doing my Queens.

Kath I suppose you...

Margaret There were nurses there doing... there were midwives there doing their second part of midwifery, but they were general trained.

Kath I suppose really that you could say that some of our neighbours, like Vi and Clerk were direct entry. They had done their midder, they had done their midder, but they had done six months with the local authority to come into the villages. Which would... that would be the same, wasn't it?

Margaret But that was a wartime expedient, I think.

Kath Yes, but they were direct entry midwives.

Interviewer 1 Started in midwifery.

Kath But then started their midder and then done two years, would it have been? Two years probably.

Margaret I think it was two years.

Kath Two years, yes.

Margaret I don't know.

Interviewer 1 How did people used to call you to births? How did you get called?



Margaret The husband or by telephone.

Kath Telephone or they'd come rushing around on their bikes.

Margaret Either telephone or they called up at your door at night; someone ring your doorbell.

Kath Every morning we would go out and write a slate; and we would start with the first call down to the bottom. And if it happened during the day they would come round to the house, see the slate, and come round and get you.

Margaret Find you. You had to keep as far as possible...

Interviewer 1 Outside your door?

Margaret Yes. As far as possible, we did have a little cabinet thing on the wall with it inside. But we began off by a slate in a big like plastic bag so that if it rained it didn't get wet. But it was just an ordinary slate, wasn't it, done with chalk or slate pencil.

Kath Yes.

Interviewer 1 And it just said where you'd be?

Kath Where we'd be.

Margaret Yes, more or less. And people would sort of then come round and find you.

Interviewer 1 And it worked?

Margaret Oh yes.

Kath Yes.

Margaret Funnily enough most people start off, well we found, most people start off their labour at night.

Kath And funnily enough when we moved into the house the midwife that had lived there for a short time before us hadn't been on the telephone, and the doctors wouldn't let her be on the telephone, old Hepworth wouldn't let her be on the telephone.

Margaret No.

Interviewer 2 Why not?



Kath They thought, he, dear old Dr Hepworth thought that the nurse would have been worried, uh, unnecessarily. ((Laughter)) That was the idea.

Margaret Well, that's only what we, that's only what we were told. I mean, we weren't here so we don't really know.

Kath But they weren't on the telephone.

Margaret They weren't on the telephone, the nurse wasn't when we first went. And we got put on the telephone. I think we appealed to the Essex County Council didn't we?

Kath Yes.

Interviewer 1 Did you ever have pupil midwives come out with you?

Kath Yes.

Margaret Yes.

Interviewer 1 So, were there always two of you at a birth, two people at a birth? Or did you work sometimes on your own?

Kath Oh yes, yes.

Margaret We worked independently.

Interviewer 1 So, you always worked on your own; never together?

Kath I'm not going to say we never worked together, no.

Margaret But we worked independently. As a matter of fact at some time or another Kath hadn't been very well, and, and they, Essex County Council came and said one should be the full-time midwife and the other should be the relief. So, I actually became the full-time midwife. But we both practised midwifery; Kath did a lot of midwifery. But I was designated the full-time midwife. Kath really was the full time.

Kath At one time. At one time; but that was after 1948.

Margaret Yes, yes.

Kath Uh, uh, if you had so many patients, mothers, you got a bit, a bit of extra salary.





Margaret Bonus, yes.

Interviewer 1 And what else were you doing in a month when you first came here?

Kath Well...

Margaret We were here for a long time, you know. We worked here for 28 years.

Kath Nearly 30 years.

Margaret You see that first, 1946, we came here in April 1946 and we had a little... we had a little, we had a ward up at our little community hospital that we've got here, it was the work house, called the work house, St James' hospital, it was called the work house, but they had a ward there which they turned into the maternity ward. Now, that was run by the general practitioners of course. Uh, it was just a ward really for mothers to go to and to have their babies who didn't have them at home. But they had to have three trained midwives on the strength that if one of them was away they couldn't, they couldn't have patients because they couldn't risk running the hospital on only two midwives, one night and one day; you had to have a relief. And so they would turf them out, the patients out, or wouldn't admit any if this happened. And when we first came here, um, this is what happened. And I had quite a few during that time, um. The first, very first night we were here in 1946, 23<sup>rd</sup> April 1946, the very first night I got called out twice. ((Laughter)) Kath said to me, "Go on, you haven't had any experience; it will be good for you". So, out I went! It was good for me too.

Interviewer 1 Was that two births?

Margaret Well, the first one was this... a Mrs Lloyd; she was a lieutenant colonel's wife. She lived in one of our posh houses in the town, and a midwife, the private midwife hadn't arrived. And her doctor was out at Newport; and he went up to see her and said, "You'll have to have the midwife". And so I was called out of my bed. And I delivered her and then I went home to bed; and I hadn't been in bed half an hour when that awful Dr Caulson called. Now, I didn't know Dr Caulson then. Kath had heard about her, but I didn't. Now, this wretched Dr Caulson, who lived funnily enough in her nursing home, her big house, right opposite this patient I'd just delivered, down the high street right opposite, opposite



side of the road. And she rang up and said could one of us go round and help her with a delivery; her midwife had been up all night and all day and she needed her sleep. So, Kath said, "You go". I got up again and I went out there and this woman, this nurse put forceps on it and delivered this baby that spina bifida.

Interviewer 1 Oh no.

Margaret And that was... she's going.

Kath Won't be long.

Margaret Righto. And so... what was the question you asked me? You said...

Interviewer 1 It's all right. Tell us about that; it sounds very interesting.

Margaret Oh well, that was all I had to do. I just, I just went there to deliver this baby see, and it was spina bifida.

Interviewer 1 Did the baby die?

Margaret It lived it until it was seven years old. It went to Great Ormond Street and had a, had a sort of repair done. And the child did walk. The child doesn't seem to be completely... we had a lot of, we had a lot of experience with people with thalidomide. One of our colleagues had disabled. And this little boy, we had a lot to do with spina bifida and hydrocephalus, and this little boy didn't have hydrocephalus and he seemed quite normal normally; but he did have this spina bifida. But it, it was... they were able to close it up. And he, he didn't have paralysis; but he died of pneumonia when he was seven. He was, he was a poor little thing, but he did live till he was seven.

Um, what else was it that you asked me? About how many labours... It all depended really on... Now, from April, one, two, three, four, five, six, seven, eight... ten, 11, 12, 13, I had 13, 13 babies the rest of the year. Now, that wasn't really an awful lot. But then a lot of those babies at that time were going into, uh, their hospital, you see; they'd had their midwives there. But we had had periods of when we'd be very busy; and then you go a long time you wouldn't have one, so. But over the, over the years I can't remember how many we had, you know, um.

Yes, go on.

Interviewer 1 What sort of positions did women get into when they were labouring, when they were giving birth?

Margaret Well, we were taught in the left lateral position; we were taught to deliver in the left – never on the back; never with the legs up like this – on the left lateral. Now, on the whole, now this is something else; this is when I trained.

**[END OF FIRST AUDIO RECORDING]**

**[START OF SECOND AUDIO RECORDING]**

We had a terrific experience and said that her mothers used to get into all sort of positions. And in the crawls(?) and out of the district. And she used to say if you can't get a baby born either sit them on a bucket, or if that's too painful just get them on their haunches. So, you had to tell a mother to get in what position was easiest.

But then you've got to, you've got to, you've got to deliver them safely. So, I tended, I tended to have a left lateral, on the side. Get them into the crouching position and deliver them on the side.

Interviewer 1 What about Kath, did she deliver babies in a squatting position?

Margaret I don't think so. I think she did them on... well...

Interviewer 1 Or all fours?

Margaret Helping, helping a mother to get a head down and to get it really engaged and into the pelvis and then to start to appear yes, yes – if they wanted to.

Interviewer 1 Did you find women wanted to get into an all fours position, for example?

Margaret Lots of them liked to walk about.

Interviewer 1 And that helped?

Margaret I think so. Lots of, lots of mothers want to walk about; they feel better walking about.

Interviewer 2 What about delivering the placentas; did you get them to get into a different position for that?



Margaret Yes, on their back. Usually a mother, after she's had her baby, wants to lie back and look at her baby. I mean, you, you deliver your baby and you say, come along over, and over she goes, and you pull the baby out and let them see it. Quite often you let them hold them before, before you separate the cord. And I think that's, I used to think that that was probably one of the best things to do, uh, before you clamp the cord. Um, I think it helps to make the cord... to make the placenta separate. I think it makes the uterus clamp down much quicker than if you, um, take the baby away. Holding the, I think holding the baby makes the uterus contract, I think so.

Interviewer 1 So, they were lying down on their back when you delivered the placenta?

Margaret Yes.

Interviewer 1 How long did the placenta usually take to come?

Margaret Well...

Interviewer 1 Because you weren't giving Ergometrine then, were you?

Margaret Ergometrine; we did in hospital.

Interviewer 1 But normal births, maternal effort?

Margaret Yes. But, but, um, here we didn't have Ergometrine or Syntometrine, not to begin with; not till we were nationalised – um, then you could get these things. But, um, I think sometimes, I think if I remember rightly, we used to ask the doctor for a prescription. I think we used to, I think I used to ask my mothers to go to the doctor and ask the doctor if you can have a prescription for Ergometrine for the midwife when she... when you have your baby. We used to have ergot tablets or... but quite often they used not to have it.

Interviewer 1 So, how long did the placenta usually take to come after the baby was born?

Margaret If I remember rightly we used to give them 20 minutes.

Interviewer 1 And then what would you do?

Margaret Um, well, put a hand on the fundus, slight pressure – always taught never to, never to irritate it – but if you put a hand... I can always remember putting a hand on the fundus and giving it slight pressure; you, you could work up a contraction. And then you see the

cord come and push it out. Sometimes you get a placenta that won't separate and, um, you'd have to send for medical aid. And then of course it's, it's not, this is not pre nationalisation. We'd have a flying squad from the hospital; and you could ring up a flying squad and they would come out and either take them into hospital or deliver it there and then.

Interviewer 1 Did you have any tips for getting placentas out, like 20 minutes if they haven't come?

Margaret No, I wouldn't say so. I think we managed it ourselves. Any, any birth tips, no.

Interviewer 1 I just wondered whether there was anything you got the mother to do to help push it out or anything.

Margaret No.

Interviewer 1 But they usually came all right, the placentas?

Margaret Yes, on the whole. As I say, you do get your few that, that won't separate. And they either go into hospital, or you get your doctor and he comes and pulls it out with a great deal of bleeding or...

Interviewer 1 Now there are many women at home who choose or end up giving birth without their clothes on. Did women wear clothes to give birth then, and if so what?

Margaret Yeah, usually, usually husbands – usually, this is what we... this is our practice – usually a husband's top, pyjama top.

Interviewer 1 And, and they didn't want to take it off?

Margaret No, I don't think so. I don't... no, I can't remember that, no. It doesn't strike me.

Interviewer 1 What about pain relief?

Margaret Um, in our early days here we used to give only ((popomachloral?)); that's all we had. Later we, we had pethadine and we had gas and air. Gas and air to being with, Minute's gas and air apparatus. And then we had, um, gas and oxygen. And we also had trialyine. But that's later on under nationalisation.



Interviewer 2 You've talked about putting the bed up on blocks; how else did you prepare the room for a birth?

Margaret We used to take out as much stuff as we possibly could so that we had plenty of room to move around the bed. I used to try and get the mother on a single bed, uh, because of, because it was more comfortable. I've had some wry old times with double beds because it's very painful and it's very difficult and you can hurt yourself on a double bed; you can hurt... you can damage yourself. And, um, being a Queen's nurse you're always told to protect everything: uh, never, ever spoil a patient's furniture; and always see your clobber, all your clobber is well protected from anything that could happen. So, we used to use a lot of newspaper on the floor and we used to take the mats up off the floor and, uh, well generally prepare it.

Interviewer 1 What about preparing the woman? Did you give enemas and shaves in those days?

Margaret No, no. They used to in hospital of course, but we didn't. We used to, yes, sometimes give an enema, sometimes give an enema.

Interviewer 1 Only if necessary.

Margaret Yes, all depending, all depending on the patient.

Interviewer 1 When, when did you do vaginal examinations? Did you do them antenatally, before labour at all? And when did you do it in labour?

Margaret No, no, we were not taught to do, um... We used to do, we used to do PR, per rectum. But that's not very good really.

Interviewer 1 What, antenatally you used to do per rectum?

Margaret Yes, to see where the head was, see if you could feel the head – because you can; you can do a PR and feel where the head is. But you can't tell, you can't tell anything else. You can't tell the dilatation. But somehow or another, you know, as you become more experienced you can just look at a patient's face and see how, how... you can, you can just look at a patient's face and say, she's about two or three fingers, or she's coming on; you could tell by the look of the patient's face. Not always the amount of pain she's having, the



severity. Patients are, uh... you never get two alike. Some patients are terribly bad patients; they're terribly, terribly bad, you know – they lose control, they scream and carry on. And others are so relaxed and calm and quiet, and, and, uh, they're all going through the same ((laughing)), they all go through the same. But then some people have a higher pain threshold than others, don't they? Some have a low pain threshold so you can't ever...

Interviewer 1 When did you do vaginal examinations then in labour?

Margaret Well, if, if you were going... if you'd got a list of patients to go and visit, and if you could possibly stay with a patient you...I stayed with her – this is only ((unintelligible)) If I could possibly stay with a patient I would stay with her. I'd stay all night if I was called out, say late at night or early in the morning, I would stay; I wouldn't go away at all – unless I had to in the morning to do... we used to do a lot of diabetics in those days. Um, but if I was going to have to leave a patient in labour for any length of time I would always do a PV to see whether... to see what was happening: where the head was and to see the dilatation. But if she was three or four fingers dilated I wouldn't go; I would send the husband or something around, go and find my sister and tell her I can't leave the patient, she'll have to do so and so. So, so, if possible I always stayed with the patient.

Interviewer 2 And did you, say it was a long labour, would you do vaginal examinations every so many hours to see how she was going? Or would you just wait and see?

Margaret If it went on for hours after, after a time, you know, you used to get... we used to go to our, uh, uh, our five-yearly, uh, refresher course, and you'd, you'd be told about different aspects of labour and what they thought now that a first baby shouldn't take longer than so many hours, and the second baby should come along in so many hours. When I think of some labours, this is in the early days, of three days, four days, apparently in labour.

Interviewer 2 But it did matter always? Sometimes it was all right, wasn't it, to have a long labour?

Margaret Well, we thought so then. They don't think so now, do they?

Interviewer 2 But that doesn't mean they're necessarily right. ((Laughs))

Margaret No, no, I will agree with you.



Interviewer 2 No, I mean I think there's so much of a hurry these days, isn't there?

Margaret Yes.

Interviewer 2 Some, some, particularly first days, some first babies will take a couple of days, two or three days. I've just done one, you see, that took three days and it was perfectly all right; it was just a question of patience.

Margaret Well, my sister, when she had her boy, she had him during the war you see, I can recall all that vividly. I had been looking after... it was a bit... oh, it was before I did my midwifery, that's right, it was before I did my midwifery, I'd been at Bishops Stortford for a year under the civil nursing reserve, because I'd been in London up until then, and my mother was all alone in the, in the, uh, villages and I thought I'd better get nearer to her. So, I came to Bishops Stortford for a year. And at the end of that year I was ill. At the end of that year I left there and went home and I got better. And, um, and then I did a bit of private nursing prior to going in to do my midwifery. And while I was doing this private nursing I was called up by the ((friend's?)), we've got a mater school down here, and they've got a sanatorium there and they'd got 16 kids with scarlet fever – none of them were very ill – but they'd got 16 children. They'd also got measles in this sanatorium, they'd got... and they wanted a nurse. So, private... I belonged to the trained Nursing Association at that time, and I went there to look after these children. And the very day that Kath started her labour I finished there and I went home. Now, I was supposed to carbolise and everything because she was going to have her baby – didn't want anything fancy. I didn't have time to carbolise; well, I say I didn't have time. But Kath was in labour when I got home, she'd just started, and she was in labour over a period of nearly three days. Very restless she was; very niggly; very didn't get any sleep at night, neither did I, she was oh, oh. And then all of a sudden on the morning of the third day or the fourth day she suddenly said, "I think you'd better send for Grace; I'm going to have this baby". She really had her, all of her first stage without any supervision at all; she saw herself through it. I wasn't a midwife; I knew nothing about it. And I sent for this midwife and she pushed it out in a couple of pains; I've never seen anything like it. I had never seen- yes I have, I have seen things ((Laughter)) I have



seen a baby arrive and they didn't know it was coming and it's just suddenly been there.

But she pushed her baby out in a couple of pains.

Interviewer 2 Quite extraordinary. That's her first baby?

Margaret Hm.

Interviewer 2 Amazing.

Margaret She wasn't very well: had high blood pressure, full of oedema. She wasn't very well. She went to see a consultant at Cambridge and, uh, he didn't say about coming into hospital.

Interviewer 2 And yet she probably had pre-eclampsia?

Margaret I would say so, yes, I would say so, yes, yes.

Interviewer 2 Can you tell us what you did to keep an intact perineum? What did you actually do? Did you do episiotomies?

Margaret It wasn't, it wasn't – no, no – it wasn't, um, it wasn't the fashion to do episiotomies, I wouldn't have said. We did see episiotomies performed, especially if they were going to have forceps – this was in hospital – especially for a forceps delivery. But it wasn't fashionable on the whole. Um, I think you had to get the mother – it's a long time since I've done it – but if I was confronted with a woman now in labour I think I would know exactly what to do; I'm sure I would. Um, I've always thought to myself if I was in a bus or a train or an aircraft or anywhere and somebody said, is there a nurse here, this woman's in labour, she's going to have a baby, I'd know what to do. And I've often thought to myself now, what would I ask for in an aeroplane or... what would I ask for. You do everything with your own hands, don't you? You've got to have a few things: you've got to have a bit of string, a piece of boiled string; and you've got to have a pair of scissors.

Interviewer 1 What's your boiled string and your scissors for?

Margaret To cut and to tie the cord with. You wouldn't have your cord clamps, would you? You wouldn't have the cord clamps that we had latterly. They were sort of something in a ((unintelligible)) put them up and clip them, clip the cord. Um, we used to tie, we used to



tie it off with a piece of sterile tape or a piece of string. Oh yes, I've used string in the past when I've not been able to get a box or in an emergency.

Interviewer 1 Dental floss is very good. You know this dental string?

Margaret Yes. A piece of string – take it downstairs and boil it quickly, you know; or put it in methylated spirit or... but preferably to boil it. Um, what did you ask me? ((Laughs)) Sorry.

Interviewer 2 What did you actually do to try and keep an intact perineum?

Margaret Um, well to get your mother to breathe at the right time, and to try and get the head moulded, to try and, to try and push the head down so you could get the crown of the head coming. And, um, we had a few first degree tears, a few now and again; but on the whole no, I think we were, we were quite, uh... Of course that was, we used not to have, um, childbirth lectures in those days, you know.

Interviewer 1 Antenatal classes.

Margaret Antenatal classes. But we did have a very successful one here at Saffron Walden, National Childbirth Trust. And I think we had great success in teaching our mothers to, uh... I'm not, I'm not sure that it was easy for the mothers to do. I think doing the exercises did them more good than anything. Not that breathing thing, not when you were supposed to take a very, very deep breath and then let it out slowly while you had a pain; I'm not sure that that's, I'm not sure that that's much good. But I think the pelvic rocking and getting the mothers used to their pelvis, to get them aware of their pelvis and what their pelvis was doing and what they could do to help.

Interviewer 1 So, when the baby's head was coming you used to flex the head. Did you put pressure on to stop it coming out fast?

Margaret I don't think so.

Interviewer 1 Did you touch the perineum, did you used to pucker it slightly?

Margaret Yes, try and push it up so that she'd got the head coming forward with the crown coming forward, so that you got the crown out. And then you...

Interviewer 2 So, you actually supported the perineum with one hand, did you?



Margaret Yes, yes. And then you'd sort of try and get your finger in and gradually get that out. And once that was out, oh, lovely feeling. And, uh, no tear.

Interviewer 2 So, you'd lift the baby's face up over the perineum with one hand, guarding the perineum with your other hand?

Margaret Yes.

Interviewer 2 And then what did you do? You'd wait for the head to rotate. What did you do with the shoulder then?

Margaret You used to have your head, the baby's head was sort of come, rotate, and then, and then, um, you let the mother rest a bit and give her words of encouragement: lovely dear, that's lovely now, just take it easy, take it easy. And you'd take the baby's head between your hands and, um, push it down so the shoulder pops out and then pushed it up and over the top.

Interviewer 2 Lovely. Did you do suturing at all or did have you to get a GP?

Margaret No, no, something I'd never do that, no. I'd make, make the doctor do that – make him earn his money. Because if he was booked, a lot of them were booked, doctors, although they didn't attend, they were responsible. Let them do that.

Interviewer 1 What happened to the placentas, the afterbirth?

Margaret Now, under the rules of Central Midwives Board – I used to be able to, um, uh, memorise the rules of Central Midwives Board but I can't now; I've forgotten everything – but you had to see that the placenta was dealt with, and it had to be completely destroyed. You were not allowed to bury it; you were not allowed to put it down the lavatory; you were not allowed to put it in a dustbin. You had to see that it was consumed; you had to see in those days. And we used to have to have a coal fire of some sort, some sort of furnace. Now, after a time lots of mothers didn't have fires anymore; they had gas fired central heating or gas central heating or something. So, oft times I've brought... I've taken the placentas home and put them in our Rayburn and burnt them. And also we had a furnace in the middle of the grounds at our district... at our community hospital, which was the work house; and many a time I've gone down there in the middle of the night and put



it into the gardener's, um, furnace that he had in the ground – big old thing like that, glowing fire, and dropped it in there. I have never, ever allowed somebody to deal with their own placenta; I have always seen that it has been properly burnt.

Interviewer 2 What about starting labour off, induction of labour, did you ever see that happening and if so how?

Margaret Um, occasionally you'd get somebody who'd gone overdue quite a bit. Uh, sometimes they'd be sent into hospital, um, long overdue. Um, sometimes you'd get a domiciliary mid... you'd get an advisory visit from a consultant, either from Newmarket or Herts. and Essex or Cambridge. Mainly those that came on domiciliary visits to start somebody off they'd come from Newmarket or, um, Herts. and Essex; mainly Newmarket, Dr Hepworth – Hepworth I think his name was, yes. And he would come and, uh, rupture the membranes.

Interviewer 2 In the home?

Margaret Hm.

Interviewer 2 And leave you to it. but you didn't do that? Did you used to do membrane sweeps?

Margaret No, nothing.

Interviewer 2 You'd never do anything to try and start the labour. What about oil bath enema?

Margaret Oh yes, I'd do them an enema, oh yes, yes. Castor oil, yes, castor oil.

Interviewer 2 But did you used to do a membrane sweep as well?

Margaret If you could get your finger in, yes. But no, no, not, not out of choice, no; I would leave that to the doctor. I would leave that to the general practitioner or the consultant. But, uh, I wouldn't say that I hadn't ever done it. But you've got to be able to get your finger there, haven't you?

Interviewer 1 Yes. Have you any tips for midwives on coping with posterior positions, if the baby's in the posterior and if it's a slow dilatation?

Margaret Uh, well, there you go again, you see, if you've got a persistent occiput posterior – now this is how I remember it – if you have a persistent occiput posterior, um, there's



nothing really you can do about it; I mean, short of getting a consultant's hands on it and having it turned forcibly. And that can spell disaster. I've seen some disastrous, um, results of that. So, uh, I think you just leave well alone. I don't think there's anything you can do really. Sometimes you get a posterior, starting in a posterior, and then you get a rotation; when it comes down it has to do a turn, doesn't it, instead of the quarter turn it has to do a, uh... But, um, but best left I think. If they're going to deliver or, or sent off to hospital for a forceps, proper forceps or even, even a caesarean.

Interviewer 1 What about very slow dilatation where labour is taking a very long time, is there anything you did?

Margaret Here you are, you see, these are the last...

Interviewer 1 You just let them be?

Margaret Yes, yes, if possible get worn out. They mustn't get tired; they've got to keep, they've got to keep rested. And you can't keep on giving pethadine. You see when we were able to give pethadine we were not supposed to give more than 200mg.

Interviewer 1 Did you feed women in labour if they had a very long labour?

Margaret If they wanted to yes, yes, because they get a low blood sugar. They can get dehydrated and they can get a low blood sugar. Oh yes, certainly. And also sometimes a good long drive... not a good long drive, but a good drive in a motor car in a... over a bumpy area – that's something that is, is, uh, very beneficial sometimes.

Interviewer 2 What about anterior lips?

Margaret Oh those horrible things, yes.

Interviewer 2 Persistent anterior lip; what did you do? Did you ever push them over?

Margaret If you possibly can, yes.

Interviewer 2 How did you do that?

Margaret Well, you'd just insert a finger and try to get it underneath it and gradually push it out with a contraction.

Interviewer 2 With a contraction?

Margaret With a contraction.

Interviewer 2 You'd keep your fingers in during the contraction?

Margaret Yes, with the contraction you can turn. But it's, uh, but it's painful, very painful for a mother.

Interviewer 2 They can go on for ages, can't they? They're really such a nuisance.

Margaret Yes, yeah.

Interviewer 1 What about unusual births like breeches and twins, did you have many of those?

Margaret Um, well, not many, I didn't have many. Yes, I have had breeches; un, uh, undiagnosed breech. I had, I had a girl once who had twins, boy twins, they were six and seven pounds each and she was a fortnight overdue. Now, that girl had had a placenta previa three years previously for which she had gone into hospital and had a caesarean. She went into our little local general hospital here, which is now closed, the London Road hospital, a little cottage hospital, and she'd had, she'd had, um, a caesarean section for placenta previa. And three years later she carried twins over, a fortnight overdue, full time, and she was left at home to have them. You know, I've sometimes gone cold when I think about it.

Interviewer 1 Who delivered them?

Margaret I did.

Interviewer 1 Was there a doctor there ?

Margaret No.

Interviewer 2 So, was it normal for a midwife to deliver twins in those days?

Margaret They let us do it. No, she didn't come. She knew the girl was in labour but she never came.

Interviewer 1 Did you often do previous caesarean sections?



Margaret No, no. That was the only one I can ever remember. I was astonished. And, uh, another girl I had once who had – she was only 17, I don't think she was 17, she wasn't quite 17 – she'd made a mistake before she'd got married and she was pregnant with this baby, and she had a very high blood pressure. And that's another thing: I kept on and on and on to the doctor, sending the girl back to the doctor with this high blood pressure. She did nothing about it; then she went on holiday. And funny old Dr Pringle – you know Pringle woollies that you get, well he was one of those Pringles, belonged to that family of Pringles – he came to do, he was very old, he came to do a domiciliary while she was away, and I kept on telling him; and he never took the slightest bit of notice. Then she came back, doctor came back, and I was called out to this girl and she had a fit. And I said to the doctor and said she'd had a fit. And she sort of pooh poohed it and said oh, just a little ((unintelligible)) I said she'd had a fit, another fit. Anyway she went off – I'll never forget that either, this attitude that, um, you, you can't, you can't understand the attitude of a doctor that behaves like that. I mean, this other girl that had had the twins, six and seven pounds, that was incredible really.

Interviewer 2 Extraordinary. Was it all all right though?

Margaret Yes. One was a breech, one was a breech. The first one was a vertex and the other one, the second one was a breech, came out very easily; came out very quickly and very easily.

Interviewer 1 How did you used to deliver breeches?

Margaret Oh, try to get them over the edge of the bed so that they, so that they hang down. But you don't always have to. I haven't had many breeches actually; I haven't had many breeches. I had, I had, I had little, I had some little prem breeches once; they were both breech those were. Very small: they were only three pounds apiece.

Interviewer 2 So, when you delivered breeches you didn't do episiotomies?

Margaret No. both those, both those, both those seemed to come out very easily; especially those little three pounders.

Interviewer 1 And did you do a Mauriceau-Smellie-Veit or anything like that?



Margaret Oh no, well that's a very difficult manoeuvre, isn't it? That's when you get one of these things, you know, completely – what's the word I'm after?

Interviewer 1 Distended.

Margaret Distended breech. When you... yes, that's terrible, that's terrible. I've only ever seen one of those delivered and that was in hospital. That was a girl, that was, um, that was a WAF girl; she was, um, a huge girl and she... they thought that she'd got a stillbirth; she was going to have a stillbirth. She came in as an emergency. She went into labour with this supposedly, um... and this was an extended breech. And they did this... they took time to deliver this baby through to show us how to do it. And there were all sorts of manoeuvres.

Interviewer 1 ((unintelligible)) and things, yeah?

Margaret All sorts of manoeuvres to get this thing out: turn it round and extend it, get this head out. And he delivered it; it took a long time to do. Put it on the thing and it cried. It cried! ((Laughter))

Interviewer 2 Amazing. Quite incredible. Was it all right?

Interviewer 1 Was she conscious through all this?

Margaret Yes.

Interviewer 1 And had she been told that the baby was probably dead?

Margaret Yes. She was unmarried, a WAF girl, yes.

Interviewer 1 That's amazing.

Margaret We all cheered. We thought it was wonderful. So did I; it was lovely. But when I come to think of the time and while he was doing it he was giving us a lecture all the time. This poor little baby, you know, that was seemingly... couldn't get a, couldn't feel a... couldn't hear a foetal heart, and it was alive.

Interviewer 2 What about emergency techniques for things like haemorrhage and resuscitation; did you have to do many emergency things like that?





Margaret Yes. Well there we are, we learnt about mouth to mouth resuscitation; we learnt about, uh, um, uh, well if you had a PPH or something like that. now, there's one girl, I think she up here, and this is one of our older patients, um, it was during that terrible winter of 1947 where we were on bicycles, I was called up to this girl, Doris Swan, uh, first baby, and that terrible Dr Caulson was... well, she wasn't booked; the doctor that was booked was Dr Lumsden but he passed all his midwifery over to this dreadful woman. Anyway, I came up to this girl and we eventually got her baby, and then she started to bleed so we sent for medical aid. And so I just had to, I just had to hold her uterus all the time; I couldn't let it go, I had to... She couldn't seem to push the placenta out. She lost quite a lot of blood. Um, but I had to just, just put a hand on the fundus and try and keep it very tight. Eventually the doctor came; she didn't have a car, she had to get a taxi and come up. And, um, she wasn't much good. But by the time she came we'd got the placenta and, uh, she stopped. But she'd lost a lot of blood. And, um, uh, I stayed with her a long time afterwards and, uh, she seemed to be all right; and gave her instructions about anything, if you want anything in the night don't be afraid to phone. And blow me, she did. And my poor sister had to come up here. I can always remember Kath saying, "I don't know how I got there" she said, "I can't remember my feet touching the ground". Couldn't cycle up here – we had bicycles then – couldn't cycle up here because the snow was too thick; so she had to walk with the bicycle. And she said she didn't remember her feet touching; she didn't remember how she got up here. And that's happened to me lots of times, you know, when I've been called out in the night.

Interviewer 1 So, what did she do when she got there?

Margaret There's nothing wrong. ((Laughter)) She was just frightened.

Interviewer 1 Were there any things that you did during haemorrhage? Did you ever hear about sweet coffee enemas or things like that?

Margaret No. Mind you, one hears about these things. One hears about putting one on the fundus and one hand in and, and... one on the fundus and putting a... but I've never had to that; I never had to do it. we learned about them; in fact you had diagrams. But I've never had to do it.



Interviewer 1 What about resuscitating babies that aren't breathing, do you any tips about that?

Margaret White asphyxias, white asphyxias you've got to get air into them if possible, because the longer you leave them without, a white asphyxia, the more brain damage you're going to get. Well, we did have... well, in the early days, in the early days, pre 1948, I don't recall having an asphyxiated baby. Got blue babies, there were a lot of babies that were a bit blue when they're born, but they soon get rosy again when they start to breathe. But a white asphyxia um we used to have oxygen cylinders you could get-

Interviewer 1 Sparklets?

Margaret Yes, that you could resuscitate them with. Or, or I've had to resort to mouth to mouth resuscitation on occasions; not very often, but on occasions.

Interviewer 2 Was there anything else that you did?

Margaret Well a baby that won't breathe take hold of its feet and pat, pat the side... pat the bottom till it breathed. We used to do those Aggar scores too. Tapping the, tapping the... or another thing too: blow into the centre of their stomachs.

Interviewer 1 Blow?

Margaret ((Makes raspberry sound)) Like that, right in the centre of their tummies, and you'd often hear them ((sharp intake of breath)) if you do that. And you might not get another one of those for some time; but a real ((blows)), not a wide blow; a thin blow right in the middle of their tummies and, uh, and you often find... I did have a doctor who would light a cigarette and blow cigarettes in its face. But I don't like that.

Interviewer 1 Have you? What's that supposed to do? ((Laughs))

Margaret Well, it irritates, probably irritates the mucus membrane or something, you know. I wouldn't do that. Well, I don't smoke, so. But blow in the middle of their tummy or take hold of their feet ((taps)) bang the front... bang the souls of their feet, just to smart them.

Interviewer 1 Were there many forceps and caesareans?

Margaret Well, a fair number of forceps.

Interviewer 1 What about caesareans, do you know how many ended up?



Margaret Um, no, I don't know how many. I couldn't tell you that. I don't know how many.

Interviewer 1 But the doctors used to come and do forceps in the home?

Margaret Yes, yes. And sometimes they'd come and do manual removal of placenta. Early days, but mind you when we had, when we had nationalisation we did tend to get the flying squad; we could get the flying squad then. And I've had the flying squad out on quite a number of occasions.

Interviewer 1 What sort of antenatal care did you do?

Margaret Ooh, I think very good. We used to, um, see them every month. They would come up and book. Always go round and do a home, home visit to see that the home was all right, set up with what you want. Uh, always ask them if they'll have a single bed or where they'd have it; do you mind if you have it on a single bed: it's easier and it's safer and it's nicer. And, uh, then see them every month until about 32 weeks. And then fortnightly; and then weekly for the last month.

Interviewer 2 And you'd check the blood pressure?

Margaret Oh yes.

Interviewer 2 And listen to the foetal heart?

Margaret Oh yes, yes.

Interviewer 2 You'd do the whole hog.

Interviewer 1 Did you think weight was important?

Margaret Yes, I did. I do. I think that weight is very important. But it's something to do with, sometimes the weight is something to do with oedema; in which case you send them off to their doctors.

Interviewer 1 And what about if the patient is putting on weight? What about checking the pelvis, did you?

Margaret Yes.

Interviewer 1 How did you do that?



Margaret At one time we used to measure them, we used to measure them.

Interviewer 1 With a?

Margaret We had those calliper things, didn't we?

Interviewer 1 Did you have any cases of rickets ever?

Margaret No, no. I saw a lot of rickets when I did my children's training. But, um, no, I can't say I've ever seen a rickets since I left, since I left, uh, my children's hospital.

Interviewer 1 What was the diet of the women who lived around here like? Was it a good diet?

Margaret Well, all sorts, you know. There's a good cross section of the public here, a good cross section of people. They would some live on fast foods. But mind you, one always tells them, you always explain to them that they should eat green vegetables, and the greener the better because it's good for their vitamin K, the darker the green the better the vitamin K; and roughage. Uh I don't think we've ever had anybody that starved themselves.

Interviewer 1 So, people are relatively well fed around here?

Margaret Oh I would think so, yes.

Interviewer 2 What general health problems, before the NHS, did women have in this area? was there anaemia, gynea problems, mental health?

Margaret Not that I can remember. No, I don't think so. You see, living in the country, um, and early, in the early days too – although mind you during the war you couldn't have your pig in the backyard, um, uh – but country people out in the country, in the early days, they would have a pig in the backyard; they'd have chickens; they'd have... uh, not so much in the town here, but in the villages they would. They'd have vegetables; they'd grow their own vegetables and, uh...

Interviewer 1 Did they used to grow herbs and use them for herbal remedies? Was there anything like that?

Margaret No, I don't think so. No, I came, I came away, I wouldn't say it was hospital so much, somewhere or another I picked up this one about the raspberry leaf tea. And a lot of, a lot



of mothers, uh, would go on to raspberry leaf tea. We had a shop here that sold these, these herbalist, these kinds of things. And a lot of mothers went onto raspberry leaf tea.

Interviewer 1 Were there a lot of superstitions around childbirth before the NHS?

Margaret No, no I don't think so.

Interviewer 1 Did people used to guess about the sex of the baby?

Margaret Yes, yes, yes.

Interviewer 1 How?

Margaret With a needle and cotton, you know, needle going round like this, backwards and forwards. Um, I don't know. Um, sometimes a mother would say, can you tell me if I'm going to have a boy or a girl, and we used to try and work out. There used to be one, one sister who used to write on the paper about predicting these boys and girls. She used to say she could tell by the heartbeat. But I, I don't... I'm not superstitious myself so I don't really take much notice of superstitions. I tell you one thing that they used to be very, very, uh – you don't get it anymore now – but in the early days you'd get the mothers not allowing their daughters to go out until they'd been churched.

Interviewer 2 What about postnatal visits? How long did the mother stay in bed?

Margaret Now, when I... when we first came here... well when I did my training we'd keep them in bed for 12 days. They'd get out on the 12<sup>th</sup> day; they'd walk about on the 13<sup>th</sup> day; and they'd go home on the 14<sup>th</sup>. And then gradually it went down to ten days. But when I did my first, um, real, um, refresher course, which I went to Oxford for, there were two sisters there from the mothers and babies hospital, the Samaritans... no, not the Samaritans; the...

Interviewer 1 British?

Margaret Yes, I think so.

Interviewer 1 Woolwich?

Margaret No, not the Woolwich one; the one at Clapham or...

Interviewer 1 Yes, I know the one you mean.

Margaret Salvation Army. Salvation Army Hospital. And, um, they told tales at that refresher course of getting their mothers out of bed as soon as they were delivered, as soon as the mothers felt like it. During the bombing in London they'd been doing it during the war, the mothers were allowed to get up, pick their babies up and run. And they'd had such success that they'd kept on with it: early ambulation. Well, as soon as I heard that I came home here and I started early ambulation, without any reference to the doctors or anybody. We got our mothers delivered; we encouraged them to rest plenty; we got them doing exercises with their legs, we got them sitting on the side of the beds kicking their legs and we got them out to the lavatory. And that was when we first... it wasn't long after we got here: early ambulation.

Interviewer 2 And that cut down on DVT?

Margaret Yes.

Interviewer 2 Yes, of course.

Margaret And early bathing too. And of course we used to swab them every time they had a bedpan in our training and when we...

Interviewer 1 How soon would they be able to have a bath with you?

Margaret In hospital.

Interviewer 1 No, after a domiciliary birth?

Margaret Well as soon as, as soon as we took on this early ambulation; we encouraged them to get into the bath and bath. I mean, some of them...

Interviewer 1 Within hours of birth?

Margaret I wouldn't say hours. I mean, it did come about gradually yes. A mother was gradually, as time went on, I would say we'd get our mothers walking about the second or third day. But up till then they would be in bed kicking their legs about and doing exercises – to begin with. Because having learnt this from the Salvation army that they'd had their mothers out of bed as soon as they were delivered if necessary, because of the bombing in London.

Interviewer 2 It's interesting, isn't it?

Margaret Yes.

Interviewer 2 Did you weigh babies a lot? Did it matter?

Margaret Well, we weighed them at birth. We had our own scales to be quite honest. We didn't have scales when we first came here. we made a fuss about it. This was when we were nationalised. We made a fuss about it; we wanted baby scales. One of our committee members said, Lady Braybrook it was from the mansion here – got a big mansion here, Ministry of Works, Ministry of the Environment, huge place – Lady Braybrook said what do the nurses want baby scales for, they've never had one before. Kath and I went up to London and we bought ours- ((recording stops suddenly mid-sentence))

**[END OF SECOND AUDIO RECORDING]**

**[START OF THIRD AUDIO RECORDING]**

((baby coos and gurgles throughout interview))

Margaret Take the scales to the, to the-, and weigh the baby properly, and weigh it properly, so that we knew exactly what it weighed and we used to test feed on occasions because the mothers would say ((high pitch, mocking)) "I don't think I've got enough milk, Nurse" or words to that effect. We'd say "Oh, I'm sure you have." So we used to test feed with them, er, so we did ten, didn't we, Kath, to keep, to keep a check. Mind you, mothers like their babies being weighed, or they used to.

Kath Yeah.

Margaret I don't know whether they were purely natural.

Kath Nat, come on out! Come on, come on.

Interviewer 1 What about premature babies? How were they cared for?

Margaret Ah, now, now, we had...

Kath Oh, we had a wonderful-.

Margaret ...we had a wonderful premature baby.

Kath This was Sunday in '48.



Margaret Yes. One Sunday morning we had-, we were just getting our dinner...

Kath I was in first and I was starting to get the dinner. There was snow on the ground.

Margaret ...and, and along came a father – no – a worried relative, a worried relative.

Kath Albert.

Margaret “Nurse, come quickly. Nurse, can you come quickly” Er, er, “One of the girls has just...

Kath “Had a baby.”

Margaret ...had a baby.” He didn’t say what...

Kath ((laughs))

Margaret ...didn’t say how.

Kath “One of the girls.”

Margaret I left a note for her. Well, round we went. Went round there and the poor little baby, it was a ten week ‘prem’ and had been born in the lavatory, down the bottom of the garden, in the bottom of the garden, outside loo, outside loo. She, she’d, erm, her sister – she lived with her sister – who didn’t know that she was pregnant and she was complaining of stomach ache, poor Mary. Well, she was going into labour and she gave her a whopping dose of castor oil, Edna had, and, er, poor Mary went and had it in the loo, and her neighbour came along, and I will always remember it. A neighbour came along and they-, the two men on either side of Mary martialled her into the house and old Mrs Olga ((sp?)) came along holding the baby in her hand...

Kath Up the garden path.

Margaret ...up the garden path and upstairs, right upstairs.

Interviewer 1 And it was 30 weeks?

Kath It was ten weeks prem.

Margaret It weighed about two-and-half pounds and it was just like a plum to look at...

Kath Oh, it was navy puce, yes.





Margaret ...and the doctor said “You can’t wish that on the matron. Do what you can for it” and so we’d brought them downstairs.

Kath They’d got a little tiny room downstairs.

Margaret Yes, a sort of little sitting room, wasn’t it?

Kath Yeah.

Margaret They’d cleared it up. They put a bed down there – wonderful! We turned the house inside-out, didn’t we Kath? We, we loaned them all sorts of things. We loaned them, we loaned them the Moses basket, a bedside lamp, an electric blanket.

Kath Two pads – little-, two electric pads...

Margaret Yes.

Kath ...that Dad had given us, Dad had given us.

Margaret Yes, erm, little electric blanket pads, erm – anything we could think of.

Kath We came home and made-.

Margaret Premature baby clothes.

Kath Out of white lint.

Margaret And we reared that baby inside that room. We had great notices up on the board – ‘No Admittance Except in Emergency’ – and we were the only ones allowed in there and ((unintelligible)) of course. Nobody was allowed to go in there without a mask on. They had to wash their hands, put a gown and a mask on.

Interviewer 2 Did she breastfeed?

Margaret Well, the baby was too small to breastfeed. She had mountains of milks...

Kath Masses of milk.

Margaret ...and...

Kath Made a Bellcroy.

Margaret ...we used to-.



Interviewer ((?)) What?

Kath Do you-. A Bellcroy. See, she doesn't know what a Bellcroy is.

Margaret Erm, so she had plenty of milk so we used to express the milk and feed the baby with a Bellcroy. I think we gave it a few tube feeds too, didn't we, of breast milk?

Kath Yeah.

Interviewer 2 What is a Bellcroy?

Margaret It's like a very small glass tube. It has one big bulb on one end and a tiny little, tiny little teat on the other and you put that little teat in the baby's mouth and you press the bulb and it literally squirts it down the baby. It doesn't have to work very hard to get it. Er, it was called a Bellcroy Feeder, er, but it had one or two.

Kath Yeah.

Margaret I think we fed it for a little while but it gained rapidly. It did ever so well.

Kath And when it should have born it was a normal birth weight and Mary's milk went.

Margaret Yes.

Margaret It weighed seven-and-a-half pounds.

Kath Marvellous.

Margaret It trebled its birth weight within ten weeks.

Interviewer 2 Did it ever suckle at the breast eventually?

Margaret No, no. Well, yes, perhaps it did...

Kath It did. Yes, it did.

Margaret ...but as soon as it was due to be born, which was ten weeks later, er, er, all her milk dried up. Wasn't that funny?

Interviewer 1 Was she very young?

Kath Yes, quite young.

Margaret Yes, she was quite young.



Interviewer 1 Single?

Margaret Yes. She'd got a boyfriend who was living there with them. He-, they were a very nice family – a lovely family.

Interviewer 1 He grew up the baby?

Kath Yes, he's the father.

Margaret Yes. He was at the, the motor pump the other day when we were getting filled up and his hair's white. ((laughs))

Kath Jim. That's the father.

Margaret That's the father.

Interviewer 1 And it was all done with expressed breast milk?

Margaret Yes. Oh, the baby, the baby was breast-, you could say the baby was breast fed until, until it was about ten weeks old and then, of course, you see Mary had been keeping quiet about her being pregnant because she was going to look after Edna who was expecting her baby in ten weeks' time.

Kath She was due in the April.

Margaret Yes. You see, we had, we had Edna then, didn't we?

Kath Yes.

Interviewer 1 That was the sister?

Kath Mm, but that, that was, that was a feat really. That really was the most remarkable feat to, to rear that baby under those circumstances because they hadn't anything really, had they, I mean to bring a premature-, but they were so good.

Margaret And they got married before the time was up that it had to be registered, so they were married.

Kath She went and, she went and she was churched. ((laughs))

Interviewer 2 Were there many infant deaths? Cot deaths?



Kath Yes, we've had a few cot deaths.

Kath ((with a sigh)) We've had a few cot deaths. Yes, awful was one, wasn't it?

Margaret We've had, we've had things that they've called-. Stan Alder was one, wasn't it?

Kath Yes, yes. They've had-, we've had deaths of babies that weren't called cot deaths. They call them silent pneumonias...

Margaret Pneumonias.

Kath ...they used to call it, erm-. A child that would be lying down resting on a couch because it wasn't very well and the mother would look at it, it would be, it would be dead. That little Leo, Leo...

Margaret Parish.

Kath ...Parish. That child died like that, and then you had that little Guy – no, that you called Guy – born on Guy Fawkes' Day.

Margaret Yeah.

Kath That little baby Bacon.

Margaret Yeah, yeah.

Kath That was a cot death...

Margaret Yeah.

Kath ...and then, erm, Vera Paris had a cot death...

Margaret Yeah.

Kath ...too. Now, that baby was, erm, on its feet. It was about 15 months old, erm, standing up in its cot and that, that was a cot death.

Margaret Stan. What was, what was, what was his wife's name?

Kath Celia.

Margaret Celia Olga, yeah.

Interviewer 2 What about some questions on breastfeeding now: did women demand feed?



Kath Well, feed on demand – I like that – could've kept your own routine.

Margaret Not in the training school.

Kath Oh no.

Margaret They were kept to a routine. ((inaudible)) It was kept to a routine. Yes, that's right. I remember a ((unintelligible)) I remember the ((unintelligible, sound of packet being opened))

Interviewer 1 But you used to advise them to demand feed.

Margaret For the mother, yes. Feed on demand.

Interviewer 2 Did you ever come across women sharing breastfeeding? Breastfeeding each other's babies?

Kath No.

Interviewer 1 Or wet nursing? Did that go on?

Kath Ah, well, not wet nursing as such but we always used to take-. Now, this was in hospital. You had a bank. You had a breast milk bank ((MS – inaudible))

Margaret They were the first ones to start, weren't they?

Kath No, no, er, er, but in hospital we used to keep breast milk and feed premature babies if necessary – other babies, other mother's babies.

Interviewer 2 Did you find women had problems with breastfeeding?

Kath Oh yes, terrible.

Interviewer 2 Yes? Cracked nipples, engorgement, too little milk – things like that?

Kath Well, so-called too little milk. That's, that's a strange phenomenon. I cannot understand why a mother should not be able. If she can, if she can produce a, a baby full term, perfectly normal and then say "I haven't got enough milk", I can't understand why. I think it's psychological myself. It's something in the mind.

Interviewer 1 What did you used to do about cracked nipples and engorgement?



Kath I used to use lead shields.

Interviewer 1 Shields?

Margaret Lead.

Kath Now, that was something of Charlotte's, wasn't it?

Interviewer 1 To protect?

Kath Yes.

Margaret That was something that they used but, but, mind you...

Kath Marvellous.

Margaret ...it became unpopular because of the lead.

Kath It's a bit hazardous but it clears them up ever so quickly, if you're careful.

Margaret A lead, a lead...

Kath Piece of lead.

Margaret ...soft lead with, with, with the shape of the nipple, you know, sort of gauged out of it, which you put over a crack and it was incredible how they would heal underneath it but you had to be extremely careful and you daren't give them to a mother who was going to be-

Kath You had to have a sensible mother.

Margaret Yeah.

Interviewer 1 Why?

Kath Well, to clear herself, clean herself beforehand.

Margaret Make sure that she got rid of the lead.

Kath Clean herself beforehand.

Margaret Otherwise the baby would be sucking lead.

Kath Lead, yeah.



Interviewer 1 So they took it off before they fed?

Kath Yes.

Margaret Oh, yes, yes, yes. Oh yes, it was in-between.

Kath It wasn't like those glass things that they used to have. We used to put those glass things on, you know, with the little thing at the top. Now, didn't that come on, didn't that come on, erm, Bygones once, one of those?

Margaret Yes, yes.

Kath I wrote those us to Bygones.

Interviewer 2 Were these lead shield in-between feeds?

Kath Yes.

Margaret Yes, yes, in-between feeds.

Kath For the crack.

Interviewer 2 And it was just a form of protecting the nipple?

Margaret No, it cured it.

Interviewer 2 Was it the lead that cured it?

Kath Yes. It's like a lead lotion.

Margaret Well, it kept, it kept the rubbing of the clothes off the nipple.

Interviewer 2 Yes, it let itself heal.

Margaret Yes, yeah.

Interviewer 2 Isn't that interesting?

Margaret Yes, but mind you, you want to be careful what you ((laughingly)) say about because it's, it's, it became out of practice.

Kath Yes, it did.

Margaret Yeah.



Interviewer 2 It's interesting to know about it.

Margaret Well, yes, it was practiced at one time.

Interviewer 2 Yes, and did you have any tips for engorgement, to stop engorged breasts?

Margaret Well, again, you see, you used to feed, you'd put your baby onto the breast for a couple of minutes and then three minutes and then four minutes and then so on and it's just one of those things. I think it just does happen. I, I, I don't know how you can stop it happening.

Kath You see, after all, it's increased blood supply. It's not increased milk, is it?

Interviewer 2 That's right.

Kath It's increased blood supply, erm, and I always found that if you got your babies onto the breast early, got them sat in early, you didn't get it.

Interviewer 2 That's right.

Kath It's when you had babies put aside after a time and, and you got it. Well, you got it in hospital.

Interviewer 2 So how long did women breastfeed for on the whole...

Margaret Well-.

Interviewer 2 ...around here?

Margaret There again I think the breastfeeding is a question of fashion, er-. Some mothers were determined they weren't going to breastfeed and so the next-door neighbour said she wasn't going to breastfeed. I think it's a question of fashion. You get some mothers that were determined to feed and they'd do it willy-nilly, wouldn't they, and...

Kath And-.

Margaret ...others that weren't going to feed and you'd have to give them stilbestrol and they'd ask for stilbestrol or something from the doctor and then they'd get all smelly and nasty?

Kath Do they still use stilbestrol now?





Interviewer 2 No.

Kath They don't?

Interviewer 2 No.

Kath Because that was ever so common in our day, wasn't it?

Margaret Yes, horrible, horrible.

Kath Terribly common.

Margaret Beastly.

Kath Used to make them smelly.

Interviewer 1 It's associated with cancer problems they think now.

Kath Is it?

Interviewer 1 Yes.

Interviewer 2 What about mastitis and abscesses and things like that? How did you treat them?

Margaret Occasionally. Well, they gave them antibiotics and when they got an abscess they-

Kath And then the babies ((MS – inaudible)).

Margaret Yes.

Interviewer 2 Did the babies sleep in the mothers' beds?

Margaret No.

Interviewer 2 Never?

Margaret Well, we hope not.

Kath ((animated)) Well, I'm not going to say never because, because on one or two occasions when the weather was very cold, when the weather was very cold and the babies were suffering, do you remember the twins I had just at the top of the vineyard?

Margaret In the old days it wasn't called hypothermia. It was called Lardaceous disease.

Kath Or Sclarema, Sclarema.



Margaret Or Sclarema or Lardaceous disease because the babies looked like lard, they said. Now, that's a funny word.

Kath Now I had twins.

Margaret Never seen it in print but I've heard a doctor call it that.

Kath I had twins at the top of, of, erm, Windmill Hill in a very, very cold flat. They had done their level best to get it warm, but it was over a coat house-, coach house, this flat – one room, erm-. You walked into one room from another. We had fires in all the rooms but those babies, those twins, suffered from, as we called it, Sclarema. It was hypothermia. Oh, we put the babies in the mother's bed.

Margaret Yes, I had-, I did have one baby in Carlson ((sp?)) Street who was in a, a very, very, very ancient old rocking cot. It was, er, made of wood and it was on the floor and that baby got terribly cold and, er, that was put in bed with its mother but on the whole the babies didn't sleep with their mothers.

Kath Yeah.

Interviewer 1 Did the women ever get the blues – postnatal depression – in the village?

Kath Oh, ever so common.

Interviewer 1 Was it?

Kath Yeah.

Interviewer 1 Serious postnatal depression?

Kath A few, mark. The Lewis girl, the Lewis girl.

Margaret Well, she's a bit batty anyway. She was a bit dotty, wasn't she?

Kath The-. What about-.

Margaret A bit low, low grade, er, rather low grade, erm-.

Kath There was Joyce Cook.

Margaret Yes.



Kath Oh yes. Quite a few, quite a few.

Interviewer 2 Was it common for women to be churched after the birth?

Kath Yeah.

Margaret Ah, well, here ((MS - inaudible)).

Kath It was a real superstitious-.

Margaret Superstition, superstition.

Interviewer 2 What about immunisation pre-NHS?

Margaret Yes, well, when we first came they were terribly keen on it, weren't they?

Kath Yes.

Margaret That's when we did all that going round the town with all the babies, didn't we?

Kath That's right.

Margaret We, we were asked if we could go round and see if all the babies were, were, you know...

Kath Yes, yes.

Margaret ...having their inoculations.

Kath Very, very, erm-. We were hot on that.

Interviewer 2 Did women restrict their families? Did they use contraception?

Margaret Don't think so Kath, do you, not in the early days.

Kath Not in our early-. ((animated)) No, we had a terrific birth rate, didn't we, when we first came?

Margaret Well, this was, this was after the war.

Kath I think we had about 18 one year.

Margaret ((MS – inaudible)) goes up and there's another thing-.

Kath Another thing, yeah.

Margaret After the men came home from the Far East...



Kath The soldiers.

Margaret ...there were a whole lot from this area of Great Britain, you know, the East Anglian, that were out in the-. They were the forgotten army. They were out in, in, erm...

Kath Japan.

Margaret ...Japan.

Kath Over that way.

Margaret Out in the Far East and a lot of them were prisoners of war and after they came home, the prisoners of war, there was a very, very high incidence of abnormalities – birth abnormalities.

Interviewer 2 That's interesting.

Kath Anencephalics.

Margaret Anencephalics.

Kath Quite a lot.

Interviewer 2 Really?

Margaret Yes, a lot of high incidence, and they reckoned at Cambridge-. They did a bit of research on that in Cambridge, or was it in Suffolk they did it? Ipswich?

Kath It was in this area. It was in the East Anglian area.

Margaret They, erm, they did a lot of research on that and they came up and they thought it was something to do with the fathers out in the, out in the Far East, erm, but there was a very high incidence, wasn't there?

Kath Yeah, yeah.

Margaret Er, the birth rate went up. Well, that was the bulge, isn't it?

Kath Yeah, yeah.

Margaret Yeah, we've heard about the bulge, haven't we?



Interviewer 2 Yes. Were you ever approached by mothers asking about contraception or how they could limit their families?

Kath No, that was something that health visitors usually took on.

Interviewer 1 So it wasn't anything you got into in any way?

Interviewer 2 No. Were women ever sterilised?

Kath Not pre-'48, not pre-'48, which you want to know of, no. Not that we know of.

Margaret No.

Kath You see, all the ones that we know of, erm, and we've known quite a few, haven't we? You see poor old Reenie ((sp?)) Cornwall and that lot, they've all-

Margaret Yes.

Interviewer 2 Was there a six-week postnatal exam?

Kath Yes.

Interviewer 2 Yes? Who did that?

Margaret Doctor.

Kath Oh no, they used to come to us if they were booked with us and we'd go over, all over them and tell them what we thought and I sometimes wonder if I really knew ((laughs)) but they seemed alright anyway. They, they seemed to be alright, yes.

Interviewer 2 If you're not too tired can I ask you a few general questions?

Margaret Go on.

Interviewer 2 Is that alright? ((MS - inaudible)) We've been talking a long time. So you worked in this area together and you were paid by?

Margaret Essex County Council.

Kath When we first came we were paid by the Saffron Walden Nursing Association.

Interviewer 2 Right, and then you were paid by Essex County Council.

Margaret 1948 Essex County Council.



Interviewer 1 Right, and you say you were working with both middle class and working-class women?

Kath All areas, yes.

Interviewer 1 Right, and was there a lot of poverty?

Kath Not really.

Margaret Well, we talk about poverty, er. Our income, we-. I don't know that we called ourselves poor though, did we?

Kath Oh no.

Margaret Not even then...

Kath No.

Margaret ...but I mean it was poor compared to what nurses get now.

Kath But she's not meaning about that. She's meaning about-.

Margaret I was thinking about us when we were poor and whether there were people poorer than us and no, I don't think so really. There didn't seem to be a lot of, a lot of unemployment and I don't think that they were on the bread line. I wouldn't say that they were. They were-. You do get a few of these people who live from hand to mouth...

Kath That are in-.

Margaret ...but they're always like that.

Kath That are improvident. They're not really poor, they're improvident, a lot of them, aren't they?

Interviewer 2 So could you describe a typical house? A working person's house around here? I mean, how was it heated?

Kath Well, when we first came into the town there was no central heating and a lot of them, a lot of them hadn't got inside loos.



Margaret Now, you see these houses along here that we live in? This is a council house. These houses were built in the early 1920s.

Kath Yes, the first.

Margaret They, they had a civic award for these houses. They, they are considered to be the best council houses in the town. I mean, even the modern ones, these houses are the best.

Kath And they were built...

Margaret Yes.

Kath ...not for the working class, er, but for the business class.

Margaret Yes, for business people. The tradesmen.

Kath The, the working class couldn't afford to pay to live.

Margaret The rents were £1 a week.

Interviewer 2 So were the homes that you went into clean?

Margaret There were some very, very, very poor, poor...

Kath Yes.

Margaret ...poor houses here, which have now all been got rid of but up our Castle Street there were the most dreadful little hovels but they've all been got rid of now.

Interviewer 2 So people were living in quite crowded conditions sometimes?

Kath Some of them were very, very crowded, yes.

Margaret ((animated)) Oh, yes, I remember poor old, er, Ethel, er, Thake ((sp?)).

Kath Yes.

Interviewer 2 Did they have lighting?

Margaret Not upstairs. They might have a gas jet downstairs but not upstairs.

Interviewer 2 So did women ever have to borrow things for the birth?



Margaret Oh yes. The, er, the neighbours were very good. Neighbours were marvellous, weren't they?

Kath Yes, there was a lot of good neighbourliness.

Margaret Now poor old Emmy Thake, ((sp?)) poor old Emmy Thake, ((sp?)) er, she had a-

Kath She lived from hand to mouth.

Margaret She lived from hand to mouth and when she had one of her babies she hadn't got anything to bath the baby in and we had to take everything, had to take everything there and that was a hovel.

Interviewer 2 Was there a sense of community? I mean, was there an extended family system? Sometimes did the community help out a lot?

Kath Very neighbourly. They were very neighbourly. Now, in Middle Square, they all helped one another, didn't they?

Margaret Yes. You see, now, for instance, that premature baby that we had, that was a fair-sized house...

Kath That was a nice house.

Margaret ...although it was in Middle Square, which was terrible impoverished, some of them, and they lived here and all these little hovels along here, er, they were all very good, weren't they?

Kath Good to each other.

Margaret All very interested, all wanted to go in and look at the baby but of course they would but they would be very kind, well-disposed towards each other and they would help each other out.

Interviewer 2 Was there sometimes a kind of street matriarch?

Kath Now, you see, with our prem – we always call it our prem – they went straight for Mrs Olga. ((sp?))

Margaret That's right.





Kath Now, she was one of those kind of, those people that everybody would run to – Mrs Olga. ((sp))

Interviewer 1 And she did for people around the birth and death?

Kath And they would help in the house. Oh, yes, we used to have-. There were two or three, there were two or three layers out.

Interviewer 2 Were they also around births because there is a tradition for many hundreds of year that often lay midwives would also lay out bodies.

Margaret Oh, yes.

Interviewer 1 Like handy-women.

Kath Like Nelly Marsh, like Nelly Marsh.

Margaret Handy-women. Well, you see, when you think back to the Midwives Act, erm, I can't remember the dates now. The first Midwives Act was in...

Kath 1902.

Margaret ...190-something or other – that's right – and then the second Midwives Act was 1920-seomthing, was it not, and then, then you had the Diamond Jubilee in 1962...

Kath Yeah.

Margaret ...which you went to.

Kath I went to. My name was pulled out of the hat.

Margaret Two-hundred midwives on the midwives roll.

Kath Yeah.

Margaret Then they got pulled out of the hat and she went up to the surgeons, no, the gynaecologists.

Kath Gynaecologists with the Queen mum.

Interviewer 1 You were talking about Nelly Marsh, was her name? Who was she?

Kath She was a-. Nelly Marsh, she was a handy-woman, wasn't she, Margaret?



Margaret Yes. Nelly Marsh was a handy woman.

Kath Nelly Marsh, and she would often “We nurses” as she saw us.

Margaret Yes. ((laughs))

Kath “We nurses.”

Interviewer 1 Did she deliver babies?

Kath Oh yes.

Margaret Well, I don’t know that she delivered them but she’d be there with the doctor. She might have delivered them, certainly. I don’t know.

Kath In days past.

Margaret In days past she might have done but she was one of the women that went round with the doctors who became a handy woman. She thought of herself as one.

Kath “We nurses”, yes, and she would, she would recommend treatment to people and that kind of thing, our Nelly.

Interviewer 1 Was that a bit of problem?

Kath Well, not really with us, was it?

Margaret Not with us.

Kath No, no, no.

Interviewer 1 Did she lay out bodies as well?

Kath I don’t know.

Margaret I don’t know whether she did in Ashton.

Kath No, don’t know, dear. I wouldn’t know that.

Interviewer 1 Would she be there at the birth that you attended sometimes?

Margaret No.

Kath No, no.



Margaret Well, she lived out at Ashton but I mean we knew her because our parents lived out there you see.

Kath And she came eventually to live in the town.

Interviewer 1 So when you went to births who would be there besides you?

Margaret Usually the husband.

Interviewer 1 Anybody else?

Kath Oh yes.

Interviewer 1 Was there sometimes mothers or sisters?

Kath Oh yes. Mothers and sisters would be downstairs or a friend from next door.

Margaret Yes.

Interviewer 1 Would they be in the room at the birth?

Kath Might be.

Margaret If they were invited, if they were invited.

Interviewer 1 Were there ever children in the room at the births?

Margaret No.

Kath Only when I was doing my training. Sleeping in another cot.

Margaret No, we wouldn't have children in the room.

Kath Slept through it, yeah. On the Harrow Road there would be. They would be in the same room.

Interviewer 1 But on the community they'd be sleeping in the same room?

Kath Yes. I remember one night, I remember one night, er, er, going off to a call, er, a West Indian, a West Indian had come up to the home and I was on call so out I went and when I got there he was fast asleep. He was back in bed, fast asleep on the other side of the bed when his wife was in labour.

Interviewer 1 Did you wake him up?



Kath No. I got on with the job and got, and got bug bitten.

Interviewer 1 Oh dear. Was it quite rough round there then?

Kath Was then, was then.

Interviewer 2 Did women always give birth in the bedroom then?

Kath Well, yes, they were supposed to. I mean, sometimes-. Well, no not very-. More often than not, yes, certainly.

Interviewer 2 Did you know many cases where babies were born into toilets?

Kath Erm, no, just that little prem.

Margaret That little prem we had, Emmy Thake's ((sp?)) was-, as she climbed into her bed, hers was born and it slipped onto the floor. That was the one I had to bath in a frying pan, erm, in Middle Square. Erm, no, I don't think I ever remember-. I do remember a girl getting out of bed and saying "Oh, I must go to the 'lav'" and, er, she went into the lavatory. That was that girl out at Little Walvern ((sp?)) in Petts ((sp?)) Lane, erm, and she said-. Oh, you had somebody at Charlotte's, that, that the head was born in the bath and you carried...

Kath Oh yes, yes. She had a precipitous labour.

Margaret ...her into the ward. Well, this girl sat on the lav and said ((shouts)) "Oh no! The baby's here!" and I had to sort of run her into the bed with the baby's head, erm-. ((laughs))

Interviewer 2 Your one that-, Charlotte's in the bath, was it actually born into the water?

Kath No, no, no.

Interviewer 2 Because of course lots of women are doing that now, having their babies born in the water.

Kath Yeah.

Margaret Yes. I think that, that's queer. That seems queer to me. Seems very queer to me. Doesn't seem very safe to me, somehow. I don't think, I don't think it's natural, surely?

Interviewer 2 I don't know.



Margaret ((whispers)) I don't think it's natural. ((speaking)) It's not a natural thing to do and get under the water to have your baby, is it?

Interviewer 1 Some people feel it's the right thing. I didn't. I wanted to get out the bath.

Margaret I can't, I can't, I can't think that it's a, a natural thing to have a baby underwater. How's it going to get its air? I mean, that's the most important thing for a baby when, when it's born?

Interviewer 2 Well, they come up and they don't breathe until they hit the air. I mean, some people think it's a very gentle way for the baby to be born underwater and it's quite safe until the baby hits the air, until it comes up.

Margaret This is, this is, this is too, too modern by half for me. I, I would be very wary of that.

Interviewer 2 Were women always married to their partners?

Margaret Oh no, oh no, oh no. We've ((laughingly)) got one girl here, one girl here – old Gwen. Erm, three children she's got.

Kath Yes, all by different fathers.

Margaret All by different men. One American, one German...

Kath Yes.

Margaret ...and I don't know who the other one was.

Kath And when she eventually got married she's never had any.

Margaret Oh no.

Interviewer 1 What about young women? Unmarried mothers and their babies – what happened to them? Was there a lot of stigma around?

Margaret No, very little stigma.

Kath Of course, there's far more now than there was in our day – far more.

Margaret But then of course we see a lot of these poor little girls that get themselves into this predicament, they get aborted.



Interviewer 1 But what about then, before the NHS? Were they quite a few, before the NHS, that you came across?

Margaret ((MS - inaudible))

Kath Americans.

Margaret Oh yes.

Kath There was a lot of Americans because there was a lot of American, American, erm, bases here, you see, and, yes, there were. The, the, the, erm, illegitimate rate was pretty high.

Interviewer 1 Was there stigma about then?

Kath No, I don't think so. No.

Interviewer 2 That's extraordinary. I always thought there was.

Kath A lot of-. Well, I wouldn't have said so. Not really. ((MS - inaudible))

Margaret The mothers, they were absorbed into the family generally, yes. Gwen's were, weren't they?

Kath Yes, oh yes, yes.

Margaret Joan Geoffries, ((sp?)) oh yes.

Interviewer 1 Did women work outside of the home in those days?

Margaret Quite a few, yes.

Interviewer 1 On the books?

Margaret With a job of work.

Interviewer 1 Official work.

Kath What do you mean by official work?

Interviewer 2 Well, they went and did a paid job.

Margaret Well, yes. We'd get a lot of, get a lot of people doing, er, cleaning offices in the morning and going in and cleaning the shops and-.



Kath Yes, and then, then we had-. Well, of course that was after 1948 that Shire Hill started...

Margaret Yes.

Kath ...started being built and of course there was a lot of labour there and the box factory and in the Tate factory.

Margaret Oh yes, a lot of mothers, a lot of mothers worked. Ever so many mothers worked.

Interviewer 2 What about you mentioned before self-induced abortion. Who did them and how?

Kath God knows. I don't.

Margaret I mean, you hear-.

Kath There was one woman here in the town here who had a name. They could never catch her. They could never catch her but they knew she existed, they knew her and she had, erm-.

Margaret I suppose you could call it a brothel. I don't know whether she had a brothel. I wouldn't be surprised but she would, she would perform abortions on pregnant girls and, er, I wouldn't know how they did it. I mean, we've heard all sorts of things about mothers taking, erm, gin and nutmeg and, er, and, er, but I wouldn't know how an abortion is performed – an illegal abortion. They rupture the membrane somehow I presume.

Kath They would do it with a knitting needle or a button hook.

Interviewer 2 But no one ever talked to you about it?

Kath The only time anybody ever talked about it was a policeman. We had an intruder in our garden one night...

Margaret Yes, that's right.

Kath ...and a policeman came up, a policeman came up and – blow me – we couldn't get rid of him. He started talking about this particular woman, er, that they knew of. We knew her; he knew her. Funnily enough, I'd had a, I'd had a delivery in her house, in her flat with, with, with, er...

Margaret Pat.



Kath ...Pat, with Pat, her daughter, erm, and she was the only one, wasn't she? But she carried on because, you see, she was had up at one time, wasn't she, with Fred, with Fred.

Margaret Well, she and her son were had up by giving a woman a noxious, a noxious...

Kath Substance.

Margaret ...substance to produce an abortion. Now, what the noxious substance was, I don't know. Have you any idea...

Kath No. ((baby cries))

Margaret ...of how they procure abortions?

Interviewer 1 No.

Interviewer 2 So to your knowledge was there a lot of venereal disease around at that time?

Margaret Not that we came into contact with.

Kath Not an awful lot...

Margaret No.

Kath ...but we knew of it, didn't we?

Margaret Yes, yes.

Kath We knew of it.

Interviewer 2 What about prostitution?

Margaret Not that we knew of.

Interviewer 2 Did women have a good knowledge about the facts of life?

Kath Some of the abysmally ignorant, weren't they, but on the whole I think they knew, yes.

Interviewer 2 Did they know about their bodies? I mean, even now, I still sometimes come across women who don't know where the baby's going to come out.

Margaret Even now?





Interviewer 2 Even now, yes. You do sometimes get them, don't you, or they think they're going to come out the belly button.

Margaret Really? In this...

Interviewer 2 Yes.

Margaret ...enlightened, these enlightened permissive days and they have no idea?

Interviewer 2 Yes, still. Was there a lot of that around? I mean, did women know about their bodies?

Margaret I wouldn't, I would, I wouldn't think so. I would think that the people living in the country-

Kath They'd got a crude idea.

Margaret People living in the country I think live closer to nature, don't they? I think so.

Interviewer 1 Did you have any cases of maternal death in your practice?

Margaret Now, you had one Kath. Now, this was this terrible doctor.

Kath This terrible doctor.

Margaret You'd better tell her that story Kath about that dreadful doctor. Now, to begin with, I'd had experience of that woman and that doctor...

Kath And that mother.

Margaret ...with this mother having a first baby. Now, the baby was a little bit before its-, coming before its time. I was called out to it and she was going to have Doctor Coulson ((sp?)). Well, she had a fairly long labour and eventually the doctor came. Now, I, I don't remember calling the doctor myself. I would think probably her mother sent for her, this doctor, and she came. She did a PV and said "Oh, she's big enough." She put forceps on, she dragged a little four pound baby out and she tore the girl's...

Kath Cervix.

Margaret ...cervix and killed the baby. The baby was dead and there was a lot of, er, talk about this afterwards and Kath heard that, er – you heard, didn't you, somewhere or another



– that the mother was very annoyed and it was my fault or the doctor had said that it was the nurse's fault, the midwife's fault she hadn't sent for her soon enough. Well, anyway, that's what happened. Kath then, erm, booked the girl for her next but said she would not have the baby in the mother's house, so now you tell her Kath what happened to you.

Kath Wouldn't have it in the mother's house, she had to have it in her own house. She wanted this doctor again, so, so, erm, erm, she went into labour full t-. She was full time this time.

Margaret Yes.

Kath She was full time, went into labour and she, she, er-. Now, how did Coulson ((sp?)) come in? Probably I didn't send for her. It must have been-. The mother was there.

Margaret You, you delivered the baby.

Kath I'd got the baby.

Margaret You delivered the baby.

Kath I'd got the baby. That's right, I'd got the baby and she had a retained placenta – that's it – she had a retained placenta and so after an hour you had to send for, for medical aid. That's it, that's it. Got hold of Coulson ((sp?)), she came and inverted her uterus. Yeah.

Margaret And the girl, the poor soul, was taken up to the general hospital...

Kath She was taken up to the hospital.

Margaret ...and her own doctor, her own proper doctor had to go and see her.

Kath You see, now Coulson ((sp?)) couldn't go into a doc-, into our hospital. That was another thing. They wouldn't admit cases from this GP-, from this doctor into our local hospital so poor old...

Margaret Lumsden ((sp?)).



Kath ...Lumsden ((sp?)) had to go in and of course he didn't know anything about the, didn't know anything about the pregnancy. He managed to peel off the uterus, the placenta, which was still...

Margaret Firmly adhered.

Kath ...and, er, pushed the thing back but the girl died. She died in hospital.

Interviewer 1 Through shock and bleeding?

Kath Terrible.

Margaret No, she didn't ha-. No, it was shock. She didn't bleed very much, you see, because it was firmly adhered.

Kath I've never seen one, never seen one before.

Interviewer 1 It's dreadful.

Margaret No, you know, when you come to think, when you come to-

Interviewer 1 It's actually an avoidable death.

Kath Oh terrible, it was, it was. Now, this is one of the reasons, this is one of the cases that Coulson ((sp?)) had to...

Margaret Yes, yes, and then, you see...

Kath ...had to go.

Margaret ...she had another girl, a Scotch girl-.

Kath But, do you know, she tried to push the blame onto everybody else.

Margaret Oh, she was a terrible, dreadful liar, this woman, this doctor. She was terrible. She'd get out of it. Er, there was another case that she had of a Scotch girl. It wasn't her patient again, you see. It was George Gray's ((sp?)) patient who pushed her off. The girl was going into the nursing home to have this baby but at the last minute, well, she couldn't go in because the Ministry of Health closed her down. It was the Ministry then, wasn't it?



Kath Yeah.

Margaret Closed her so she had to come onto the district. George Gray ((sp?)) wouldn't have anything to do with her because she was antenatal by Coulson ((sp?)). Well, when I went to see that girl she was in labour and she'd got a very high head, first baby, high above the brim. Short Scotch girl, very short legs, very short arms, you know...

Kath Short long bones.

Margaret ...and I sent for the doctor and said "This head won't engage" and "Oh" she said, "that'll do alright. That'll be alright when the time comes" and it didn't. It didn't. In the middle of the night this girl was labouring very heavily but the head was still very high. She was-. The doctor was called out again to another case that Kath was attending. She put forceps on that girl, didn't she?

Kath I, I-. No.

Margaret It was Dorothy. That was Dorothy.

Kath Yeah.

Margaret That was Dorothy Mayer.

Kath Yeah.

Margaret She had you. You were having her then. While she was gone from me I said to the husband "When the doctor comes back I want you to tell her you want another opinion for your wife. Get her into hospital", which he did. He got her into hospital and, er, the baby, the baby was firmly fixed. It wasn't-, it wouldn't come down. He got her into hospital. They couldn't get the baby born. They had to-. It was dead by this time. They had to puncture its head and get it out piecemeal. The girl's never had another baby. Now that was-. That girl should never have gone into labour! She wasn't going to, she wasn't going to have that baby nor- anyway. I mean, if you looked at the x-rays you could see the baby's head would never engage and, erm, she, and she-. The baby died in labour, while she was in labour, erm-. It-. You wonder, wouldn't you, where they got-



. You wonder how they ever passed their exams. That was sheer ignorance on my part-  
, on her part.

Interviewer 2 Did you have many baby deaths during labour?

Kath No. No. Not a lot.

Margaret I had a still-. I had a-.

Kath I had a macerated foetus once.

Margaret Yes, I did. Yes, I had a macerated foetus once, that's right.

Kath Erm, old, erm, Turner's ((sp?)) man, Turner's ((sp?)) baby, yeah.

Margaret Yes, I had a, I had a macerated foetus once.

Kath Then you had Gladys. That was an anencephalic though, wasn't it?

Margaret Yes.

Kath And, er, and Josco ((sp?)) was an anencephalic.

Margaret Yes, but that was born alive. That went into hospital and died but I did have one stillbirth  
and that was our lady special constable.

Kath Rawl ((sp?)). No, not Rawl ((sp?)). The girl, well she was a Rawl ((sp?)). Erm, she had a  
baby, you know, the special constable.

Margaret Barbara?

Kath No, no, no. Oh, I know.

Margaret She was a Rawl ((sp?)).

Kath Yeah, red-headed girl, yes.

Margaret She-, whatever happened to her I can't think. I think she had an early rupture of  
membranes and never did anything about and eventually when I called to do a home  
delivery, a home visit, just to, just to see that she was alright, er, she said she felt a bit  
funny because she'd lost a lot of water the night before last and I looked at her and I  
thought Well, her waters have broken and, er, so I went home to get my things, er, to



bring them back to try and see if I could start her into labour because she was-, head was engaged and everything. She went into rapid labour and she had a stillbirth. Try as I might I couldn't resuscitate it and I got the doctor there but he couldn't. It was dead. Beautiful baby, nothing wrong with it but I think she should have sent for the nurse the night when her waters broke. Must have been the waters breaking.

Interviewer 1 So when you used to come home after a birth did you used to talk about it teach other?

Kath Oh, yes, we did, didn't we?

Interviewer 1 It must have been nice to be able to do that, to come home and talk about it?

Margaret Oh yes we did, didn't we?

Kath We had one awful time. We'd got our father very ill and we had seven babies in two-and-a-half days.

Margaret Yes, Dad was-. Was he, was he dying that year?

Kath I don't think so.

Margaret Was it 1962? '62-'63?

Kath I think it was '62.

Margaret That's right and he died in '64. Yes, it was '62-'63 and we had seven babies in two-and-a-half days.

Kath Two-and-a-half days. We were nearly dead.

Interviewer 2 When women had very long labours did you used to just come and go to the house?

Margaret Well, as I said before, if-. It all depended what we'd got to do but we tended, did we not, if we were at all able...

Kath Didn't like leaving them, didn't like leaving.

Margaret ...to stay with them.

Kath Didn't like leaving them.



Margaret If you could we stayed with them. I mean, if you were called out in the night you stayed with them all night; you didn't go home at all. I well remember a girl I had down the road here. She was, er, in labour overnight. I was sent for. The doc-, the husband came up with a pair of her pants. He said "Here nurse, what's that?" I said ((laughs)) "That's a show" I said. So he said "Well, you'd better come then", so I went.

Kath ((laughs))

Margaret When I got there she wasn't doing much but obviously she'd a show, so I thought Oh well, it's her sixth. No, it wasn't her sixth. Yes, yes, it was her sixth. It's number six; I'll stay. So she had-. I gave her propranolol ((?)) Yeah, it's no good giving her Pethidine because she wasn't really in labour. I gave her propranolol ((?)) and she went into a sound sleep. I got on the bed with her and he kept on coming up and saying ((whispers)) "Cup of tea, nurse? Have a cup of tea?" So I had a cup of tea and I lay on the bed.

Kath Oh, Frank-

Margaret I laid on the bed with her and, er, I expect I dozed off as well. she slept all night and about seven o'clock in the morning, just as I was thinking about ((inaudible)) she suddenly sat up in bed. She said ((shouts)) "Oh! It's coming nurse!" and, do you know, I didn't even have time to put my gown and my mask and anything like that. I'd got all the swabs all ready, you know, they'd all been got ready and she just had it like that. She slept all night and then had it and I stayed with her ((inaudible)). I had a night's rest ((laughingly)) on the bed beside her. Funny, funny, and I've often ran-, run into a house and the baby's been there and you hadn't had time to take your coat off even and you just sort of catch it as it's born and sometimes you have BBAs. You had baby born before you get there and you have a husband standing at the-, with a face as green as grass and, erm, waiting for the baby to emerge but they're few and far between, aren't they...

Kath Yeah, yeah.

Margaret ...normally. Normally, you exert a lot of time and energy and, er, oh, everything else, you know, to get a baby born.

Kath It's real hard work sometimes, isn't it?



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Interviewer 1 Yes, it is. We've finished most of the questions. Can I just take you back to something that I'm particularly interested in at the moment, and while Kath is here as well, and that's third stage, because you know, erm, most babies now you give some tremetrine((?)) for the-?

Margaret Yes, yes, that came in.

Interviewer 1 But some of us are not giving some tremetrine((?)) and we're going back to using maternal- ((recording stops suddenly))

**[END OF THIRD AUDIO RECORDING]**

**[START OF FOURTH AUDIO RECORDING]**

((baby coos and gurgles throughout interview))

Interviewer 2 There are lots of reasons for not um...

Kath Yes.

Interviewer 2 ...and I've found since I've been doing them with just the maternal epherdrine((?)) that the babies tend not to have jaundice and I think I have fewer problems with getting the placenta out. I think actually that part of the natural process of the blood going two ways and the placenta shrinking helps the placenta to come away normally.

Margaret Yes. Now, that business about delivering the baby and getting it up through the legs and letting the mother hold it, and, as you say, the blood's still pumping away, that, to my way of thinking – I'm sure I'm right in saying this – helps the mother's-, oh, it's this wonderful excitement of the holding the baby and it, it helps the uterus to contract and the, the, the blood stops pumping and you can clamp it off and cut it and then put your hand in, put your hand in and, erm-.

Interviewer 2 What I do now is I don't clamp and cut actually if possible until the placenta's out.

Margaret You, you like to leave it?

Interviewer 2 Yes.





Margaret Again, that's marvellous if you can do that because, erm, somehow or another, erm, to see the placenta on the end of the baby is, erm, 'oof' but I, I will agree with you about this business about the blood coming and going all the time and, erm, erm, it's good for the baby, I suppose, really.

Interviewer 2 Well, it gets just the right amount of blood, doesn't it?

Margaret Yes, yes.

Interviewer 2 Nature's organised it really so that it gets the right amount.

Margaret Yes but, mind you, don't forget that if your baby gets too much, too many red cells you're going to have jaundice anyway, erm, with neonatal jaundice. I mean, most babies go a little bit yellow, don't they, with their increased haemoglobin that they've got, too many red cells, erm, but, erm, I think a hand on the tummy, I like that. I like a little bit of frontal pressure. Not, not, not. not going like this to whip it up but to-, er-, a little bit of frontal pressure and a little bit-.

Interviewer 2 Just at the top of the pelvis?

Margaret Yes, you've got a lovely, lovely patch here you can put your hand right in and just sort of-.

Kath You can almost feel it sometimes. You can feel it separating sometimes if you put your hand there.

Interviewer 2 Did you find sometimes it had separated and was just sitting there and the woman didn't push it out?

Margaret Yes. Yes, yes.

Interviewer 2 What did you do then?

Kath ((MS - inaudible)) Well, you'd tell her to push. You can feel if it's, erm-.

Interviewer 2 If you feel it's gone?

Kath If it's separated you can feel it, I think.

Interviewer 2 Where do you feel it?



Margaret Oh, in here. You get this beautiful sort of rounded half thing that you can move from side to side.

Margaret Like a cricket ball.

Interviewer 2 That's the uterus on top of the placenta?

Kath Yes.

Margaret All the time the uterus is inside you can't move your uterus from side to side. As soon as you can feel that lovely half ball and it will move slightly from side to side-.

Interviewer 2 You know it's gone?

Kath Yes.

Interviewer 2 And then if the woman wasn't pushing it out?

Kath You can feel it, you can feel, er, on the, on the ((MS – inaudible)). You could help.

Margaret A little bit of help, a little bit of pressure and tell her to push.

Interviewer 2 And did you find that the frontal pressure helped her to push it?

Kath Yes, quite often.

Interviewer 2 Because sometimes they just miss it. They're so pleased with the baby they don't think about it.

Kath Yes. "Come on now Mum. Give it one more push" and they'll push it out, they'll push it out. Have you ever found though that if you've got, er, erm, an attached placenta and you can't-, it won't, it won't, er, detach you get the baby at the breast sucking that will help.

Interviewer 2 Yes, that helps, doesn't it, and sitting them on a bucket.

Kath Yeah.

Interviewer 2 That helps as well, getting them in an upright-, and blowing into a bottle.

Margaret Blowing into-. Well, that's-. When you're doing that you're, you're pushing down below.



Interviewer 2 It seems to release it the right way, yes. So how long did you find on the whole it took for the placentas to separate after the baby was born?

Margaret Oh, anything from ten minutes to half an hour. Sometimes...

Kath Well, yes, some very, very quickly. It seems as though the placenta will come directly the baby's born – seems like it.

Margaret ...sometimes longer than that...

Kath But we did notice...

Margaret ...especially breaches.

Kath ...we did notice though that quite often when a mother had either had, er, er, er, a termination of pregnancy or a miscarriage or something that they'd more often got an attached placenta than, than a detached one. It was more, it was more common, wasn't it, in a mother, in a mother that had had a miscarriage.

Interviewer 2 Interesting. What about if she'd had a bleed during the pregnancy? If she'd had bleeding in the pregnancy do you think that increases the risk of a retained placenta?

Kath Well, yes I do.

Margaret If they have a bleed, if they have a bleed during a, if they have a bleed during a pregnancy it means, does it not, that you've got a slight, er ((sighs)) – what am I trying to say – the placenta has detached itself partly – could do.

Kath One hilarious afternoon, mind you, this was pre-, post-1941, not hilarious at the time, a Sunday afternoon.(( I went off to a case and had a very nice normal delivery, lovely normal delivery. Didn't have to call the doctor or anything, everything-, until placenta. You couldn't get it out. It just wouldn't come. We waited an hour and it still wouldn't come so we had to send for Doctor Breyer. Doctor Breyer came and, erm, he couldn't get it out. He couldn't get it out and he was a man who wouldn't take any risks, so we sent for the ambulance, er-. The ambulance had to be escorted up to the house by the police. They couldn't find the house. In came a tribe. There's a doctor and a couple of nurses so Doctor Breyer and I stood back by the door and watched. Nothing happened.



He couldn't get it off, so he decided they'd have to take the girl into the hospital, put her onto the stretcher and took her out into the ambulance and she passed it. So she was carted back again.

Margaret ((laughs)) Oh, I, I can remember the flying squad coming up one night. I'd got a little girl up this road here and, er, she had a pretty hefty PPH. Up came the flying squad. That was during-, that was through the snow, erm, escorted in by the police and they ran up with a great box, put it outside the bedroom door, er-. The doctor and I were just stood, standing there letting them get on with it. They put up a blood transfusion, they put up a, a flask with a meat hook over the, over the pelmet, er-. They put up a pint of, oh, you know, a, a container full of saline and then a pint of blood and that ran through in less than half an hour and, er, that was that and off they went. They weren't in the ((inaudible)) longer than three quarters of an hour.

Kath Do they have flying squads now? Do they?

Interviewer 2 The emergency obstetric units have been wound down in most hospitals.

Kath Have they?

Interviewer 2 Yes. You just call an ordinary ambulance. Some hospitals will send out people in an ambulance to you.

Kath Yes, because they used to send them out here. They had to come from Cambridge.

Interviewer 1 It's been wound down generally. It's not like it used to be.

Margaret Well, of course they haven't got the numbers. ((recording stops suddenly))

**[END OF FORTH AUDIO RECORDING, TRANSCRIPT AND INTERVIEW]**