

Interviewee: Elsie Kirk

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; 2nd edition 2013)

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Description:

Transcript of an interview with Elsie Kirk of her experiences as a midwife, covering her training at the Nightingale Hospital, Derby and role as a midwife (from 1935), nursing training in Shrewsbury, hospital housekeeping training in Leeds, training for the midwifery teaching diploma (1944), and service at the Queen Mary Hospital until retirement (c.1960), conditions in the district, role of handywomen, social conditions, knowledge of sex and pregnancy, birthing positions and methods of delivery, maternal deaths, role as an examiner for the Central Midwives Board and methods of examination, antenatal care and mother craft classes, memories of Miss Foxton and Miss Knott, giving of enemas, birth of disabled babies, pain relief, and breastfeeding.

Elsie Kirk was born in 1904 in Lancashire and trained as midwife in 1935 in Derby. She worked mostly in hospitals but also undertook some private cases with wealthy families, 'living in' before and after the birth. She later became a midwife tutor.

Topics include: Midwifery; Maternity Services; Childbirth; Abortion; Analgesia; Contraception

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[START OF INTERVIEW]

Interviewer When you first wrote to me, I don't know if you remember, but you wrote like some of your reminiscences down for me and I've got them here. When you first wrote to me in 1982, you wrote me a wonderful piece, three or four pages.

Elsie What, what do you want me to write?

Interviewer No, I don't want you to write again, but this is what you did write.

Elsie Oh?

Interviewer You wrote this to me.

Elsie Did I?

Interviewer The very first time you wrote to me, you wrote it all out for me, so I've got an idea of what you did anyway.

Elsie I've also got an article in the *Midwives Chronicle* that you might need.

Interviewer Have you? I'd love to see that, yes.

Elsie I wrote it when the Nightingale closed, it was a maternity home only and eh I worked there for 20 years, and eh after it closed, the government closed it down as an uneconomical home, and of course I moved up to the Queen Mary, which was part of the training school, and after the Nightingale closed, I wrote an article and sent it for the *Midwives Chronicle*, and I'll show it to you, and it did, it was an account of the early days of the midwifery training. I trained in 1936/35, before we came in.

Interviewer Where did you do your training then?

Elsie My midwifery?

Interviewer Yes.

Elsie This was my midwifery at the Nightingale.

Interviewer And that was here?

Elsie A full-time training school and I didn't, well, I lived on my job, I've always lived on my job since I've been nursing, and eh I was quite, even though it didn't have anything to do with the training, but I got a liking for it, because before I started actually thinking about training, I was looking after friends having babies at home, keeping house for them and helping them with the baby, and of course I was always having the babies, and that was got gave me the interest. And one day I was walking home from church with the matron of a convalescent home near here, and eh she was asking me where I'd been lately, and she said, 'Have you ever thought about taking it up professionally?' And I said, 'No,' and I began to think about it then, and I decided that I would do so, and of course the opportunity for me to leave home didn't arise until I was 26, and I went to, I wrote two applications: one to Rockville and one to Chesterfield, two enquiries, really. And the one at Derby asked me to come for an interview first, so I went there, and eh the Matron was very nice, very motherly, and eh she saw that I was serious about it, and the first thing she asked me was, 'Do you want to do this for your own wish, or is it your mother's wish?' And I said, 'Oh, my mother's a bit against it actually.' I said, 'It's my own wish.' So she realised I was serious about it and she said, 'Well, it would be to your advantage to take your general training first.' And I thought, 'Well, she knows what she's talking about and I'd better do that.' So as soon as I had an opportunity to leave home, I applied and she asked me to sign a five year contract, and three years general training, not in Derby, she always sent her trainees either to Nottingham or Shrewsbury, and she chose Shrewsbury for me, which was very nice, it was a very nice hospital. So, in the course of time, I went to start my general training and eh I got through just within three years, and I came back to do my two years private nursing, and those were general cases, of course. But before the two years was up, she said that she would give me a vacancy for my midwifery training, which was six months, if I would finish my private nursing contract afterwards, and do an extra year, private nursing, so that I could have my midwifery training at half salary instead of paying for it.

Interviewer That's right, you wrote about that.

Elsie And in those days, of course, they paid for it. So I, I considered it and I decided I would do that, so that was what I did, and of course I got a great deal of varied experience in private

nursing. And then I did my midwifery training, and of course finishing my contract with private nursing I had to take both general and midwifery cases, which was very nice, and of course people having babies at home was very pleasant in those days, we didn't think the risks were great, and of course I had quite a number of, I'll show you my baby book.

Interviewer I'd love to see that.

Elsie And eh I remember very nice cases, and I didn't enjoy my first case at all, it was a third baby, and of course I always had to be living in the house before the patient was in labour, and there was a little boy of nearly two and I used to take him out in order to give the maid a bit of a break, and eh, of course, in the course of time, she went into labour and delivered, and that was all right and I liked it better then. And I had to share the bedroom with this little boy and he used to get up and wake early and throw his toys at me to wake me! ((both laugh)) Until then, you see, his brother slept in the room, and he'd gone to stay with his grandma, and of course I didn't enjoy it because the husband was drinking himself to death, unfortunately.

Interviewer So when you were doing these home births, that was mostly quite wealthy families that were paying you?

Elsie When I was what?

Interviewer When you were doing these private home deliveries, it was mostly wealthy families that you were going to, quite well off?

Elsie Well, reasonably so, of course, but they only charged 3 guineas a week for us in those days: I think it was 2 guineas for a general case and 3 guineas for a private midwifery, and of course we didn't get the money, we only had a salary; we got paid £60 a year when we finished our general training, that was all we got, and of course we got our own accommodation and everything. Anyway, I, I did that until the end of the five years, and then after that I decided I'd like to get more experience in abnormal midwifery, because most of the cases we had at the Nightingale were normal deliveries, and I applied to the Women's Hospital in Derby. Well, they offered me a staff midwife's post, but, of course, I had to tell the matron by then because I needed her reference, and she was taken by surprise. She said, 'Do you want to

leave me?' Well, actually, you know, I thought, I thought she obviously wants to keep me, and I was so sorry for her, because she said everybody left her, you see, and she actually was, I think, rather fond of me, and we were personal friends for the last seven years anyway. So she decided that I should go to Leeds and do my housekeeping, get my housekeeping certificate, so I did that and she said, 'You'll either give in your notice, you can write when you're away, if you like,' and she didn't want me to go, you see. Anyway, I took my housekeeping, it was only a four month course and it was quite interesting.

Interviewer And what sort of things did you do in that, the housekeeping?

Elsie What, what?

Interviewer What sort of things did you do in the housekeeping course? Was it to do with like the management of the ward, that sort of thing?

Elsie It was hospital housekeeping, of course, it was just before the war, and it was quite an advantage to have a housekeeping certificate. It didn't make much difference as a midwife but it was an extra qualification. Anyway, while I was away, she wrote to me and she said, 'Oh, Mrs so and so wants you, she's having a baby at home and she wants to know if you will come.' You see I got known pretty well with these types of younger women having their babies at home, so I couldn't resist going back to take these private cases, and I did so. And then, as I wanted, Matron would like me to have been the housekeeping sister, and I didn't want to do that, I wanted to be, to do midwifery, so she gave me a staff midwife's post, and eventually I did take the home sister's post for six months, but soon back in midwifery. So, of course, I had a lot of experience and took antenatal clinics and eh, well, anything that was needed, deliveries and everything. I had 1,714 deliveries, and that, of course, doesn't mean that I delivered each of them personally, because I was training the pupils.

Anyway, eh I, I carried on with that and eh, let's see, what did I do next? Well, I got promoted, you see, I eventually got a sister's post, and um, then one day Matron sent for me and she said, 'The senior sister, who's also a tutor, is leaving. Would you like her post?' Well, it struck me as a great surprise because I'd never thought of teaching, although I had thought of taking my teaching training. So, I thought it over, and I thought, 'Well, she knows me pretty well,

perhaps if she thinks I can teach, I can,' so I accepted it. Well, it was heavy going at first because I hadn't ever done any teaching, and I was fairly well up in theory, but I know my first set of pupils, there were 11 of them sitting and four of them failed, and that was really dreadful for me. However, I got, I studied and I went to Sheffield as a part-time course to take my diploma, and it was very interesting and I enjoyed that. I had to rush off in the morning, take some sandwiches with me, get a cup of tea at the station at Sheffield and then go on to the hospital. It was the Sheffield City Hospital then, but it's now the Hallamshire Hospital, a big one of course. Anyway, I got my diploma, and at the same time, of course, I was teaching, only part two, you know, but they'd done a good deal of the theory in part 1.

Interviewer What year was that that you got your diploma?

Elsie Pardon?

Interviewer What year was that that you got the diploma, can you remember?

Elsie Well, it was during the war.

Interviewer It must have been in the war, yes.

Elsie Yes, it would be about, eh, what was it, '39-'45? About '44, '43 or '44. It was over a year's course, of course, and when I'd done part 1, I had to start to start on part 2, and we had to go to London for the exams. But as it was during the war, we were allowed to sit the written exam in our centres. It was three days and it meant two nights, the first day we sat in the afternoon, and then the next day we sat both morning and afternoon, and the third day we just sat in the morning so we could go home that day, so it was just two nights and I stayed at the YWCA which was fairly newly opened in Sheffield then. Anyway, of course it didn't make any difference having my diploma, as far as salary went or anything like that, and of course diplomas in midwifery were fairly uncommon then, and there hadn't been a tutor at the Nightingale with a diploma. There had been one who'd tried and failed and wouldn't try again, but eh as a diploma teacher it didn't make much difference, except for my own satisfaction. Well, I just went on from, well, I didn't go on to another post from that because I was in the highest post I could get, except, of course, Matron, and of course we had a lot of ups and downs during the war: we used to carry patients on stretchers down the cellars

when there were raids, because there were rather bad raids in Derby, and eh during that time we had a patient who developed scarlet fever, and I moved her to the annexe, which was an isolation block, with her baby, and I went to special her in the annexe. She was really quite ill and I had her parents there two nights because she was so ill.

Anyway, they sent me another patient, thinking she was starting with it, but she wasn't so I had her for, I had a nurse on night duty and a nurse on day duty and I had to help them both, because the patient was so ill and she had to be helped to move in bed and whatever and everything. However, she got better and went home. Well, I was told I must go off in quarantine for a week, and my mother wouldn't have me at home because they happened to have a family from Derby with a ten-year-old boy, and his parents were afraid he might get it as he hadn't had it, so I couldn't go home, but they offered me their house. They said I could use their house while I was in quarantine, and I was rather looking forward to it. However, I went to the house and I was given some rations to take with me, and it was getting fairly late in the evening, and of course I'd been a ward nurse night and day, um and I was very tired, and it got to half past nine and no sign of these folks with the key returning. So I thought, 'Well, I must try and get in this wretched bungalow and go to bed,' so I found a transit window which wasn't latched and I dragged the dustbin round, climbed on it, put my hand through and opened this window and got in and went to bed, and all the electricity and gas was turned off at the main. However, that was the night that the very worst raid on Derby was staged and I could hear the guns and the crashing of glass and wood, and I didn't know where the raid was, and there wasn't a telephone at this house, nobody knew where I was except for matron. So, I went, in the morning I went down and found the meters and turned everything on, got myself some breakfast, and went down to the village post office, it was in Derby Abbey, and eh asked where the raid was. And they said it was in, on the town centre and a lot of damage done. Actually, it was quite near the Nightingale but we didn't get a hit, luckily, we just got as far as having some milk bottles smashed on the step.

Anyway, I rang the matron to ask if everything was all right, and then I rang home, and my sister answered the phone, and she said, 'Oh, mother's already on the way to fetch you.' You see, these folks from Derby had their own car, so they came and went back and got some food in

and mother came, and she wasn't in good health but I persuaded her to stay the night, and then, of course, I went home, they decided that they could do with me if it was going to be like that! ((laughingly)) So I went home for the rest of my quarantine, and then of course went back normally to work in the home, and eh that went on for a number of years, you see. I stayed in the home right until some years before I was due to retire, and Matron retired, and she was already 65 when the war, the war ended, so she retired. Well, then they had a rather difficult system: we'd got a new matron before the old one went, and she was appointed because she was a woman of very considerable administrative ability, and she'd applied for another post and matron had kept her eye on her, although she didn't get the post she'd applied for, and she, she had this post, which was the matron from the Queen Mary had retired as well, and this matron that we had sort of in reserve, she was given the post of matron at the Queen Mary as well as the Nightingale, so they had to leave me in charge of the Nightingale, which was all right. And then, after a while, she was offered the post of Matron at the City Hospital, in addition to the Nightingale and the Queen Mary, and she took that. Well, then the matron from the Queen-, the deputy matron from the Queen Mary retired, and I was asked if I would go there and eh someone else would be appointed at the Nightingale, and so I did that. I couldn't make out why she wanted me to move, she gave me so many reasons. Anyway, I moved, I was never as happy at the Queen Mary but I stayed eight years there, before I was ready to retire myself, and then of course I retired.

Interviewer When did you retire, what year was that?

Elsie Oh dear, what year was it? It was a long time ago.

Interviewer '60 something?

Elsie Er, I've got a little bit of information about my retirement in there and that will tell you, and a photograph also.

Interviewer That would be nice.

Elsie Unfortunately, this matron who was appointed for the three hospitals, she only used to come down once a week to where I was, the Nightingale or the Queen Mary, and she was only two years older than I, and she's still living but in a very, very poor state of health, in a



wheelchair. However, um, after she retired, I was offered another job, if I wanted it, at Nottingham. One of the uh ((goes to get something)) I'm always burning things. My eyes aren't too good and my hearing's defective. ((inaudible)) The tape isn't still running, is it?

Interviewer Oh, it doesn't matter.

Elsie Let's see if I can find you that retirement bit. It should be here, I think. This is where I keep my bills. That's vaccination certificates. Let's see what this is. 'Thank you, Nightingale,' you might like to read that. I don't know whether that's the one that was in the *Midwives Chronicle*. That's the little retirement bit. Is it time for an early lunch?

Interviewer Yes, whatever suits you; that's fine with me.

Elsie And then it will give us a long afternoon, won't it?

Interviewer Yes, I don't want you to get too tired, though. Do tell me if you're getting tired.

Elsie Oh, I don't get tired; it's a subject I'm interested in! ((laughingly))

Interviewer Yes, I can see you like talking about it!

Elsie I must read this and see what I told you. I don't remember writing to you about my career, actually.

Interviewer I mean that's a long while ago, that was 1982, so it's four years ago.

Elsie Shall I go and get on with the lunch now then?

Interviewer If that suits you, okay.

Elsie Yes, and then we'll have it early. What do you want baby? ((pause in tape)) Babies at home, and it all worked out nicely, on the whole, except that, of course, some of the mums was more families of small children who were very much overworked, they'd say, 'I don't know why I can't do that,' ((inaudible))

Interviewer I'd like to hear more about what it was like on the district, when you worked in the district.

Elsie Yes, well we only did three months on the district as part of our training, and of course we were on call day and night and I had to go out, and I don't know whether you want to switch-

Interviewer I'll just put it on that for a minute.

Elsie I was called out three times on the last night on the district, and of course they wanted to hurry me through with my ten cases, I had to have ten on the district and ten on the ((inaudible)) and they wanted me up at the Queen Mary on night duty, so they hurried me through. The first one didn't have her baby, she had ((inaudible)) and she was sent to hospital, and I was, I couldn't cycle, you see, I never had a bicycle. I got one when I was 40 and got, got myself going with it, with help from my friend, and had some very nice days out with it, but eh, I had to wheel the midwife's bicycle home on that occasion while she went with the ambulance to the hospital.

Interviewer So it must have been a bit of a handicap not having a bicycle?

Elsie Oh, it was a great handicap, because, you see, I had to walk, and sometimes it was as much as two miles walking in the night, you see, and later they got car transport for the midwives, for the midwives or pupils, using the pupils when they had to go out in the night. You see, twice I missed the baby, and of course the midwives had got there and I hadn't.

Interviewer That must have been disappointing.

Elsie And I made friends with the senior district midwife and for the rest of her life I used to go and see her, and I was with her until a couple of days before her death – she died through cancer – but we got on really well and we became friends and we worked together a lot. You see, I had the pupils for the first three months, and she had them for the second three months, so we often exchanged all sorts of things, and sometimes I'd ask for hers to go out on a message for me.

Interviewer And you said the conditions were pretty bad?

Elsie Oh yes, very, filthy, some of them, back streets; they've all been demolished now but they were very, very bad. And if it was, if there was time, we used to wipe over the tops of the furniture before we laid our things out, but sometimes it was just time to catch the baby and



that was all, but it never seemed to do any harm, they were used to their own germs. We used to put our coats down on newspaper to keep the bugs and what not off them, but of course the poor women on the district were very ((inaudible)) to rest. We tried to keep them in bed ten days, but of course we didn't know what they were doing when we were not there.

Interviewer Did they get much help from each other, do you think, from the other women?

Elsie Yes, the labour, very often they'd come in, and sometimes a member of the family, a mother-in-law, or even the mother, would help.

Interviewer And was there anybody else there at the birth to help you, when the baby was actually born?

Elsie Oh no, we never allowed anybody else in at the birth, we had a midwife and a pupil and that was all. They'd fetch hot water for us but I mean we didn't have them in for when the baby was born. They'd fetch and carry for us.

Interviewer Did you ever come across any handywomen, what they called handywomen?

Elsie Yes, oh yes, but not in Derby, but I had a friend who was a district midwife out at Castle Donington, and she used to employ handywomen, and they did quite a lot, as she told them, you see, to help with the toilet attention and all that sort of thing, and of course they did help a tremendous lot. But in 1936, when the new act was passed, they were abolished, couldn't use them at all. I think that was a good thing really, because some of them probably were not very trustworthy, but they were undoubtedly useful to a midwife working single-handed, and this particular midwife used to walk on her district. I was on a private case in that area, a very disagreeable case, nursing a man with heart trouble and I knew I'd have to stay until he died, he was completely bedridden, and the conditions were very poor, it was very poor house, although he actually had plenty of money. The conditions, there was only a privy down the garden and I had to take my ((inaudible)) to, no bathroom or inside toilet. And she helped to cheer me up, you know, she used to tell me to come down to her cottage in the morning when I came off night duty, and I was on night duty all the time, of

course. So I used to get up and go to church with her on Sunday evening too. She was very kind and we remained friends all the rest of our life, and she was 84 when she died.

Interviewer These handywomen that she employed, were they just like local women?

Elsie Oh yes.

Interviewer They'd had children themselves.

Elsie Yes, they were, and I didn't know any of them personally but of course I knew she used them.

Interviewer Because they used to actually deliver the babies, didn't they, before midwives were trained?

Elsie I never heard, I hadn't heard of a handywoman delivering a baby, but they might have done, of course.

Interviewer I know I've talked to other midwives who have said that, and then the midwives became trained and they sort of took over from the handywomen.

Elsie Yes, but the midwife would never let the handywoman deliver a child because it wasn't her job. I suppose they felt, I think they used to do some dealings to save the midwife doing them, but, as I say, I never worked with any handywomen.

Interviewer So these times on the district, did the women have large families?

Elsie Oh yes, some of them were, we had one mother who'd had three or four previous babies and they'd all died when they were toddlers, and she used to let them go out on the streets with bare feet and very little on, and they used to get pneumonia, so when she came into the home to have another, we laid down the law very forcibly about what she was to do and not to do with these children, and that one, of course, survived, and so did the next, but some of them were very careless, didn't care what their children did. We used to attend them for ten days, and I think we may have attended, I think we attended for 14 days. Well, I think we did with all of them, only probably might have missed a day now and again.

Interviewer The homes that you were going into, did they have electricity, or was it not available?

Elsie Oh no, not always, we had to deliver by candlelight, candles stuck in a bottle sometimes, and very cold bedrooms, but luckily those have all gone now and they've built new houses on them.

Interviewer What sort of things did the women have to provide for the birth?

Elsie Well, bowls, bowls or basins of some sort, and eh a clean, if possible, a clean cloth to put on the table, and eh kettles of water, jugs, and, of course, baby clothes, as far as possible, and napkins and eh, as much as they could manage for the baby's trousseau. And we provided the disinfectants and that sort of thing. They used to use Lysol at one time, very old, old-fashioned, and then we got on to Dettol. What do you use?

Interviewer What's it called? Hibitane.

Elsie Of course they change in different hospitals.

Interviewer That's right. Did you come across any unmarried mothers?

Elsie Well, I don't think we took unmarried mothers into the home, because there was a home in Derby that accepted for delivery and looking after, and they didn't, didn't happen to be ours at that time, so as far as we knew, they were all married.

Interviewer And what sort of health were the women in?

Elsie On the whole, quite good; their conditions didn't seem to make much difference, and I think they were usually adequately fed. They used to have babies every year, of course.

Interviewer There wasn't much knowledge about contraception then, was there?

Elsie Not as far as I know; you see, that really didn't come into our line of work.

Interviewer They wouldn't ever have asked your advice about it?

Elsie Yes, I suppose nowadays they're more better looked after in that respect. I think they took it for granted that they'd have large families.

Interviewer It must have been really tiring.

Elsie Of course they'd be worn out by the time they were 40.

Interviewer Did you ever come across any women who tried to end a pregnancy?



Elsie No, not as far as we knew. You see, they might have done it behind our backs, because there were, in those days, amateur abortionists, and very often doing a lot of harm and sometimes a woman would die. And I remember seeing a film about a woman who'd been to one of these abortionists, and she was going home on the bus and had a severe haemorrhage, and I think she died, actually. Of course that was a cautionary tale, but I think there was a lot of that about. Can I fill your cup with hot tea?

Interviewer I'm fine actually at the moment, I've still got quite a lot left. Did women know much about their bodies and the facts of life, do you think?

Elsie Well, I don't remember, I don't think people ever used to discuss that sort of thing. We wouldn't know, you see.

Interviewer I just wondered, when they came in to have their babies, if it was the first time, were they frightened about what was going to happen?

Elsie Yes, I think it probably was with some of them. I remember one baby being born on the floor in the ward, and of course this woman didn't even have the sense to get on the bed, she just dropped it. I had a personal friend, a school friend, who thought the baby came out of the middle of her tummy. It seemed to be ignorance in that respect and it was very widespread I think.

Interviewer A lot of the midwives I've interviewed have said that, that it was amazing how little people knew.

Elsie Yes it was, and we used to have most peculiar garments for them to deliver the baby.

Interviewer You told me about that. Can you tell me about that again?

Elsie A sort of a trouser thing with loose legs, and we used to tuck these legs in to their operation socks that they were wearing, so they weren't really exposed, or they didn't imagine they were. ((laughingly))

Interviewer And it was sort or cut open in the middle, was it, sort of?



Elsie They had a little flap here, and then two loose legs tucked into their stockings, and of course the back would be open. We always delivered on the side, and I think nowadays it's pretty usual to deliver on the back, isn't it? Did you with yours?

Interviewer When I had my baby?

Elsie Well, having your baby or your training.

Interviewer I learnt to deliver mostly on the back, yes, and the dorsal. I did a couple in the left lateral.

Elsie It was a doctor who taught me to deliver on the back, and of course it wasn't our method in the home but we had a huge, fat woman, and he said to me, 'Turn her on to her back,' and I did, and of course I found it was just as easy to deliver, but they all seem to do it now, don't they?

Interviewer Well, in fact nowadays, even more women are actually giving birth just squatting down, in any position they feel comfortable in.

Elsie Yes, I expect that's all right, as long as the midwife's at hand to have the baby. I should think they push them out more easily in that way.

Interviewer Yes, when I had my baby I was on all fours.

Elsie Yes.

Interviewer And I couldn't have got on my back to save my life, I don't think, but then the midwife just caught him and it was fine.

Elsie You are allowed to more or less choose your own position. Yes, I think that's very usual now.

Interviewer I had him at home, so that made a difference.

Elsie Oh, did you?

Interviewer Yes.

Elsie I thought home births had really gone out.

Interviewer Well, there aren't many but I managed to arrange one.

Elsie Yes, well, if people are insistent enough I'd say they still can.

Interviewer It was smashing and the right place for me to be.

Elsie Yes, good. More tea?

Interviewer Yes, a little bit. Thanks, that's lovely.

Elsie I can't see delivering the baby in the squatting position ((laughs))

Interviewer Because you've got to be down on your knees as well! ((laughs))

Elsie Yes, of course, but I've read quite a lot about it in *The Chronicle*. You see, I'm an honouree life member of the Midwives, Retired Midwives Association, and I get the *Midwives Chronicle* free, of course, and I don't even have to pay a subscription.

Interviewer Oh, that's nice.

Elsie And they made me an honouree life member when I retired, so I'm still interested, and I still write them an occasional letter about things we used to do, and you get a pound for a letter, and I got £10 for that article.

Interviewer That's lovely. It's very interesting for younger midwives because we don't know about what it used to be like, it was so different.

Elsie No, and they wouldn't have any idea, would they?

Interviewer And there are such a lot of old skills that are being lost.

Elsie Well, we were taught to deliver, not just to catch the baby, we were taught to guard the perineum, and it was a disgrace to get a tear. We were taught to do it properly and carefully. I know when I was first a staff midwife, I found I was getting tears sometimes on the delivery, and I said to the senior sister, 'I want to watch you deliver and see what it is I'm doing wrong,' and I was really hurrying the head out a bit too much. And I watched her, you see, and realised that I had to be very much slower than I was.

Interviewer You need a lot of patience, don't you?

Elsie Oh yes, it's all patience in midwifery. I find the Jamaican pupils are careful and good. They're poor in learning but they're very good in practical, and they're kind.



Interviewer When you were delivering the baby's head, how would you do it? Would you put pressure?

Elsie Oh no, never, never just leave it to the mother's efforts.

Interviewer Would you be telling her to push and pant?

Elsie Oh yes, we did that of course, we had to encourage them to push, because sometimes the second stage is very slow, and of course if we saw any need for actual hurrying or foetal distress, we just sent for the doctor, and we never had a resident doctor in the places I worked in, you had to send for them. I was night sister for 18 months, and of course it was fairly common to have to send for a doctor to help out in emergencies.

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

Elsie Oh, very good. I don't know much about the District, of course, because doctors came only more or less as emergencies, but we respected and liked our doctors that we worked with. We had four doctors on the staff and each of them had a certain number of patients in their clinic, but if necessary, if the one whose case it was wasn't available, we just sent for one of the others. I remember once having a woman, she was having her third baby and she was a terribly frail little thing, and her husband had committed suicide, jumped in the river, I don't know why but he had and she'd got, I'm not sure whether it was two or three children she already had. Anyway, she came in to have this baby, and she had the baby and then she bled quite badly while I was alone with her, delivering her, because we were rather short that particular day, and when she had this bad haemorrhage I took the pillow out and put her flat and rang the bell, and an auxiliary nurse came in, and I said, 'Will you ring so and so on such and such a number, and tell him to come as soon as possible for a PPH?' So she went and rang, and then she came back and she said, 'Oh, he's out, he'll come when he gets back.' And I said, 'That's no use to me. Ring such and such a number,' and of course one of the others came and gave her a plasma, and at that time, we didn't have any blood available at our hospital for transfusion, and we used to give plasma and then get blood later, and of course when she had this plasma she improved, and she did get a blood transfusion later, but I was very scared because she really looked as if she was going to peg out, she was such

a frail little woman to start with, and I hoped she didn't have any more. Well, I suppose she wouldn't as her husband had gone, we hope, but you never know, do you? ((laughingly))

Interviewer So would you have to do that sort of manual compression?

Elsie Oh yes, I did that, yes I always clamped the uterus through the ((inaudible)), like that, squeeze it, but it was all a bit worrying, you know, sort of touch and go, when you get a person, and she was fainting, and you can't get her, you can't get medical assistance very quickly. Doctors were very good about coming, but you see they didn't live on our doorstep.

Interviewer Did you ever have any maternal deaths?

Elsie Any what?

Interviewer Any maternal deaths?

Elsie Yes, when I was at the Nightingale we never sent our patients anywhere else, and we used to have one death a year, on an average, from toxæmia, and never had a death from hæmorrhage, it was always toxæmia in those days, and we used to get them sometimes very far advanced, you know, with a lot of oedema, but not more than one a year, and of course those diminished as, as treatment became better.

Interviewer Because the mortality rate was quite high in the 1930s.

Elsie Yes, and I don't know what it was, of course, in those days, but certainly much higher than it would be these days. I expect it's very low these days.

Interviewer It is very low.

Elsie They had a death from a hæmorrhage at the Queen Mary at one time, not when I was there, and I don't know why but they couldn't stop her bleeding, and it's a great tragedy for a midwife when anybody dies from a hæmorrhage. It's bad enough with any sort of condition, but a hæmorrhage one somehow feels should be able to be dealt with.

Interviewer Did you have Ergometrine?

Elsie Yes, but when I first went on the District, District midwives weren't allowed to give hypodermics, all we could do was give a couple of tablets of Ergometrine. We used to wait with our hands, hearts in our mouths, for them to contract again. Later, of course, they

were allowed hypodermics, but why they weren't allowed then I don't know, even the midwives weren't allowed hypodermics in those days. It's silly, isn't it?

Interviewer Yes. And you didn't have any cases of sepsis at all?

Elsie Pardon?

Interviewer You didn't have any cases of sepsis, of infection?

Elsie Sorry?

Interviewer You didn't have any cases of infection?

Elsie Yes, now and again. Um, when I first went to the Nightingale, there was a woman who had died from sepsis, and she was in the annexe, of course, which was our isolation block, and I think she must have died just before I started my training, and I was, at that time, I had to do a night sister's duties, although I was only a new pupil, but I was the only SRN. You see, a lot of them were not SRNs, they did a bit of District and midwifery and then they were qualified, and I was put on night duty.

[END OF FIRST AUDIO FILE]

[START OF SECOND AUDIO FILE]

Interviewer So this woman was in the side ward, was she, the annexe? The woman with sepsis was in the annexe, you said?

Elsie What did you say about it?

Interviewer You were telling me about the woman who was in the annexe.

Elsie Yes, well, I never saw her of course, except the one that had scarlet fever.

Interviewer Oh yes, you told me.

Elsie We only had two patient's rooms, and a nursery, and five staff bedrooms in the isolation block, and we had a premature baby unit that started while I was there, and of course it was all voluntary, we had to get money for it. And um at first, Matron used to go round giving talks about this eh annexe with the premature babies, and in fact it was in the previous matron's bedroom first, before we had the new block built. Anyway, after a little while, she

put the job on to me, and I used to go round all over Derby, speaking at various meetings to get the money for this unit. It was quite interesting. I think we only had about six cots to start with, and then it was expanded.

Interviewer And was that nursing for premature babies?

Elsie Oh yes, it was only for prematures, and usually they were born in the old hospital, but we did admit them from the District when it was really necessary. Of course they've got all that at the City Hospital now, and they're talking about closing the Queen Mary.

Interviewer Are they?

Elsie Yes.

Interviewer They want to close down all these little units and it's a shame.

Elsie Yes, and of course I ceased to be interested when it didn't, when it was eh discontinued as a training school. I was interested in the training rather than just the accommodation. And, you see, I was an examiner as well, and that was interesting, and I used to go wherever the CMB sent me, sometimes Birmingham, sometimes Sheffield, and occasionally Manchester. I remember meeting one of our former tutors that examined at Manchester.

Interviewer Were you doing the oral exams, the finals?

Elsie Oh, both oral and written. When we did part 1 with written papers, we used to talk, the doctor or the midwife used to go through the papers, and half, half each, and then send them to the other one and we had to get them finished in time for the oral, probably the following week. We had to work very hard on these papers, and then we had the oral, and eh on that we decided whether the pupil was up to our standard, but of course part 2 was more interesting to me because it was what I was doing, and of course it was all oral, all in the practical, and they used to have to examine the patient.

Interviewer Did they?

Elsie Oh yes, always.

Interviewer Because that doesn't happen now.

Elsie Oh, I think they will have. I don't mean vaginals, I mean the ((inaudible)) When I did my diploma we had a practical, we had to give a lecture in front of one of the obstetricians, and mine was Christy Brown, and eh, then we had to go again to London for the oral practical, and I was given a general physical examination, not of, I don't think the woman was pregnant at all, but she had had a previous baby and we had to have a pupil with us and talk to the pupil, and of course I, I had a routine for general physical examination, I started at the head, the head, eyes, teeth, neck and breasts and arms, and the examining tutor said, 'What are the arms important for?' So I said, 'Well, to begin with, blood specimens.' She said, 'What else?' So I said, 'Well, if you measure the distance between ((inaudible)) and it's unusually short, it indicates a contracted pelvis,' and she really seemed quite satisfied and she said, 'Yes, very good,' and went away, and she asked the doctor if he wanted to ask me anything, and he said no, so she said, 'Yes, very good.'

Interviewer Which distance is that then?

Elsie That was at Birmingham.

Interviewer No, ((inaudible))

Elsie ((inaudible))

Interviewer Right, that's good to know.

Elsie Not that they ever use that now; I don't suppose they do.

Interviewer Did you used to do pelvimetry?

Elsie Oh yes, always.

Interviewer Because midwives don't do that at all now.

Elsie Don't they?

Interviewer We're not trained to do it, no, and it seems a terrible shame to me that we don't.

Elsie Yes, how did they judge the, the eh...?

Interviewer Well, the doctors do it, because it's not a midwife's job anymore.

Elsie Oh I see, and they didn't do this locking business between the...?



Interviewer Well, I've been shown how to do it, but ... ((laughs))

Elsie Oh, we used to do that.

Interviewer And did you have callipers as well?

Elsie Oh yes, always. Yes, we did external measurements with callipers, but whether it made much difference I don't know. Of course, I think they do more x-rays now than they used to do.

Interviewer Because x-rays must have come in while you were working?

Elsie Oh yes, all that sort of thing has come in more than it used to be. We, we didn't have x-rays for position and that sort of thing, sometimes, and possibly with this proportion.

Interviewer How about antenatal care, was there much antenatal care when you started your training?

Elsie Oh yes, always. Yes, we had an antenatal clinic and eh examined them very carefully and weeded out their history, and of course we used to give a lot of welfare forms out at the clinics, and I think that's made a lot of difference. Nowadays, quite a lot of the young people, especially boys, seem to have terrific leg lengths and I think that may be something to do with the ones that probably got the nutrition during the war.

Interviewer What sort of things were you giving them?

Elsie What sort of things?

Interviewer When you said you were giving them the nutrition?

Elsie Well, we gave them dried milk, for one thing, and orange juice and cod liver oil. They weren't very keen on the cod liver oil but they used to, we used to urge them to take it, you know, and borage use was the most popular. Of course they got it all free but we had to encourage them.

Interviewer Did the women take iron when they were pregnant, iron tablets?

Elsie Iron? If they needed it. I suppose we must have had haemoglobin tests, just with the drops, you know, drops of blood, and if they were anaemic they used to have iron. For anaemia

usually. It's difficult to know whether they were actually taking them or not, but we certainly used to be giving them.

Interviewer And were there any antenatal classes?

Elsie Well, I took them when I was at the Queen Mary.

Interviewer But that was later on, yes.

Elsie Yes, and I don't know, I don't think there were in the early days, I think that came in considerably later, but I used to enjoy my mother craft classes. We used to have 12 in at a time, and two classes running a week for the different stages, and eh they used to let them discuss things, and sometimes they were a bit hang-back-ish about asking questions, so I had a question box and they would put questions in there.

Interviewer Oh, that's a good idea.

Elsie And I always used to bring a real baby from the wards for demonstrating, which they enjoyed. If one of them had had a baby, we used to bring hers. But I found mother craft classes very satisfactory, and I always used to have a pupil with me, but I don't think I used the pupils as much as I ought to have done in giving talks, I used to like to do it myself! ((laughingly))

Interviewer That's the trouble being a midwife, isn't it?

Elsie Yes.

Interviewer You don't get much of a chance to do it yourself when you qualify.

Elsie Yes, and we used to get a lot of samples given as well, you know, and I had a lot of lovely sample baby clothes, not to give out, just to demonstrate with, and I always used to give a prize in the mother craft class for the first one to have a baby, and I used to knit little garments, or sometimes I'd give them little money boxes, something like that. They remembered for years afterwards; I remember going to a shop to buy some clothes in Derby once and, and eh the woman who was serving me, she said, 'I didn't recognise you at first, but as soon as you began to talk I recognised your voice.' And she said, 'It was my baby that won the first prize at the mother craft class.' ((laughs)) And they used to have physiotherapy

as well at the mother craft class. The physiotherapist used to come in when I'd finished talking and give them exercises. I think that was a good thing. And, you know, Wellesley Castle used to be an emergency maternity home for patients from a mother and baby hospital in London, the Salvation Army.

Interviewer Oh, I know; the one at Clapton Hill.

Elsie And they used to come by train from London, and then a coach would meet them at Matlock Station to take them to Wellesley, and one afternoon, when I was very busy in the home doing bookings, this coach drew up at the door and the driver came and said, 'I've got a woman in labour, I daren't take her any further, so will you have her?' So I said, 'Oh yes, we'll have her.' So I took her in, you know, she was two hours before she had her baby, and I was tearing about, between the bookings and her, to see how she was getting on, and she would have got to Wellesley but we still kept her for the night and sent her on the next day with the baby.

Interviewer So they were evacuated in the war, were they?

Elsie Oh yes, yes they were evacuated into the villages round about and given accommodation, and then just were taken to the home when they were in labour. And the Salvationist midwife teacher, who was our physiotherapist, very advanced in her work, and her name was Milly Rondall and she came to Wellesley while I was there and several of us went over to hear her talk about her postnatal work.

Interviewer Because I've heard, and I didn't interview them, but somebody I know interviewed the matron of the mothers and babies.

Elsie Was it Miss Knott, or Miss Foxton?

Interviewer Miss Foxton.

Elsie Oh yes, Miss Foxton followed Miss Knott.

Interviewer And Miss Trough as well, who was her friend.

Elsie I don't know her personally but I'm familiar with her name.

Interviewer Because I think Miss Foxton is in a nursing home now, I think.

Elsie Is she?

Interviewer Down in Brighton or somewhere. I think she's not in very good health though, because I think she's probably nearly 90, I think.

Elsie I dare say she will be.

Interviewer And it is very interesting. I've heard the tape recording of her talking and it's very interesting.

Elsie Have you?

Interviewer Yes.

Elsie I didn't like Miss Foxtan as well as Miss Knott. Miss Knott was the motherly type. Still, I think Miss Foxtan was very good at her job.

Interviewer I know what I was going to ask you. In one of the things you've written, you talk about delivering the babies on the District, and you talk about a Higginson's syringe and I didn't know what it was.

Elsie Oh yes, we used Higginson's to give them enemas, long before the tube and funnel era.

Interviewer So was it just a big syringe?

Elsie It was, the ball was about as big as your fist and it had a piece of tube in with a nozzle, and then a rubber catheter on the end, and you just squeezed the nozzle. I mean you squeezed the ball, and then you had the nozzle.

Interviewer Did you always give them an enema?

Elsie Yes, always unless it was too late.

Interviewer And did you give them a shave as well?

Elsie Eh, a clip, not a shave, we'd clip close with scissors, if there was time. Did you have any of that sort of thing?

Interviewer No.

Elsie It's all gone out, has it?

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Interviewer I think it's going out more, unless it's really...

Elsie Well, I hope so, I don't think it's necessary.

Interviewer Someone's at the door I think, isn't it?

Elsie I used to draw pictures on the blackboard of, when I was teaching.

Interviewer Somebody's at the door I think.

Elsie It will be my man with the cat's food. Excuse me. ((inaudible))

Interviewer Can I ask you a few questions about the birth, how you went about things when the baby was being born?

Elsie What can I tell you about that?

Interviewer When the women were in labour, where they walking around?

Elsie Oh yes.

Interviewer They were walking around.

Elsie Oh yes, we never kept them in bed. In fact, at the Nightingale, they used to walk into the labour room, unless it was very last minute-ish, and then we'd take them in a chair, a wheelchair, but we didn't believe in restricting them when they were in labour. And of course, having husbands at the delivery hadn't begun then, but it did. When they were at the Queen Mary it was just beginning, but hospital management didn't seem to be in favour. Did you have your husband with you?

Interviewer Oh yes.

Elsie And you liked it?

Interviewer Yes, I couldn't have done it without him I don't think! ((laughs))

Elsie Well, I think it's very nice if the husband, husband/wife relationship is favourable, but we weren't allowed to do it at the Queen Mary. Actually, I preferred my patients to be completely in my hands. Are you looking forward to having another?



Interviewer Yeah, next year I reckon we'll have another. Oh yes, but I'd like a girl next time, so if I don't get a girl I don't know what I'll do! ((laughs))

Elsie You can't arrange it.

Interviewer I know! ((laughs))

Elsie I'm glad that people can't have everything they want. I think such a lot of things people pick and choose, but having babies, they can't pick and choose what they have.

Interviewer Yes, that's very true.

Elsie I remember a woman coming in who'd had I think about five or six girls, and she badly wanted a boy, and er she had a boy and it was a mongrel. Very sad. And she had a grown-up daughter at that time also having a baby, so a part of my job was reconciling them with their babies sometimes. And I remember this woman, who was having one at the same time as her daughter, she wasn't a bit pleased about it, and I said, 'Well, it will be a nice companion for his little uncle.' However, I had to talk quite a lot to some of them to make them accept their babies, especially if it was an abnormal baby. You see, in those days, well, they still can, they can tell a mongrel at birth, can't they? And if a woman had had a mongrel, of course I used to have to talk to her and listen to what she had to say about it. It's very hard, isn't it?

Interviewer It is, yes. It's very hard. Were there more handicap babies?

Elsie We did have quite a few with different ways. One of them that was rather striking: I'd just delivered this, delivered it and was with her, and its knees, instead of being bent that way, they were bent completely this way, and the pupil looked at me to see what I was going to say, and I said, 'I think that baby's had its legs in a funny position before it was born,' hoping it was just a postural deformity, and luckily it was. It had an x-ray, and of course the bones were normal and it was put on splints, which were not strong enough to correct the muscles, but it would be corrected in time, but when we last heard, it was just beginning to walk, but it's rather strange how those deformities arise unexpectedly.

Interviewer Did women have pain killers when they were in labour?

Elsie Oh yes, always, but it was eh, what was it now? Bromide and chloride usually, in those days, and we always gave them relief.

Interviewer And when you were delivering babies on the District, would they have it in the District as well?

Elsie Oh yes, we gave it on the District just the same.

Interviewer How about gas and air, did that come in?

Elsie Yes, we had gas and air, even on the District, as far as I remember, but they've modernised all that now, and it can be very effective.

Interviewer Where they allowed to eat when they were in labour?

Elsie Oh yes, certainly. Yes, we gave them, but of course if they were being sick it made a difference, but we used to give them, as far as possible, normal meals, and then at the Nightingale, in the early days, the first day after delivery they used to have soup and pudding instead of a full dinner, but I think nowadays they let them have food as soon as possible, don't they?

Interviewer Because you said something about them having gruel?

Elsie Oh yes, they had gruel, and they used to have gruel twice a day: mid-morning and evening, and then they used to have a cup of diluted milk with their dinner as well. We used to give them all the milk we could get them to take. Of course, they were nearly all breastfed, of course; they didn't have any choice in the matter, ((laughingly)) they just breastfed their babies and that was that.

Interviewer Did you have any problems with the breastfeeding?

Elsie Oh yes, we often had problems. You see, sometimes they had inverted nipples, we tried nipple shields and all that sort of thing, and eh, or sometimes they were reluctant and didn't try to help. And when I was on night duty at the Queen Mary, one woman said to me, 'I've been waiting for you coming on all day; you're the only person that can get my baby to suck.' It was one of those lethargic babies, that was difficult. We had a four-bedded ward and that

eventually became my sitting room when I was working for the Queen Mary. We did have problems with feeding, and sore nipples were always a problem.

Interviewer What would you have given the woman if she had sore nipples?

Elsie Well, I think we used to give them tincture and ventolin until they healed and then they had a crack, and then the nipple shield, of course, to prevent it opening up. I don't know what they use now.

Interviewer It depends, I think it varies on where you are and what somebody thinks.

Elsie Yes, but it was a problem.

Interviewer Where they demand feeding their babies, or were they feeding by a schedule?

Elsie Oh, at the Nightingale we fed either three-hourly or four-hourly, according to the size of the baby, and then we had a new matron, ((laughingly)) and she didn't want any babies to be hourly fed, and eh we were doing it on the sly and she discovered we were doing it, so she sent for the three of us, experienced midwives, and stood us in a row and told us we must do what she told us and gave us a lecture! ((laughs)) We thought we knew better than she did. Anyway, of course we had to do what she told us and feed them all four-hourly, but I think it's better for the mother's breasts as well as, as well as the baby sometimes, but I think at Queen Mary we demand fed. We used to let them pick them up in the night and feed them.

Interviewer And was that all right, did that work all right?

Elsie Oh yes. Yes I've nothing against a baby being fed whenever it suits and wants it. You'll never be a mother Bailey. Stopped her. We stopped these two being mothers ((laughs))

Interviewer When did the baby first go to the breast after it was born?

Elsie Well, if possible, when it was still in the labour room. I wrote a little article about a newborn baby, and I'll show you, and if it would suck then, you see, it started it off well, and I think it was good for the mothers as well, but we didn't restrict the time, and I mean we could later, we'd give them just so many minutes, but when it was brand new, we let it have

it whenever it wanted and what it wanted, which I think is a good thing. I don't think you can overfeed babies all that easily, at first anyway.

Interviewer And at what age did they used to wean the babies, have you got any idea?

Elsie Well, it depended on the mother, you see they'd always gone home before then, but I think often about perhaps two or three months, two months. What do you do in that respect?

Interviewer I think it really varies, doesn't it? My son fed, he started having solid food when he was about four months, but he still had some breast feeds until he was about ten months, when he just stopped himself.

Elsie Oh yes, some of them used to breastfeed for a year, to try to prevent themselves getting... but it didn't make any difference of course! And I think, in a way, it did the baby good. I think eight months is about the outside limit. I know the mother craft patients used to bring their babies back home to see, and I remember one of them bringing a baby and it was walking and holding my hand and its mother's, it was toddling, and that's a bit unusual, a bit unnecessary really. They used to like them to be admired, and, you know, I couldn't tell whether they were boys or girls when they brought them back, and at one time I used to go by the side their coats were buttoned up, and then of course they started having zips!
((laughingly))

Interviewer Can you remember any favourite baby names?

Elsie I haven't, no, I haven't any favourite names.

Interviewer Do you remember any favourite ones that the mothers had or that were very popular?

Elsie Well, I don't really remember discussing names with them very much. I don't think they used to talk about the names in the early days much. Of course, you can get lists of popular names.

Interviewer When the babies were born at home, particularly in the poorer houses, did they have a cot to go into after they were born?



Elsie No, we often used to have to take out a drawer out of the table and put bedclothes into it, and something for a makeshift mattress. No, it was comparatively unusual to have proper cots, and of course when there was, eh prams came in with a lift out bed, we used those, but I don't think those had come in in those days. Of course some of the mothers would sneak them into their beds and the baby would feed and go to sleep and start feeding again. You see, when I started looking after mothers and babies, I hadn't done any training at all, and a mother in rooms at our house was having a baby, and her husband said could I look after her when the, after she'd had the baby, she comes to our house, and I said I would and it was really how I started. And actually, she went into labour without saying much, she was sitting with us and quite quiet, but she must have been having pains, and of course in the early morning, mother heard her crying out and went down, and the husband had gone to fetch the midwife, we hadn't a telephone, and mother delivered the baby, and it had the cord over its face and mother had the sense to pull it off to save its life. And then, you see, when other people I knew heard of me doing that sort of thing, they started asking for me to go and do it for them.

Interviewer And you were after the baby was born, were you?

Elsie Oh yes, I didn't go in for the birth of the baby, and then a doctor started recommending me. She'd been attending one of my friends having a baby at home, and she said could she recommend me to people for that? And I said, 'Well, I expect so, I could be spare for a week or two.' And she recommended me to a woman she knew, a nice woman, quite well off, reasonably well off, and I went to her and I went a month before the baby was due, because her husband used to go away on business for several nights at a time, and I was there for a month, and then she went in the Queen Mary, and I came home, and then I went back when she was due to be discharged, got the bed ready and the baby's cot ready and so on, and went back for another month. And eh, we became really friendly, but unfortunately, she died having her second baby. She had another baby just over a year later and eh she had influenza phenomena and died, I think the day after it was born.

Interviewer Oh dear. So that was all before you did your training?



Elsie Yes, it was when I was thinking about it, and she didn't want me to do it, she said, 'You shouldn't go in for nursing, you should get married.' And I said, 'Well, at the moment I haven't got anybody in view,' ((laughingly)) and I said, 'I have three months to consider before I sign the contract,' and I said, 'I don't think I'd find anybody and make my mind up in that time.' So she said, 'Oh yes you would, much sooner than that if it was the right person.' Anyway, it didn't come to anything and I did go in for nursing. But it was a very satisfying life, very rewarding doing midwifery.

Interviewer Because you obviously loved looking after the babies as well.

Elsie Yes, and I know people say it's the babies you care for, but it isn't really, you care for the mothers as well, and you enjoy their satisfaction with their babies.

Interviewer When the woman was in labour, did you do internal examinations?

Elsie Well, sometimes, because rectal was suddenly invented then, sometimes we did vaginals if we felt it to be required, but very, very seldom, and at the Queen Mary we were dealing with all doctors' patients and we never did vaginals. We got into the habit of eh realising how labour was progressing without a vaginal. It was quite easy really when you were watching the patient. I think it's a pity to do unnecessary internals, and it shouldn't really be necessary in normal cases if you're able to keep an eye on the patient pretty well. I think people rely rather too much on that and too little on their own observations.

Interviewer That's right, yeah.

Elsie It can't be pleasant having internal examinations.

Interviewer No, so when the woman was in the first stage of labour, what sort of things would you have been doing as the midwife, if she was walking around?

Elsie Well, you wouldn't be doing anything. Um, I mean if, if the membrane's ruptured or anything like that, you have to be told and keep her in bed after that, but apart from that, you just kept coming along to see how she was and cheering her up and that sort of thing, and taking her mind off it.

Interviewer Did you listen to the baby's heartbeat during labour?

Elsie Oh, always, yes, we always listened to the heartbeat. And we had those little foetal thermometers, you know, wooden ones, about so big, and listened, and we didn't use stethoscopes in those days.

Interviewer What were they like, the ones that you used, the wooden ones, what did they look like?

Elsie Well, they were about 6" long and they had a rounded end, very similar to an ordinary stethoscope, and then a flat piece for you to listen through at the other end; very satisfactory.

Interviewer I know what you mean, yeah. And if somebody was at home and they were having problems in labour, would they have brought them into the hospital, or did they do things like forceps delivery in homes?

Elsie Well, in those days they didn't seem to want any District patients in, except as a dire emergency and they sent for a doctor. You see, they did use usually book under a doctor, and that was all, and then if it was anything that couldn't be dealt with at home, with a doctor, then they would send them into hospital as an emergency, but they didn't do so many Caesars then. One of my friends wrote to me last week: a doctor's daughter had had a baby and she'd lost her first baby somehow or other, during pregnancy I think, and she just had another and she had a Caesar because he was a face presentation. Well, I've delivered a face presentation without any need for a Caesar, and they do Caesars very easily these days.

Interviewer They certainly do. That's what I'm saying, a lot of the old skills are being lost.

Elsie Yes I think they are, they're more slapdash these days.

Interviewer Most midwives don't ever get a chance to deliver a breach baby nowadays.

Elsie Oh well, we did. I was got up in the night at the Nightingale to deliver a woman who had a breach presentation, and they'd got the body out and they couldn't get the head. And they'd sent for the doctor, but of course, you see, the doctor couldn't come very quickly, so I went down and I delivered the head but the baby was stillborn. You see, I don't know how it might have been there its body hanging and the head not out. Anyway, I did what I had to do and could do, but if I'd been sent for earlier it might have been possible, but, you see,

they don't send them until they can't do it themselves. You see, the rule is, if it's a first baby having a breach, the first mother having the breach delivery, you send for the doctor in that case, but you don't have to with a multi, and this was a multi and they happened to have difficulty. But they are a bit tricky, of course, getting the head. I think we got much better experience then than they do now.

Interviewer I think so.

Elsie The patients being whisked off for Caesars and all that sort of thing, and the ((inaudible)) being common in those days, and it was only at one ((inaudible)) we had a doctor who was a qualified obstetrician, and the others were GP obstetricians, experienced but not qualified for, for surgical work.

Interviewer So was it quite an equal relationship between the doctors and the midwives?

Elsie Oh yes, it was very good, the doctors, especially these GP obstetricians, they'd do anything for us. I remember one, one doctor called as an emergency in the night, and eh, they had already got me up and it was something I couldn't follow up, and eh, when, when the doctor had delivered, this midwife said, 'Whatever should we have done that we couldn't have got you?' And he said, 'Oh, sister would have done it.' I suppose I could have done, but it was a difficult manipulation, but they obviously had faith in us.

Interviewer Yes. Did you ever do any forceps deliveries, or was it always the doctors that would do that?

Elsie Forceps?

Interviewer Mm.

Elsie No, it would have, it would have been against the rules, and there was one sister who did it, but she could have got struck off the register if she'd been reported, but I did once take the forceps from a doctor – it was a woman doctor with a private patient – and she was pulling and pulling at its head and it wouldn't come, and she said, 'You, you have a try.' So she handed me the forceps and I just took it like that, and at my very first pull it began to yield so I said, 'The head's coming,' and passed it back to her! ((laughingly)) We worked with a lot of private doctors as well as our own staff, you see, we took private patients, and the private

doctors used to like the midwife to deliver for them, they realised that the sisters had more experience than they had.

Interviewer Was it a matter of choice then? Because some women you were delivering at home, some of them were at home, weren't they, someone came into the home, into the Nightingale? Was it up to them whether they had their baby in their own home or at the Nightingale?

Elsie Oh no, they had to book into the Nightingale or the Queen Mary. They'd normally be emergencies if they hadn't booked.

Interviewer But was there a choice whether they stayed at home?

Elsie Oh yes, they make their own minds up from the beginning whether to book in hospital. Of course it was very popular to stay at home, and they didn't have to pay so much either.

Interviewer Can you remember how much it was if they were at home?

Elsie No, I'm not quite sure, it wasn't very much, £2 or £3, I think, to have the midwife at home, and of course two guineas a week at the Nightingale, in the early days, and then it went up to three, and private patients paid five or six. Of course they went up very much after that, private patients became a real, they had to be well-to-do. We had ((inaudible)) wife at Queen Mary, she was the first person to have her own television in her room! She wasn't a show-off like her husband, she was quite nice and normal, you know, not, not a fussy woman at all.

Interviewer When it came to the third stage, did you just wait for the placenta to come away itself?

Elsie Yes, we tried to. We used to just lay our hand on the front but not push, not to irritate it or anything, just wait, and there were times, of course, when we had to use some pressure to get it out. I think nowadays they pull it out by the cord, don't they. It's a very dangerous practice. I remember a woman bleeding very badly when a doctor did that.

Interviewer Yes, it is best to leave it to nature as much as possible.



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Elsie Well, it's much better. I mean it's a case of patience, usually, but doctors haven't got any patience.

Interviewer You're right there! ((laughingly))

Elsie Did you have a doctor?

Interviewer I had a midwife who delivered him, and then I had a doctor in the room, my GP was in the room, but he didn't do anything. He said it was the midwife's job, and if there's an emergency. He was smashing, he just sat in the corner.

Elsie Yes, I think, I think midwives are experienced in their job. Well, I mean they are if they're well-seasoned midwives.

Interviewer What do you think it needs to be a good midwife?

Elsie Well, kindness for one thing, you have to be in sympathy with your patient and patients, a love of the job, and of course the ability to recognise anything abnormal when it's necessary. We had a, my mother craft classes, of course, we used ((inaudible)), but at one occasion I had a woman who was having a second baby, and she was very, very nervous because she'd had a difficult time with her first baby, and she asked if she could come, so we let her, and eh, as it happened, I was with her when she had his second baby, and she had a rather difficult second stage, and do you know, she had a 12 pound baby. If I'd realised it was going to be so big I might have sent for the doctor to put her on forceps, but she did deliver it normally and she wasn't frightened, she'd gained, she had confidence in me, you see.

Interviewer That's very important, isn't it?

Elsie Very important.

Interviewer And it must have been nice because she knew you as well from the classes.

Elsie Yes, of course, besides, I used to take antenatal clinics and they got to know me and they like to see somebody they'd already met when they came in to have their babies. I did one woman who walked out of the ambulance with the baby in her knickers – luckily not the sort they wear now! ((both laugh)) Well, she daren't tell the ambulance driver that she was having it, but she had it by herself in the ambulance, and then she walked in, and we

discovered what had happened and we had ever such a job getting her baby to breathe, it hadn't got any air to breathe, you see, so we had a job resuscitating it. Some women have no sense, have they? And there was another woman who had it in a telephone kiosk on the way and we had to send out for her, and another woman who came in, having had it in a hurry on the District, and we sent out one of our midwives and the baby was dead. It had been born with its head down in the chamber of water and drowned. There was nothing we could do for it. They had no sense, they hadn't any sense. There was some woman or another with the mother and hadn't the sense to pick this baby up and wipe its face. You see, people lose their nerve when they're having babies without skilled attention. I suppose it is a frightening experience. I used to think midwives should have a baby themselves as an experience to help them as midwives! ((laughingly)) Do you think it would be a help? Or would it put you off?

Interviewer ((laughs)) No, I think having done it myself, I think I've got a lot more understanding than I had. I mean I thought I was understanding before, but now I really know what it feels like!

Elsie Well, I think, in a way, that's a good thing, but of course it can't really work that way, can it?

Interviewer No, they can't design it like that! ((laughs))

Elsie Perhaps it's as well not to know too much about it.

Interviewer It must depend what sort of time you have yourself as well. If you have quite a good time then you'd be quite positive about it.

Elsie Yes, and of course people vary a lot, don't they?

Interviewer If you have a horrible time then you might put everybody else off.

Elsie Did you have to have stitches?

Interviewer Yes, I tore; only as his shoulders came out. His head came out all right, but he was 9.5 lbs., so he was pretty big.

Elsie That's big, isn't it?

Interviewer Yes.

Elsie I can, I can't, I've no patience with people who get tears with the shoulders; they don't know how to deliver the baby if they get tears with shoulders, but they do sometimes. I used to, I was got up in the night once at the Queen Mary to show a pupil how to deliver shoulders, and of course she'd, she'd had a delivery with the night sister, and she got a tear from the shoulders, and the night sister was very cross about it. So this girl went to Matron and she said, 'I've never been taught how to deliver shoulders,' so Matron arranged for me to be called when she had another case, to show her how to deliver shoulders.

Interviewer How did you used to do it?

Elsie Well, you keep the posterior shoulder from coming out first, to help the anterior one, and then, you see, you can ((inaudible)) posterior comes naturally. There are a lot of little things like that that help when you're learning to deliver, and we were well taught by the midwives in the home. We used to do the rotunda method at first in the home, and then when we went on the District I was working with an experienced midwife, and she said, 'Is that the only method you know?' I said, 'Yes.' And she said, 'Well, I'll show you a better method than that, and she did it without the arm round the leg, just like that, which was easier.

Interviewer What were the midwives like in the District?

Elsie Oh, they were very good. They were experienced midwives usually, and they were, they had a good attitude towards their patients: they were motherly. You see, midwives don't have to get impatient, not knowing just how the woman's feeling, they haven't got to get impatient with them for getting, you know, ((inaudible)) You've got to be in the hands of the midwife, haven't you? Did you have a midwife to deliver you?

Interviewer Mm.

Elsie Well, they do usually get lots of experience, and that's what helps. You see, we only had 20 cases in our training, at least that was the regulation number, we could have more if they were available, and when there were a lot of pupils, of course we usually only got the 20.

Interviewer So did you feel quite confident when you'd finished, to go out and deliver babies?

Elsie Do you mean when I finished my training?



Interviewer Yes.

Elsie Eh, no, I gained confidence by degrees. I think sometimes we were a bit, eh wondering what we should do and all that sort of thing, but I didn't work as a district midwife after my training, all we did was the three months in our training.

[END OF SECOND AUDIO FILE]

[START OF THIRD AUDIO FILE]

Elsie So you've got the tape.

Interviewer Yes, saves me writing it all out, that's the hard bit! ((laughs))

Elsie Yes, but parts of it are not much help to you, I expect.

Interviewer What I usually do is listen through, and then I select out the bits that I want to write out word for word in more detail.

Elsie Yes, of course.

Interviewer It's interesting because a lot of things tie up with things that other midwives have said.

Elsie Yes.

Interviewer In very different parts of the country.

Elsie Yes, I expect so.

Interviewer Saying the same things again.

Elsie I expect I'm one of the oldest you've had on tape.

Interviewer Mm, you are. When were you born?

Elsie When?

Interviewer Yes.

Elsie 1904. I'm 82.

Interviewer The oldest one I've had has been 90.

Elsie Good gracious.

Interviewer Down in Devon.

Elsie Where was that?

Interviewer In Devon.

Elsie Oh?

Interviewer Miss Burgess her name was.

Elsie Yes.

Interviewer Because she retired down there, she used to work in London.

Elsie Oh. Did she retire at 60?

Interviewer I think she did, yes.

Elsie Oh, so they can keep on much longer than that if they want to. There's no retiring age as far as I know. But I retired at 60 because of my sister, you see, and Lucy was ill, ((inaudible)) And I've never seen a baby properly since then, they're all dressed in clothes being wheeled out in prams.

Interviewer Who are all the babies up on the-?

Elsie Well, those are actually the grandchildren, I have a handicapped friend, I have a friend who has multiple sclerosis, and eh, and those are her grandchildren. They're the bigger ones, the first two grandchildren, and the others are the, the four of them, you know, she's got three grandsons and a little granddaughter.

Interviewer Lovely.

Elsie And the boy at the back I delivered 26 years ago, and that's in his eh university training, and I still keep friends with his mother. His mother is the, was the receptionist at the Queen Mary, secondary receptionist, and eh I delivered her, of course, when she came into the Queen Mary as an ordinary patient, and the ward sister arranged that only she and I would be in the labour room and I'd deliver and she, she did gas and air, so it went off very nicely. Because it was she who took me quite recently to look round the, the Nightingale has now

become a continuing care unit for cancer and she took me to look round it and took me out to lunch with her.

Interviewer That must have been quite funny going round it and seeing.

Elsie Oh yes, I couldn't recognise it at all, it had been very much altered, but of course it's very nice, and for quite a while it was only used as a storage block and then they decided to use it for cancer patients, which I think is a very good use because it's a nice little home.

Interviewer I wonder if you've got any tips for young midwives nowadays?

Elsie I don't know! ((laughingly)) Things have changed so much.

Interviewer But having a baby hasn't really changed, it's still the same.

Elsie Oh yes, that's quite true. Well, I think they've got to be in sympathy with the patient to start with, and have patience, that's the chief thing, not try to hurry things, let nature take its course. Some people say it's only the babies you like, but of course it isn't, it's the mothers as well, and you can help to enjoy the baby with the mother. I mean some of them have a lot of problems when they first get the baby and they're managing it and all that sort of thing.

Interviewer Did you ever have any women who got like postnatal depression?

Elsie Oh yes, we had quite a few from time to time. We always the guide to look for them. Of course I could recognise the early signs, and sometimes the doctors wouldn't believe me, but it always came through, what I said, that they were starting with psychosis.

Interviewer What sort of things would you notice?

Elsie Pardon?

Interviewer What sort of things would make you think they were going to get it?

Elsie Well, they began to behave in a funny way, not normal, and you can recognise anything that's abnormal when you're used to all this. With some it began in pregnancy.

Interviewer But quite a lot of those women recover, don't they?

Elsie Oh yes they do, most of them recover in a few months.

Interviewer The hormones, yeah.

Elsie I don't know whether it's as common as it used to be but it used to be fairly common, unfortunately. I suppose they often have a predisposition to a little bit of erratic behaviour to start with. You see I got to know them very well with working in the antenatal clinic.

Interviewer If a woman was in labour and it was taking a long while, she was slow to dilate, did you have any-?

Elsie Oh yes, lots, but there's nothing that you could do except sedate them as required. Yes, we often had long first stages. You haven't got to want to hurry things, you see, you've got to just have patience, unless there's anything abnormal, and then you've got to recognise it, and then they often tend to have a Caesar, you see.

Interviewer And if a woman had an anterior lip?

Elsie Oh, I was taught how to deal with anterior lips when I was on the District, the midwife, she was really a very experienced district midwife, and she used to say, 'Just put your two fingers in and gradually push up that adenitis lymph,' and then it was straightforward after that. But it was fairly common. You see, it used to get nipped between the head and the symphysis.

Interviewer Were you wearing gloves when you were doing the deliveries?

Elsie Was I what?

Interviewer Did you used to wear gloves?

Elsie Oh, always, oh yes, we never worked without gloves, unless we had to. There was one occasion when I was delivering a doctor's wife – well, I wasn't delivering her, she had another doctor, a specialist engaged, and eh in those days, you see, we often had a coal fire in the bedroom, and I used to put their rubber gloves on, which they gave me to warm up, in a little panel in this fire. And on this occasion, I knew it was a second baby and I knew she was nearly ready to deliver, and so I let his gloves warm up for a couple of minutes and I handed them back to him, and he said, 'I like my gloves warmed for ten minutes.' So I said to myself, 'All right, Sir, you shall deliver this baby without gloves,' and I put them back on

the fire, and of course he had to deliver without gloves because the baby was delivered!
((laughingly))

Interviewer You being more experienced than him then, you realised! ((laughs))

Elsie Yes, but, you see, I'd been watching the patient and I knew it was challenging and she could have had it before he came if she'd let herself, but she wouldn't, she was determined to have her husband, who was also a doctor, to give her gas and air, and she made herself wait, she forced to stop where it was! ((laughingly)) Anyway, she got her gas and air. We used to be taught to, we eased foreskins back, and eh this baby was supposed to be having a um, what do they call it when they chop the uh-

Interviewer Oh, foreskin, yes.

Elsie Mm, and eh it didn't need, well at least the doctor did it but it was only because he needed it, but he really said it wasn't necessary, and so I eased it off. You've filled quite a bit of paper.

Interviewer Mm.

Elsie Would you like a cup of tea now?

Interviewer Yeah, would you like a break?

Elsie Yes.

Interviewer Yeah, we'll have a break and then-

Elsie You've still got more to ask?

Interviewer Only a little bit. I was going to get you to talk about, you know in the writing you wrote about when you were in the home and how you used to get up and say prayers and then-

Elsie Oh yes.

Interviewer If you wouldn't mind talking a bit about that.

Elsie The first, the first time I had to take prayers for the nurses, I got stuck in the middle of the Lord's Prayer, I couldn't ((inaudible)) I just got completely stuck, but it didn't matter because



the nurses were saying it and I don't think they realised I'd stopped, but I got completely stuck with it. No, it was very homely in those days. I think the nurses usually fell in, you know, and took it with, took it all as part of their training, and it was very, very nice going down on Sunday evenings, taking hymns with them. I couldn't play a harmonium and I couldn't sing the hymns because I'm not musical, but we had a sister who could play, two sisters, actually, one could play the harmonium and we used to give out hymn books and the patients used to sing, just on Sunday evening, after the visitors had gone.

Interviewer Did the women used to go and get churched after they'd had the baby?

Elsie Eh no, not in the maternity hospital. In my general training, we used to take them to be churched in the hospital chapel, but eh in the midwifery, I think if that was done, I think it was done after they went home. It wasn't done, we didn't have a chapel at the Nightingale or the Queen Mary.

Interviewer Shall we stop now anyway and have a little rest?

Elsie Yes.

Interviewer And then, if I think of anything else I can turn it on again.

[END OF SECOND AUDIO FILE, INTERVIEW AND TRANSCRIPT]