Interviewee: Mary Wroe

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 Mary Wroe covering her career as a midwife in Leeds and Sheffield, Yorkshire during the 1930s, including her experiences as a married midwife working in the district, the problems of infection, payment, social conditions, food supplies, babies clothing, traditional remedies, breastfeeding, midwifery equipment essential for working on the district, existence of 'handywomen' to support doctors in the place of qualified midwives, benefits of home deliveries, antenatal care, unmarried mothers, birth control and abortion attempts, conditions in the labour ward at Leeds, delivery positions and problems, preparations for home births, difference in experiences in nursing homes, pregnancy and delivery complications, memories of delivering babies during the Blitz, and the consequences of lack of family planning.

Topics include: Midwifery; Maternity services; Childbirth; Antenatal care; Homebirth; Second World War; Contraception; Abortion

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Interviewer: Can I read what you’ve written first?

Mary: Yeah.

Interviewer: You’ve written loads.

Mary: Yeah, but you can read it. I’ve sort of just put it down as things came into my head, you see.

Interviewer: Oh this is lovely. Now I can ask you things. One thing that does interest me is that, because you’re married, you’re the only married midwife I’ve talked to; all the others haven’t been married.

Mary: Oh. Well, that was one reason why – you can see from that – the reason why I went onto the district actually because, um, at that time no married woman was, unless she was a widow, was employed in a hospital. So, the district never, uh… midwifery would be the only thing you could do, or district nursing. And a lot of the district nurses weren’t married. But, uh, unmarried midwife was the only thing that was left for them to do.

Interviewer: It must make a difference. The midwives that I’m interviewing they haven’t got anybody in the world now; they haven’t got any family a lot of them.

Mary: Oh. Well, how far afield have you been?

Interviewer: I’ve been down into Devon. We did all round London, then Devon, then a couple of weeks ago I went to Matlock in Derbyshire. We try not to go too far afield because it’s a lot of money and time. But yes, you are the first married midwife.

Mary: That’s why I was a district midwife because there was no other job to do.

Interviewer: And you were on the district all that time?

Mary: Yes, yes. I, uh, I worked on the district the whole time. I never really wanted to go back into hospital once I got used to the district because, um, there’s a lot to be said for being an independent practitioner. I mean, you’ve only yourself. Of course the supervisor used to come down, but not very often. And, uh, you were your own boss in a way. And then, uh, got used to your own village, your own practice, your own doctors and that sort of thing.
Interviewer So, you were always working here?

Mary Yes.

Interviewer Were you born here?

Mary No, I was born at ((Bart?)), which is about a mile away. But, um, I’ve lived in Dalton... well, I lived in a little village, um, about two miles further on where my husband was born. And, um, I only lived there for about five months because oh, it was, you know, back of beyond; no social life at all. And, um, and then I came, I came here and started... put in my place for the district.

Um, and of course, you see, you had to start from the beginning. You had to put a lot work... put a lot of this in that, um.

Interviewer ((Reading)) You remember it all so perfectly.

Mary Well, I’ve tried to condense it a bit but, um.

Interviewer What was your training like, your midwifery training?

Mary Oh, very good really. Um, the hospital training was very good. But, uh, I took it in a nursing home because of course I was going to be married and so I had to go to the cheapest place.

Interviewer Where was that then?

Mary At Bradford. And then I went to this nursing home and gained my SRN experience to there, and they put me down for the midwifery training I suppose. But, um.

Interviewer ((Reading)) You didn’t have any salary for six months.

Mary No. You know, at that time midwives were scarce. So, I mean, how on earth they got away with not paying us a salary. Mind you of course, uh, in those days of course nursing was a vocation. You never, you were never encouraged to look upon it as a job or a means of getting... making money.

Interviewer It’s only beginning to change now that attitude, isn’t it?

Mary It is. It’s changed a great deal as far as salaries are concerned, since I retired.

Interviewer Which year did you get married?
Mary 1931.

Interviewer And you had your baby in 1932?

Mary 32.

Interviewer Who delivered your baby?

Mary One of the local midwives. She was only just, just qualified. She was quite good though. Only just qualified this girl. Because of course at that time nobody dreamed of going into hospital to have a baby. That wouldn’t happen.

Interviewer Did you have any that had complications and had to go in? Or would they not have gone in anyway?

Mary Well, um, I took over with um ((inaudible)) in Leeds and, um, Sheffield, and I wanted to ((inaudible)) Sheffield at that time.

Interviewer And you didn’t have any maternal mortalities?

Mary No, I had in the whole of the practice I had one maternal death. And she was a woman who had, um, tuberculosis. And she’d had, um – well had had tuberculosis when she was a child – and had spent a lot of time in a sanatorium. She should never have been married. But, uh, she’d had, she’d had one baby before this. And then she’d had pneumonia before the baby was born. And, um, after the baby was born of course the pneumonia flared up again and she died of that. It was nothing to do with the baby; well, I suppose the baby born didn’t help. But that was the cause of death.

Interviewer Because it was quite high in the 30s, maternal mortality.

Mary It was, it was. And it was, um, it was quite high because they had puerperal fever. Um, as I said, put down there, that was our biggest dread: infection.

Interviewer But was it more in hospital do you think they got it more often?

Mary Well, I don’t know. Um, I shouldn’t think so. I once saw, uh, a septic Caesar when I was at Leeds. It was terrible because they wouldn’t do a Caesar if they’d had a normal vaginal delivery; they were so terrified of infection. But infection was our biggest problem.
Interviewer  How did you manage being a midwife and being a mother as well?

Mary  Well, um...

Interviewer  That’s my problem! ((Laughs))

Mary  Not badly at all because I used to have a girl to live in, see, and she was very good. And of course in those days, uh, you could get domestic help very easily and very cheaply. Um, I think I paid about ten shillings a week in those days; which of course I didn’t get very much more myself. But, uh, of course your income was very precarious because, um, you had what you earned: uh, a number of deliveries you got that was the amount of money you got.

Interviewer  Was it difficult to get the money sometimes if people were hard up?

Mary  Well, um, I’d always been paid, I’d always been paid; but sometimes by instalments.

Interviewer  What was it like? It was the depression, wasn’t it?

Mary  Yes, really hard in the 30s.

Interviewer  It was worse.

Mary  A lot worse, a lot worse. A lot of the men at that time were only working sort of half a week, and half a week on the dole. So, they had very little income at all. There was a lot of poverty.

Interviewer  Were most people living in terraced houses?

Mary  Yes, yes, there was a lot of those; there was a lot of terraced housing here. And, um, a lot of the council houses were only just starting to be built. So, there was a lot of old, really old, uh, housing. No, um, no indoor sanitation, no bathrooms quite often. It was the, the, uh, exception rather than the rule if they had an indoor bathroom. No indoor toilets; outside privies.

Interviewer  And how about heating and lighting?

Mary  Well, lighting was mainly gas lighting. We did have, we did have part of the village that had oil lamps; but mainly gas lighting. And you see, it was a coal area and there was plenty of coal. The miners get an allowance of coal so, um, there was the plenty of coal. And the houses were well heated. Of course very often they would come down into the living room
and then have the bed down in the living room. The woman would stay in bed – at least, she
told me she stayed in bed; I don’t know if they did or not. But anyhow we had this strict rule
at that time about a woman staying in bed for eight days. And she would probably have a
bed downstairs, and she would supervise her domestic arrangements from the bed.

Interviewer  Yes, I’ve heard this before.

Mary  Oh yes, they did. And very, very, very well too. And I should imagine that, looking back, it did
them good. Because, uh, I once went and a woman was kneading bread on the bed, you
know, so.

Interviewer  What was people’s morale like? Were they quite depressed with the way things
were?

Mary  No, no. Um, they were, um... they took it as a matter of course, you see. Everybody was in
the same boat; they didn’t make a big thing about it. They were poor and they had to make
the best of it; because there was nothing else they could do really.

Interviewer  And it was quite difficult for them to get the dole and things.

Mary  Yes, there were means tests because it was very, um, very bad sometimes for the parents. If
the parents had, um, worked hard and saved a little money, and then the means test came
on, people came onto sons and daughters – which was awful.

Interviewer  Did people have enough to eat, do you think, the women that you...?

Mary  Yes, they managed to get, they managed to get food. And, um, it, it wasn’t very expensive
food; not substantial. And then you see at that time all the women made their own bread
and that sort of thing which was, um, uh, saving in, in, in, uh, finance anyway. They made
their own bread. And of course they had cheap cuts of meat and that sort of thing. And they
only had meat on the weekends, you see.

Interviewer  And how about milk? Did they have much milk?

Mary  Yes, there’s always been fresh milk because of course you’ve got farms around you. And at
that time – I’m talking about the beginning of my time – um, the farmers used to bring it
round in a, in a can, you know. Most people had, had fresh milk. Um, there was a lot of, um, tinned milk used; but, um, most people had fresh milk.

Interviewer   Did the women get any supplements when they were pregnant?

Mary       No, none at all, not at the beginning.

Interviewer   I know in some areas there were schemes to give them vials.

Mary       No, they could buy a vial cheaply. And if they came to the clinic and the doctor thought that they needed some he could say that they needed them and they could apply and get them cheaper. Um, a lot depended on the doctor, on the clinic doctor. But ours was very good here. And they could get cheaper milk as well. And when they, when the men were really doing badly, uh, they could apply for help towards buying milk for the baby, dried milk and that sort of thing. But of course it was all on a means test basis.

Interviewer   Can I just ask you a bit about yourself, Mrs Wroe?

Mary       Yes.

Interviewer   Can I ask you what year you were born in?

Mary       1907.

Interviewer   And what did your parents do?

Mary       My father was originally a miner, and then he had to come out of the... out of the... because he had miner’s ((inaudible)) And then he was just a labourer. And of course my mother was just a housewife, you see.

Interviewer   And there was you and two brothers?

Mary       My, my brothers both worked at the colliery. I had a sister as well – she’s dead now. And, um, she was a, a domestic, uh, domestic help.

Interviewer   What made you decide to do nursing?

Mary       Well, I always wanted to be a nurse from the very beginning. And I sort of marked time till I was old enough to go. And, uh, the hospital, well most hospitals didn’t take them until they were 19; and I went two days after I was 19.
Interviewer  And was it quite unusual in your family to go off and do a training like that as a young woman?

Mary     Yes, yeah. It was very hard too, you see, because, uh, um, you had very small wages and, um, all your books to buy. You only bought a bike to start with.

Interviewer  One of the other midwives I interviewed she came from Newcastle, from a working class family, she said she found it very hard when she was doing her training because there was quite a lot of snobbishness amongst the people she was training with because she was seen as different from them.

Mary     No.

Interviewer  You didn’t come across any of that?

Mary     No, I didn’t. Um, I knew, uh, one or two of them. The reason I went to this particular general hospital, um, was that I knew two of the people who were there already; so it was sort of a good background. No, I never came across snobbishness, I can honestly say that. And even when I went to Leeds, uh, we had, um, we had, uh, uh, quite a wide range of people training. I mean, they came from ((inaudible))– was it? No that was hospital. They came from somewhere where they had ((inaudible)) down the back. But several of the London hospitals they came from, and they were all very, very friendly, very friendly. I, uh, I never met any snobbishness with any of the training anywhere.

Interviewer  So, you were charging 30 shillings, weren’t you?

Mary     Yes, that’s right.

Interviewer  So, how did you get on? Because you’ve put here that there was an image of a midwife of a material motherly lady?

Mary     Yes, it was. Well, I didn’t get on well at all to begin with because I’d been, uh, at Leeds where they didn’t coddle the babies. Of course. But you came back here and they had a couple of flannel – I don’t know, you know whether you know what I mean –but they would tip them up on their feet; a couple of those. They had nappies. They had vests. And they had jackets for them. I used to say these children had far too many clothing... you know, far too much
clothing. And, uh, I remember having quite a battle with one of my old aunts. I don’t know, she was in Manchester, and she came home and watched me with this baby, and she said, “I like flannels on bairns”. I said, “Oh well, I do occasionally” I said, “But this, there’s no need for it”. Um, and then I went to this nursing home and they used to wrap their children up like mummies! ((Laughter)) And of course my new ideas took a lot of getting used to for these people. She was quite horrified, the grandmother.

Interviewer So, what did they used to put the babies in then? A flannel vest, was it?

Mary They had a woollen vest that was wrapped over. And then they had like a petticoat that wrapped over with a, a long, oh like this, right up to here. And then they put it on and then wrapped it over round to the baby’s feet. Poor little things; how on earth they lived I don’t know, but they did. And I managed to get rid of those gradually, very gradually.

Interviewer How long did they stay in those for?

Mary Oh, no idea. Sometimes months. Months sometimes. And you know, they put boys in petticoats very often till they were about three.

Interviewer I’ve got a picture of my granddad in petticoats like that.

Mary Yes. And you see, in a village these are old customs that are hard to, uh, to eliminate.

Interviewer Is that because of the sort of tradition?

Mary Yes, you see. And their grandma says this and the grandma says that. And, uh, grandmas.

Interviewer Were there other things apart from how they were dressed?

Mary Yes, um, they had some, uh, some very peculiar old remedies. I think I put it in there about one. I once went to a house and this woman had a breast abscess – you see this is something that you very often got because of the lack of antibiotics – and, uh, this old woman, uh, oh she was a frightful old thing, and she was this woman’s mother-in-law, and she said, um, that her... that she’d has this breast abscess and she says, ”My mother-in-law has put me a cow pat poultice on today”. Oh! Can you imagine cow dung on an open abscess?

Interviewer Wasn’t it supposed to do then? Draw it?
Mary Oh yes. They had great faith in cow dung poultices. (Laughter) So, I put a stop to that very quickly. I told the old lady off.

Interviewer It must have been very hard for you because you knew every time you criticised you knew you were going to lose popularity.

Mary Yes, yes, yes, yes, of course. And of course you’ve still got to fight them.

Interviewer And you’ve got here about having babies in bed with the mothers.

Mary Yes, this was another thing that, um, that you still had to fight.

Interviewer I bet it was hard if they didn’t have money for a cot, wasn’t it?

Mary Yes, it was. Uh, they’d, um, they’d sometimes have a cradle that was passed down in the family, and sometimes have a cot that was passed down. And then they wouldn’t mind using a drawer or something to put the baby in if, if they didn’t have a cot. But then again you’d go and find the baby in bed with its mother, you know. And strangely enough there were very few cot deaths in those days. (Laughs)

Interviewer Did you have a problem about the feeding? Because I know at that time there were quite definite ideas about feeding babies by the clock, weren’t there?

Mary Yes, yes.

Interviewer Was that a problem with mothers?

Mary Yes. Um, I never really insisted on clock feeding because you were battling a losing battle anyway. And then I had this theory that fed by the clock babies... I said if you can get a baby feeding by the clock all well and good; but if you can’t you can’t. Some babies you can and some...

And then, you see, a lot of these women went out to work and the mothers would look after the babies. And the mothers would look after babies rather than a dad, shopping and things like that. And it was so much easier to have a bottle for the mother to, to use. And that was why. And then the doctors weren’t very good about breast, insisting on breastfeeding in those days. They’d say, “Oh well, put it on the bottle”.

Interviewer So, they’d start off breastfeeding and then give up?
Mary: Yes, they’d start off breastfeeding and then you’d find that they’d given up at the end of the month.

Interviewer: ((Reading)) Did the women share things amongst themselves? Like if the baby was coming up to being due would they borrow things from others?

Mary: Yes, well families would hand things down very often, and neighbours would hand things down. They were very neighbourly the people; too neighbourly sometimes – they’d have the whole street there. ((Laughs))

Interviewer: When the baby was being born?

Mary: Well, she didn’t turn them out.

Interviewer: Who was usually there at the birth?

Mary: Well, usually the grandmother or a good neighbour. And you got to know your good neighbours, you know. ((inaudible)) come in, she’s good. And, um, if you, you might have a street one woman would be good at helping and, uh, she would… she knew what you wanted for helping.

Interviewer: ((Reading)) What sorts of things did they have to provide for the birth?

Mary: Um, baby clothes, and, um, we used to ask them to provide plenty of old sheets. Because, as I said, a lot of these people couldn’t afford to buy sanitary towels.

Interviewer: You could actually buy them then, could you?

Mary: Yes, but they were very rare, very rare. But they would provide these old sheets which they would boil and then, um, we would make the dressings. I provided all my own dressings for, uh, for cords and that sort of thing.

Interviewer: Was it quite expensive for you to actually set up and buy all your own equipment?

Mary: It was, yes. Because in those days of course you had to have a ((inaudible)) metre and, um, um...

Interviewer: Have you still got it?
Mary  No. To tell you the truth I don’t think I’ve had it since I moved in here. I did have up until a little while ago; I don’t know what I did with it. A (inaudible) metre and, um, a baby stethoscope, a urine testing kit and a bag. You had to provide your own bags; I had to have a delivery bag and an antenatal bag. So, it was quite expensive to start up.

Interviewer  And your uniform as well?

Mary  To start up. Yes. Well, I did have a uniform because I bought... I had the uniform I had when I was training. So, I didn’t have to buy a uniform. But, uh, I had to buy all this equipment to start with.

Interviewer  I thought the women must have accepted you better though because you came from round here?

Mary  No.

Interviewer  And because you were married with a baby. Did that not...?

Mary  Oh, married with a baby, yes. But coming from round here, no, because – have you heard the expression that a prophet isn’t a prophet in his own country?

Interviewer  Oh yes, I do know that.

Mary  And, uh, you know I once was really hurt. I had a woman I’d known all my life and she said to somebody, “I can’t see where she knows so much; she’s nowt but a lass”. ((Laughter)) You know what I mean? And I was 25 then and I’d done four years in hospital besides my maternity. So, I was really quite hurt about it. And then I think of course you, um, you sort of think I’m going to show them. But you see, they felt that experience counted more than training in those days.

Interviewer  What about these handy women, tell me about them.

Mary  Well, a woman who was, um, capable of having the baby and that sort of thing could attend the birth with a doctor, and he used to sign all the necessary forms you see, birth notifications and that sort of thing. And so, um, some doctors had a woman who, um, who would take their, their maternity cases, you see, and do all the, the chores that the midwife did when... after the birth. But he would have to be there at the birth, you see. Some of the
doctors, um, were very good about, about it, new nurses, you see; but some of the doctors would, um, would still stick to the handy woman. I had quite a tussle with one of the doctors about employing a handy woman after the 47 act.

Interviewer: Even then?

Mary: Hm. But of course if there was a handy woman the doctor would be booked and he would be paid. It all comes down to money.

Interviewer: Did the handy women ever deliver the babies themselves?

Mary: Well, I expect they did if the doctor didn’t get there in time, you see. But usually the doctor was there.

Interviewer: Because they did practise on their own, didn’t they? I think after the 1912 act they could only practise with a doctor.

Mary: That’s right, yes.

Interviewer: And what sort of women were they these handy women?

Mary: Quite good some of them, you know; quite capable. They’d look after the baby and look after the mother. But they had no idea of the basics of delivering or anything like that.

Interviewer: Would they be the same women as the women in the street you were talking about?

Mary: Yes, oh yes.

Interviewer: So, they were women who’d had children themselves?

Mary: They’d had children themselves; they got their experience that way.

Interviewer: Did they do other things as well? Did they lay out the bodies and things?

Mary: Yes. You see, we weren’t allowed to do that. That’s one of the notifications that I left off: notification of laying out a dead body. ((Laughs)) Oh yes, I did put it down, I’m sure. Yes, they did all sorts of things these women.

Interviewer: And how did they regard you as the trained midwife?
Mary Well, I didn’t have any trouble with them at all. I expect they came cheaper than me; I don’t know. At 30 bob I don’t know whether they did it or not. ((Laughs))

Interviewer It must have been very nice though being an independent practitioner?

Mary Oh, it was. And you know, you know the, um, the midwife status has gone down such a lot recently. And it started from the 47 act – I think I put it down there – it started from the 47 act when the doctors were, were, uh, doing antenatal care and that sort of the thing. The midwives said, oh well, if the doctor gets paid for it he should do it. Well, you see, instead of sticking up for their own status they let the status go; and that’s where the midwife status started to go down.

Interviewer I was in independent practise for a year in London and it was so satisfying. I felt like I was being a proper midwife. You were on call on the time like you used to be; it was difficult in one way but in other ways it was...

Mary We were on call 24 hours a day, you know. And if you had a delivery in the night, um, you still had to do your day’s work the next day.

Interviewer How many babies were you delivering a month, do you reckon?

Mary My biggest year was 99. But, uh, usually, usually I think about 80, I’m not sure, a year. You see, it varied according to what babies there were.

Interviewer It’s still quite a lot.

Mary It is. I think I averaged about 80 a year. I’m not sure.

Interviewer And how did you get on with the doctors?

Mary Very good. I always had some good doctors, always;

Interviewer It’s important.

Mary Very. We had another doctor when I first came here and he was very, very good and, uh, he could teach a lot of the younger ones about cleanliness. He never came to a delivery without an overall. And, um, he was always very good to me. Uh, he used to say, uh... I used to send for him if I wanted him, and he used to say, “If nurse sent for me I know I’m needed” see. And he was very good. And then the one who took over after he died well we got on very
well; he was very good. And he moved into practice eventually. Oh, I’ve been very fortunate; very fortunate indeed. Because as I used to go around I used to find that other midwives had a lot of hassle with the doctors.

Interviewer  Yes, I know.

Mary  But we didn’t; I didn’t at any rate. I did very well.

Interviewer  Because I’ve heard that quite a lot of the doctors had done very little midwifery in their training and came out...

Mary  They came straight from training school and into general practice. We had one, well he hasn’t retired yet, we had one here and I had to show him how to do a normal delivery. Very little, very little training at all. ((Dog barks)) She wants to come in, I think.

Interviewer  I’m just going to go to the loo.

((Short break before audio resumes))

Mary  That’s in his incubator; and that’s when he was christened.

Interviewer  Lovely.

Mary  No, that’s not, that’s when he was tiny.

Interviewer  That’s your daughter?

Mary  Yes. And that’s my elder one. My granddaughter and her husband. These are photographs of when I... that’s my first baby. That’s my, she’s my niece. I delivered my sister. And strangely enough I had to deliver my aunt. I was on call and the midwife was off, much earlier. This is when I retired.

I went to Chile, you know, to the conference.

Interviewer  To the international conference; what year was that?

Mary  1968, yes.

Interviewer  Was that before the coup?

Mary  Yes, it was before the coup.
Interviewer   It was different then.

Mary    Yes, it was before the coup. That’s one of him now. This is the christening I think. But he’s lovely now. I think I’ve got… I thought I’d got some later ones.

Interviewer   Have you got any early ones of you as a midwife earlier on?

Mary    I don’t think I have. I don’t know. No, that’s, that’s a reunion at my training school. But, um, I had one. I think my daughter snaffled a lot of mine. No, I think I did have one of the district and I don’t know what I’ve done with it. I’m sure my daughter has it because she was saying, she said one day last week, um, I… when she was, when she was… that thing was on the telly, the district nurse, Nerys Hughes, you know.

Interviewer   Oh yes.

Mary    She said, “Do you know mum, I have a picture of you with just the same sort of uniform on, you know, with that little hat”. So, she must have it.

Interviewer   Because we’ve been trying to get hold of some old photos to put in the book. It would be nice to get a copy.

Mary    Yeah, so I think she’s still got it.

Interviewer   If you could. Because quite a lot of places we might have some...

Mary    Yes, I’ll...

Interviewer   Quite a lot of places will just actually copy the photo for you without the negative; you don’t need the negative.

Mary    Yes; well I can send you the photograph if she’s still got it. I’ll see what she’s got.

Interviewer   I was going to write down the date of the Daily Mirror thing.

Mary    Daily Mirror.

Interviewer   Just what date it was.

Mary    May 27th 1968. It was just a few weeks after I retired that, I think.

Interviewer   That was a long way, wasn’t it, Leeds and Sheffield?
Mary  Yes.

Interviewer  So, you used to do craniotomies?

Mary  Yes, it used to be his favourite thing. Craniotomy on the district is no joke.

Interviewer  So, that was if you couldn’t deliver the baby by forceps?

Mary  Well, a lot of, a lot of them would put forceps in long before the woman was really fully diluted. And that was why it failed. I think probably those two that I put down there, I think they were probably a posterior line. And, uh, and of course, you see, today you would sedate them and let them rotate, wouldn’t you? But of course in those days they didn’t. There was very little sedation, you know.

Interviewer  That must have been dangerous for the women, doing craniotomies?

Mary  They didn’t do so badly.

Interviewer  And did they do caesareans on the district?

Mary  No, they didn’t do on line there. They had to go to clinic to check, is really disproportion.

Interviewer  So, the women didn’t have any painkillers when they were in labour?

Mary  No. The only, the only sedatives I had were pot. brom. chloral that’s all. And, uh, sometimes the doctors would give, if they had a long labour, sometimes the doctor would give a sedative. But they usually, usually they gave morphine – which is dangerous. But, um, we never seem to lose any babies with it, you know.

Interviewer  Did most of the woman ever have pot. brom. chloral?

Mary  Private very often; but of course they wanted them. Very often they had decent labours.

Interviewer  You didn’t have gas and air?

Mary  No, no, no. We had... we didn’t have gas and air until... what did I put down there that I went for gas and air training? I went to Leeds. When did I go? ((Consults notes))
Interviewer: I was going to ask you that, the husbands didn’t used to be in the-

Mary: No, no, no, it was all, it was taboo.

Interviewer: It was quite a bit later, mm. Were there any sorts of superstitions around, because if they were miners, you knew about there being funny superstitions about women?

Mary: About the actual childbirth you mean?

Interviewer: Yeah.

Mary: Well, not that I recall. (pause) No, not that I recall.

Interviewer: So they certainly wanted to have been there when the baby was born?

Mary: Well, they didn’t expect to be.

Interviewer: (pause) So ((inaudible)) retired.

Mary: Yes.

Interviewer: And how is it now, are women having their babies at home here, if they want to?

Mary: Not many, well, they, they don’t encourage them to. The doctors say, ‘Well, no.’ They, they, they’re coming round to the idea, but after the first baby they can stay at home, IF the conditions are right, but then the conditions are never right and, you know, the doctors don’t like this idea of giving people an idea, and the nurses aren’t very much better these days. You see, it’s so much easier for them to be in hospital, and then they, they have the GP come in of course. And um they book them into the GP, but before the doctors never, they were never at the delivery, you know. But um they come home after 48 hours and eh... So I suppose there’s no need for them to have the babies at home. You see they’re so brainwashed into this idea that they’re um, it’s safer to have your baby in hospital and then come home afterwards, back at home. And they come home and these um nurses come, and they don’t do a darned thing. I remember when my daughter, my daughter had her baby, and the nurse came and she just sort of looked at the stitches once or twice and that was it, nothing else.

Interviewer: Yeah, I had my baby at home.
Mary: Did you?

Interviewer: Mm, yes, it was great! ((laughs))

Mary: The first baby?

Interviewer: Mm.

Mary: You were lucky in London, weren’t you?

Interviewer: Well, I think probably if you’re a midwife you can sort of organise it.

Mary: Swing it, yeah, oh yes.

Interviewer: They can’t argue against you too much! They can’t baffle you with science because you’ve got arguments against.

Mary: Yes.

Interviewer: But it was great. I know I just wouldn’t have been happy in a hospital.

Mary: Well, the thing is that you’re so much more relaxed at home.

Interviewer: I know, I know. I didn’t have any painkillers, I mean I had quite a long, he was posterior for most of the labour so it was quite a long haul.

Mary: Oh dear.

Interviewer: But I couldn’t have done it, in hospital I would have had the works.

Mary: Yes.

Interviewer: I probably would have a forceps delivery.

Mary: Yes, yes.

Interviewer: But because I was at home I could walk around and get on with it myself and I was all right.

Mary: Yes, I still think there’s a lot to be said for home deliveries, you know. I do.

Interviewer: I mean most midwives nowadays are too frightened to deliver babies at home, I think that’s why.
Mary  Well, I think they’ve, then I trained pupils, and one thing that amazed me was that these pupils were never taught how to conduct a breach delivery, and I mean, you know, however careful you are, however good your antenatal care, a breach can be missed. And I mean if you’ve got a woman who’s stuck, concealed her pregnancy, which they still do, and eh she’s not had a scan and all the rest of it, a breach delivery can be missed and you could be, you can be landed with a breach delivery at home. And eh, the thing was that these girls, they hadn’t a clue about a breach delivery, and we used to do all the breaches at home, not um ... 

Interviewer  You must have been quite skilled at delivering breaches?

Mary  Well, it’s a skill that you acquire.

Interviewer  But still, I mean you hardly even see them in hospitals nowadays because so many women have a caesarean.

Mary  Yes, and then they re-turn them as well, don’t they, very often. But you were, when I trained, you were taught and a breach delivery was another presentation and you had to cope with it, you see. Um, I mean I, I remember the, the um labour ward sister at Leeds, she was smashing, a dab hand at eh, at delivering breaches.

Interviewer  It’s such a shame all these skills are being lost, I think.

Mary  Yes, it is.

Interviewer  And did you have twins as well?

Mary  Yes, I’ve had a few. Well, I’ve got, when I had, my um, my midwife in the next area had a six months pregnancy leave and eh they asked me if I could run two pupils and do two districts. Of course I wouldn’t dream of doing that these days but of course in those days you were sort of expected to take it in your stride. And um we had three sets of twins and triplets in that three months that those two girls were with me. Triplets on the, on the district, you know, and you’ve not heard that for a long time, have you? And um it was such a long delivery. This isn’t proper ((inaudible)) ((laughter)) This, it wasn’t my area, and this nurse was on, on holiday, and we were, we were in this area and this doctor came in, and I said, ‘I haven’t sent for you,’ and he said, ‘No, I want to see you.’ He said, ‘When you’ve finished
here, will you go and see Mrs-‘, and I’ve forgotten her name now. Anyway, and eh he said, ‘I think she’s in labour.’ He said, ‘You know where I am if you need me.’ So anyway, off we went in this, and I knew this girl when I got there, and I said um, I examined her but I said to her, ‘Connie, has the nurse said anything to you about having twins?’ She said, ‘Oh, Nurse, don’t say I’m having twins again, because I couldn’t live through it.’ She’d had a single delivery, twins, and then this was her third pregnancy.

I said, ‘Well, I’m sorry, love, but I’m sure you are.’ So we got this, and I said, ‘We’d better let the doctor know,’ because he said if there was anything abnormal you had to let them know. Anyway, we got this first baby, and then the second one. Oh, he came just before the second baby was born, and I said, ‘Let nurse deliver it, doctor, because she’s, she can’t count it if she doesn’t.’ So I said, ‘Oh, right oh.’ And then he said, I think he took over then, (((laughingly))) and he said, ‘I think this placenta will be ready,’ and squeezed out a third, a third eh baby. So, anyway we did take them into the, into the Prem unit, because they were, they were about a month premature and they were 3 pounds, 3 pounds, and the twins we had 4 pounds, each of them, and they’re still living, got married just recently, but they’ve done very well, those triplets. But poor soul, she had a, a single one and twins and then these triplets.

Interviewer  It must have been such a shock.

Mary  It was a shock. Of course she didn’t know, and she had been going to the doctor’s antenatal clinic.

Interviewer  And she didn’t even think she was having twins!

Mary  She didn’t know; no they didn’t. I mean the midwife had examined her and the doctor had examined her.

Interviewer  So what was the antenatal care like then?

Mary  Patchy.

Interviewer  It’s had only really just going, hasn’t it?

Mary  Yes.
Interviewer In the late ‘20s.

Mary Yes, antenatal care was left to the midwife a great deal and you were on your own until ((you had a problem?)) And I always tried to see my patients once a month, and then once a fortnight in the eighth month, and then in the last month, every week if I could. And I used to try to keep to a pattern, I used to try to do my antenatal work on a certain day, and I used to say to them, ‘I shall be here next week around the same time,’ and they ((inaudible)) of course we had to work, push the antenatals, but we always tried to get them in.

Interviewer And what were you doing in those antenatal visits? Urine tests?

Mary Yes, urine tests of um, palette and urine tests, that’s about all really.

Interviewer So you couldn’t do blood pressure?

Mary No, we didn’t have a thing, you see. This was until, I think we got ((sphinx?)) in ‘37, but I don’t think we got the analgesic um machines until about ‘47. It must have been around that time, because it was after I had a ((inaudible)) in ‘43.

Interviewer And did people object to the antenatal examination?

Mary Some of them did, I’m sure they did, ((inaudible)) or things like that. And some of the men were worse, you know.

Interviewer Even if it was the midwife doing it?

Mary Yes, and most likely the doctor.

Interviewer So it was ((inaudible))

Mary Well, I suppose that’s the idea. But they didn’t object to antenatal care. There were some people who thought that it was a lot of um people fussing.

Interviewer Did you do any internal examinations during the pregnancy?

Mary No, never.

Interviewer What about in labour?

Mary Oh, in labour, yes.
Interviewer Did you do them sort of regularly during the labour, or just if you felt you should do?

Mary Only if you felt you should do. We did a eh, we did an examination when we first went in to the labour, to see that the ((inaudible)) but after that only if it was necessary.

Interviewer Because that’s one thing they do nowadays, they’re forever fiddling around!

Mary Yes, yes.

Interviewer And then they get impatient because it’s not going as fast as they think it should.

Mary Yes.

Interviewer When the woman was in labour, what was she doing? Was she in the bed?

Mary No, no, no, they walked about until the last minute.

Interviewer And you found that helped?

Mary Oh yes, it was much better.

Interviewer It’s what you feel like you need to do, I think, isn’t it?

Mary And very often they, they would be walking about until sort of the last hour.

Interviewer And how about you, what would you be doing?

Mary Well, sitting around and waiting, I suppose, a lot of it. We had, we had to stand a lot of the time with them. I mean there was no way, when you’ve got the longest to go, there’s no way you can sort of say, ‘Well, I’ll leave this woman for an hour,’ because you don’t know what, how long she’s going to be, you see. So we did, we did have to wait a lot, around a lot.

Interviewer And did you used to listen to the baby’s hear beat during the labour?

Mary Yes, oh yes, we kept checks on, on the heart.

Interviewer And did the woman used to get really upset with how painful it was?

Mary Yes, a lot of, there were a lot of difference in women. Um, as I said, you get, you get the old wives’ tales and the grandmothers frightening them, and then they’d have a long labour. Long labours, the labours were very much longer than they, what they are today.
Interviewer Just tell me if you’re getting a bit tired and you want a break?

Mary No, no, I’m all right, love, don’t worry!

Interviewer That was one thing I was going to ask you. Did you have many unmarried mothers?

Mary Not a large proportion but we did have unmarried mothers. The trouble with unmarried mothers was they very often didn’t book.

Interviewer Did they try and conceal it?

Mary They tried to conceal the pregnancy, and eh a few times I’ve had, been called to the labour. I remember being called to the labour of a girl who worked all day, and she came home and had the baby at night. And um, and then of course, very often, if a girl became pregnant, there was a quick wedding, and so the baby was ((inaudible)) But we did have some unmarried mothers.

Interviewer And what happened to those babies?

Mary Well, they were, they were absorbed into the family, you see, yeah.

Interviewer So was there much stigma attached to it?

Mary No, no, no. No, the mother, the grandmother became the mother and eh, in most, in most cases at any rate. No, they were absorbed into the family, they didn’t um, it didn’t make much difference.

Interviewer One thing you said was that the women often went back to work and grandmother looked after the baby.

Mary Yes.

Interviewer What sort of work were they doing?

Mary Well, they would do domestic work, you see, after they’d had the baby, but eh previous to that they’d worked in the mills, you know, um ((inaudible))

Interviewer And did you ever come across any women who tried to get rid of their baby when they were pregnant?
Mary Oh yes, that was quite common, quite common, but, you know, they wouldn’t tell you. Eh, I once was um, this was in, earlier, at the early time, before ’37, and when the old doctor once asked me if I’d go and, you see, in those days you wouldn’t get an ambulance in the middle of the night, you’d have to wait until the ambulance man came on duty next morning, which was about eight o’clock. And eh he said, ‘Will you go and stay with this woman until the ambulance can get her into hospital tomorrow?’ And um she was practically at the last gasp, and eh, he said, ‘Of course you know, nurse, she hasn’t taken anything.’ ‘Oh, I don’t think about it doctor,’ she said, but anyhow, later we learnt that she’d had old herbs on the go. Um, anyhow, ((laughs)) she recovered and she, she lived to be nearly 90! ((laughs))

Interviewer Goodness me! Had she got quite a lot of children already?

Mary Yes.

Interviewer So that was why.

Mary Yes, she had a large family.

Interviewer Do you know what she took?

Mary No, they never would tell you.

Interviewer Was there somebody they’d go to? Did they go to someone for advice?

Mary Well, they used to take a mixture of herbs, I don’t know, but they would never, you would never get to know what they’d taken.

Interviewer It must have been a terrible problem, because like you said, there was no birth control.

Mary Gin and um, gin and eh raspberry leaves was one of the things that they used to take, but um there was very little birth control in those days at all. A woman was sort of, well, it’s her, her, yes, her mission in life to have a baby.

Interviewer So how many children were they having?

Mary Well, families of um six to ten in those days, and um I had one woman who had um 14, and then another woman who had 17. And you know, her 17th, she’d gone down to my area by then, and her 17th she um, they told her that this new, they told her she had to go into
hospital for this, and she said, ‘I can’t go.’ And eh she um, she went into labour and a nurse went, and she said, ‘I’ve sent for the ambulance.’ And she said, ‘Well, I shan’t go.’ So she got the ambulance to the door, and nurse got her to the gate, and she got ((laughs)), she got hold of the gate and she gave an almighty push ((laughs)) and she had the baby! But she still had to go, they still took her to hospital! We’ve laughed about that many a times.

Interviewer  It shows what you could do by willpower, doesn’t it?

Mary  Yes, yes. And um the nurse who was there, this, the labour before this, the nurse who was there, she said, she was going on holiday, and she said, ‘I’ve got rid of Mrs,’ I’ve forgotten her name, eh, she says, ‘She’s gone into Leeds.’ So I said, ‘Oh, that’s good then.’ So the next morning I got a call, she’d discharged herself, ((laughs)) and she had her baby at home!

Interviewer  Because hospitals must have seemed quite frightening if you’d had all your babies at home.

Mary  Yes, and they were frightening in those days, because I remember the maternity eh department at Leeds, the labour ward was just one long ward with beds down the centre like that, and all the, the only division was a curtain. But I mean you, if you could hear five more people in labour, it wasn’t very, very um ...

Interviewer  Yes, and for your first baby.

Mary  Yes, and if you had an abnormality and you were expecting a long labour and ...

Interviewer  And there weren’t any classes then, were there?

Mary  No, no, no, no. Eh, we didn’t start classes until eh ((hesitates)) after the ’47 Act anyway. Um, and so ... and then again, you see, with the classes, a lot depended on the midwife. She was responsible for the classes for her own people, and the midwife in the next generation to me, she said, ‘Well, I can’t do classes, there’s no good me starting.’ So she didn’t, you see. So they didn’t have any classes in their area at all.

Interviewer  And how much did the women know about their bodies?

Mary  Very little to begin with. They knew how babies ((inaudible)) and they knew how they ended, and that’s about it.
Interviewer: And you were talking about VD as well, weren’t you?

Mary: Yes.

Interviewer: That’s when you were in Leeds?

Mary: Yes, and that was my first delivery. It was a horrible thing. It lived, though. And then, you see, when we started to do blood tests, um we found, in this area, we found two that were congenital, you see. And eh that’s I suppose the fathers coming back from the First World War, you see, and then these girls, terrible.

Interviewer: So what was the baby like?

Mary: The baby?

Interviewer: Mm.

Mary: Oh, I don’t know. I’ve a picture of one that lived in my um, in my um Maggie Myles (inaudible)) that’s very typical. Um it was, you know, blistered and eh, um .... And then of course all these things broke down, um ...

Interviewer: You’ve still got your old Maggie Myles.

Mary: I’ve still got my old Maggie Myles, yes. Well, it’s not a really old one, it’s, because I did, I, I had Fairburn’s when I ... This is the one I bought when I was having, when I got the pupils, because I felt I ought to keep up to date.

Interviewer: So I mean that’s something that you had for syphilis, it’s something you just don’t see nowadays.

Mary: No, you don’t, no. Of course, of course, you see, they get they um, they get their blood taken and that sort of thing, don’t they?

Interviewer: (inaudible)) herpes, new sexually transmitted diseases; worrying.

Mary: Yes, um, that’s something I came across in my, and it’s very rare.

Interviewer: That’s somebody who thought she was pregnant, was it?

Mary: She was pregnant, she ...(turning pages)) Um, and you know, that was somebody that um it wasn’t my area, and eh, and this girl was supposed to be um three, she was supposed to
be about six weeks pregnant, and she had a uterus of, you know, made you think that it was more 16 weeks. And um ....((turning pages)) I need the index, I might be able to find it then. ((pause)) I don’t think I can find it. Did you tape all that?

Interviewer  Mm. Oh don’t worry anyway. Don’t worry if you can’t ...

Mary  Well, you asked me what ((inaudible))

Male Voice  Are you winning?

Interviewer  Yeah!

Mary  More or less!

Interviewer  That’s great, really interesting!

Male Voice  It’s started to rain again.

Mary  Is it again?

Male Voice  Have you had rain down south like this? Incredible this last fortnight.

Mary  You can’t get into the garden or anything.

Male Voice  No, you can’t. Right, see you in a bit.

Mary  Okay.

Interviewer  Bye. Did you come across many women that had badly shaped pelvises or small pelvises?

Mary  Occasionally, but not as a general rule, because there wasn’t a lot of um malnutrition as eh, in the small children that you would think would misshape the pelvis, there wasn’t a lot of rickets, eh not a lot of rickets so bad.

Interviewer  Because when you did your training and you were in the city, was it different there, the conditions, than when you were working here?

Mary  Yes, but I didn’t do district in the city, eh except in um, I did some in Bradford and then they were, they were um patients of the nursing homes, so they were a better class of patient, you see. But eh here, I didn’t get a lot of disproportion.
Interviewer  What size were the babies on average, can you remember?

Mary  Well, between 7 and 8 pounds. They were fairly, fairly heavy as a rule.

Interviewer  Did many of the women have anaemia?

Mary  Yes, yes, this was, this was a problem, but even so, um there were no blood tests, you see, so you could never be absolutely sure, and if a woman looked, you know, sort of really anaemic, the doctor would give her iron, but ... But iron wasn’t a very sophisticated, sophisticated in those days. I mean it would give, you could get blood fills and that sort of thing, but um really and truly, I don’t think we saw a lot of disproportion, as such.

Interviewer  How about gynae problems, did the women have ((inaudible))

Mary  Yes, yes. Um now I, I was very particular about having um perineums repaired, because very often they got prolapses from perineums that hadn’t been properly repaired. And then um you would get, we had an old doctor who had a, had a hernia needle that he used for hernias, and it was a horrible thing, and he used to sharpen it on a match box. And one day, it, I was boiling it and it eh broke, and he said, ‘You’ve done this on purpose because you don’t like this thing.’ It was a joke. But um he was a grand old chap. You see they, they had some very primitive things to use, and um ...

Interviewer  When it came to the actual delivery, what positions did the women take?

Mary  Well, I always had them in the left lateral. Um you get a difference in, I mean some doctors want them on their backs, but um but always all mine were left lateral, because I thought that you could, I was taught to do it left lateral anyway, and I always used to think that you could um control the perineum much better. And eh, so I think, I think your training comes into it a bit. Where did you train?

Interviewer  I did my general training in Manchester and I did my midwifery at Guy’s and St Thomas’s.

Mary  Your midwifery at Guy’s?

Interviewer  Mm.

Mary  My, my cousin has a girl at Guy’s just now, her name’s Carter.
Interviewer: Is she doing her general?

Mary: I don’t know whether she’s done her midwifery, she was doing a general when I, when I last heard about her.

Interviewer: It’s very near where I live now, actually, it’s just round the corner.

Mary: Is it? Oh.

Interviewer: It’s not bad.

Mary: No.

Interviewer: I think things have got better. When I did my training, that was the time when they were going mad with all the technology, and everybody, all the ((inaudible)) had episiotomies. It was terrible. So the midwives weren’t learning.

Mary: Oh, we didn’t do episiotomies until very much later, you know.

Interviewer: Did the doctors ever do them?

Mary: The doctor still does it but eh we did them at a later day, but eh doctors didn’t have to. Of course they didn’t come in until late, very often, unless it was necessary.

Interviewer: But mostly you had intact perineums?

Mary: Oh, I wouldn’t say intact perineums, no, but eh we didn’t get a lot of them, and tears, because I used to ((inaudible)) because of this business of prolapse.

Interviewer: How did you try to keep an intact perineum, what did you do?

Mary: Well, if you got them on the left lateral you’d get, you’d get ((inaudible)) and ease the baby out.

Interviewer: And how about the shoulders?

Mary: I didn’t have much trouble with the shoulders. Once or twice, if you got a very big baby, sometimes you’d get a shoulder that was um a bit difficult.

Interviewer: And how did you prepare the room for the birth?
Mary: Well, you would tell the woman to have clean papers and her bed ready, and plenty of newspaper and brown paper, they used to save the brown paper for delivering the baby, and you’d spread it around the room, particularly around the bed. And um put um, and they had to provide a mackintosh, of course. And we had a mackintosh that we could take, um if the woman couldn’t afford one we had a mackintosh, but, but mostly, they provided plenty of newspaper, plenty of brown paper, and you scattered it around so that you didn’t get the room ... You’d got to be very careful with, with people’s belongings, to see that they were, they weren’t spoilt.

Interviewer: Would she be giving birth upstairs in the bedroom, or would that be downstairs?

Mary: Well, sometimes it would be in the bedroom and sometimes it would be downstairs, you see. Well, if it was downstairs, of course all the family had to find fresh ((inaudible))

Interviewer: They used to go to the neighbours and things?

Mary: Yes, oh yes, very often, and it was much easier once they bathrooms and things.

Interviewer: And you were saying about the pit head baths as well.

Mary: Oh yes, the pit head baths, yeah. Of course, I mean when I first started in ’32, and there were no pit head baths, and quite a lot of men didn’t bath every day, you know, and they’d come out of the pit. And eh, and they didn’t bath every day, because there was this old wives’ tale that bathing too much wasn’t good for your back, so of course they didn’t bath every day, and you’d often go and find the bed, half of the bed black.

Interviewer: That must have been terribly hard work for the women.

Mary: For the women it was, it was, it was terrible. I mean there was a, there was a little um, um row of houses that was practically in the pit yard, and you could scrape the, the coal dust off them. How they kept clean I don’t know at all, but it was terrible, the coast dust in there, particularly if it had been windy.

Interviewer: It must have got in the rooms.

Mary: It did, yes.

Interviewer: Those women must have had very hard lives.
Mary They did, they did, yes, because of course, you see, they had a lot of washing, because the men had to come home in their, in their pit things, and eh the women had to wash them.

Interviewer And they were just washing with a boiler, was it, and a mangle?

Mary Yes, that’s right, yes, in those days. And then, you see, all these baby clothes, and the woman’s, and they had a long white gown and ... Terrible. No wonder they died young, you know, because they had so much work to do.

Interviewer Because I’m just thinking, they’d only just got one baby a bit grown up, and then you’d get another one.

Mary Yes, another one, yes.

Interviewer And they did used to die young, didn’t they?

Mary Well, some of them, but eh some of them seemed to, seemed to um get along. Very hardy.

Interviewer It’s been quite interesting. The last midwife I interviewed, the one in Matlock, most of the time worked in a nursing home, but for a while she’d done private nursing, but for living with wealthy families, and that was just so different, her experience of living with these people.

Mary Yes.

Interviewer It’s just like another world from the world you’re talking about.

Mary Well, they, they used to go to bed for a month, didn’t they?

Interviewer That’s right.

Mary Those sort of people, yes.

Interviewer I think she used to have the baby in her room.

Mary Yes.

Interviewer And feed it.

Mary Yes, and mother would go to bed for a month. I worked in a nursing home. Now this one, where I did part of my training, and there, this nursing home belonged to this woman
herself, you know, I mean she was the proprietor, and um we had various type, various prices of rooms, and eh the woman in the most expensive room never went, never went home under a month (inaudible))

Interviewer  More money.

Mary  Yes, and she used to get away with it as well! ((laughs)) Definitely!

Interviewer  Was there much protest in the area about the unemployment?

Mary  Well, no, because it was general, you see. I mean it wasn’t, it wasn’t just this area, it was everywhere, in the north, at any rate. No, I mean there wasn’t, you see now, now they would say, ‘Well,’ um, they would have a dem-, a demonstration and all that sort of thing, but, but people were very passive, you know, in those days. They all were.

Interviewer  There were things like the Jarrow marches, weren’t there, but there wasn’t much.

Mary  Well, the Jarrow marchers did, did march down here, but um I don’t think any of the Yorkshire people went with them.

Interviewer  When you were doing your training in the nursing home, did you have lectures as well?

Mary  I went to Leeds for lectures, I went to Leeds for lectures.

Interviewer  And what was your exam like?

Mary  Not bad, not at all.

Interviewer  You didn’t have a written exam?

Mary  I had a written exam and an oral. I had to go to Leeds for those, you see. I went one week for the written, and then the following week for the oral. And um I got my results, my, my certificate, it’s dated for my wedding day. I got my results on the, on my wedding day. Um and I knew the postman because his girls used to go school when I did, and um he said this particular morning, he said, ‘Well, lass, it’s here!’ ((laughs)) He knew what I was expecting, my exam results. So my mother and I went to the door and said, I said, ‘Well I don’t …’ No, I said to my mother, ‘You open it.’ She said, ‘Oh no, I can’t open it.’ She said,
‘Mr Jones will open it.’ And Mr Jones opened it and he said, ‘Well, this is the best wedding present you’ll get today!’ ((laughs))

Interviewer  Lovely! They must have been so proud of you, your parents.

Mary  They were, yes. I got my SRN on my sister’s wedding day, and um my, my parents weren’t very demonstrative, you see, and I think that was the only time I ever remember my father kissing me. He said, ‘And I’m proud of you,’ on the day I got my SRN. And then, as I say, I got my own on my own wedding day.

[END OF SECOND AUDIO FILE]

[START OF THIRD AUDIO FILE]

((Poor quality audio – very strong hiss drowning out speech. Speakers at time whispering or dropping their voices))

Interviewer  What did your husband used to do, was he down the mine as well?

Mary  No, he was um, he was um, a rewinder, you know, he used to bring up the coal from the…and um, but he worked in the ((colliery?)) as well.

Interviewer  ((inaudible)) by the miner’s strike?

Mary  Here?

Interviewer  Here, yeah.

Mary  This last one, the miner’s strike?

Interviewer  Yeah.

Mary  Not as much as you think. Some of the young ones were very badly affected. They have no money at all, but the married ones had…they got money from the council, they got money from various charities and loads and loads and loads of food and clothes from various countries. But eh, my niece’s son worked…works at the mine and he didn’t have a penny. He was saving to be married and eh, they had to put it off because he spent a thousand pounds that year.

Interviewer  Yeah. ((inaudible)) it was like aimed at the miners and their families, wasn’t it?
Mary Wroe [RCMS/251/17]

Mary: Yes.

Interviewer: It was mostly about the children.

Mary: But they sent clothing from Germany and, oh they were remarkable, um, where they were the, eh, money and things came from.

Interviewer: Did a lot of men lose their jobs?

Mary: They have done since the strike because I mean they’ve um, they’ve cut their own throats you know. Since the strike, they’ve closed a lot of pits. And the very start of the strike, they voted to…the men voted to close it after they’d gone back. You can’t imagine why…why they wanted to go out and on strike all that time. There’s a lot of bitterness about it.

Interviewer: I can imagine. It’s hard to know when you don’t live in an area. Down in London you just hear about it.

Mary: Yes, yes.

Interviewer: And to know what’s really going on, it’s hard to find out.

Mary: There’s been a lot of different stories this year. My rates, this year have gone up another £100 to what they were last year. We’re very heavily rated here. You see, they gave a lot to the miners and of course, it’s got to be found.

Interviewer: Coming back to your births. Did you used to wear gloves to do the delivery?

Mary: Not…no, not until ’37 when we were ((inaudible)) We didn’t, no.

Interviewer: So you used to scrub?

Mary: Yes.

Interviewer: With Lysol was that?

Mary: Yes.

Interviewer: And how about preparing the women for the birth? Did she have an enema?

Mary: She had an enema but no…we didn’t shave until, I think, they started to shave in ’37. I’m not sure. But we didn’t used to shave until then.
Interviewer What do you think about shaving?

Mary Well, I used to like the idea because it was cleaner. They don’t now, do they?

Interviewer No, it’s gone the other way again now.

Mary Yeah that’s right. Thing is, a lot of things have gone back to normal.

Interviewer Yes, because they used to go so mad on inductions but now they don’t hardly do it.

Mary Oh, they seem to do a fair number at Barnsley.

Interviewer Do they?

Mary Well, they use them because they...they don’t want them born at the weekends. That’s all. I think they do a lot of inductions at Barnsley according to what I...I can gather.

Interviewer I know, they seem to be going the other way now, they seem to be leaving people you know, a long while. My sister-in-law just had a baby and the baby’s breached and she’s small and she’s about 5 foot, and they thought she had quite a small pelvis. And they said we’ll see if she went into labour on her own and if she didn’t, you know, and they just see how she’d got on – they give her like a (inaudible) They let her go two and a half weeks overdue – I was really surprised. I thought they might give her ten days but then I thought they probably want to do something. But she had a caesarean.

Mary It’s not often they go...let them go so long these days.

Interviewer I know, I was really surprised. And she’s a midwife so I thought they’d be really kind of, you know, being extra careful.

Mary Yes, yes. Two and a half weeks is a long time. But I do think that a lot depends on the menstrual cycle. I mean some people ovulate late.

Interviewer That’s right, yes.

Mary And then if you um, if you ovulate late, obviously you’re going to be late.

Interviewer That’s right yeah, they wouldn’t just do it by the ((inaudible)) method, don’t they?

Mary Because I know my daughter had a, um, she had a ((bicorneate?)) uterus and um, eh, when she didn’t ((inaudible)) they did, you know, the temperature and that sort of thing, and she
Mary Wroe ovulated a week before her period was due. And she was a late ovulator and then she had eh, a bicornuate uterus so of course, she did con-- she had about four miscarriages and then the last one, she had a bad ((inaudible)) and so her husband said no more, and ((inaudible)) are adopted.

Interviewer That’s very unusual to have a bicornuate.

Mary Yes, and it’s rather funny. David only has one brother and he married one of my pupils, and she...she had a couple of miscarriages. They discovered that she had a bicornuate uterus. And eh, Molly had ((inaudible)) to taken out her vagina ((inaudible)) Well, and I don’t think it was very successful. Now, when Jean went to a different consultant, he took it out. He opened the...did ((inaudible)) and took it out from the...from the uterus from the ((inaudible)) and she went um, to the seven month, that baby, and he was born alive...despite the two brothers to marry... And then with the second one, she had an ectopic, so of course her childbearing life is finished. So she just has one boy.

Interviewer It’s funny some people seem to have such a bad time don’t they?

Mary Yes.

Interviewer Other people just...

Mary In and out! ((laughing)) Yes, yes. Because my grandson’s wife is expecting and she’s just been in hospital with a really...um, for the abortion. You know, she’s had this show, and they knew she very much want a baby, so they’ve kept her in overnight and she seems to be all right now. But I said our family, we don’t seem to be able to do things straightforwardly at all!

Interviewer Do you miss ((giving?)) babies?

Mary No, not now. I did at first, I was um, I missed meeting people at first, but I got used to it, and eh, then when of course, when I first um, retired, I did all sorts of things. I like gardening and I used to go to all sorts of classes to keep myself going and then... But, after a while I didn’t. And then I gave up driving when I was about 65, and I didn’t miss that as much as I thought I would.

Interviewer And you’ve got your family around you as well.
Mary: Yes that makes all the difference doesn’t it?

Interviewer: ((inaudible)) about the third stage. What ((inaudible))?

Mary: Well, um, I was taught to expel the placenta you know, ((inaudible)) pressure. But as I got older, I used to leave the mother to do her own ((inaudible)) You get them relaxed and the first day wasn’t very much trouble, unless of course there was a...a bleeding and then you ((inaudible)) to begin with but eh, but I mean later on, you keep an eye on her.

Interviewer: When you did the blood pressure, did you just do that very soon after the baby was born?

Mary: Oh no. We had to assess it ((inaudible))

Interviewer: Did you ever have any problems with the placenta((?))

Mary: No, no, very rare. Um, I can't think of more than...more than about a dozen...a dozen times in all that time. And then eh, very few of them had to go into hospital. Sometimes they had to go back and remove but eh, but very rare.

Interviewer: I’m especially interested in that because, you know, now they all really have ((inaudible))

Mary: Yes.

Interviewer: And so you just never see a natural birth then.

Mary: No. And then they do... Do they still express the placenta?

Interviewer: They pull on the cord.

Mary: I used to have... pupils used to come out, and um, one girl, she was pulling on the cord. It’s got to be when you pull on the cord – you’ve got to be able to, to eh, control the uterus at the same time because it’s got...it’s a sort of squeezing out, um, and putting hands... And this girl pulls on the cord and I said, “Don’t ever do that again!” She said, “Well, it doesn’t hurt to pull on the cord.” I said, “Well I wouldn’t like you to have an inverted uterus.” That was my one dread.

Interviewer: Yeah. Just before you retired, you weren’t giving the ergometrine?
Mary: We were giving... Eh, no, eh, ergometrine is eh, is um, is given before isn’t it?

Interviewer: They give it while the baby is being born usually with the anterior shoulder.

Mary: Well used to ergometrine with the anterior if the woman had any eh, if you were afraid, if she’d have any bleeding. But normally, not to give it after the first ((inaudible)) really.

Interviewer: It’s much more sensible to me to give it... only if you’re worried.

Mary: Yes.

Interviewer: Rather than giving it to everybody.

Mary: Yes, I mean if your woman’s had a history of bleeding or if you think there’s anything... you used to give her the anterior shoulder but very rare.

Interviewer: When did you used to cut the cord?

Mary: After it stopped pulsating.

Interviewer: Yes that’s interesting. They’ve stopped doing that, they used to cut it so quickly.

Mary: Yes.

Interviewer: Whereas now I think a lot of the mothers are asking for them to wait.

Mary: Well, we were taught that, that there’s a certain amount of blood being given to the baby until the cord stops pulsating, and so we always... I always sort of kept it.

Interviewer: It’s interesting just to let it do it as nature intended, as much as you can.

Mary: Mm, yes, yes of course you can. ((inaudible)) a lot of rain.

Interviewer: It’s been a terrible winter hasn’t it?

Mary: It’s been shocking.

Interviewer: Going on for months now!

Mary: To feel the grass last week was just like a... just like a ((inaudible)) We’ve got a river just there, the river overflowed its banks.

Interviewer: What did you used to do if the woman had an anterior lift?
Mary Well, just eh, wait until it… You see, sometimes it got a demitus(?) but um, we used to find that, that it was allowing the woman to, to bear down on if she had anterior lift but um, I can’t say that I’ve had trouble with that sort of thing.

Interviewer And if she wasn’t getting in a real state when she was in labour, she was really in pain, what could you do to help her?

Mary Well, you could ask the doctor to give her a sedative. But labours were very painful in the early days, really painful. And then of course there’s a lot in pain thresholds. Eh, you get a girl who, who’s been eh, taught that having a baby is dreadful and eh, and so it is dreadful if you have a mind to ((inaudible))

Interviewer Yeah. Yes, fear is...

Mary Oh yes, and there was a lot of fear in the early days, a lot.

Interviewer You didn’t have a flying squad – that came later?

Mary Yes the flying squad didn’t…we didn’t get the flying squad until eh, well after ’37. I think I put it in there, got a flying squad in...

Interviewer That’s right.

Mary Anyway you can take all those notes.

Interviewer Oh that’s lovely, I’d love to.

Mary And then eh, you could um, tear them off and take them if you want. Um, the flying squad came later and then eh, this um, ((pause)) they would come out from, from ((towns 00:16:18?)) but after that…but um, we didn’t have to have the flying squad out really; not very much. And they would just give them a pint and then put a pint on for me to, to keep going, keep watching, and that was it.

Interviewer Did you ever have any nasty haemorrhages?

Mary Yes, um, we sometimes got haemorrhages but um, there again, you could get…very often get the flying squad. But I don’t remember having a bad haemorrhage until um, ((pause)) sort of, until, until later on like. Not in the early days.
Interviewer: So it wasn’t until after the 1937 Act that all the rules were laid down, is that right? It wasn’t very detailed.

Mary: No, no, we all had rules from the beginning.

Interviewer: You did?

Mary: Yes, I think I put all the rules in red at the back of one of them.

Interviewer: Oh…ah, this is it.

Mary: Eh, the things that we had to notify, mm.

Interviewer: I was interested to read that bit about what happened, about what happened in 1937 with the Midwives…

Mary: Act?

Interviewer: Yes. What happened with…because you got all the midwives in the area, and they were trying to weed out the unsatisfactory ones.

Mary: Yes, well in the ‘37 Act, it said that um, the um, I’m not quite sure about the act itself but you’ll probably be able to work, that to sort of, get some gen on that probably from the midwives. But the ‘37 Act as far as I remember stated that the local authorities had to provide a midwife for the people in this area, a midwife or midwives. Well, um, these were advertised and we all applied, you see. But it, it um, as I say it helped the local authorities to weed out the ones they didn’t want. And um…

Interviewer: There were some midwives who didn’t get jobs?

Mary: Yes, some about who didn’t get jobs. There were three of… By the ti-- by that time, there were three of us in this area…eh, four of us in this area and I found…I was one of the two that was chosen and the other one was only just qualified – she was only just an SR, eh, SRN and one of the women who didn’t get a job was an SI as well! But she hadn’t endeared herself to the authorities. So anyway, we were um, we were given…then we were given uniforms and equipment and all the rest of it.

Interviewer: What happened to those midwives who didn’t get jobs?
Mary: Well, one of them this, SRN got one later on, she got on the next year, so there was a ((inaudible)) next year but she never forgave me, you know, for getting it, for um... And um, and then two of them, one of them took compensation and one of them was...who was ((inaudible)) and the other one, I don’t know, she disappeared. I don’t know where she went.

Interviewer: And the handy women got compensation.

Mary: Yes some of them, some of them, but eh...but you see, a lot of them... We’d been, we’d been two years and the handy women had sort of been weeded out in that two years. They didn’t get much compensation some of them at all.

Interviewer: And they couldn’t practice at all after that.

Mary: No. No. Some of the doctors tried it on after that, but...but of course the authorities just clamped down on them and we did get rid of the handy women. What time do you want to be going now?

Interviewer: Well, if I get that train, how long does it take us to get to...

Mary: To Barnsley?

Interviewer: Well, we’re going to go to...we’re going to get the train from...

Mary: Darven.

Interviewer: Darven, yeah.

Mary: Well it only takes us about 10 minutes to walk down to the station. So was there a train before that? The 4 o’clock, 4 o’clock?

Interviewer: That was a long way for you to go.

Mary: ((inaudible))

Interviewer: So you’re always expected to do the prem work as well as your district work!

Mary: Aye. Yeah, it’s a good idea that fella. You know, theoretically it’s just ((inaudible)) for the dog because she trips onto here, straight out into the garden. ((laughs)) I put some biscuits on there. I’m on the...more or less a diet. Put a lot of weight on, now I need to get some off.

Interviewer: You were walking round on your visits for a long time.
Mary Yes, yes I was. Keep me fit! Yes. Looking back, (inaudible) did it, you know.

Interviewer Did you have many BBOs?

Mary Quite a few. Well, you see people tend to...well of course you had to walk, you tended (inaudible) too early.

Interviewer Yeah, then you were there a long while.

Mary That’s right.

Interviewer Did you always have somebody living with you that could look after your little girl?

Mary Yes, yes she lived near...

Interviewer You’d need it wouldn’t you?

Mary Yes we did. Of course my husband worked um, not shifts but he worked long hours. So...and he wasn’t very good at um, um, domestic things. Now then, British Rail ((pause)) Where did you come, Sheffield, Doncaster, King’s...eh, St. Pancras? St Pancras to Sheffield?

Interviewer St. Pancras, yeah.

Mary Well, I think this must be the um, 24 hour recorded message service giving times of train service and fares. Barnsley to...Sheffield to London, St. Pancras, but we want one to Barnsley...to eh, Sheffield, don’t we?

Interviewer Yeah, that one I needed to know.

Mary Passenger train enquiries. There’s one in Barnsley I’m sure. I shall check with enquiries anyway. ((recording paused)).

You um, you went into um, as I said, went into and swabbed them, made the beds, occasionally the mother would make the bed but it was very rare. Nurse was given bed. Um, you swabbed them and then you bath the baby and eh, that was for eight days, and then for the rest of...two...other two days you bath the baby and eh, and on the tenth day they could eh, they do it themselves. We showed them how to bath the baby on the tenth day. But it was very hard work.

Interviewer Really? You were just on the go all the time, weren’t you?
Mary Mm, we were.

Interviewer You had very little time off.

Mary No, we didn’t. Half a day when we first started. I didn’t take any time off at all when I was working on my own of course, and um, I had one Christmas day and ((inaudible)) I was training, all the time I was working I should say, from starting training and of course, we had this unwritten law that everybody worked Christmas day, so that nobody was doing double time and um, the only Christmas day I had off was when I was pregnant. So I was...and um, then I was standing by because my sister was expecting a baby as well. So and she...hers was born in January, but um, we had very little time off. And if you’d had a lot of deliveries and a lot of nights off, you um...nobody made up for it. You just had to go on and get it...get it over. Get your sleep when you could. And um, I remember one week when I didn’t see my husband to speak to. Either he’d come to work when I came in, or I’d gone to work when he came in and there you are. At the end of the week we said, “Oh! You still live here then.” ((laughs))

Interviewer They seem to come like that as well babies, don’t they, they come all in a rush.

Mary They do, yes, and they come in bad weather as well. When I was walking before I had a car, I bet if I had a booking at the far end of the district, and it was snowing, I bet I had...I bet that it decided to come in a snowstorm.

Interviewer How did the 1937 Act change things for you?

Mary Well, it changed things this way. Eh, you were financially better off. Um, you knew that at the end of the month ((inaudible)) however many deliveries you did or did not have, it was there. Eh, but even then we had a lot of...it was a lot of hard work. We still have to...call 24 hours a day.

Interviewer You said that they were very strict.

Mary After the ’37 Act, we had a... I used to get on very well with this supervisor but she had been a matron of a nursing...of a maternity home before she came to us. And eh, she was a very um, austere sort of person and very strict and she called a spade a spade. Now, I got on very well with her but she couldn’t... she’d tell you off, she’d tell you off. But she was very ni-- a
very nice person in, in some ways. Now, it was a good thing because we hadn’t had a lot of supervision after that time. Um, of course up to that time, of course, everybody was on, um, their own and um, the health visitor used to come and look at my books. The health visitors had no special training at that time and so um, we had no real supervision, which we should...ought to have had. Because supervision never, never worried me. I always used to think that if I had eh...if I did my work properly, eh, I didn’t find who was supervising. But she was very...she was very strict. Now, um, when she...after she died we got another one who wasn’t...she wasn’t strict enough, you know, after the ‘47 Act this was. But um... And then a lot of...there was a lot of resentment about supervision, you know.

Interviewer  I can imagine that. I mean you’d been an independent practitioner.

Mary  Yes. There was a lot of, a lot of um, resentment about supervision. They thought that trade people are not to be supervised, which as I saw, a lot of midwives, they did need supervision. And as I say, I’ve never resented supervision, I used to think well, it’s an essential thing.

Interviewer  What were the other midwives like that were working around?

Mary  Well, not bad. Eh, I worked with one, and she was really a thorn in my side. She was the one who didn’t get the job when I did. She never forgave me. Of all the time we were together, never forgave. And eh, she was ((pause)) as I say resentful. She was resentful when I started to have pupils. She was resentful when I went to um, Sarento. So...and you sort of...it didn’t matter what you did, it...you were still...you sort of felt it was still there. But um, apart from that, it was eh...

Interviewer  How about the war, how did that affect things?

Mary  Well um, you see, the war, I was um, I was working for the...for the West Riding Men and um, it affected things in the travelling respect. You couldn’t get about. We didn’t have a lot of air raids here but we were very near to Sheffield you see. We could hear the Sheffield raids you know, from here. And eh, I remember once having a, a delivery during this really worse Sheffield blitz, and um, it shook the cottage that I was in and we were so far away. But eh, that was when I was pushed to buying a car, because um, travelling was getting so bad. And then of course, there were a lot of men away, and you like to think that you were
holding the fort for them, you know, looking after the wives. But um, we didn’t…the war didn’t affect us in other ways because the miners were exempt from the forces, you know.

Interviewer  Ah really, I didn’t realise that.

Mary  Yes, they were all, all mining men were exempt. If they went into the forces they went on their own volition. But um, they were exempt, so we didn’t have a lot of…a lot of um, men going into the forces. The young ones went, a lot of the young ones. My brothers, both my brothers went. They both worked at the colliery but they both went into the forces and then um… My husband didn’t go because he wasn’t a…he didn’t work down the mine but he was a, he was a key man, so he didn’t go. So the war didn’t affect us in that way at any rate.

Interviewer  Did you have people live…evacuated over here?

Mary  Yes, there were a few. Um, we didn’t have a lot of evacuees but um, there were some people came from London and they were evacuated into the next village and then eh, because eh, my sister-in-law had some from the ((referees from?)) London and then my father and mother-in-law, they had a couple of boys, but they had a couple of boys. But we did have some evacuees, but not a lot. ((pause)) But we were all very near to Sheffield to feel the, the effects of it there.

Interviewer  Yeah. Did Leeds get much bombs?

Mary  Not as much as Sheffield because of course, Leeds isn’t an industrial city. You see Sheffield is the centre of the world...was the centre of the steel works and eh Sheffield and Rotherham are all ((inaudible)) and eh, so they got a terrific pounding. And then of course the pits were round here, but um, since all the work was underground, they couldn’t do a lot of damage by dropping bombs you see. And the nearest we got was, I think, we got a string of incendiaries just a bit further on there. But apart from that we didn’t see much of the war.

Interviewer  Going back to being a midwife. How did the families and the mothers see you? As a friend or a professional?

Mary  Yes I should think so, mm. I was always... Now, when I first started, our own doctor said, “I’ll give you a tip nurse”, he says, “familiarity breeds contempt.” And he said “never let them disappear.” He had a marvellous bedside manner but he was greatly respected and he said
“always keep...always keep your personal business...” Now, I would never, even the people I had gone to school with, never called me by my Christian name, ever. I mean I always...sort of, had my status and kept it, and they respected it. And I think it was a good thing. But they did, I think they did look on me as a friend. I eh, I you know, sort of still see people and they sort of seem to like to see me.

Interviewer So you must be a real member of the community here.

Mary Yes, yes. And nobody ever calls me Mrs Wroe here. I always get Nurse Wroe wherever I go. They’ll say, “Here you are, I called you nurse Wroe.” I said, “Well nobody ever calls me anything else.” So they all know me by that. And it was rather funny, I was talking to a woman on Saturday and eh, she was telling me that her grandson went to school that my daughter teaches at and she said, “Um, our Paul keeps saying about Mrs Backer and he says well, Mrs Backer lives at Darven.” So she said, “Well I don’t know her.” He said, “Well, her mum used to be a nurse!” “Oh” she said, if you’d said nurse Wroe, I’d know who you meant!” ((laughs))

Interviewer Because that’s something that’s gone so much, that idea of like being a part of the community and delivering...

Mary Yes it has, it has.

Interviewer ...generations of babies.

Mary Yes.

Interviewer You must have had so much knowledge about the families.

Mary Yes and it was rather nice to go back and deliver the girls that you’d already delivered, you know. I mean eh, sometimes I delivered both the father and the mother of the child. It was nice to get to the second generation. And I always looked to the third generation. There was one girl and eh um, I delivered her and her daughter, and then the daughter had a baby but anyway she went into hospital for it because she was only very young. But um, I did quite a lot of the second generations.

Interviewer Do you think there was much postnatal depression?

Mary Hadn’t time to be postnatally depressed love!
Interviewer  Because you just hear so much about it nowadays and I wonder...

Mary  You do see some. I have seen some. Um, now I’ve had one from insanity. This girl, actually such a nice girl she was, and um, she had delusions, you know; thought the baby wasn’t being looked after properly and the woman who was looking after wasn’t doing the work properly. The woman was looking after, not doing the work properly. (inaudible)) And I said to the doctor, I said, “I want this...to watch this girl.” I said, “I think she ought to go into hospital somewhere. I think she’s going ((inaudible)).” ((inaudible)) which I didn’t think ought to have been done but anyhow, she went into a mental hospital and she’s never been out since.

Interviewer  Really?

Mary  Mm. And this must be 30 or 40 years. Of course nowadays they would probably have taken her and given her um, shock treatment. Now I have another one. And eh, she had um, not postnatal depression but a condition – she was lethargic and that sort of thing and she’d had...previously had a baby that she’d gone queer with. So ((inaudible)) and so they...they had a business, they had plenty of money and the doctor, the same doctor, got this um, physiatrist out and he gave her shock treatment at home. And eh, she’s been all right since, and I said to the doctor afterwards, “Have you said anything to her husband about not having any more children?” He said, “No, why should I?” I said, “Well I think you ought to.” I said, “this woman ought not to have any more children. If she’s had two children and fatalities, she didn’t ought to have any more children.” I said, “I ought to have a word with him then.” But I mean it hadn’t occurred to the man himself actually. Actually, we have had ((inaudible)) depression from time to time, but it’s not very common because as I say, they just hadn’t time to be depressed in the, in the old days. ((pause))

Interviewer  Did most of the women have prams to take the babies out in?

Mary  Yes. There again you see, it was something that was very often handed down, but they mostly had. And then in a community there’s a lot of buying and selling of second-hand goods, you know, spare baby clothes and eh, prams and cots and things like that. Still, it still...there still is a lot of it. But very few go, you know.
Interviewer: So it’s mostly here, there’s still the same families living that...?

Mary: Yes, yes, you get, you get um, you get families sort of following on and and, and they do sort of stick around the area, you know.

Interviewer: Do you think midwifery, do you think it’s quite a vocation really?

Mary: Well, it isn’t now, but it was. It used to be. (pause) I don’t think I have any photographs but I’ll look. Um, ask me whatever you want to...

Interviewer: I’m just thinking if there’s anything else.

[END OF THIRD AUDIO FILE]

[START OF FOURTH AUDIO FILE]

Interviewer: Yeah, did you...?

Mary: Um, I can imagine what it’s like because you had to um, reported them and the doctor had to open it and drain out the puss. And then of course subsequent babies, it’s always difficult, they couldn’t get test it very often.

Interviewer: Yes. Why do you think it was so common?

Mary: Because they used to get cracked nipples. I’ll tell you what else used to be um, if they get engorged (inaudible) the old, eh, women used to say, “Let your husband suck it out“ and of course (inaudible) and then you’re, you’re um...the infection was there to start with.

Interviewer: So what did you used to put on cracked nipples?

Mary: Um, Vaseline, Vaseline very often. Or sometimes um, there would be um, like lanolin, people were trying lanolin.

Interviewer: And the women used to stop feeding when it was...the nipples cracked?

Mary: Oh yes, very often yes. It was one of the reasons why people stopped very often.

Interviewer: How soon after the birth would the baby be put to the breast?

Mary: Immediately. Used to think that that was a good thing. Fairly soon after the babies...unless the woman was exhausted, but then if she was all right.
Interviewer: Just give them the idea, isn’t it, yeah.

Mary: Yeah, mm. And let’s face it, some babies are born hungry.

Interviewer: Yes! Mine was.

Mary: ((laughing))

Interviewer: Especially the big ones! Some of them just don’t seem to have any idea what to do with it at all.

Mary: No.

Interviewer: Did you ever have, what were they called? Lead nipple shields, did you see those?

Mary: Not lead nipple shields. We used to have glass ones you know, with a, with a teat at the end. I’ve seen them, the lead nipple shields but never eh, I never used them. No. Used to have a glass nipple shield with a teat on the end, but I never thought they were much good. But we used to use ((inaudible)) Back to breastpumps, you see. My eh, granddaughter, when she had her ((inaudible)) she had a tremendous amount of milk and she used to go to the hospital twice a day and take it off ((inaudible)) so much milk, ((laughing)) because I felt she had difficulty with her second baby getting over it, she didn’t. And they didn’t give her anything to take it away.

Interviewer: Can’t find your pictures, I’ll find it when I get home.

Mary: Oh you’ll find it, it’s in there I’m sure. I’m sure I’ve seen it. Something about having abnormalities anyway.

Interviewer: When they were bottle-feeding the baby in the 30s, what did they give them?

Mary: Oh...

Interviewer: Was there dried milk?

Mary: The dried milk, yeah. Cow’s milk was used a great deal but the dried milk was on by then, and so they um, they used to feed them on dried milk. But I’ll tell you what I wanted the nurse to use, and you couldn’t get them away from it, um, Nestlé’s condensed milk.

Interviewer: That’s right, yes.
Mary Condensed milk, you know, um, and then there used to be...there used to be, um, a firm that sold tinned milk and it said ‘unfit for babies’ and if you got somebody with very low intelligence, you could find them feeding on this. Because I had a girl and she...neither she nor her husband could read or write, and um, she had two babies and I went...when I went to her, she was having her third, and she had two babies, which had rickets so badly they couldn’t sit up. And still she was allowed to have another child, which I thought was ((inaudible)) But we had a Roman Catholic doctor then and I said to him, “Um, you and I both know ((inaudible))” And he and I started to have some real arguments about this and I said to him, I said, “How can your religion, um, say that that woman shouldn’t be sterilised? Shouldn’t have any more children.” He says, “Well you know nurse, Eh some...you have to have the morons to do the menial tasks.” I said, “These children won’t even be morons.” They were all in mentally backwards by the time she finished. Anyway I was wondering actually what did ((inaudible)) were a good thing ((laughing)) Best thing I ever did for her anyway!

Interviewer Did many women get sterilised?

Mary No, very few, very few. They would sterilise them if having children was dangerous or if they’d had a certain number of um, caesareans, they would sterilise them after the first caesarean, but very few women really were sterilised in the early days anyway, which I thought was very wrong. Because um, some of them ought not to have been ((inaudible)) reproducing anyway. And then there was a great fear for extra pregnancies as well with a lot of these women. Another mouth to feed.

Interviewer Family planning has made such a difference, hasn’t it?

Mary It has yes, yes. And still you know, we had an awful fight with the first family planning clinic – an awful fight. Couldn’t find any work then, the matron was catholic and she wouldn’t necessarily have a room there. ((clears throat)) The medical officer helped as much as he could but he had um, a council that was predominantly catholic. And so the um, the family planning association bought a house and that’s how it started in Barnsley.

Interviewer What year was that?

Mary
Mary: Well, I didn’t…it was 28... One of the doctors had just retired after 25 years, so it’ll be about 25 or 28 years ago or something. But up to then...


Mary: ...no family planning.

Interviewer: Yes not well known, is it?

Mary: No. And you see, they mainly had the um, the cap because family planning was left to the woman and the husband didn’t do much about it. And um, so then the, eh, they showed me the cap. Well, if their circumstances were poor, they could get family planning but most of them paid for it. Now, would you like something to eat before you go?

Interviewer: I’m fine.

Mary: Are you sure?

Interviewer: Yes I’m fine.

Mary: Because you’ve come ((inaudible))

Interviewer: No I’m stuffed like from lunch!

Mary: Oh if you’re sure. And then eh, you know, I’ll try and...

Interviewer: I can walk down on my own.

Mary: No, you don’t know where it is! I’ll go down with you. I’ll go down. I have to nibble something.

[END OF FOURTH AUDIO FILE, INTERVIEW AND TRANSCRIPT]