

INTRODUCTION



In the Victorian era, social reform had swept through the country. For the first time authors wrote about iniquities that had never before been exposed, and the public conscience was stirred. Among these reforms, the need for good nursing care in hospitals gained the attention of many farsighted and educated women. Nursing and midwifery were in a deplorable state. It was not considered a respectable occupation for any educated woman, and so the illiterate filled the gap. The caricature figures of Sairey Gamp and Betsy Prig – ignorant, filthy, gin-swilling women – created by Charles Dickens, may seem hilarious as we read about them, but would not have been funny if you had been obliged, through poverty, to place your life in their hands.

Florence Nightingale is our most famous nurse, and her dynamic organisational skills changed the face of nursing for ever. But she was not alone, and the history of nursing records many groups of dedicated women who devoted their lives to raising the standards of nursing. One such group was the Midwives of St Raymund Nonnatus*. They were a religious order of Anglican nuns, devoted to bringing safer childbirth to the poor. They opened houses in the East End of London, and in many of the slum areas of the great industrial cities of Great Britain.

* The Midwives of St Raymund Nonnatus is a pseudonym. I have taken the name from St Raymund Nonnatus, the patron saint of midwives, obstetricians, pregnant women, childbirth and newborn babies. He was delivered by Caesarean section (“*non natus*” is the Latin for “not born”) in Catalonia, Spain, in 1204. His mother, not surprisingly, died at his birth. He became a priest and died in 1240.

CALL THE MIDWIFE

In the nineteenth century (and earlier, of course) no poor woman could afford to pay the fee required by a doctor for the delivery of her baby. So she was forced to rely on the services of an untrained, self-taught midwife, or “handywoman” as they were often called. Some may have been quite effective practitioners, but others boasted a frightening mortality rate. In the mid-nineteenth century, maternal mortality amongst the poorest classes stood at around 35–40 per cent, and infant mortality was around 60 per cent. Anything like eclampsia, haemorrhage, or malpresentation, would mean the inevitable death of the mother. Sometimes these handywomen would abandon a patient to agony and death if any abnormality developed during labour. There is no doubt that their working practices were insanitary, to say the least, and thereby spread infection, disease and often death.

Not only was there no training, but there was also no control over the numbers and practice of these handywomen. The Midwives of St Raymund saw that the answer to this social evil lay in the proper training of midwives and control of their work by legislation.

It was in the struggle for legislation that these feisty nuns and their supporters encountered the fiercest opposition. From about 1870 the battle raged; they were called “an absurdity”, “time wasters”, “a curiosity”, and “an objectionable body of busy-bodies”. They were accused of everything from perversion to greed for unlimited financial gain. But the Nonnatus Nuns would not be put down.

For thirty years the battle continued, but in 1902 the first Midwives Act was passed and the Royal College of Midwives was born.

The work of the Midwives of St Raymund Nonnatus was based upon a foundation of religious discipline. I have no doubt that this was necessary at the time, because the working conditions were so disgusting, and the work so relentless, that only those with a calling from God would wish to undertake it. Florence Nightingale records that when she was in her early twenties she saw a vision of Christ, telling her that her life was required for this work.

The St Raymund midwives worked in the slums of the London Docklands[†] amongst the poorest of the poor and for about half of the nineteenth century they were the only reliable midwives working there. They laboured tirelessly through epidemics of cholera, typhoid, polio,

[†] Nonnatus House was situated in the heart of the London Docklands. The practice covered Stepney, Limehouse, Millwall, the Isle of Doggs, Cubitt Town, Poplar, Bow, Mile End and Whitechapel.

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and tuberculosis. In the early twentieth century, they worked through two world wars. In the 1940s, they remained in London and endured the Blitz with its intensive bombing of the docks. They delivered babies in air-raid shelters, dugouts, church crypts and underground stations. This was the tireless, selfless work to which they had pledged their lives, and they were known, respected and admired throughout the Docklands by the people who lived there. Everyone spoke of them with sincere love.

Such were the Midwives of St Raymund Nonnatus when I first knew them: an order of nuns, fully professed and bound by the vows of poverty, chastity, and obedience, but also qualified nurses and midwives, which is how I came to be among them. I did not expect it, but it turned out to be the most important experience of my life.



Call the Midwife Chapter I

Why did I ever start this? I must have been mad! There were dozens of other things I could have done - modelling, air hostess, ships stewards, The ideas ran through my head, all glamorous highly paid jobs. Only an idiot would choose to be a nurse. And now a midwife!

2.30 in the morning! I struggled, half asleep, into my uniform. Only 3 hours sleep after a 17 hour working day. Who would do such a job? It was bitterly cold and raining outside. The Mission House was cold enough, and the bicycle shed even colder. In the dark I wrenched at a bicycle and cracked my shin. With blind force of habit I fitted my delivery bag on to the bicycle, and pushed it out into ^{deserted} ~~road~~ ~~little~~ street.

Round the corner, across the East India Dock Road and onto the Isle of Dogs. The rain had woken me up, and the steady pedalling calmed my temper. Why had I ever started nursing? My thoughts flitted back

CALL THE MIDWIFE



Why did I ever start this? I must have been mad! There were dozens of other things I could have been – a model, air hostess, or a ship’s stewardess. The ideas run through my head, all glamorous, highly paid jobs. Only an idiot would choose to be a nurse. And now a midwife ...

Two-thirty in the morning! I struggle, half asleep, into my uniform. Only three hours sleep after a seventeen-hour working day. Who would do such a job? It is bitterly cold and raining outside. Nonnatus House itself is cold enough, and the bicycle shed even colder. In the dark I wrench at a bicycle and crack my shin. Through blind force of habit, I fit my delivery bag on to the bicycle, and push it out into the deserted street.

Round the corner, Leyland Street, across the East India Dock Road and then on to the Isle of Dogs. The rain has woken me up and the steady pedalling calms my temper. Why did I ever go into nursing? My thoughts flit back five or six years. Certainly there had been no feeling of vocation, none of the burning desire to heal the sick that nurses are supposed to feel. What was it then? A broken heart certainly, the need to get away, a challenge, the sexy uniform with the cuffs and ruffs, the pinched-in waists and pert little caps. Were they reasons though? I can’t tell. As for the sexy uniform, that’s

Opposite: The first page of Chapter 1 from the original manuscript of *Call the Midwife*. The author said that she would think about her books “for months and months and then write 5–7,000 words a day for 3 or 4 hours by hand and then my dear husband types it up for me. I use a fountain pen because I love the feel of a gold nib on paper.”

a laugh, I think as I pedal through the rain in my navy gabardine, with the cap pulled down well over my head. Sexy, indeed.

Over the first swing bridge that closes off the dry docks. All day they teem with noise and life, as the great vessels are loaded and unloaded. Thousands of men: dockers, stevedores, drivers, pilots, sailors, fitters, crane drivers, all toiling ceaselessly. Now the docks are silent, the only sound is the movement of water. The darkness is intense.

Past the tenements where countless thousands sleep, probably four or five to a bed, in their little two-room flats. Two rooms for a family of ten or twelve children. How do they manage it?

I cycle on, intent on getting to my patient. A couple of policemen wave and call out their greetings; the human contact raises my spirits no end. Nurses and policemen always have a rapport, especially in the East End. It's interesting, I reflect, that they always go around in pairs for mutual protection. You never see a policeman alone. Yet we nurses and midwives are always alone, on foot or bicycle. We would never be touched. So deep is the respect, even reverence, of the roughest, toughest docker for the district midwives that we can go anywhere alone, day or night, without fear.

The dark unlit road lies before me. The road around the Isle is continuous, but narrow streets lead off it, criss-crossing each other, each containing thousands of terraced houses. The road has a romantic appeal because the sound of the moving river is always present.

Soon I turn off the West Ferry Road into the side streets. I can see my patient's house at once – the only house with a light on.

It seems there is a deputation of women waiting inside to greet me. The patient's mother, her grandmother (or were they two grandmothers?), two or three aunts, sisters, best friends, a neighbour. Well thank God Mrs Jenkins isn't here this time, I think.

Lurking somewhere in the background of this powerful sisterhood is a solitary male, the origin of all the commotion. I always feel sorry for the men in this situation. They seemed so marginalised.

The noise and the chatter of the women engulfs me like a blanket.

"Hello luvvy, how's yerself? You got 'ere nice an' quick, ven."

"Let's 'ave yer coat and yer 'at."

"Nasty night. Come on in an' get warm, ven."

"How about a nice cup o' tea? That'll warm the cockles, eh, luvvy?"

"She's upstairs, where you left 'er. Pains about every five minutes. She's

been asleep since you left, just afore midnight. Then she woke up, about two-ish, pains gettin' worse, an' faster, so we reckons as 'ow we ought 'a call the midwife, eh, Mum?"

Mum agrees, and bustles forth authoritatively.

"We got the water hot, an' a load o' nice clean towels, an' got the fire goin', so it's all nice an' warm for the new baby."

I have never been able to talk much, and in this situation I don't need to. I give them my coat and hat, but decline their tea, as experience has taught me that, in general, Poplar tea is revolting: strong enough to creosote a fence, stewed for hours, and laced with sticky sweet condensed milk.

I am glad that I shaved Muriel earlier in the day when the light was good enough to do it without risk of cutting her. I also gave the required enema at the same time. It's a job I hate, so thankfully it is over; besides which, who would want to give a two-pint soap-and-water enema (especially if there was no lavatory in the house), with all the resultant mess and smell, at two-thirty in the morning?

I go upstairs to Muriel, a buxom girl of twenty-five who is having her fourth baby. The gaslight sheds a soft warm glow over the room. The fire blazes fiercely, and the heat is almost suffocating. A quick glance tells me that Muriel is nearing the second stage of labour – the sweating, the slight panting, the curious in-turned look that a woman has at this time as she concentrates every ounce of her mental and physical strength on her body, and on the miracle she is about to bring forth. She doesn't say anything, just squeezes my hand and gives a preoccupied smile. I left her three hours earlier, in the first stage of labour. She had been niggling in false labour all day and was very tired, so I gave chloral hydrate at about 10 p.m., in the hope that she would sleep all night and wake in the morning refreshed. It hasn't worked. Does labour ever go the way you want it to?

I have to be sure how far on she is, so prepare to do a vaginal examination. As I scrub up, another pain comes on – you can see it building in strength until it seems her poor body will break apart. It has been estimated that, at the height of labour, each uterine contraction exerts the same pressure as the closing of the doors of an underground tube train. I can well believe it as I watch Muriel's labour. Her mother and sister are sitting with her. She clings to them in speechless, gasping agony, a breathless moan escaping her throat until it passes, then sinks back exhausted, to gather her strength for the next contraction.

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My tray has to be set out. The chest of drawers has been cleared in advance to provide a working surface. I lay out my scissors, cord clamps, cord tape, foetal stethoscope, kidney dishes, gauze and cotton swabs, artery forceps. Not a great deal is necessary, in any case it has to be easily portable, both on a bicycle, and up and down the miles of tenement stairs and balconies.

The bed has been prepared in advance. We supplied a maternity pack, which was collected by the husband a week or two before delivery. It contains maternity pads – “bunnies” we call them – large absorbent sheets, which are disposable, and non-absorbent brown paper. This brown paper looks absurdly old fashioned, but it is entirely effective. It covers the whole bed, all the absorbent pads and sheets can be laid on it and, after delivery, everything can be bundled up into it and burned.

The cot is ready. A good size washing bowl is available, and gallons of hot water are being boiled downstairs. There is no running hot water in the house and I wonder how they used to manage when there was no water at all. It must have been an all night job, going out to collect it and boiling it up. On what? A range in the kitchen that had to be fuelled all the time, with coal if they could afford it, or driftwood if they couldn't.

But I haven't much time to sit and reflect. Often in a labour you can wait all night, but something tells me this one will not go that way. The increasing power and frequency of the pains, coupled with the fact that it is a fourth baby, indicate the second stage is not far away. The pains are coming every three minutes now. How much more can she bear, how much can any woman bear? Suddenly the sac bursts, and water floods the bed. I like to see it that way; I get a bit apprehensive if the waters break early. After the contraction, the mother and I change the soaking sheets as quickly as we can. Muriel can't get up at this stage, so we have to roll her. With the next contraction I see the head. Intense concentration is now necessary.

With animal instinct she begins pushing. If all is well, a multi-gravida can often push the head out in seconds, but you don't want it that way. Every good midwife tries to ensure a slow steady delivery of the head.

“I want you on your left side, Muriel, after this contraction. Try not to push now while you are on your back. That's it, turn over dear, and face the wall. Draw your right leg up towards your chin. Breathe deeply, carry on breathing like that. Just concentrate on breathing deeply. Your sister will help you.”