

8. Dr. the Rev. Francis Andrews

(1) Can you tell me about your parents?

Yes, my father was born in 1893. He was the son of a shipwright, who had moved out of being a shipwright because they no longer made the warships of wood, and he became an undertaker, and my father was his eldest son. They were not really terribly well off, they lived in Portsmouth, they weren't very well off, but my dad did very well at school and he got a scholarship to study medicine. And he went up to study medicine at the Middlesex hospital, and he qualified in 1914 just as the First World War started, and so he went from being a medical student to being a medical officer in the RAMC, and he spent the whole of the first world war in Flanders, where he had a fairly horrific time, I think. My mother was born right at the end of 1893. Her father was a cabinet maker and her mother was a court dressmaker, a very elegant lady indeed. My mother trained as a teacher and she qualified, I'm not quite sure which year but I think it was in 1912, I'm not absolutely sure of that but I think that was the case, and she taught in various schools in and around Portsmouth. She met my dad in 1913, they met on a tram in the centre of Portsmouth, and they were married in 1916. They even told me what they did on their honeymoon, which was to go and see the original production of Chu Chin Chow in London. I'm actually the youngest of three children. My sister, the eldest, was born in 1920, and my brother in 1921, and I was born in '31.

(2) After the war, my dad first of all worked in various hospitals. He was very interested in the psychological effects of war injuries, and what I suppose came to be known as shell-shock, and he spent quite a lot of time in two separate hospitals dealing with soldiers who had this sort of war injury, if that's the right term. Those were in Leicester and later in Chepstow.

Which hospitals, do you know?

I don't think either of them any longer exist. I'm afraid I don't know precise details. The one at Chepstow subsequently became a plastic surgery unit and might be traceable from that point of view. Leicester, I think it was Leicester Frith, but again memory's a bit vague on that, and dad was never too happy talking about his time there. After that he went into general practice and he ended up being a general practitioner in Cheltenham, and as was the custom in those days he had additional interests, and he was a general practitioner anaesthetist and he used to do a lot of anaesthetics at the Cheltenham General Hospital.

This was mostly before the creation of the NHS?

Oh yes, I mean the NHS was started in 1948 and my dad never became an NHS general practitioner, he continued in private practice. This was partly because by that time he was really rather an ill man. He had had a coronary thrombosis in, I think it was 1941 or 1942. He had a difficult time because he was in a partnership of three, and the senior partner died just immediately before the war

started, and the third partner had only joined a year or eighteen months before, and the junior partner was in the Territorial Army and therefore, of course, went off

- (3) immediately into the forces. And for many months my dad had to run that three partner practice single-handed, and I think it was very largely as a result of that enormous overwork that he was so ill. Subsequently he had a very nice little Czechoslovak doctor came and helped in the practice, and there was also a very elegant, I suppose you would have to call him a refugee. He was a general practitioner in one of the wealthier bits of London, and when the bombing of London started he came to Cheltenham and again he spent several years as a kind of assistant to my dad. Anyway, dad continued getting less and less able with worse and worse coronary artery disease and he died in 1954, quite suddenly. He died a month or two after I had qualified.

Is there any history of diabetes in your family?

Well, many people have asked me this, many hospital clinics have asked me this, and it's a bit odd. My dad was injured in the First World War. The exact nature of his injuries I don't know, but it wasn't that he got a bullet through him or anything of that kind, but he was injured while working in one of the military hospitals, I think it was the Nineteenth Field Hospital in Flanders. It was said that he had glycosuria immediately after the accident, but subsequently he didn't have glycosuria, and up to the time of his death he had no other evidence of diabetes. But that's the only possible bit of diabetic history that I know of in the family.

- (4) How did your own diagnosis of diabetes come about?

Well again, obviously, the precise details of this are a bit vague, but in early 1939, I suppose it must have been in the summer of 1939, of course I'm not sure, I got whooping cough and I was clearly pretty bad. Even now I can remember the episodes of coughing. I suspect that I collapsed a segment of lung at least, and certainly I can remember being very unwell for quite a long time. When I got better, my parents had obviously been tired like nobody's business by my coughing and the worry they had had, and so I went to stay with my maternal grandparents who lived in Portsmouth, and my parents went off to have, I think, a sort of week or fortnight's holiday; I suspect a very well deserved week or fortnight's holiday. I can remember while I was staying with grandpa and gran, I can remember being extremely thirsty, and I can remember my grandfather, who tended to be a bit of a worrier at the best of times, I can remember him being very, very worried about this and being extremely glad when my parents arrived to take me back home. They took me back home, and my memory is of them exclaiming how much weight I'd lost in the week or ten days they had been away. I can also remember feeling absolutely frightful, really, just, it was sort of... I don't think I ever verbalised exactly what I felt, but I can just remember feeling awful, and why it was I don't know, but I don't think that my dad could

have clicked as to what was happening because he and my mother took me away again.

- (5) And we went to stay at Prestatyn in North Wales, and I can remember walking on the beach there and just feeling I couldn't put another step in front, couldn't put my legs up and put them down again, feeling absolutely dreadful. And that was right at the beginning of September of 1939, and the news came of the German invasion into Poland, of which, of course, I took no notice at the time, and my dad decided that we'd better get back home quick, and he drove back. My dad was a very rapid driver even in those days, and he drove back from Prestatyn to Cheltenham. I arrived back in Cheltenham and my brother exclaimed when I arrived back, and I can remember him doing that, and I think at that point my dad realised what had happened, or what was happening, and I can remember being carried by my brother into the hospital. I can remember him lifting me up, and it wasn't very far, it must have been quarter of a mile or thereabouts, and I can remember him carrying me that distance, and I can remember him putting me onto the bed.

Which hospital was this?

That was in Cheltenham, I think at that time the only going hospital was the Cheltenham General. There was another hospital, St Paul's, but that was right down at the other end of the town, and so it must have been the Cheltenham General. And I was under the care of a certain Dr Haslett, who was always known as Ham, not quite sure why he was known as Ham, but he did have rather a red face and he was a bit overweight, so maybe that was why.

Was he a specialist in diabetes?

No, he was just one of the local physicians. At that time there were only two consultant physicians in Cheltenham, and he was one of them. He was a very nice man, he was very kind to me, but of course the war was just breaking out at that time and things were beginning to go a bit sort of haywire, with various doctors leaving to join the forces and goodness knows what, and I think he too was very busy indeed, but he was a very kind man. And I can remember him coming, I can remember him taking blood from me and I can remember being given insulin, I've no idea, it must have been soluble insulin I imagine at that time, and I can remember feeling quite dramatically better a few hours later. Previously, I think, I had probably really been in pre-coma, because although I can remember my brother lifting me and carrying me, I can't really remember anything about what happened when I actually got into the hospital - a number of sort of vague impressions, but nothing that I could really put a name to at all or describe.

- (6) That day I was admitted to hospital was actually the day that Chamberlain made his speech in parliament declaring war on Germany. I have no recollection of that at all, obviously, but I can remember, it must have been a day or two later, my dad coming in very distressed, because, of

course, he had all the memories of the trench warfare in the First World War. And indeed the poor man, right up to the time of his death, used to get appalling nightmares about the First World War and the state of the trenches and how people were buried. And on one occasion, the hospital he was working in was inadvertently shelled, and I can remember him telling me of the difficulty they had trying to get wounded men and nurses and other members of the staff out from under the rubble, under which they had been buried. And right up to the time of his death, he used to get this nightmare of digging people out from the rubble, even when he was severely ill with his coronary artery disease. I can remember that very clearly. Anyway, I had my diabetes treated and I got better. And I can remember having a second blood sugar done, and I can remember the enormous size of the needle and the enormous amount of blood that seemed to be being taken from me, but looking back on it, I can only remember those two occasions of having blood taken in the course of my initial diagnosis and initial treatment. I don't think that this sort of investigation was, in fact, done quite as light-heartedly as it is now: we did, after all, need 5ml of blood, and laboratories weren't as well geared up. But I don't then remember having another blood sugar done until I was in my teens and went up to medical school, so from the age of about eight up to the age of about eighteen or thereabouts, I don't remember having any other blood sugars done at all. I do remember having urinary glucose estimations done very frequently, two or three times a day. I do remember a great deal of fiddling about with insulin. Having been stabilised initially on a soluble insulin, they changed me onto protamine zinc insulin. Again, that must have been endish of September of 1939. I had a lot of trouble with that protamine zinc insulin, because I kept on going hypoglycaemic in the early hours of the morning and waking my parents up as a result. And they fiddled a lot with the insulin arrangements, and I ended up on the combination of soluble insulin with protamine zinc.

(7) Can you remember back at the hospital any training in doing injections?

No, I had no training in doing injections then. My parents did all my injections up 'til the time, I must have been about thirteen or fourteen, can't remember for sure, but they did it all. I didn't really get taught very much about my disease process. I went back to school, and it was a school which had quite a hefty emphasis on physical activity. I mean, I was playing rugby and all these sort of nasty games, you know, and I can remember that they took precautions at school against my going hypoglycaemic, and I think the poor unfortunate games masters must have had a very difficult time with me. They were always very good and they never complained, but I think they must have had a difficult time looking back on it. But really, I got very little education in terms of the disease and how to manage it. I don't think that at that time the importance of this was realised at all.

What do you remember about the urine testing?

Oh Benedict's solution, yes, having to boil the urine specimen with Benedict's solution over a little spirit lamp. My mother became very expert on this, but nobody ever taught me how to do it up until very late, so my mother used to do it. And I can remember that every now and then she used to shatter test tubes by heating them too quickly, and this produced a lot of mess and tended to be a sort of rather unpopular event in the household, but I myself didn't get taught anything about this. Again, it must have been up to the age of about thirteen or thereabouts, thirteen-fourteen, again I'm not absolutely sure. Round about that time as well, a decision was made to change me from that mixture of protamine zinc insulin and soluble insulin onto globin insulin, which was fairly novel

- (8) at the time. Now I fear I just can't remember the date of that, but I know it was within a month or two of globin insulin becoming freely available in this country, so the date could be checked that way.

Can you remember perceiving any changes yourself?

No, not really. I think if there was any change that impinged on my consciousness at all, it was that I didn't have any night-time hypoglycaemic episodes, but whether that was related to the globin insulin change or not, that I'm not certain about, but I do know that later in my teenage years, I was never bothered by night time hypoglycaemia.

When you talk about hypoglycaemic episodes, did you pass out at any time?

Oh yes, on several occasions, and again, obviously, I don't remember any of this in detail, I suppose I wasn't conscious enough to remember it or to record it mentally. But I do know that on a number of occasions my dad gave me intravenous glucose - I can remember there being whacking great ampoules of the stuff. Dad was actually rather good at intravenous injections. I suppose being an anaesthetist part-time, he became rather more skilled in intravenous work than a lot of doctors, but I also remember that he never seemed to think that it was important to have sharp needles, which wasn't so pleasant, but there we are!

Can you remember at the age of eight, any change in your diet?

I can't really, I mean there must have been, but I don't really remember it. We had tended anyway to be a family that, I suppose nowadays, would be thought of as eaters of healthy food. We'd always tended to be this way, so maybe from my point of view there wasn't quite the dramatic change of diet that there might otherwise have been. I do remember, of course, that during the war years, diabetics were allowed to swap their sugar ration for various other things, and I can remember all

- (9) that. But I remember it mainly in terms of having to go to the food office to get the ration books countersigned and stamped, and little bits of extra paper put in. I don't actually remember it as being a change of dietary habit or anything.

Can you remember what you got instead of sugar?

I can't remember exactly. I know we got extra cheese, I think we got extra eggs, but again, in detail I'm afraid, I just don't remember. My mother tended to be a very sort of 'I'm in control of the kitchen' sort of person, and I don't remember any detail at all about this.

Can you talk about life at school, and how you managed your diabetes from diagnosis onwards?

I'm not sure that it made an enormous difference to my schooling. I think that the masters at school, and it was a single sex school, I think that they were all aware, and I can remember on one or two occasions masters saying to me things like "I think you ought to go along and see matron", because matron had a little office. It was a boarding school, although I was a day boy, and I can remember traipsing along the fairly long passage to matron's office. And I can remember matron, who was a very motherly lady indeed, cooing over me rather, and I think she must have given me sweetened tea. I don't remember being given anything like glucose drinks, because I can remember having been given glucose drinks at one stage and they tended to make me feel very sick indeed, so I think probably she gave me something like sweetened tea or sweetened coffee or something like that, but I don't remember.

And how did you manage school meals?

Oh we didn't have school meals in those days, we didn't have school meals, no. I got on my bicycle and I rode home for my midday meal, and I rode back again afterwards - it was about a mile and a quarter. And then we finished school, we used to finish school fairly late, in the prep school we used to finish at about four o'clock, and again I would ride home. When I went up to the senior school, we started

- (10) at half past eight in the morning, and we broke off for our midday meal at one o'clock, and we started again at half past two, so I leapt on my bicycle at one o'clock and peddled home furiously, it was downhill all the way fortunately, had something to eat, and then leapt on my bicycle and peddled uphill all the way back. And in the senior school, we started half past two and we finished at just after five o'clock. It was fairly hectic as a school time, I remember.

And how well did you manage the physical exercise aspect of your education?

I loathed it, but that was because I'm disinclined to take physical exercise anyway. I don't think the diabetes made an awful lot of difference to that, frankly. As I think I said before, the various games masters used to keep an eagle eye on me, and they had a tendency to, when playing games, to put me into places where I wasn't going to be quite so physically active. I can remember being padded up like the Michelin man and put in goal playing hockey, and actually, I think I became quite a good goalkeeper in hockey. And I remember also being plonked as full-back in rugby, and I didn't like that much, I much preferred being

a wing-forward. And playing cricket, I got almost inevitably plonked down as wicket keeper, and I can remember on one occasion a ball went up in the air came down on my head and knocked me out. Very pleasing that must have been, because they actually carried me off the field, but I don't actually remember any details of that at all, but I can remember being told the tale afterwards.

What were the attitudes of your fellow pupils to your diabetes?

I think that they were very accepting. I don't remember anybody being nasty to me about it at all, I mean it's possible that they were, but I don't remember that. And I can remember that on one or two occasions, one or two of my close acquaintances actually sort of steering me along to the matron, so my impression is that they really

- (11) were very nice to me; certainly I wouldn't have any reason to complain of my fellow pupils being difficult in any way in relation to my illness. There were one or two other damaged pupils in the school at the time. There was a boy, for example, who had been much damaged by polio and walked with sticks, and people were very accepting of him, so I suspect that there was perhaps an atmosphere in that school of acceptance, in a sort of sense of a duty of care of one pupil for another.

Was there anyone else with diabetes?

There was. There was a chap called Duckworth. He was very tall and very thin, but he only lasted a term and a half, because his diabetes was so unstable that they just couldn't cope. I don't know what happened to him. When I'd been in the school, back from my initial diagnosis, a couple of years, he came, and I think the idea was that they had experience of looking after a diabetic in me, and they thought they'd be able to look after a diabetic in him. But I can well remember the poor lad was keeling over right, left and centre. He clearly, either his diabetes hadn't been as well managed, or perhaps he just wasn't being as careful, I just don't know.

Did you get good warning when you were going to have a hypo?

I got a bit, it was usually fairly brief. I think that other people used to notice before I did. I know that one of the masters, a man whom I subsequently got to know very well, and I knew him very well when I was an undergraduate, I know he said to me later on that he used to notice sometimes as I went very pale, and that he regarded that as a warning sign. But I don't remember myself getting very much warning, except fairly briefly feeling just a bit confused, a bit disorientated, not quite with it.

You hadn't been given a deliberate hypo when you were first diagnosed?

No, and anyway you see, with changing from one insulin to another, that alters the nature of the onset of hypoglycaemia very considerably, as I've noticed since they changed me to human insulin, so fiddling with the insulin may have made quite a bit of difference to the individually felt symptoms of hypoglycaemia.

Can you remember any more detail of that of the different symptoms when you changed?

Well, when I changed later on, yes. I got changed off globin insulin when I went up to be a medical student and Alan Kekwick took over the care of my diabetes at the Middlesex, and he changed me from the soluble globin insulin to twice-daily soluble. And I can remember when that happened I felt very much better in general, and I think I coped much better. I found then that the first symptom I got of hypoglycaemia was tingling of the tongue and of the lips, but again if I didn't do something about it pretty quick I got into big trouble very quickly, and I'd become discoordinate, and I'd become clumsy, and see double, and goodness knows what.

(12) Well let's move on then to leaving school, and can you talk about what happened then?

Yeah, I did fairly well on examinations when I left school, and I actually got a scholarship for the medical school. Wasn't very much of a scholarship - it was forty pounds a year, but considering that the medical school fees at that time were sixty pounds a year, and that I lived in London on five pounds a week, that wasn't bad. It was quite useful.

Which medical school?

I went to the Middlesex Hospital Medical School where my dad had trained, and indeed where an uncle of mine had trained as well. I can remember being interviewed for that. I was interviewed by Sir Harold Boldero, who was a paediatrician and was the Dean of the medical school, and had actually been more or less a contemporary of my dad. And I can remember being interviewed by him, and I think I got into medical school entirely on the basis that Sir Harold Boldero felt very sorry for me being a diabetic. I'm not sure that academically I was really up to it. I don't know, maybe I was, you can't judge your own academic abilities. But I can remember when I was interviewed him looking very pathetically at me and saying "oh, you poor lad", so I suspect that got me into medical school! But I went up, I lived in digs in Camden Town, I lived in digs with a very nice Swiss family, who clearly regarded me as an additional son, and they looked after me with great care for all the time I was there. And I enjoyed medical school enormously, and I actually enjoyed playing rugby, not very distinguished rugby, but I played rugby for the Middlesex Hospital B team. I used to play cricket for the Middlesex as well, never for their first but occasionally for their A team. And I had no major problems at the medical school, until I went and got glandular fever.

What year was that?

Now I'm just trying to remember the year. I think, I'm not absolutely sure, but I think that

(13) must have been 1950, and I just felt awfully unwell, and I actually went to the casualty department of my own teaching hospital and they got me



admitted. And my diabetes had become unstable, and I had lots of lymph nodes up in various bits of my body, and I had the diagnosis of glandular fever made. And I was off at the medical school for, I'm not sure exactly how long, but it must have been about a couple of months, and I know that when I went back I was still feeling really rather tired, but okay, I coped, and it was okay. Yes, I went to casualty, and I was admitted from casualty under the care again of Professor Kekwick, but the person whom I remember most was a certain John Friend, who was senior registrar in that department at the time, but he subsequently went up to Keele or Stoke on Trent as a physician. And he was very kind indeed to me, and was very helpful, both in educating me a bit more about my diabetes, and indeed, I think, helping me towards realising what I could and couldn't do, and trying to disabuse me of the idea that I had acquired in my earlier teenage years, that my prognosis for life was really very poor.

Where had you acquired that idea from?

I'm not quite sure, but I think from my parents. And I don't think that this was ever in a precise way articulated, but they clearly had the expectation that I wouldn't make old bones, and clearly had the expectation that they would be attending my funeral rather than that I would be attending theirs.

Your father wasn't a diabetes specialist, so where did he get his information about diabetes from?

Where did dad get his information about diabetes? There was a very good book, or perhaps it was a series of books, by the late RD Lawrence. They were entitled, I think, "The diabetic life", and I think Dad got most of his knowledge from there. I subsequently, after I'd qualified when I was doing my first medical house job, I actually met RD Lawrence, who came across to me as quite a different sort of person from the one that my dad had thought he would be from reading his books. I don't think dad got any other source. He may well have attended meetings, he may well have chatted to various people, but I'm afraid I just don't know, I just don't know at all.

Just quickly on the subject of RD Lawrence then, how did he come across as different from his books?

Oh, the book, I gather, gave the impression that he was a bit rigid, and

- (14) yes, he had his system of diet, his Line system of diet, and so on and so on, and he clearly from the book had expected everybody to stick with great rigidity to all this. He was, of course, himself a diabetic, and indeed was one of the very first people ever treated with insulin in the early 1920s. When I met him, he came across as being rather a jolly man with something of a twinkle in his eye, and nothing like as rigid in his approach as his books had suggested. I never got to know him very well, but I must admit I rather liked him. I was introduced to him by a chap who was his assistant, and for whom at that time I was house physician, and that was

Wilfred Oakley, very nice man. Yes, very nice man who tried to persuade me to leave clinical medicine and go into pathology, which I didn't want to do at all!

Had your father kept you to the Lawrence Line diet?

I think he had tried to, but in fact it was almost impossible, given how the school times varied, and given the fact too, I think, that my mother used to have great difficulty over coping with all the assortment of rations. Our house was a big house, and as a result of this we got used as a refuge for all sorts of people. And we used to have grandparents arriving from Portsmouth looking shattered after the bombings, and cousins arriving from London, again looking shattered after the bombings, and they got even more shattered when a bomb landed next door to us and we lost the chimneys to the house. They all went very quickly after that. But, even so, after a little while they began to come back, and there were times when we had twenty five people staying in that house, and it was very cramped indeed. And I think my poor mum did her nut over the cooking!

How did she manage your quantities?

Well, she had a series of scales around the place. The great trouble with mum and scales was that she was always losing weights. If you had a half ounce weight, there was a fair chance she'd lose it. If you had a quarter ounce weight, it was absolutely certain she would lose it. So she went in for spring loaded scales,

- (15) and of course spring loaded scales need to be readjusted constantly. And she used to have a set in the dining room and a set in the kitchen, and if I remember rightly she also had a set in her sitting room as well, because habitually we used to have afternoon tea in the sitting room. And these three sets of scales never agreed with each other, so I suspect my lines got a bit twisted from time to time!

Back then, where we left you, with glandular fever. What happened next?

Oh, they admitted me to the ward at the Middlesex. They treated my unstable diabetes, clearly there wasn't very much to be done about my glandular fever, because there's no real treatment of glandular fever. So I gradually got better, and my diabetes was stabilised again and all was okay, apart from the fact that I felt very tired for a long while. Oh, there's one other thing that I didn't mention. Before I got glandular fever, and this was only very shortly after going up to medical school, I got acute appendicitis, and again I was admitted to the Middlesex with my acute appendicitis, and I had my appendix taken out. And I can remember being very surprised at that time that it didn't seem to upset my diabetes at all, and I suspect that was because the professor, Prof Kekwick, and his juniors had kept a very close eye on me at the time of my admission. I was very surprised that I had so little bother; I was in the Middlesex for only about five days, which at that time for an appendicectomy was a very short stay indeed. I did actually go home for about a fortnight afterwards, but no problems. It was wonderful.

Now the classic image of a medical student's life is rather sort of irregular, and full of drinking and so on. How did that lifestyle combine with your diabetes?

I don't think I was ever very well off to indulge in much in the way of drinking. There was a pub almost opposite the Middlesex, the Cambridge Arms, and there were a group of three of us who used to go over

- (16) there occasionally. I can never remember drinking any vast quantities. I suppose I must have had the occasional beer or whatever, but I don't remember this as a sort of habitual thing at all. I did find, there was a funny little restaurant just down the road from the Middlesex, it was called The Glory. I suspect it was called The Glory because it was so obscure and so peculiar. And rather than use the hospital canteen, which the medical school students were entitled to use, I used to go to The Glory midday, usually with a friend of mine, Ian Dawson. I'm not sure that it was necessarily a particularly wise choice, but certainly one used to get served a good deal quicker than one got in the hospital canteen, and consequently you could at least sort of gear yourself to finishing a session in the morning and starting a session in the afternoon. If you went to the canteen, at times you had to wait three quarters of an hour to get your meal from the sort of buffet counter, cafeteria counter, and this was a bit disconcerting when you were trying to get back to lectures and things.

Were you weighing food yourself at this stage?

No, I mean it wasn't practical. My very nice Swiss landlady used to get very worried that she wasn't weighing food, but again it wasn't really practical, and you couldn't ask a little body, who made her livelihood out of hiring rooms to students, to take that degree of special care of an individual. They were very good and very kind to me, and were very careful over what they gave me to eat, but I don't think they ever weighed things, not that I can remember anyway.

Would you say, at the period when you were a medical student, that you were keeping very strictly to a diet and strictly to a regime of insulin, without doing any adjusting yourself?

I think I was keeping pretty strictly to my insulin regimen. I was doing urine tests very frequently, usually morning and evening, and I used to adjust insulin, usually adjust the soluble insulin part of the regimen in the early days, later, of course, it was only soluble insulin, according to the results of those urine tests. I don't think that my dietary intake could have been anything like as well controlled; I don't see how it could have been quite honestly. I think I did as well as I could, as well as was practical, but certainly, how should I put it, I never became obsessive about it. Perhaps if you become obsessive about these things, your disease takes over from you rather than you controlling it, I'm not sure.

- (17) Can you talk now about when you qualified?

Yes, I qualified in 1954. I got the London MBBS. It was at a time when there

were a lot of people qualifying who had been in the services during the war, and we were told, when we qualified, that the house jobs, the house surgeon, house physician jobs at the teaching hospital would go as first choice to people who had been in the services during the war, which seemed reasonable - after all, they had given up a lot of their lives to fighting for, basically, I suppose, for us. So that when I qualified, I did in fact apply for jobs at my teaching hospital, but I wasn't at all surprised that I didn't get them. I then, my dad rang me up, and my dad said, would I like to do a house job at the Cheltenham General Hospital, and so I did. I went there as a house surgeon and I did my first six months there, which was very busy, and I don't think it was as well supervised as it ought to have been. I can remember, for example, being asked to give an anaesthetic to a young man who had come into casualty after a plate glass window had fallen on top of him when he was trying to install it in a shop in the centre of Cheltenham. And he had a great dagger of glass going into his neck, and the surgeon who was on duty said "oh, you can give him an anaesthetic, it's easy". Well, I had been instructed on how to give anaesthetics, and I had done one or two under supervision, but I'd never actually done one completely unsupported before. And I must admit, I was exceedingly, exceedingly glad when that young man came round from the anaesthetic he had given me and seemed to be perfectly well. And indeed, I think the chap who took the glass out of his neck was quite heroic, and perhaps should himself have had a gold medal, because that fragment of glass was actually landed in between

- (18) the carotid artery and the carotid vein, separating them without actually puncturing either. Quite a horror that was, however.

What sort of hours did housemen work in those days?

Well, the hospital had two house surgeons and one surgical registrar, there was a casualty officer, there was a gynae house physician and a paediatric house physician. But the paediatric beds were three miles away and the gynae beds were three or four miles away, so that the whole hospital was run with one house physician, two house surgeons, a medical registrar, a surgical registrar and a casualty officer. And we took all the emergency work from Cheltenham, from Stroud, from Nailsworth, from Winchcombe, from Tewkesbury, and all the countryside round about. It was very busy indeed. I can remember being up night after night when the winter was upon us - and that for two reasons. One was that the ice on the Cotswold roads used to produce enormous numbers of skids of lorries and cars, and people would come in with head injuries and long bone fractures. And I can remember also the pressure there was on casualty with people coming in with infections. There was a lot of poverty in that area at the time. One tends to think of Cheltenham as being a sort of town of middle class retired people, fairly well off, but there was in fact a considerable area of that town where there was a great deal of poverty. There was a notorious street called St Paul's Street North, and I can remember going down there on one occasion to visit somebody who was ill. I went down with my then consultant, George Dorling, and I can remember being absolutely horrified by the blatant

poverty of that house, and the way in which the little lady, whose husband and herself and I think it was three children lived there, how she laboured to keep that place clean and neat, and how blatant the poverty was. Very distressing, as I'd never come across real poverty before. But there was a lot of that in Cheltenham, and consequently there were a lot of people who used to roll up in casualty with chest infections, other infections, very much precipitated by cold and lack of heating. And as a casualty officer, because when the casualty officer himself was off duty the two house surgeons took it in turn to run casualty, I can remember seeing these people coming in, and very often having to sign the death certificates a few hours later.

(19) So how many hours do you think you worked in an average week?

I find it very difficult to say this. I think it would be very unacceptable now, the number of hours we worked. But I can remember, we did come to an arrangement whereby alternate weekends the house surgeons took off. The other house surgeon who was there with me was a chap called Williamson, and he was a Scotsman, and he had a girlfriend who lived, can't remember exactly where, somewhere in the Midlands, and I had just got married, and so between the pair of us we came to this arrangement that we would cover each other alternate weekends. It wasn't terribly popular with our superiors, but the pair of us insisted on it. But other than that, we worked, I suppose, about a twelve hour day, and we were on call, certainly alternate nights, and if things were very busy, as they were sometimes, we were, of course, we were working through the night as well. It was a very busy job, it really was.

So how did you manage your diabetes?

I'm not sure whether it was by luck or by judgement, but I do remember that I didn't really have awful amount of trouble with it. The other juniors there were again, they were very kind, and I can remember on occasion the surgical registrar saying to me "look, it's about time you went off and had some breakfast", or "it's about time you went off and had something to eat". And they were very kind, and I think, you know, they tried to be very helpful, and indeed they were. They were a very nice group, very nice group.

Were there worries that you might not have adequate warning of a hypo in a situation where you were responsible for somebody else?

Well, I must admit that I myself used to take precautions over this. I think I've said before that I had great difficulty if I had to drink glucose drinks, but I used to carry in my pocket a tin of those funny little compressed glucose pastille things, I think they contained five grams of glucose each, though my memory may be faulty on that. And I used, if I thought I was going, as it were, to run over time, I used to suck one of these before doing anything, before perhaps going to theatre or whatever. I do know that I didn't in fact have any major troubles or difficulties, and I suspect that it was the combination of the helpfulness of my colleagues and that little square tin of compressed glucose.

(20) What happened after Cheltenham?

There was a shortage of house physician jobs, and as you probably know at that time, this was shortly after the changes in medical registration, and people had to do six months as a house surgeon, six months as a house physician, with six months in obstetrics and gynaecology as an alternative to one or the other of those. And there was a great shortage of house physician jobs, but I'd been somewhat fortunate. We had got married and we'd got a little house in Cricklewood, and we used to go to church at the little church dedicated to St Andrew in Dollis Hill Lane, and that was next to the Catholic Hospital of St Andrew's, Dollis Hill. And it so happened that in that church, the chap who was the secretary, the hospital secretary, and his wife also worshipped, and we got to know both of them quite well. So when I was getting to the end of my time at Cheltenham and I was beginning to look round for a house physician job, my wife mentioned this to the hospital secretary, and the hospital secretary said to my wife "well, we've got a house physician job coming up", I don't know, it must have been in six weeks time or something like that, "why doesn't your husband apply?". So I did, and I got short-listed and I was interviewed and I got the job, so that was very nice, because it was only about a mile from where we were living. It was a job I needed, and indeed it was a job in which I was working for good chiefs who went out of their way to teach me, and I think I learnt a very great deal. I can even remember the salary I was paid. I was paid a hundred and fifty pounds for the six months, and we were living on that. It seems extraordinary, but we were living on a hundred and fifty pounds over six months. Surprising really, but we did it.

Were you required to be a Catholic for that job?

No, I think I was the only, I

(21) think I was the only Catholic on the junior staff there, and I suspect that the nuns who ran it tried to pamper me as a result, but, I didn't like being pampered very much. It seemed a bit sort of, a bit off beat really. But it was a very happy hospital, not very big, it had about a hundred and forty beds. I was the only house physician, there was no medical registrar, there was a surgical registrar, an anaesthetic house officer and there was one, and later two, house surgeons. There was no real casualty department there. But it was a happy hospital.

Were you beginning to think about what area you might specialise in?

Yes, I was actually. I'd actually wondered about specialising in diabetes, and one of the people I was working for there was Wilfred Oakley, I've mentioned him before. He was on the staff at King's College, the diabetic unit at King's College Hospital in South London, and that was how I came to meet RD Lawrence. Wilfred Oakley was very, very much against my trying to specialise in the care of diabetics. He said, and I sometimes wondered whether this was because of his close association with RD Lawrence, who was himself a diabetic. He said that he thought it was a bad thing to specialise in a disease which one had oneself,

because one was too close to it to be able to be objective. Looking back on it, he was probably right, though at the time I didn't think so and I got a bit uptight about it all. But he tried to persuade me to go into pathology, and he actually arranged an interview for me with the professor of pathology, Professor Scarfe at the Middlesex Medical School. Professor Scarfe was again very kind to me, and he said to me that he thought my interest was an interest in people rather than in corpses, and he was quite right, and consequently he advised very strongly against

(22) going into pathology as a sort of long term career prospect. One of the other physicians at Dollis Hill, a chap called Alec Wingfield, he suggested to me that I needed to get a higher qualification, and this I'd really not thought about at all. And he suggested that I applied for a job at another hospital where he worked, which was the Seamen's Hospital in Greenwich, and I applied for that house job and I got it. And that too was a very interesting job. And later on, when I became a consultant, I discovered that I was the only consultant in Reading who had actually treated leprosy, and had actually had to cope with cerebral malaria, and actually knew a bit about intestinal worms, not that that was the consultant post that I attained, but it was quite interesting to find that that bit of experience had brought me into an area of knowledge that wasn't commonplace. Anyway, I did that job, and I then went to the Willesden General Hospital as medical registrar. When I finished my two years there, again I was working for Alec Wingfield, and he, I think there's no doubt at all, he manoeuvred me into a registrar post at the Middlesex Hospital, at the Middlesex Hospital and at the Arthur Stanley Institute, the Arthur Stanley Institute for Rheumatic Diseases. I hadn't wanted to do rheumatism at all, but I found it absolutely incredibly intriguing, and I found that the patients were the most long-suffering in many senses, and people who were so rewarding to try and help that, within a very short while, I had become completely converted to the idea of working as a rheumatologist as my life's career, which indeed I did. And it was, from my point of view, a very, very happy career choice. But I came into it entirely by chance, entirely by chance.

(23) And clearly the Lord was pushing me rather than me directing myself, but it was very good and very happy, and I loved it.

Had there been any changes in your diabetes during this period we've talking about?

I don't think there'd been any major changes. I had had one or two infections that I had sort of picked up, usually picked up from people in casualty. 'Cause again at the Seamen's Hospital, the seamen used to come in at high tide into the port of London, and you would see people with many, many, and very varied, acute illnesses, and one used to have to go down to the casualty department there to cope with these. And some of the illnesses they had were bizarre to say the least of it. And I can remember I picked up a real good old fashioned

pneumococcal pneumonia from one of the seamen. It was picked up, of course, very quickly by my colleagues and treated very quickly, and I don't think I was ill for more than a day or two. I don't remember that, anyway, as being a prolonged illness. It was a good place to work, the Seamen's Hospital. I'm sorry it's closed.

Did you have any regular check-ups for diabetes?

At that time, no, not at all. Life was too busy, life was much too busy. My boss, Alec Wingfield, he used to run the diabetic clinic, both at the Seamen's Hospital and at Willesden. The Seamen's Hospital diabetic clinic, of course, was pretty tiny, because no diabetic seaman got kept on as a seaman very long. Sometimes you got people like engineers who were diabetics, and I can remember on one occasion a sea captain who was a diabetic. I'm not sure, looking back on it, whether his diabetes was newly diagnosed or not, but I can remember him coming in from his ship, accompanied by his first officer, in pre-coma, but I don't for the life of me remember whether he'd been treated as a diabetic previously or not. I can remember that the shipping federation people retired him with great speed, and he was terribly distressed by that. However.

When you did treat people with diabetes before you specialised in rheumatism, did your own diabetes have any relevance?

I suppose it did, because I suppose it helped me to have a little bit of insight into the difficulties people were having. I know that I used to spend quite a lot of time talking to newly diagnosed diabetics about their disease. I'm not sure that at that time that was very commonly done - I may be misjudging people by saying that, but people I can remember being really rather grateful that one had taken time and trouble to talk to them. But other than that, I don't think it made an enormous difference. I did at that time become really rather skilled at doing blood sugars, because you always had to do these yourself during the night, and of course you didn't have any of the kits. You had to do it all in the laboratory with five mls of blood and spinning it off and goodness knows what. But I got rather skilled at that, I could do them very smartly indeed. However!

This is for yourself or for your patients?

Mainly for the patients. I mean, I occasionally did one for myself, though I've never found it very easy to take five mls of blood from myself - it's not the easiest of tasks, and I've never quite understood how heroin addicts manage to get needles into their own veins so readily. I could never get needles into my own veins with ease!

(24) When did you go to the Arthur Stanley?

I'm not absolutely sure, but I think it was in 1960. I must admit I'm a bit vague about this, time goes by, but I think it was in 1960, and I was there for just about the two years. I worked for Dr Oswald Savage, who was a great man, Oswald Savage - a very good physician. And I worked for Tony Boyle, who was also very good, but you didn't see a great deal of Tony Boyle. I think he had



recently remarried, his first wife had died, he'd recently remarried and bought a house down near the coast, and I think he was very interested in his new house and his new wife, so he wasn't there quite as often as perhaps was desirable. But Oswald Savage was very good. He used to teach a great deal, and I owe a great deal to Oswald, very nice man. And there was a third person I worked for, a certain Kenneth Stone, a very quiet little man. A very, very good example to a junior doctor in the care he took for people, and the way he put himself out in caring for people. He retired while I was there, and I was very sorry, very sorry that he retired. I wrote him a thank you letter, and I've still got the reply he sent to me, which I treasure - one of the nicest and gentlest bits of fatherly wisdom that I've ever come across. A lovely man. When I finished at the Arthur Stanley Institute, I went to the rheumatism research centre at Stoke Mandeville under Alan Hill, and Alan Hill too I would regard as being a great man - very gentle, very hardworking, very caring, a very good teacher. His juniors used to always end up with superlative jobs all over the place. One ended up as Professor of Medicine at Leeds, one ended up as Professor of Medicine in the Lebanon, one ended up at Manchester in the teaching hospital there, one ended up at Sheffield in the teaching hospital,

- (25) one ended up at High Wycombe. I ended up in Reading. It was a good place to work and the experience was very good indeed, and the teaching superlative. I was there, first of all, as a registrar, then as a research fellow, a research fellow with an honorary contract as senior registrar. And in 1966, I went from Stoke Mandeville to the position of Consultant Physician in Rheumatology to Reading, and to the Reading group of hospitals. And there I remained until I reached the age of sixty, or sixty and a bit, and I retired early, at the end of 1991. I was one of the people who took advantage of the offer by the Department of Health of early retirement for people in whose speciality there was an excess of senior registrars, and therefore a shortage of jobs for senior registrars. And so I took advantage of that. And I took advantage of it, partly because I began to feel I was running out of steam - I had been working very hard for a long time and I had been Tutor in Medicine at Reading as well, and partly because my Bishop had written a pastoral letter, in which he had said that he wanted men who were perhaps reaching retiring age or who had taken early retirement to train for ordination to the permanent diaconate. And the circumstances that I heard of this pastoral letter were exceedingly odd. At that time, we had a parish priest here who was suffering from Alzheimer's disease and who never read the pastoral letter out, indeed I'm not sure that he even opened it. But by a curious series of chances I got to hear of this pastoral letter, and I wrote to the archbishop and he sent me a copy, and I read it. And two or three days later after reading it, I had a letter on my desk at work from the regional medical officer saying that I was entitled to claim early retirement under the health service scheme for senior registrars, and I had a feeling that I was being kicked very firmly in the bottom to do something. And that was reinforced a few days after

that by somebody else, who told me that there was a vacancy in the next training scheme. So I took early retirement, the archbishop interviewed me and accepted me, and I went off and did three years of training in Birmingham and got ordained in 1994, almost ten years to the day from now.

- (26) Before we get on to what you did after you were ordained, can you talk about how large a part diabetes had played in your life, up until that point?

I must admit, I was always afraid that it would rule my life, and I was always pretty determined that it shouldn't. I mean, it's all very well to have a chronic disease, but you want to control the chronic disease, you don't want the chronic disease to control you. So I always did my best to, how shall I put it, be sensible in relation to the diabetes - realise that it was there, realise that it was a disability with which I had to cope, but on the other hand, to feel pretty strongly that life had to be lived, and life had to be lived as normally as possible. I think, in general, I managed that balance fairly well. A great deal of the ability to manage that, I suspect, comes down to the goodness and tolerance and abilities of my wife. She was a nurse, indeed she was a night sister, and she had worked on the professorial medical unit at the Middlesex, and therefore perhaps had rather more insight into the management of diabetes than a lot of nurses would have had. But she has looked after me, and helped me to keep on the relatively straight and relatively narrow.

Would you say that since marriage it was she who had controlled your diet?

Shall I say that I'm the world's worst cook. If I had any instruction in cooking, it probably came from one of the Italian poisoning families. I'm absolutely no good at cooking at all, and now that I have to try and do the cooking for my wife, I really, I'm very sorry for her. So I think from the diet point of view, Mary has looked after me with very great care, and I owe her an enormous amount, an enormous and continuing debt I've got to her. So I suppose yes, she did a great deal, a great deal through the fifty odd years that we've been married.

- (27) Talk about the time when you were training for ordination, the three years in Birmingham.

I started training for the diaconate in September of '91. This entailed a great deal of reading, a great deal of writing of essays, and I must admit I was out of the habit of writing essays. We had to go up to Maryvale in Birmingham, which is up in Kingstanding, and it's a bit of a traipse - it was a hundred and eight miles, door to door. The arrangement was that we went up every weekend, and we had lectures and what have you. We did a great deal of discussion, the group of trainees - there were about twenty of them at the time, but there were only three in my year. We had lectures and we got given enormous reading lists, and one of the great problems was that the library at Maryvale was appalling, and you weren't allowed to take books out of it, and it wasn't opened during mealtimes, and it wasn't open after four o'clock and our lectures didn't finish 'til

five o'clock, so the library was quite useless. Fortunately I could use the public library here, and the librarians in the public library here were very helpful indeed in getting books, so I didn't have to do that amount of travel. I did sometimes have to go up to the library at St Benet's Hall in Oxford, where again they were very helpful, and sometimes I had to go to the library at Douai Abbey, which is at Woolhampton, half way between Reading and Newbury, and sometimes I had to go to the library at Downside, which is near Bath. But everybody was very helpful, and I got a great deal of support from all sorts and conditions of people. Anyway, I did the three year training. When I was getting towards the end of the first year, something happened, and nobody has ever quite managed to discover exactly what happened, but my diabetes went very suddenly and very completely unstable.

- (28) I mean, my thought was that I'd picked up an infection. But I was admitted to the Radcliffe in Oxford rather urgently, and they did all the usual things; they put me on a drip and gave me lots and lots of insulin and what have you.

You were in a coma, were you?

I was in pre-coma. I can actually remember arriving at the Radcliffe, but I can't actually remember getting to the ward. My wife tells me that I was very, very drowsy indeed by then, but as I say I've no recollection of that at all. I was only in there about five, six days. They never discovered what had produced that sudden instability. They never found any evidence of infection. They got all high powered and took the ampule of insulin that I'd been using and sent it off, to see if by any chance there was something amiss with the insulin, but there wasn't. And certainly I hadn't omitted a dose of insulin - neither my wife nor I had any suspicion that that had happened, so goodness only knows how all that occurred, I just don't know. Anyway, they re-stabilised me and all was okay. They suggested that I changed onto human insulin, and that I did. I didn't actually find, personally, that there was any enormous benefit from that change. There was one enormous disadvantage, and that was I lost any forewarning of going hypoglycaemic. I lost all the funny business of getting my lips and tongue tingling, and that was a plague, but I had in fact developed cataracts. Whether these were diabetic cataracts or not, I don't know, but it is certainly true that my brother and sister, neither of whom are diabetics, have also developed cataracts at about the same age, so maybe they are or maybe they're not diabetic. Anyway, I had the cataracts extracted in Reading as a day case and under local anaesthetic, and it's quite an interesting experience.

- (29) And after I had the cataracts extracted, I found that every now and then I got a curious scintillation in front of my right eye, very close to the fixation point. The eye surgeons got very worked up about this, but they couldn't find any evidence of my developing a retinopathy, and after a while I discovered that this was actually a warning of hypoglycaemia. So I have, in fact, developed a very unusual forewarning of hypoglycaemia, in that I get a sort of scintillation in front of my eyes, close to fixation

point. It's quite useful, because it certainly draws itself to your attention - you can't miss it, and it responds very quickly to quite minimum doses of glucose. I have also discovered that at that time, my blood sugar is usually running around about 1.5 millimole a litre.

Had you been having regular eye checks before your cataract operations?

Oh yes, I had had regular eye checks for a long time. I can't remember when it was, but it must have been in, I suppose, the middle '80s, one of the registrars in the eye department at the Royal Berks saw me, and he said something like, "well you've had diabetes for fifty five years now and you've no evidence of retinopathy. I doubt very much if you're going to get any retinopathy in the rest of your life". I felt quite cheered up by that. Certainly they get a better view now that I've had my cataracts taken out, and certainly they still say I have no evidence of retinopathy, so this is a good thing.

Up until this point, how much contact had you had with medical checkups for eyes, feet, or whatever? And what's meant by regular?

I'd been seen by the eye people, I suppose roughly at six monthly intervals, I couldn't be too sure but it must have been about

- (30) that length of time, and that's going back certainly to before the time when I came to Reading as a consultant. I couldn't actually date it any more accurately than that. So far as regular checks of my diabetes went, when I came to Reading, I acquired as a General Practitioner Tom Stewart, who was himself very interested in diabetes, and indeed set up one of the first diabetic clinics in general practice in this part of the world, and he sort of took me under his wing. He was a General Practitioner in Sonning Common and I was living in Caversham, so, you know, it was a mutually very agreeable arrangement. And Tom and I were anyway great friends from another occasion. He had been a registrar at the Central Middlesex at the time when I had been a registrar at Willesden, and we had got to know each other at that time, so it was a mutually advantageous and mutually happy arrangement. Unfortunately, Tom went and had a stroke and died in, just over ten years ago now. A great loss, great man. Now, from the time I went up to the Radcliffe, the Radcliffe people, who have now moved to the Churchill Hospital in Oxford, have seen me with fair regularity. It runs out again between once in three months and once in six months, more recently it's been once in six months, and I've been going up to Dr Levy's clinic. About, I can't remember the exact timing, but a little while back, they suggested that I went on to using a pen and having four times daily injections, and that I've done. I've found that to be more convenient, because it means that your meal times are not quite as fixed, but I haven't actually felt any better for it.
- (31) I must admit, I'm not too sure of the timing of that change, but it's been suggested to me that it's 1996, and that sounds a very reasonable dating. Very recently, they've suggested a change of my night-time insulin to one of

the new insulins. That was suggested the last time I went up to the clinic, which was just before the New Year. Their letter took more than a month to get to my GP, but that's about par for letters from the diabetic clinic - I don't think that they know what a first class post is. But it eventually arrived with my GP, just at the time when my wife was taken ill, and he suggested that I changed, and I said I didn't think I wanted to change while I was coping with my wife's illness, and so I haven't. I'm still using the long acting Human Insulatard at night time and I haven't changed to the new insulin at all, and I certainly have no intention of doing that while I'm having to cope with the very variable degree of disability that my wife is now showing. It simply wouldn't be fair on her to have to cope with me fiddling about, conceivably going hypoglycaemic and what have you, so it will have to wait, it will just have to wait.

When you go for these six monthly checkups, are your feet looked at, or other aspects of your health?

Yes, oh yes. My feet get looked at anyway by the jolly chiropodists. I see the chiropodists over at Henley; they're very good. They see me, they don't do it regularly, what they do is they wait for me to ring them up, and I ring them up and I'm usually seen about a week later. And I go over there about once in three months, and they provide me with nice insoles. They haven't been able to do it for the last six months, because as an economy measure, the health service in Reading is not providing insoles. I can't quite see how much money gets saved by insoles, if you then find that people develop ulcers on their

(32) feet that take a long while to heal and take up a lot of in-patient time, but then that's their choice, and if they're barmy in the crumpet, I can't do anything about it. They do look at my feet very carefully, and I have got a neuropathy which affects the feet, and the peripheral pulses in my feet are not awfully good. When I go to the diabetic clinic, they also look at my feet, they also assess the feeling in my feet. They don't usually look at my eyes at the diabetic clinic, 'cause the people in Reading do that anyway. And anyway, if I drive over to Oxford to the clinic, it makes it a bit difficult if I have my pupils dilated and then have to drive back, so they're usually rather kind and leave it to the people in Reading. And the people in Reading, a friend of mine takes me down to the clinic and brings me back when they're going to make me filled with belladonna. And belladonna's supposed to make you a beautiful lady, I don't know that I'm a lady at all, I'm certainly that I'm not beautiful!

You mention this, what you consider to be a bad decision about insoles, so this might be a good point to ask you to reflect about your experience of the National Health Service and how it's changed over the years.

How's the health service changed? It's very difficult to say much about this because, of course, I've been inside it. My appointment as a consultant was, of course, part of the Oxford Regional Health Authority's priority to try and

develop service for the population of rheumatics, and therefore, I suppose, I would have to say that at that time I think that there were considerable improvements occurring. When I came to Reading as a consultant, nobody had started doing hip replacements, knee replacements, or indeed any joint replacement surgery, but shortly after I came here, one of the newly appointed orthopaedic surgeons, Pat Chesterman, and I got alongside each other, and we decided that we would try and start a hip replacement programme.

- (33) And the arrangement was that I would admit patients into one of the beds that I had at Battle Hospital, and he would operate on them, and they would then come back to my beds. This meant that the orthopaedic department's overcrowded beds didn't get further overcrowded, and that we would be able to get reasonable numbers of hip replacements done. And that worked very well, but the trouble was it became too popular, and after about a year or eighteen months, we found that we had a waiting list that was itself likely to be a year or longer long. And this was really very worrying, and we found it very difficult indeed to do anything about it. But then another orthopaedic surgeon was appointed, a man who is as well known for being a musician as for being an orthopaedic surgeon, Arthur Theman - plays the saxophone and plays it beautifully - and he sort of joined the team, as it were, and began doing not only hip replacements but knee replacements. And this worked very well indeed, but, of course, again the waiting lists increased, because people sent us people for needing hip replacements and knee replacements from all over the place, all over the country, and we worked like mad to keep that list down, but it was a quite impossible task.

And what are your impressions of how changes in the National Health Service have affected the treatment of diabetes?

Well, I suppose one great thing of course, when I was a lad, and up 'til 1948, my parents were having to spend a lot of money buying insulin, and it cost a lot of money.

Can you remember how much?

I can't remember how much I'm afraid, but I do know that my mother was extremely relieved when the health service came in in 1948, and this ceased to be a fairly considerable household expense. I can't give you any figures at all. I'm sure you could get those figures, but I have no notion. So that, I think, was an enormous improvement. And I can well remember meeting, for example, a very nice little

- (34) doctor from Ceylon, who was in this country and subsequently went back to Ceylon, and she, quite almost casually, said to me one day "did I realise that in Ceylon, even the well off could only afford to have insulin injections alternate days because of the cost?", and I began to wonder whether the impoverished in this country, prior to the health service, had been in the same sort of position. And I remembered Wilfred Oakley talking to me

about the incidence of the complications of diabetes, and saying to me that he had a very strong impression that these were much commoner in people in social class four and five than in social class one two and three. Now, I don't know where he had that information and I've never checked it, but if it's the case, I would just wonder whether it's got something to do with people earlier on not being able to afford to buy insulin for themselves, adequately in quantity.

And what have been your experiences of the NHS in recent years?

I must admit that I'm not that impressed by recent changes. Yes, recent changes in the orthopaedic department in Reading have got the waiting list for hip replacements down from about eighteen months to about five months, and that's jolly good, and the same applies to knee replacements and shoulder replacements. Unfortunately it doesn't apply to finger joint replacements. These seem to be hanging around a year or longer. But there we are; you can't have everything. I am not impressed by the way in which changes in the health service have affected the rheumatic population locally.

What about the diabetic population?

I'm not so sure about that either. I've never attended the diabetic clinic in Reading, so I can't talk about the Reading diabetic clinic. The diabetic clinic at Oxford

(35) runs very well, but the inpatient care I don't think is quite as good. I think that the turnover has been speeded up a great deal, and in one sense I suppose that's a good thing, but on the other hand the actual educative business of being an inpatient, especially if you happen to be a new diabetic, gets truncated, and I get the impression that people are not understanding about the diabetes quite as well. And I have one very good reason for saying this. I was at Dorchester, and I met an old lady and her husband at Dorchester, and this old lady said to me "oh, I saw you the other day in the diabetic clinic", and it turned out, of course, that we were both diabetics and both attending the clinic in Oxford. And she said to me "I've been a diabetic for four or five years", she said, in other words shortly after the health service changes began, "nobody seems to be able to tell me anything about my disease. They keep on telling me to read things. I mean it's all very well reading things, but what you need to do is to ask people questions and to get them to talk to you, and that just doesn't seem to happen". Now she may be an individual case, but I have actually since met one or two other people who have had similar experiences, and this seems to me to be a very bad thing. I am ill-impressed by the changes in nursing care in the wards, and that isn't specifically in relation to diabetes. It's in relation to the care that my wife has had over her recent illness in the Royal Berkshire Hospital, though I would say that the neurosurgical unit at Oxford the nursing care was exemplary and very good indeed. But I was very ill-impressed by the nursing care at Reading, and I went so far

as to tick off the sister of one ward, who told me that she hadn't been able to give my wife anything to eat for three days because she hadn't ordered some tablets from the dispensary. And I'm afraid I called her some very rude names indeed, and I think they were justified.

(36) And how have you got on with the Oxford clinic?

Oh, in general, very well indeed. There was a phase, this seems to have passed, but there was a phase in which I found that I was being seen by very inexperienced doctors, who clearly knew nothing about diabetes. There was, for example, one young man who told me that it was absolutely contra-indicated to mix different varieties of the lente insulin, and I pointed out to him that the whole idea of the lente insulins was that you could mix any variety of them in any proportion you cared to mention. And he then went off and told me what a fool I was. I was not impressed. And there were one or two incidents of that kind, with rather inexperienced people trying to cope with disease processes in which they had no real insight, and I think this wasn't helped by the fact that they didn't seem to have any good system of problem-orientated record-keeping in the department. I did, in fact, make my feelings known to Dr Levy, and I suggested that having some kind of flowchart might actually make the running of the clinic easier, and might make the relatively inexperienced pick up more quickly the things that they needed to know. After all, junior doctors need to be trained, and you have to have a sensible system for training them. I hope that was helpful. Certainly since that time, I've always been seen by a senior person, so maybe I've benefited. I hope other people have, 'cause I wouldn't want to be just a bloody-minded nuisance.

Your experience of the health service is obviously not typical as you are medically qualified, but have you observed any changes in attitudes of medical staff to patients?

I do find this difficult to answer. I am a bit worried by the attitude of junior medical staff. They don't seem to be interested any more in the

(37) continuity of care. I know that when I was newly qualified, one of the things that I found most helpful was the fact that I was around in the wards all the time, and therefore you could observe how a disease changed. How for example somebody with a cerebral thrombosis, how their disease changed, or the manifestations of their disease changed in quite a different way from the way in which the manifestations of a cerebral bleed changed. I know it was jolly hard, and I can remember how tired I got, and I wouldn't want anybody to get as tired as I used to in those days, but if that is sort of excised from the junior doctors' job, then they miss an enormously important bit of experience. And when my wife was in the Royal Berks recently, I noticed that she came in, and if I remember rightly she was admitted mid afternoon, she was seen by a young doctor who went off duty at about five o'clock. And another doctor came on and wandered gently in at about half past six, and didn't seem to know



anything about what had been happening to my wife, didn't realise that she'd been having multiplicity of fits. Maybe it was all down in the notes and he just didn't bother to look at the notes, but I was ill-impressed. And then she was transferred to another ward, which was on the sixth floor of another building, and the house physician never came there because it took such a long time to get from the main acute ward up to the sixth floor of the maternity unit where she then was, that had now become a medical ward, and they just seemed to come occasionally. And the patients felt that no doctor was taking any interest. And there was certainly a little lady, who was in the next bed to my wife, who was in severe pain. I don't know what the cause of her pain was, but I saw her and she was in severe pain when I went in to see my wife at about seven o'clock one evening,

- (38) and my wife was then very ill so I went back again at about eleven o'clock, and this old lady was still in severe pain and hadn't been seen. I was in and around the ward until about six o'clock the next morning, and this old lady wasn't seen at any time during that period. She wasn't in fact seen 'til the consultant came round the next morning at about ten o'clock, and the consultant himself wrote her up for pethadine, and I thought it was absolutely abominable. And if the health service will allow junior hospital doctors to treat patients in that sort of casual fashion, then the sooner the health service is blown up and replaced by something else the better, and the sooner that hospital managers are dismissed and put onto social security to understand the difficulties people actually have who are impoverished, the better.

Have you noticed any differences, any changes in society's attitudes to diabetes?

Have I noticed any change? Do you know, I don't think I have? Possibly, well I don't know, possibly it's regarded as more normal, I'm not sure about that! I can remember a little while ago, there was a family that I was visiting. One member of the family had died suddenly, and I was going in repeatedly to try and give a bit of support to this chap's wife. And there was a son in the family living at home, and the son was a chap in his late thirties and he wasn't working. And one day I said to mum, "oh, why isn't John working?". "Oh", she said, "he's a diabetic, didn't you know?". And I said "well, I'm a diabetic and I've been a diabetic for umpteen years, it's never stopped me working". "Oh", she said, "nobody would let him work". Now I don't know whether that's a reflection of changed attitudes or that I was an advanced cohort of changed attitudes, or whether it was that that particular chap was just so petrified of his disease that he had never actually managed to try getting back to work, I don't know. But apart from that, I don't think I personally have really

- (39) noticed any special change. I just don't know.

From your long experience of diabetes, would you have any message for someone being diagnosed with diabetes now?

Oh yes, my message would be a straightforward one. You rule the disease; don't

let the disease rule you. I was very worried a little while ago. I got a handout from one of the firms that are making blood sugar machines, you know these home kits, very nicely presented, very nice, but this firm's handout was decrying the fact that doctors were not allowing patients sufficient test strips to test their blood sugars more than four times a day. And I thought to myself, if you're testing your blood sugar four times a day as a diabetic, once you're stabilised, your disease is ruling you, you're not controlling it, and that's a bad thing.

So how often do you test per day?

Oh I test about three or four times a week, well, unless obviously I've got a cold or something else that may upset it. But, I mean, the modern gadgets are very easy and you can do it very quickly, much better than the old days, so yes, it's a relatively easy thing to do, but I still feel very strongly that I mustn't let myself become obsessed by my disease.

So could you describe a typical day then, your regime in terms of diet, exercise, and everything?

Well I'm up pretty early, I get up just after six o'clock, and I dress and I perhaps have a cup of coffee. In the ordinary way, I would take a cup of coffee to my wife as well. She doesn't wake up quite as early as I do; she's probably got an easier conscience or something. But I leave the house about ten past seven to get down to church, where I will open up, and then we will meet and we will say morning prayer together starting at about half seven, usually about twenty five to eight actually, and then mass at eight o'clock. I will finish at about half past eight, or a few minutes after, and since we've had so much vandalism in the church recently

(40) we now have to lock up, so I usually lock up at about quarter to nine, or thereabouts. And I come home and have insulin, and I have some breakfast, and then what I do the rest of the morning varies enormously. In general terms I'm visiting. On Tuesdays, for example, I visit an old people's home, I visit a nursing home, and talk to the people there, talk to the staff. On other days of the week, I tend to go and visit people in their homes. I always have insisted on having one day a week in which I do not do any church work, and that's Wednesday, and in the ordinary way, Mary and I go out together on a Wednesday. We may do nothing more than shop or goodness knows, it will depend on circumstances. Afternoons, well... oh, I usually eat when I get back from my visiting. One of the advantages of the regimen of four times a daily insulin, you're not too worried about timing. During the afternoons, well, I do all sorts of things, it depends what's needed. I read, there's always a lot of reading needing to be done, especially when you're preparing sermons, I maybe will go and talk to people about the baptism of their new baby, or I may visit somebody in hospital, or whatever. It's a very varied menu of activities in the afternoon. I reckon to be home again by about six, something like that, and we tend to eat at about half past seven, and after that Mary

and I try to spend the evening together. Sometimes we watch the telly, sometimes we do crosswords, sometimes we discuss things, sometimes we play scrabble, and there we are.

And when do you take your insulin?

My insulin, before breakfast, before my “midday” meal, before supper and the long acting insulin at retiring, which is, my time of going to bed varies, but it’s usually around half ten to eleven.

Do you take any exercise?

Well, I suppose I run about a great deal, but it depends on the distance I’ve got to go. This parish is very wide flung, and if I go off to Hammond’s End or Nettlebed, or any of the outlying villages, I go by car, because otherwise it takes too long. I walk about in the village here quite a lot, and that, I think, is my main form of exercise. I used to ride a bicycle a great deal, but recently I’ve been getting angina and I’ve therefore had to give up bicycling. It is a pity because I like bicycling, but there we are.

(41) Now, during our break you’ve mentioned insurance problems during your lifetime, and I think it would be worth setting those down for the historical record.

Yeah, when Mary and I were first married and we had our first child,

Which year?

Claire’s now fifty, so, you know, take fifty away from 2004 and it brings us to ’54, doesn’t it? She was born just before Christmas, a couple of days before Christmas. I thought that it would be sensible to have some sort of life cover, and I had very great difficulty in getting life insurance at anything like a reasonable rate. I went the rounds of insurance companies over this. Eventually, the medical insurance company managed to get me a life insurance at reasonable terms, but even then I was paying roughly one and a half times the normal premium. So that really was a problem. I think that’s probably much less of a problem now.

What about travel insurance?

Travel insurance, well, I don’t remember when it was that I first had to ask for travel insurance. On many occasions I’ve been abroad, by way of medical trade as it were, to various conferences and what have you, and on those occasions I’ve never had any difficulty over insurance cover for travelling and health and all that sort of thing, but when I retired from the health service and needed travel cover, there was immediate difficulty. Some of the companies concerned said things like “well, we’ll cover you for anything, except for anything going wrong with your diabetes”. Some of them said “well, we’ll cover you for everything including your diabetes, but of course that would push the premium up by a factor of three or four”. And this was exceedingly difficult. I must admit that we

(42) heard about SAGA, and this is going to sound as if it's an advertising blurb for SAGA, but we heard about them, and we approached them with a view to a holiday in Croatia, and what did we do about holiday insurance? And they said "oh, we do our own holiday insurance. We've got an arrangement with a particular firm", they didn't tell me who the firm was, and I said "ah yes, but I've had trouble with holiday insurance", and I explained, and they said "oh, don't worry about that, that will be no problem at all. You'll pay the ordinary premium. The only thing we insist on is that you inform the company concerned, and that you inform the rep who will be with you on the holiday". And so that's worked very well, but apart from that it really was very difficult indeed.

And a final question, how has diabetes fitted into your family life?

I don't think it's made an enormous amount of difference. Mary and I have got six children, five girls and a boy - at one stage I thought I was another Mr Bennett, but five girls and a boy, and they're all grown up, they're all well, they've all married, and we have fifteen grandchildren, and we've recently acquired a first great grandchild. There is one thing that's worried me a great deal. My wife's family, when we married there was no story of diabetes in the family at all, but my father-in-law developed type two diabetes, and indeed died from complications of that about twelve years ago, and it's always worried me a bit that there is a sort of two strand diabetic history here, of type one on my side and type two on my wife's side. Up to the time, none of my children have shown any evidence of any sort of diabetic problem, but clearly it's a worry.