

46. Simon Lawson

(1) Tell me about your background.

Well, I was born in 1945, and my father was sixty-five, then, and my mother was forty-four, so perhaps I need to explain, perhaps, why they were so old, you know. My father was born in 1880, and he was married about - I don't know exactly when - but at the end of the nineteenth century he was married, and he had three children before the First World War. And then he went off to fight in the war, in the trenches, with his brother, and his brother was killed but he wasn't. And when he came back, he found that his wife had gone off with someone else. I mean, the actual history behind it, I don't know very well, but anyway, he was without a wife! And there was a tremendous hoo-ha about that and a divorce proceedings, which was very unusual in those days, because no one ever did this sort of thing. And then he married again, and he really loved his second wife. And they had two boys, and of these two boys, one of them was killed in the Second World War. And he was a Fleet Air Arm pilot, and he was killed landing on an aircraft carrier in the Pacific, and that really upset my father. But the second wife died. And in, I should think, at the end of the '20s or the beginning of the '30s - something like that - my father was a soldier and he was in Gibraltar, for some reason. And my mother was with her brother, who was also a soldier in Gibraltar, and they met. And I suppose they fell in love quite quickly - I don't know how quickly - but they were married. And, as I've pointed out, there was quite a big difference in age. But, they didn't have any children for a very long time. I mean, just say they were married in the early '30s - something like that - and I wasn't born till '45, so there were no children. Perhaps they felt that there were enough children already in the family, which indeed there were, and... But, anyway, I was born in 1945, after the end of the war. And my father had had various jobs. I mean, he was a soldier in the First World War, and between the wars he was in the British Army of the Rhine, so he was in Germany. And really the wars took up a lot of his life, and being a soldier. And then, when he finally ceased to be a soldier before the war, he worked as a

(2) house agent in London. And he... at that stage, they lived in a flat in London. And I suppose he saw lots of houses, and they bought this house in Somerset. And the reason why they did that was to be really close to his daughter. There was only one daughter - the girl from the first marriage - and she was married to a man in Somerset, and I think he wanted to be close to her, so they bought this house in Somerset. And during the war, when he had to be in London - the Second World War - he had to be in London, because he was an Air Raid Warden - and during that time, he used to go up to London to do what he was doing; it was his job, you know, in the war. And I think my mother was mostly in this house, which they hadn't had very long, in Somerset. And so, at the end of the war, I was born in 1945. And my early memories of being a little child in this house was that they had masses and masses of animals of various kinds,

masses of hens. And I think... I know they got the hens to have eggs to take up to the flat in London. And the flat disappeared very soon after I was born, I think. But, I remember things... and later on, they actually had a farm with Jersey cows, which my mother was very fond of.

Were you well off as a family?

Well, I suppose people would say we were well off, but I think it was a struggle to live in the way that my father wanted to live. I mean, my father's father had done extremely well. He died before the First World War, but in his time he certainly was well off, and he lived in a big house. My father always used to say it had fifty bedrooms, but when my wife and I went to look at it, we couldn't quite see that there were fifty bedrooms, but it was a big house, which funnily enough he never owned. He rented this house, he rented his flat in London, and he went up from Yorkshire to London for various reasons; but that was my grandfather. But no, my father had to work, and his method of working, once the war was over, was that he joined the family firm, which made textile machinery. And he used to go up from Somerset to Yorkshire every week and work, and then come back for the weekend. As I'll say later on, I did go to private school, and I remember exactly what it cost. And this rather presumes the fact that I must have heard them talking about the cost, which may suggest that it was a problem. There was about a hundred boys in this school, and the cost was ninety six pounds a term, which, of course, then, was a lot of money, but they managed to pay it somehow. So, yes, people would think we were well off, but we weren't hugely rich. I think they managed, somehow.

(3) And when were you diagnosed with diabetes?

Well, 1950 was the time when I got it. I... of course, you have... as you understand, it's a very long time ago, so my memory's slightly blurred, but certain details are very, very clear. I remember the GP - Dr Everett - who came to see me about this - see us about this - and I remember him saying that he thought I had diabetes. In fact, I don't think he thought; he knew it, that I did have diabetes. And I should say that during all this period, both before and after, I was always in bed with something: usually colds, coughs, and, you know, the usual tonsils, adenoids; everything. And so, seeing Dr Everett was quite part of my normal life! But, before I was... before it was diagnosed, it was a question of feeling... just feeling ill, having very bad nights, you know, with dreadful dreams - frightening dreams - and, of course, the usual thing of always going to the loo and feeling very thirsty, and looking very pale and thin. And my mother and father must have known... you know, it was quite obvious I was ill, and the doctor had no problem in telling that that had to be it. I mean, there were no blood tests then, you see, so the doctor looked at me and asked about me, and he knew that I had diabetes. And, of course, I was only five, so I don't know what sort of conversation went on behind closed doors. But I expect my father and mother must have asked where on earth they should take me, and the result of this was that I went up to see Dr Lawrence. And I went to see him - the first of many visits in the London clinic - but I actually went to King's

College Hospital; my only visit there. But I remember it quite clearly, because it wasn't just a question of getting me stabilised, there was also a question that I got quite ill with constipation while I was there, so I had really two problems. And anyway, they got over both these problems, and I started on my insulin. And, as you'd expect with this medicine, once it began to work, I began to be a normal naughty little boy again. And I remember rushing about and attaching all the trolleys together. They had these high trolleys, which were really used like

- (4) bed tables which went over the bed, and these could be attached with, I suppose, pieces of string or something, and pulled along, which made a lot of noise. And I'm sure I wasn't allowed to do it more than once. But, you know, once I got over this rather traumatic thing - the constipation was definitely the worse of the two, and I don't know why it happened - I began to get well quite quickly.

How long were you in hospital?

I don't remember exactly, but it seemed an age, and I suspect it was more than a week; probably about two weeks. And, as you know very well, Dr Lawrence had a particular diet, which my mother had to learn, really. And for a long period in my earlier life - and, in fact, I should say, almost all my life - I've been in the habit of measuring and weighing. I don't do it now, but for part of my life I did that, and in the early days, yes, everything had to be weighed. Two thirds of an ounce of bread is ten grams of carbohydrates is one portion. Seven ounces of milk is ten grams, equals one portion, you know. And it all had to be divided into portions. And the injection - one injection a day - was an injection, which at that stage of my life lasted, you know, the whole twenty four hours, so it was a mixture of quick acting - which, of course, was not quick acting, as you know - neither of them were - and the slow acting, which was protamine zinc. I forget what the quick acting was called. But really, the nightmare for me, and probably worse for my mother, was that I hated the injections. I cannot tell you. If there was anyone who should not have been a diabetic, it was me, because I've always had a great fear of pain. And, of course, I was very good in the hospital - I did what I was told, and I... you know, they just did the injections. But when I got back home, then, I'm afraid, I began to fight. And my mother and I had these struggles, sometimes lasting a long time, during which I would resist this thing, which I knew I had to have. And this actually went on, not just with my mother and myself, but most of all with me. I had to find a way of getting over this. And actually, I didn't get over it until I was at my public school, when I was, say, thirteen or fourteen, when there was a wonderful nurse in the San who discovered a thing called a Palmer injector, which was a thing which looked a bit like a pistol.

- (5) And you put the syringe into these clips, and you pulled a, you know, a trigger, and that put it in. And that was the answer to my problems, although, even then, I used to sit around thinking about it, for a long time. You couldn't believe, you know, what I was like. But that was my problem

and that was how it was.

Going back to the time in hospital. You've talked about injections and diet - what about testing for sugar levels?

Yes, well, that was the other thing which I remember very clearly, and, in fact, I even remember the name: Benedict's solution. And, as you will know, probably, it was quite a hassle this, and the other thing about it was that it was very slow. It told you... it didn't tell you how you were at that moment; it told you how you were perhaps three hours or two hours before. But I can remember the - I call it a Bunsen burner, but, of course, it wasn't really, it was a spirit burner - and the long test-tube, into which you put a mixture of urine and Benedict's solution, and you had to heat it, you know, on this flame, and the colour showed you more or less how you were. I can't tell you how wonderful it is to do blood tests, because you know exactly what you are at that moment. And the difference between then, in those early days, when you didn't feel well but you didn't know why - of course, if you were very sugary you'd be thirsty and if you were the opposite you'd be feeling faint, that's clear, but in the middle - all that big thing in the middle - it was impossible to tell without doing a proper test, which we couldn't do. And I can remember every stage as things got better. In fact, there were only three stages: one was Benedict's solution, and the next was Clinitest tablets, and then last and best was the blood test. But the Clinitest tablets were a huge advance, in the fact they were so easy and so quick, and I was a great tester with the Clinitest tablets. But, of course, when I started using them, I wasn't in charge of my life, and so it wasn't... in the beginning it wasn't me who did it. But for most of my life, I certainly did do it a lot and I relied on it tremendously.

(6) And what memories do you have of Dr Lawrence?

My memories of Dr Lawrence are first of all the London clinic, and many, many visits there. And going there by taxi, and going into this courtyard and then going in, and going up this lift and coming out of the lift, and going into his... he had a small - perhaps only two rooms - a suite of rooms in the London clinic. And the first room was inhabited by Miss Pearce, whose name was quite a good name for Miss Pearce. And it was Miss Pearce who was his assistant, and did a tremendous amount of his work, and was rumoured to be the person who has actually written the famous diabetic ABC. And then beyond Miss Pearce's room was Dr Lawrence, and he was such a kind man. I remember him... I don't know whether this is accurate, but, of course, I was tiny, so he seemed quite a big man. I always remember his bow-tie. I can remember him wearing rather dark suits. And at some stage, quite early on, I was told - or I realised - that he also was a diabetic. I'm sure that was because he talked about it. His whole life was dealing with diabetes from himself, and then, because he was so good at it, teaching others to do the same thing. But the worst thing of all about the visits was the blood test, which had to be done perhaps once or twice a year, which involved sitting close to Miss Pearce, and she would make a nick in your earlobe. And she would then get this long pipette - about that long, about nine inches long, I

would say - and she would quite roughly put this pipette against the blood in the ear, she would squeeze the ear and somehow get the blood into the pipette. I think she may have sucked it in; I'm not sure. But anyway, she ended up with this very thin, long pipette full of my blood, and it was very painful. And that was definitely the worst - nothing else was as bad as that, and it was because of that that I used to dread going there. But I didn't dread seeing Dr Lawrence at all - he was very, very nice. And he would ask the usual questions: how we were doing, how we were managing, you know, the blood tests and everything - not the blood test, the, you know, the urine test - but then later on, when they'd got the blood test, he would write to my parents, I presume. And he would talk about the, you know, how much insulin I needed, and, of course, at that stage we would try to tell him how we were. I say we - I would say and my mother would say. And, of course, every diabetic's life involves times when you need sugar, you know, when you're... I used to call it blue for most of my life, and, in fact, I still call it blue, because blue is the colour on the Clinitest, and when I feel blue is when I need sugar. But, in the early days, I didn't really do that. We had barley sweets, and I remember having a little pony, and I used to go out on this pony with members of my family for quite long rides on the pony. The pony was as safe as a house, you know - literally, you would never fall off that pony. But in my pockets were all the barley sweets, which I would suck if and when I felt blue. And so, that's more or less what we talked about, I expect, when we went to see Dr Lawrence.

(7) And how did your mother cope with your diabetes?

Well, I think she must have been quite... very worried about it, really. I think it must... I mean, I think they must have, for some time, realised I was ill - it was quite obvious I was ill - and I think they must have been very relieved to find out that I'd got something which was treatable. And, you know, going to the London clinic and all that, and getting me onto the diet and the insulin and everything, meant that I was being treated, and I did get better quite quickly. But, I mean, I remember the doctors asking them the usual question: is there any diabetes in the family? And my father, having been born in 1880, you know, he must have remembered relations who were born at the beginning of the nineteenth century, and when people didn't really make records. Although, as we know, diabetes has been known since the time of the Egyptians, and has had a name all through history. I don't suppose that people would remember that immediately. But, I think the difficult thing for my mother was... I mean, I think dealing with the diet was not difficult - you know, we measured things. We really ate the same food that we'd always eaten, but mine was measured, and you have to remember that in those days, life was... food was fairly simple. People really did eat meat and two veg, and it's true that everyone had puddings, but I just had less pudding than everyone else. So, food wasn't the sort of complicated foreign mixture that it is now; it was fairly simple. So, that part of it was easy, I think. The difficult part was - undoubtedly for all of us - was the injection. My father never did it, but my mother had to do it. And it wasn't a question of just sticking it in, I'm afraid. It was a question of a traumatic battle with me,

when I would really fight to stop it. And so, what happened next was, I feel, really almost certainly because of that. I went on having my usual colds, and I remember always being in bed with colds and flus and that sort of thing, and I remember, of course, going - like so many children then - going to hospital and having my tonsils out. But our house looked east towards London across the

- (8) Blackmore Vale, and about twenty miles away there are the hills where Shaftesbury is. And I remember this vividly, because twenty miles away in that direction was this prep school, which they found to send me to when I was only seven, in 1953; the year the Queen was crowned. And the... what I heard was that it was higher up, which indeed it was high up, and being higher up would be good for me for my colds and all that, and would get rid of that constant cold problem. But this prep school had a full-time nurse, who became very much part of my life. And I can't help feeling that that was part of it - that my poor mother must have been exhausted by these daily battles over the injection, and for me to be looked after by a full-time nurse, who could deal with everything and would have no trouble injecting me, must have been part of the deal, and I suspect that was it. And I hated going to school, absolutely loathed it, because I loved home, absolutely loved being at home and loved my parents, hated going away. And, of course, I was an only child, so, you know, for me it was really traumatic. But once I'd got over the first day or so, I was very happy there. And it was the most beautiful house, and it had belonged to General Pitt Rivers, who was a great nineteenth century archaeologist. And there were masses of digs - remains where he'd dug - and, you know, Roman camps and things like that, and we used to play games in these things. And it was the most beautiful place in the world, and I loved it. But the main thing for my parents, I should think, was the diabetes was looked after by this nurse, and that was marvellous.

Were there any other diabetics in the school?

No, there weren't. I was the only diabetic in the school then, and, in fact, when I went to my next school, I was the only one there too. And my next school was much more difficult. In fact, I would say it was very, very difficult, because a prep school is a place which is enclosed; it's a bit like a big family, and it's got a nurse to look after you. A public school is totally different. When you're thirteen, you're supposed to be able to look after yourself, and there is a tremendous rush. There isn't time

- (9) to sit around; you're always being active. And I was in this... to call it a nineteenth century building would be really much too kind; it was more eighteenth century, and there was no heating. And I had to get up and do my injection, and I hadn't learnt to do it. For about four or five years, I used to sit - you wouldn't believe this, would you? But it's true - I used to sit pushing the needle in slowly, because I didn't have the courage to stick it in quickly. And just to tell you quickly what happened: I was in this environment when I went there - my father had already died, my mother

was still alive - and I was going to Sherborne, which is seven miles away, and I was a boarder there. And I just couldn't cope with it, and I quickly had a very bad coma, and Sherborne wrote to my mother and said that I couldn't be a boarder. I was the only boarder in the... I was the only diabetic in the whole school, and they couldn't cope with it. I expect you know that... I mean, they don't have nurses in the houses. They've got one full-time nurse in the sanatorium, who deals with seven hundred boys, but only when they're ill. And I had diabetes, and I wasn't supposed to be ill. So, I ceased to be a boarder. I lived with my mother at home, and there was a lady, who she knew, who used to go from where we were, seven miles into Sherborne, and used to take me there every morning. And before she arrived, we had the battle. Even then, when I was thirteen, battling still - saying no. And this woman was a nurse - she worked in the hospital - and she used to help my mother sometimes. You wouldn't believe it, but it's true. Anyway, there we are. So, what happened next was that my mother died. And I went, in the holidays, to live with my uncle and aunt, and in the term, Sherborne found me a very nice master and his wife for me to live with. This master was a music teacher at the school, and he had a son about five years younger than me, and I became part of their family in the term. And this house was next to the sanatorium, and I went into the sanatorium - about a two minute or three minute walk in the morning - to see this nurse. And she looked at me, and I don't know what she thought, but I don't suppose she'd met anyone in her life who'd had diabetes from five to thirteen, and still had this problem.

- (10) But she said "well, I know how to deal with this", she said "there's a thing called a Palmer injector", and she got one for me. I can see its black box, and you open the box, and inside, wrapped in tissue paper, is this metal thing, which was the shape of a pistol, but it was just made of a thin metal strip and it had a spring. And you put the syringe into these clips, you pulled the trigger, and it just pushed the needle into the skin, and you then pushed the plunger. And that was really the beginning of my free life. I then could deal with the problem. I don't say it was easy; it was still... I mean, I would spend five minutes, sometimes, thinking about it, but it was easier. And also, actually, it made it easier to do it in other places. I could lie on my tummy and put it into my bottom, which meant I had more places to deal with. So, it wasn't just the fear - it was also the... you know, moving about the body's easier, so that was really the answer. And my life, then, was a strange life, which rather meant that I couldn't really say that I was a boarder. When I look back on Sherborne, I look back on it as a time... partly a time of misery, because my mother had died and my father died before, but also the fact that I wasn't really part of the set-up. I wasn't a boarder, and I was the only one who wasn't a boarder, and I lived with this sweet family who looked after me. But I, you know, I went on with my studies and everything. And at that time - I can't remember exactly when I ceased to go to Dr Lawrence, and the

reason for that may have been due to his old age - but I do remember very clearly that when I was at Sherborne, I was looked after by the GP there. And I went through that period under his control, and it was only when I went to London, which was in the early '60s - well, '63, '64, something like that - that I went to the Middlesex Hospital of my own accord, although probably with the help of the GP in London. And it was there that I began to be looked after by Dr Nabarro.

- (11) I'd like to just backtrack and ask two things. First of all, you said that your father had memories of the family right back into the nineteenth century. Was there any diabetes in your family?

No; as far as I know, absolutely not. And I can remember searching questions about that, and the answer was absolutely negative. I remember this especially, because, of course, when my son got diabetes, also when he was five, the same questions were asked of us. And we were able to say positive questions on both sides to that, but my parents, no, absolutely nothing to do with diabetes. Nowadays, we know that when women have babies quite late in their life, they might have illnesses, and maybe that was the reason for the diabetes, but then, they didn't know that, and they had no idea why I was diabetic.

And then the other backtrack is to when you started using the Palmer injector, because you say your independent life started then.

Well, I suppose I must have been about sixteen. It was, you know, after my mother had died and when I went to live with this master and his wife in Sherborne, and this nurse at the sanatorium found this Palmer injector for me. And that was... it had to be then, when I was about sixteen, yes.

And before we go onto your leaving school, can you talk about how pupils and teachers reacted to your diabetes?

I have to say that that is a difficult one, really. I can answer it best, perhaps, by saying that long, long afterwards, I met a man who'd been a master at my prep school, who had apparently got into trouble for something, and I can't really remember what it was... But what I'm trying to say to you was that I knew I had diabetes, and, of course, they knew very well, but I can't really remember any particular problems about that, and I can't really remember that it had any particular effect on the way I got on with masters. I can very well remember how it got on with what I did - I mean, for instance, the fact that I absolutely hated games; hated them. When I was at prep school I had to do them, because everybody did. Sherborne, when I got there - or at least after I got there, after their bad experience of me having comas - I think they more or less gave up. And they made me play rugger a little bit, and then I stopped playing rugger. They felt that I must do exercise, so I had to go on runs. But I was a sort of semi-member of the school, if you see what I mean, you know. And so, I definitely wasn't doing everything that everybody else did and that's, I suppose... Have I answered the question? Yes, I hope so.



(12) What did other pupils think of your diabetes?

Well, I'm not so sure that it was totally because of my diabetes, although I suppose they knew that, but I think the main thing was that I was a weedy little person who didn't like games, and didn't particularly like... want to be part of a sort of group or team, and I remember being bullied. In fact, I remember before I went to my prep school, when I used to go to a day school. And there was one red haired boy who decided to bully me, and my father told me that I jolly well had to stand up to him, and, in fact, I did and he ran away. So, I mean, I must have learnt to deal with this problem quite early on. But, I don't really know whether it was particularly because of the diabetes. I think it was just because I was smaller than the others, you know. And I can't say that I had any great miseries because of this. I think most schools - even going back a long time - are aware of bullying and do their best to stop it, so I don't really remember being bullied. I do remember when I was able to join in. For instance, at my prep school, we had these wonderful forests, really, and we used to make little houses in the forests. And that was one of our things that we did perhaps once or twice a week, and that I loved doing, and that was, you know, a way of joining in with my peer group, which, in many ways, I did. So, I think bullying wasn't so very bad, really, looking back on it.

What did you do when you left Sherborne?

Well, it took me quite a long time to get into gear, really. What I should say, really, was that later on I got a very good degree and I got a doctorate. But the main problem with Sherborne, really, I think, was not so much the diabetes, as the fact that I'd been knocked sideways by losing my parents. My uncle and aunt were very kind to me and I was very happy with them, and, in fact, maybe it was a good thing to be with them, but I wasn't able to do very well at my A Levels. You know, I got fairly good things, but I couldn't get into Cambridge, which is what I wanted to do. I wasn't up to standard for that. So, I had a bit of time sort of not doing... well, doing a lot, but not getting anywhere. I mean, I was in London, staying in an old lady's flat, and I went to a crammer to get the two A Levels that I needed for Cambridge, and having got them, I didn't get into Cambridge,

(13) So, I then spent six months in France, which was lovely, but not terribly successful, in that, although I love France, I'm not good at languages, and I don't think I learnt very much French, but it was quite fun. And then it was a question of "what on earth should I do?", and I'm afraid it was a question of... a choice. I didn't know what I wanted to do, but I had friends who could help me to get jobs, and one was in publishing and another one was in Sotheby's, the auction house. And I almost chose it with a penny, I think, really - you know, flicking a coin - and the result was that I went up for an interview at Sotheby's, and this was in 1965. And I joined Sotheby's as a learner-porter, which meant that I was a porter: that I was doing jobs, having to get there early - well, it seemed early - half past eight isn't really early, is it? - but it was earlier than everyone else -

and getting the rooms ready for the sales that day, and moving stuff about and doing various odd jobs. And the idea was that you'd have two years as a learner-porter, and during those two years you would probably get into a department. And I did, very quickly, get into a department, which was antiquities, which was dealing with ancient things from all the various civilisations. And that was wonderful for me; I absolutely loved it, and I loved Sotheby's. There was a lot of young people and I got on with them very well. I should say that the diabetes was always in the background, because it was still... I mean, the era of blood tests was light years ahead, and we were still very much with Clinitest. And, as you know, big changes and working long hours and doing new things really affects your diabetes, so I did have quite bad times when I was blue and needed sugar. But I was very lucky - I've often been lucky in life - and there was a very nice young man my age, who'd been at Sherborne with me and knew I was a diabetic, and when he saw me sitting in a corner looking pale, he would tell me to eat sugar, which I did. And so, you know, I got through that. But anyway, it was at that period of time that I went... that I began, probably with the help of the GP, to go to the Middlesex and to be looked after by Dr Nabarro, who was such a wonderful man. I mean, he was a sort

- (14) of fatherly man, and he would sometimes... I mean, his job, really, was to look after my illness, but he would sometimes say things which were like a fatherly thing, you know. I mean, I, for ages and ages I was doing research, and I was doing my... well, I mean, when I was married in '71, I then went back to university and got my good degree that I wanted, because I was stable and healthy and well, and I then did a doctorate. And Dr Nabarro said "well, you have to think about your pension, you know. Diabetics need to have a stable life, you know". So, he would give me that sort of advice, which was lovely, so he was much more than a doctor. But also he was the most wonderful doctor who looked after me, because I had various adventures, as you'd expect, and one of them was that when I was cataloguing for Sotheby's, I catalogued Egyptian things, which I absolutely loved; it was heaven. There was so much Egyptian stuff around from private collections and things like that, and I used to catalogue it. And I went to Egypt twice. And when I went to Egypt, I was actually just getting Addison's Disease then, and this was in about '68 - '67 or '68 - and heat is the worst thing for that, and I wasn't being treated. So, I went to Egypt and I began to be weak and ill, and I had no idea what the matter was. And I ended up in this strange... well, it was a wonderful hospital, run by French nuns, in Luxor. And they treated me in... I mean, I don't know that they knew what was the matter was - nobody did, actually. They didn't know what to do with me, but they tried to treat me, and they were then sent me to a wonderful big hospital in Cairo. And from then - that - I struggled back, feeling so ill. I can't tell you how ill I felt; struggled back home. And I lived in a flat on the top floor, but I couldn't really walk up the stairs, I was that ill. And I went to

the Middlesex then, and Dr Nabarro tested me in every way. And I think... I mean, the problem with it was that the diabetes was masking the other problem and it was difficult to tell, but he discovered I'd got Addison's Disease and started to give me cortisone. And, as with the insulin long before - but more dramatic, in a way, because, of course, I can remember it much more clearly - you get better at once, you know. I mean, I had a month off work or something, but I remember getting better very, very quickly,

- (15) and learning to deal with this new thing. It's a much easier thing to deal with, because, you know, there aren't any injections and there's no diet. And the only problem is when you're ill - when you double or treble the dose of cortisone - and that mixes up or distorts the balance of the insulin, and you have to get everything back to balance. And in those days, it wasn't so easy, because we didn't have blood tests. But anyway, that was perhaps the main thing that Nabarro did for me, which was... maybe any doctor would have done that, but he was such a kind man, you know. I remember, of course, lying in bed feeling ill, and Dr Nabarro would come round with his - he was a great man, you see - and he had all his acolytes and nurses round him, and they would discuss my situation, and... But he was kind and sweet, as well as being marvellous, so he was a great man to look after... you know, man to look after me. And, trying to remember all the... I mean, the thing about travelling, which is what I did... I mean, later on, when I was doing my thesis, we went to India. And I was married then, and I went with my wife and my mother-in-law and my little boy, who was two. And we had the most wonderful time, and masses of inject... masses of - I say masses of injections, that's a mistake - yes, we did have masses of injections, but masses of fun. But even then, people didn't know about things. I mean, people know now that if you go to a hot country, you need to have more fludrocortisone, and if you don't, your blood pressure's going to go wrong. Nabarro didn't know that, and nobody knew that. And I went to India in a time when it wasn't very hot, you know, in the winter. At the end, when I was tired with all the research I'd been doing, and it began to get very hot, I began to get ill. And I had nothing to deal with the illness, except the... nothing really at all to deal with it, except that in my luggage I had the fludro - the fludrocortisone - which now I know would have made me better, but I didn't know that then. But anyway, I was tired, and I got back, and, of course, the minute you do get back, you get back to an equitable climate and away from the heat, you know, as somebody with Addison's and diabetes, you begin to get better very quickly. Yes, it was in about 1977 that I went for this four months or so to India, and I went with my normal medicine plus antibiotics, just in case I needed it, and indeed I was ill once or twice, but on the whole I was pretty well. But that was just about then, you know, exactly then.

- (16) What did you do when you left Sotheby's?

Well, I actually left Sotheby's in stages, in that, when I got married in '71, I very quickly decided that now I was able to do the degree that I wanted to do. And the background to it really was that I worked in this department at Sotheby's which dealt with masses and masses of different cultures, and one of the cultures was Tibet, and I was cataloguing Tibetan things. And I wasn't allowed to do the Indian things, because my boss enjoyed doing that! - you know, there weren't very many of us. And so, what I wanted to do was to go to the School of Oriental and African Studies and to do a degree in Indian history, because the Tibetan culture... most of Tibetan culture comes from India, and certainly the Buddhism there comes from India. And so, about that time - say '72 or so - I started to do my four years at the School of Oriental and African Studies, which included a year learning Sanskrit and three years learning history. And at that time, I was working as a sort of consultant. I'd go into Sotheby's perhaps one or two days a week and advise them, and perhaps do some cataloguing - that sort of thing; but I wasn't working full-time. And then, when I got the degree, I then went to Oxford and did a thesis on Indian art. And when I got to Oxford, then I began to be part of the Oxford medical, you know, establishment, in that I... that was the time when I could start to find a full-time hospital and doctor to look after me, and I started to do that in Oxford. During the time when I was at SOAS, and when I was really in London - but also partly... we had a little cottage in Suffolk - it was about that time that I began gradually to cease going to Dr Nabarro. I can't exactly give you a date for when it happened, but I think it probably happened when I was really no longer in London, and this really was when I was studying at SOAS. I used to live in Suffolk and come up every day, and it was no longer very easy to go to Nabarro. I went to him perhaps once or twice then, and whether it was that I left him or whether he retired or... I don't know exactly how it happened, but it was about then that I stopped going to him. Perhaps I should go back quickly to say about the dreaded injections. Of course, for a lot of

- (17) my early time I was only doing one a day, and it was definitely Dr Nabarro who said "well, at your age, you need to have two", and so I started to have one at breakfast and one in the evening. And that was, I suppose, what I've done for most of my life, until a year or so ago, when I started having Lantus at night and the quick acting insulin before meals, which, as you know, is the most wonderful, wonderful way of doing it, because you're just like a normal person - you're having the insulin when you need it. But, for a very long time, we had these two insulins... two injections a day, and for a very long time, also, they still were rather blunt instruments, in that they were rather slow. Very slowly they got better, but my impression is that it's only really in the last five years that they've become razor sharp instruments for dealing with any kind of blood sugar problem that you've got. But anyway, going right back to... it was Nabarro who got me on to two injections a day, and the cortisone as well. And apart from the fact that I still had to sit down and psych myself up to pull the trigger, I was... you know, that was how I lived, and I was very well on that. Of

course, not always well, but the periods of not being well... you know, when people ask me "when did you last have a coma?", I remember having a very bad attack in Oxford when my son - my son was born in '75 - when he was very young, perhaps, you know, '76 or 7. That was really when I last remember it. I think the answer to this is that I'm a fanatical tester - I am always testing. And I'll always know when something's going to happen before it happens, really, so, you know, I don't allow things to go wrong, and I've been lucky they don't go wrong.

- (18) You've mentioned RD Lawrence and Dr Nabarro. Do you have any other memories of the medical profession before you moved to Oxford?

Well, of course, I was constantly in touch with people, and going to big hospitals meant that you certainly did meet them. And, of course, I was in hospital, actually, once or twice, you know, to do with Addison's, but also for one or two other reasons I had to go into hospital. I mean, the times, for instance, when I had to have my wisdom teeth out, you know, that, so... But there wasn't any traumatic business with that, you know. You were with people who... in hospital, really, you're with people who know about it. I mean, I think if there's ever going to be any trouble, it's going to be with GPs, whose job isn't to know everything about. They know a little bit, and if there's a problem they send you off to a specialist. And so, when, you know, occasionally, when you'd have a very busy GP, and there was... you know, the waiting room was absolutely stuffed with people, and finally you see this poor harassed doctor about something quite different. And it was a woman, I remember, in London, who looked up the notes and said "oh, well, you've got diabetes and Addison's, you know, probably you'll have other things going wrong". And I don't remember her exact words, but, you know, that's the sort of thing which doctors perhaps shouldn't say, but perhaps they do say it. And I remember that, you know. And, as it happens, nothing else has gone wrong, but it may have been true. But you just remember those pinnacles of bad things that stuck in your brain. But, on the whole, I don't remember anything very bad, and I just remember a lot of kindness and understanding, and the understanding has grown over the years. And indeed, even going back to people like Miss Pearce, who was very tough and certainly stuck that thing in my ear. They were always very kind as well and understanding, and they gave you the best they could in their knowledge; the knowledge which has grown and grown, which, you know, perhaps a long time ago that wasn't so great, but it kept me alive.

Tell me then about moving to Oxford. When was it?

Well, I've always been rather law abiding, and when I started to do this thesis, I read the instructions, which said that I had to live within fourteen miles of Oxford, and that was in 1976. I now discover that, of course, it's completely untrue and you could live the other side of the world if you want. But we had our little cottage in Suffolk, and we sold it and we moved into East Oxford, just by the Iffley Road. And that meant finding, you know, a new environment, which, as you know, actually, couldn't have been better. I mean, the hospitals for...

the treatment of diabetics in hospital in Oxford has been wonderful. But this started in '72, and meant... sorry, I meant 1976, and, of course, I can't quite remember exactly when it started... which hospital, but what I do remember that, as usual with me, I quickly found out... first of all I got a GP, and then from that found my way into the hospitals, because I believe in going twice a year, and I started that very quickly. And I think, at the beginning, it must have been in the Radcliffe Infirmary, although my mind is slightly hazy about that, because I have been going to the Radcliffe Infirmary recently. But I remember going up to the new JR too and going there for quite a few years, and being looked after there very well. But never, you know, for a long... I haven't been to hospital since I was in London in the '60s, so I've never been to hospital, but I have been, you know, once or twice a year to see the doctors there.

- (19) Now, you've been under Oxford management, as it were, ever since '76. Can we talk about the changes you've seen in that time, for example in injections?

Well, what we're talking about now is the most amazing... actually quite simple changes, but changes which have made the most enormous difference. And talking... I mean, the first change, I suppose, was the change to... the change about the syringes, because when I went to India, when Thomas was two in about '77, I was still using glass syringes. And some time after that - I can't tell you exactly when it was - it was the change to disposable syringes, and that really wasn't such a huge change. I mean, in fact, it is a big change, in that the old glass syringes had to be boiled and kept in surgical spirit, and when you moved about they had to be put in a container with a surgical spirit. But, I was so used to this, it wasn't really such a big deal dealing with that. And when you change from that to these wonderful disposable syringes, which you threw away, it was still a question of using the syringe, you know, so that wasn't such a huge change. It did involve quite a bit of research, in that the new disposable syringes would not go into the Palmer injector, so I had to get a new gun to put the syringes into. And, actually, it was very much better this gun. It was made in Germany, and the syringe actually goes into it and it's entirely hidden, and you press a red button and it pushes the thing in. I didn't mind seeing the syringe - I wasn't worried about that at all - but I certainly was very pleased... in fact, for me it's been essential to find some kind of instrument to do that, and I did. So, the syringes went into that, and then there was the question of the blood tests. And I have to admit that when I first heard about blood tests, I thought "oh, my goodness, not another jab!", but, of course, by then I'd had a lot of little pricks

- (20) in my finger, but the thought of doing it myself all the time was something to ponder on a bit. Anyway, it was while I was there in the John Radcliffe - and I can't tell you when it was, but it must be fifteen years ago, perhaps - perhaps something like that, anyway; more than ten and less than five, I would guess. And I came back with my first blood tester, and I learnt two things very quickly. One is that there's no pain involved - it's not

traumatic in that way - and the other thing was it enabled you to be in charge in the most wonderful way. As before, you would keep records, you know, you'd have the charts and you'd write down what you were at particular times, so that you knew how things were. But, unlike before, you were actually recording what you were, and I think the blood tester is really the thing that made the biggest difference. And, for a long time, it was the absolutely accurate blood test, coupled with the still somewhat blunt instrument of the insulin, which was still one in the morning, one in the evening. And the thing which had been with me all my life, which is really... which I had got used to, but which is an incredible problem and hassle for people who live with diabetics, which is the fact that they have to eat at certain times. And if they don't, they get blue or irritable or, you know, or worse. And when you take your insulin in the morning and evening, you've got to have your elevenses, you've got to have your lunch, and you have to fit your life round that. It's not the other way round - that's how it is. Whereas, once you start to take the Lantus at night and the quick acting injections when you eat, you then, for the first time in your fifty odd years, can really put everything together and live a proper life. Now, in my case, I have to say that I... it's such a habit to feel that I need food at lunchtime, that I do feel I need that, even when I don't. And I'm still in the habit of... you know, I still feel that. And the fact that, you know, say I go to work and I forget to take my insulin, and

- (21) it's easy. It's only happened twice, but it's easy - I just don't have a meal. For a diabetic whose been a diabetic all his life to have to think in that new way is really something new - I can't tell you - and wonderful. It really is wonderful - you can do whatever you like.

You're talking about adjusting the amounts of food around the insulin. Would you adjust the amounts of insulin around the food?

Oh yes, of course; you do both. You know, you know more or less what you've got to eat, and when you start, you've been told how much insulin to take to... I mean, you talk to the nurse. Actually, I haven't talked very much about nurses, since the one who looked after me at prep school. But the nurse in Bicester is a diabetic herself, so, like Dr Lawrence, she's talking about something she's got, and so she's very enthusiastic about the new ways of dealing with it, and she's quite right. And so she asked me how much I ate, and we went through it. Don't forget, when you've been... you're still thinking in portions and ten grams, and you know exactly what you eat, and so I could tell her exactly what I ate, and she told me exactly what I should have for insulin. And, with the help of the hospital in Oxford and with my own help, I've reduced it and I've got it right. But, it's really of taking the insulin you need. You learn exactly what insulin you need for what you're going to eat. And because you take blood tests, you know that if you've eaten too much - you've been to a party and had too much - you take extra insulin to deal with it, and it gets rid of the sugar. It's wonderful.

Can you remember when the nurse in Bicester would have begun to teach you

to take different amounts of insulin?

That is a difficult one to answer, I'm afraid. It must be about two years ago that I started on this new thing. I could tell you a story behind that, which I think is amusing and interesting. I was... I mean, you want to know why I started on this. I went to the GP, and I said "oh, my son is using this new insulin and everything". And the GP was very nice, said "well, I'm not in favour of really changing things if they're working, and with you it certainly is working. You know, the thing you've been using for ten years and more, it's working beautifully - why change it?". But the lady who gives me the medicine said to me "nearly everybody else has moved away from the phials of insulin, and I think it won't be long before they stop making the phials, and maybe...", you know, and she left.. she didn't finish the sentence. But I could see what she meant, and I knew what it meant in my mind. There was no doubt that I had to go over to using a pen, and using a pen meant getting over my fear of needles - a fear which is still with me, of course. So, I thought "now, what am I going to do about this?", and I thought...

- (22) And I thought about this, and I thought to myself "there's only one way to deal with this, and that is through going to a hypnotist". I'd never done such a thing before in my life, but I thought "this is the answer". And so, I looked up in the Yellow Pages and I found a lady a couple of villages away, and I went to her two or three times. And she went right back to the beginning and talked about lots of things, and I think really failed to find out why I had this fear. It was just part of me: being afraid of needles. But what she certainly did do was to get me to the point where I could stick the needle in. So, when I was given my first pen, I was able to stick it in my stomach and do it, and I was able to do it quickly. I didn't sit there five minutes - I did it. But now, the most amazing extraordinary thing happened, which was that this wonderful nurse - who had never met anyone with my problem before in her whole life, I'm quite sure of that - said "I think we'd better do this change over in stages, and stage one is getting you used to the new insulin. So, what you will do is you'll get the little glass phial that goes in the pen, and you will use your syringe to get the insulin out of the phial. And once we're sure that you're okay on the insulin, then you can go ahead and use the pen". So, you can guess what this did to me. This showed me that I didn't need to use the pen, so I went... but I thought "I must use the pen", even though, in my mind, I now firmly knew that I didn't have to. So, for, perhaps, two or three months, I used that pen, and during those two months, all the good, which the hypnotist had done, seeped away, and I was back to my fear and loathing of sticking it in. So, I gave up. And I'm using the new insulin: I'm getting it in that new form, but I'm putting it in a disposable syringe and I'm putting it into my little gadget and I'm sticking it in in the old way. But, I should say that I don't spend time. I do four or five injections a day - I just put it on the skin and press the trigger and it... that. But, I don't use the pen.



(23) Have you had any diabetic complications as the years have gone by?

No, thank goodness. I can tell you absolutely that I'm... I've always been incredibly well. Once I'd got over that problem with the Addison's, I remember Dr Nabarro saying to me, he said "this might be the best thing that's ever happened to you, because it might mean that you won't have any problems of any kind". And whether that was just a hunch he had, I don't know, but it was a very kind thing to say, and it has been true. I think it's a question of... I mean, I'm a Christian - I believe God's looked after me, and he certainly has. But, I think it's partly luck, or God looking after you, and partly the fact that I've looked after myself fanatically all the time. But, I also know that people who do that are sometimes very ill, and the people who are very bad about everything sometimes are very well, so, you know, it doesn't necessarily happen. The only thing that has happened gradually is that... of course, they look at your eyes twice a year, and my eyes are really well, but slightly... there's slight sort of signs of damage in the eyes, but really nothing. But what I'm saying is, there is nothing wrong, and the only things that are wrong are just those slight signs of having it for, you know, well over fifty years. The one thing which is wrong is that in those early years, when I was always unaware what was the matter, I used to eat a lot of sugar - massive amount of sugar. And heaven knows, you know, that ought to have done my body huge damage, but it didn't. Sometimes I needed it, and I'm sure sometimes I didn't really need it, and it had to wait for the insulin to deal with it. And now I know a tiny little bit of sugar has a massive effect, but, when I was young, I would eat great quantities of lumps of sugar. And so, you can guess, that my teeth are probably the only thing that's gone wrong. I've lost masses of my teeth, and that is because of this blunt and ineffective way - and perhaps unnecessary way - of dealing with the diabetes, in the days when there were no proper ways of testing it.

And can you reflect on changes that you've seen in the Health Service since you came to Oxford?

(24) Well, let me try and answer that in a roundabout way. It's actually quite a long time, isn't it? - it's about thirty years. And at one stage in that time, when I belonged to BUPA - which I don't belong to now - I went... for a short time I had private... I actually went to see the big man in charge of everything privately. And that was wonderful, because, in a way, it was like going back to see Dr Nabarro, who, incidentally, I saw on the National Health. There was no private... nothing private about Nabarro. But this was actually seeing a man for half an hour or three quarters of an hour, at a time when I chose, you know, with agreement with him, and not having to queue or anything like that. And that was quite marvellous, in a way. But it didn't really make any difference to the treatment, and the normal treatment is, you know, going to the place and waiting. And now, as you know, in Oxford, it's a new hospital - new clinic - marvellous new clinic, and I go there once a year; only once a year. And I wait, and I see not always the same doctor, but that doesn't matter, because they all have

my notes, and I know most of them by now and they all know about the problems, so it doesn't matter seeing a different man at all. The only thing about it, which needless to say is to do with needles yet again, but not really due to fear of needles, is the fact that I have very thin arms. And as the years have gone by, my arms have become more and more unwilling to have the blood taken out of them, and so this has been sometimes difficult, and I've had to find ways of doing this. And my way of dealing with this, actually, is to go to Montgomery House in Bicester before, where there's a very nice woman who knows about my arms, and knows that she can only get the blood... probably only get it from the top of my hand. But, I mean, even that, now, doesn't hurt, because it's a tiny, weeny little needle, which goes on the top of your hand, and the blood comes out. But blood testing has been a gradually more difficult thing for me, simply because it's hard to find the vein. And it's quite amazing how some people are better than others. There's one GP at Bicester who just gets the vein, and can get the vein... you know, the vein, which is apparently useless, he can get blood out of it, whereas other people can't. But that's just a side issue, that.

- (25) Dealing, really, with people and going to clinics and all that - for me it was something I was used to, and I hardly noticed the changes. But my son Thomas, who was born in '75 - when he was five, he got diabetes, and so we had... my wife and I had this double thing. And, of course, for her it was not a double thing at all. It was single-mindedly a thing of looking after Thomas. But for me it was a double thing of looking after myself and Thomas, and of going to clinics, and... for both of us, but obviously quite separately. And with Thomas it was wonderful, because there was a most marvellous lady, a lady nurse in Oxford, who looked after the young children when they got diabetes, and, of course, their parents, and got them on track. And she was called Sally and she had a little Renault 4, and she used to come any time of the day and night. And I don't know how many of us there were, but I suspect she was looking after, you know, maybe fifty or a hundred of us, but she was always there, and she helped with Thomas. And I'm glad to tell you that Thomas doesn't have fear of injections. You wouldn't know he was a diabetic. He uses a pen. He doesn't spend ages keeping records and, you know, this full-time job that I do. He is just a normal person with a big job, and you'd never know he was a diabetic. But, of course, as he grew up he did have problems, which more or less highlight the sort of problems which all of us have. I mean, my wife and I remember very clearly the time we went to stay with my aunt in Wiltshire. And I went out and got a Chinese meal, and we brought it back and we all ate it, and poor Thomas was very sick in the night. We weren't, but he was. And we got the GP in, and the GP's knowledge of diabetes was not wonderful, I don't think, but it may be that he thought that since Oxford wasn't that far away we ought to take Thomas back anyway. So, we drove Thomas back from Wiltshire to... and we took him

into the John Radcliffe. And poor little boy, he spent the night in hospital. And during that time, there was a nurse who tried to get blood... who tried to put a drip into his arm, and instead of putting it into the vein where

- (26) it should have been, she put it into this... under the skin, but not in the vein. So, he had this pain of this stuff going into his arm, but not into the vein, or at least it may have been doing the opposite - it may have been testing his blood. But, whatever it was, it was very painful. And that is the sort of thing you have as a diabetic. You know, I can't really remember bad times like that for myself, but we all have that now and again, because we meet so many people looking after us. And some of them don't know what we know, and some of them aren't as good at it as we are, and that sort of thing happens. And we... of course, with schools, you then come across that ignorance again, which may have happened... I mean, my prep school had a nurse, and my public school, you know, I was with a nurse. But Thomas, being so well and fit and well adjusted and on modern insulin, he was a boarder actually in a normal school, and he wasn't the only diabetic. Now, wherever you go, there are other diabetics. But still you come across the ignorance. At his prep school, the idea was firmly fixed in the mind of the authorities that for diabetics, you can't have sweet things. They didn't understand or work out or think that actually diabetics do need sweet things, so poor Thomas got into trouble for having sweets under his pillow, which he had to have. And so, when he went to the next school, the next school was told that Thomas was somebody who wasn't a good boy, who had sweets under his pillow and who broke the rules. And you have to be on the look out, as a parent, to defend your child, and to educate people who don't know about it. And, I suppose, that's most of us: don't know about it.

Can you reflect on how your life might have been different if you hadn't been diabetic?

My goodness; that is a question! I have to tell you that diabetes is my life. I mean, it's just... I mean, people say "what..."... people don't say "what is your hobby?", but diabetes is my hobby. I just love it and I love knowing more about it than anyone else. Without it, I... well, I might not have been all that different. I mean... well, my career - I can't imagine that my career would have been all that different. I mean, I am a librarian, and I remember my brother telling my parents "oh, I think he's going to be a librarian"!

- (27) Because, when I was a little boy, I used to love reading - I read everything, you know. And I suspect that the fact that I was shy and I was bullied, and I was small and weedy, was not necessarily to do with diabetes. It was I was an only child of much older parents; I didn't have brothers and sisters - although I had half brothers and sisters - but I didn't have brothers and sisters around about to knock me into place and to see that I wasn't spoilt. So, of course, I was myself, quite apart from the diabetes, actually, and I

don't know that I would have been very different.

Has diabetes affected your family life?

Well, for that you have to talk to the family, but I think the answer... and I've been very happily married, and I'm very happily married. My wife and I, you know, we love each other, and we've been married for a long time, we've got two children. But living with a diabetic is not easy, actually, because, talking to me, you'd think that everything was wonderful, you know. But, why are we always taking extra insulin? Why are we always doing tests? The reason for that is that everything we eat has an effect on us, and we do go up and down. Our blood sugar goes up and down, and when that happens our moods go up and down. And diabetes can make you irritable and make you bad tempered, it can make you sort of sullen and introverted. It does have an effect on your behaviour, and conversely, you can be strangely crazily happy, because of your blood sugar, you know; it's all that. So, the answer is, you know, my wife has had periods when - probably every week, I don't know - when I'm, you know, irritable. But I hope that that is easier, and it's easier to control now, you know. I mean, there was a time when it was impossible to control. I mean, when I was young in London - and I might say I enjoyed myself. I had money, I had a car, I went out at night. I used to do most things other people did - but you always had this thing of not knowing how you were, and having to eat lumps of sugar, and I'm sure being crazy because you weren't well, you know.

What keeps you going in life, as a diabetic?

Well, as a diabetic, I don't know. For me, diabetes and life are the same - they're absolutely connected. What keeps me going in life is that I just love life. I love my job, I love my family, and I have to say something, which I don't know whether I alluded to very much before, which is that one enormous luck that I had was my faith. I mean, my father was an old man, but I remember him kneeling at the bed and saying his prayers, and his mother, who was a fearsome old lady who I never knew, she'd taught him to do that. And I'm not as good as he is at that, but faith has always been an immense help to me. And my wife... I was Anglican then, my wife was a Catholic, and I became a Catholic. And for me, I don't know how anyone could live without faith. I mean, absolutely, God looks after me, and everyone else, of course. So, I attribute the fact that I'm so well to that, actually, and I'm very happy, thank goodness - thank God! Very happy.