

28. Richard Fawkes

(1) Tell me about your background.

My father was a railway signal engineer trained at Westinghouse in Chippenham. He lived in Worcester. He went out to the Argentine in 1912 on a thirty year contract, but he came back for the war and did the '14-'18 war, did four or five years service there, and went back to the Argentine afterwards. My mother lived in Cheshire, Cheadle Hulme at the time, and went out to marry him in 1924.

When were you born?

I was born 1926, so... my sister nearly two years later.

In Argentina?

In Argentina, yes, so we're both Argentines by birth, but both parents being thoroughly English.

What kind of life did your parents have in Argentina?

Well, they had a very good life, really, 'cause there were about sixty thousand British there at the time, and English schools and theatres and, you know, tennis clubs, swimming clubs, cricket.

Would they have had any Argentinian friends?

No, we didn't mixed at that time. If we went to the theatre you usually saw the English production. No, we didn't sort of integrate in that way. They were mostly sort of working class - you know, Argentine maid and that sort of thing, and shopkeepers. My mother's Spanish was very poor, but she got by for shopping and that sort of thing.

(2) And how did you come to be diagnosed with diabetes?

Well, I don't really know, but I'm told that I'd lost a lot of weight and passing a lot of water - sort of classic signs of diabetes. But I don't know whether anything was done in the Argentine, but my father had six months leave every five years, and I was diagnosed in England in 1931. Went back shortly after that, and, of course, on diet and insulin ever since.

Now, you were presumably treated first of all in England. Do you know if that was in a hospital?

Yes, Birmingham Children's Hospital, I think, as far as I... I don't remember that. On the next leave, in 1936, I was in Stockport Infirmary for treatment, but I wasn't put in a children's ward then - I was in the men's, you know, in case they started giving me sweets and goodies.

And you went back to Argentina and presumably had most of your treatment there. Can you remember what sort of diet you were put on?

I can't remember very clearly, but I think it was closely watched at that time - you know, most of the stuff weighed, you know, quite carefully: a couple of

ounces, four ounces, that sort of thing. But the diet there was, you know, good - plenty of meat and vegetables, and no shortage of anything. So, it was a good natural diet, anyway, I think, but I seem to remember boiled cabbage in England - boiled to death! I think my father did most of the working out of the diet. His writing's in the RD Lawrence books, both of 1931, and sort of workings out, weight and, you know, measurements. I remember the scales, which, you know, the bread used to be weighed, potatoes, bananas - two ounces of banana or four ounces of apple or two ounces of bread, and you had to make choices in between up to a certain amount.

Were you taught to do your own injections from the start?

I don't remember when I actually started with injections. Fairly young, I think - probably nine or ten.

And what about testing your sugar levels?

Well, that was done very erratically. It wasn't very good in those days with the urine testing. I was told I had a high threshold so that the sugar didn't appear in the urine till it was very high, but it was a bit of a fiddle. You had to... so many drops of urine and so many drops of water and so many drops of Fehling mixture, all boiled up in a test-tube, and then the colour of that, either from blue, which was good, to deep yellowy-orange, which was not very good, but it was purely a case of comparing colours.

- (3) Now, the RD Lawrence book and leaflets you've got date from 1931, so you were probably given those in England, but can you remember what medical supervision you got when you got back to Argentina?

I can't actually remember. The Argentine doctor - I don't seem to record him mentioning diet at all. I think he thought things were going on all right as they were. But what impressed me, he had an x-ray cabinet in his surgery, and that was always a big thing. But I can't remember him sort of specifying diet at all. He must have been satisfied with what I was doing. I went to see Dr Cárrega Casaffousth, you know, for many years.

Where was that?

That was in Buenos Aires. It was a private visit, and I always remember the little table in the hall where they used to give him the money, and it was locked away in this tiny drawer in this table. But it must have been quite a struggle, at the time, because my father's salary wasn't enormous, and it was all private funding.

Can you remember where you got the insulin from?

I can remember the chemists where we used to buy it, yes. And it was always a beef insulin. I don't think any of the others - or beef or pork - the others weren't available, and I think they're still not available in the Argentine.

What kind of attitude did the doctor have to your diabetes?

Well, I don't remember, particularly.

- (4) I think general advice on, you know, levels of insulin, exercise, and to vary the insulin according to the exercise that I had taken or likely to take; but I didn't take that much exercise. At school I was always excused sports because I was diabetic, which is probably a wrong attitude, but... I wasn't very keen on sport anyway, so it didn't bother me. I didn't play cricket or football, but I used to swim quite a lot.

So, give me some example of what the doctor might have said about varying your insulin according to your exercise.

Well, he always said not to vary it too much - two units at a time, either up or down, and always had sugar on me to control a hypo. Used to carry little lumps of sugar in a tissue paper, which was always coming apart and becoming all gritty in my pocket, whereas nowadays I have peppermint creams, which are very useful.

So, right from the start you were adjusting your insulin according to your activity. Would you have adjusted it according to what food you were going to eat?

Not before a meal, I don't think. But if you went out for a dinner or something like that, which you didn't know what you were... get for eating, might adjust a next dosage, or even have an extra injection if you'd overdone it a bit too much.

And the doctor was perfectly happy with your doing that?

Oh yes, recommended to do it in the Lawrence book.

How were you supposed to know how much to adjust your insulin?

Well, not more than two units up or down, and then, I suppose, see how the blood sugar was going. But, as I say, in those days it was very hit or miss, especially for me, because they said I had this high threshold in the urine.

Did you have good control?

I think so, yes. Didn't stop me doing anything particular. Holidays - used to go up into the Cordoba hills, and, you know, an active outdoor holiday, and dam up a little stream there to make a swimming pool, and long walk to the station to collect the

- (5) groceries or whatever: down the hill, along the railway line, and probably two or three miles at least. And, of course, it was very primitive. Also, no electricity, the water supplies were brought up by your local, I think, man. Used to order a big urn on the patio, used to dip in there with a cup - you know, great hollow sounds. Toilet round the back; no flush toilet or anything. But we used to enjoy them. We used to go year after year. Quite a social occasion as well. There was another English family in another cottage nearby, and the other people used to come up and stay with us for a week or two. And we used to go up for... probably about six weeks we used to stay. Because travel was very easy - with my father

being on the railway, we used to get passes for holidays and local passes for travelling to school, and...

How did people at school react to your having diabetes?

I don't remember at all. I don't think it ever... it was never a subject for discussion.

Do you think people knew?

Well, I never told anybody. I mean, the authorities might know, and then the last school I was at I used to have school dinners, until we moved nearby and I could come home for lunch. But I don't think... well, I don't recall having special food or anything.

So how did you manage? Did you weigh your school dinners?

No. No, just ate with the rest of them - probably about twenty of us; that was at St Alban's College. That was very different from the last time I went in '96. I went back and had lunch with the headmaster.

- (6) Yes, we went in 1996 and had lunch with the headmaster in a private, you know, part of the house, which I'd never seen before. He showed me round the school. He was a little boy there when I was there - I've got a photograph of him on the front row. So, it's fifty one years since I'd last been there.

Tell me about leaving school.

Well, I wasn't going to leave school after the Cambridge school certificate examination, but I carried on the year following that until my father died, and then it was a case of, you know, all hands to the pump and going out and getting a job. So, I had six months at Pitmans learning typing, and then a couple of years at Price Waterhouse in the legal department, which was very boring, but I put up with it 'cause I knew I was coming to England eventually.

What was Argentina like during the Second World War?

Well, you wouldn't know there was a war on, really. There were no shortages to speak of - plenty of meat and vegetables. Sugar was rationed to one kilo per family per day, which was quite a lot. And there were all sorts there. It wasn't a case of... you know, the Germans, Italians - used to see them reading their own newspapers. But the Graf Spey business was quite an exciting time, and we saw the British cruisers in dock when they came into BA afterwards. You could walk freely along the docks; there was no hampering or anything then.

And how did you come to return to England?

Well, my father was on contract, so we were always going to return to England when he'd finished, but it was extended because of the war, and there were no passages there - very difficult to get. But they repatriated my mother, my sister and myself in August '45.

And where did you go to?

Went first to my grandparents' in Cheadle Hulme. Stayed with them until we bought a house fairly locally, and then started a history of doing up houses, and buying wrecks and putting them in

(7) to shape.

And what was your paid work?

I joined the family firm. Started at the bottom, really, on the machines, the extrusion machines and clip machines and tool room, inspection and dispatch; a bit of everything.

What was the family business?

We made electrical cable clips and things for fastening wires and cables, and special items designed by my uncle, you know, for specific customers. But primarily the cable clips were for the aircraft industry, you know, Avros and the De Havilland and people like that, during the war. And we carried on making them afterwards from cellulose acetate, then it became nylon mould - injection moulding, and gradually changed over the years.

And what was England like when you came back in August 1945?

Bit grim. The place was shabby, lot of people on bicycles, which rather took us aback. The shabbiness, really, and the shortage of food, and scrounging around for little titbits and things; getting eggs from the country and that sort of thing. But as a diabetic, you know, it was quite generous really: extra meat and eggs and fat, as far as I can remember.

And how did you find your medical treatment in England compared with the treatment of diabetes in Argentina?

Well, I carried on my own way, actually. I used to go to a local doctor, but we didn't agree on the treatment, and the diabetic club, I felt, was a waste of time. You know, I didn't change the way I'd been trained.

What was the nature of your disagreement with your local GP?

Well, not altering the insulin dosage according to conditions, and the treatment of illness, you know, to carry on with insulin even if you weren't eating - which to me was the right way, but I'd been brought up that way, so I didn't know any different. Far too regimented, really. The Argentines were more liberal with food and

(8) they used to suggest food intake - what to eat and what not to eat - for different conditions, which they never did in England. Food seemed to matter. Didn't specify light diet or anything like that.

You mean food didn't matter to Argentinean doctors?

No, food didn't matter to English doctors, really. They didn't seem to have a knowledge of it. Even now, in hospital, you ask for a light diet - "well, what do you mean by that?". You know, sort of like stewed apple and rice pudding, things like that, non-greasy, non... you know, not highly flavoured or anything.

So, Argentinean doctors appeared to know more about food and the effects of food?

They seemed to know more about it and recommend what to eat and what not to eat, what was indigestible and...

And what about this adjusting of your diet to conditions. Can you give examples of what you would do and what your GP in England would do?

Well, the GP in England would set the dosage and that was it, you know, no matter what. If I knew I was going to cut the grass for two or three hours in the morning, I would reduce the insulin and keep plenty of sweet stuff around in case I went hypo, but they didn't seem to bother with that.

Did you go hypo very much?

Well, quite often, I think, but only slightly; I didn't have to be attended to by anybody. I mean, I knew... my mother seemed to know when I was going; she could tell. I could tell eventually, too, but as the years went by, it didn't... it wasn't as clear cut as it used to be. But I've always dealt with it myself though, even when my mother was, you know, alive until 1980. You know, if I woke up in the night, I would have sweet stuff handy in the drawer.

(9) And did you have any contact with hospitals in England in the 1940s?

Well, clinic at Stockport, but I didn't feel I was gaining very much. I seemed to be going over ground, which I already knew. And the diabetic club, I just didn't like at all. I mean, you seemed to be surrounded with people with moans and groans, and I never discussed diabetes at all with anybody. For a long time, I never mentioned it on holiday; just coped on my own.

If you didn't mention to people that you'd got diabetes, how did you cope if you went out for a meal, say, at their house?

Well, I might do in that case, but not as a general thing. But if I went out to a house, I was sort of keen to ask, you know, what time was the meal and that sort of thing. And you were ready to have an injection supposedly half an hour before the meal, which they don't seem to bother with here. They have the injection - well, in hospital visits - they have the injection at a certain time. Whether it coincides with the meal or not, it doesn't matter, and even if the blood sugars were high. I'm speaking of quite recent years, though.

So, how many injections did you have from the time you were diagnosed?

Well, always two a day, sometimes three, sometimes four a day. Even now I have extra injections or adjusted according to the blood sugar.

And how did the GP and the hospital react to you having so many injections?

I don't remember ever discussing it with them. Just went my own way, really - sort of in one ear and out the other! I felt I was doing all right anyway.

Were you ever completely unconscious with a hypo?

Not that I know of, no. Even when my mother was here up till 1980, I never contacted her at night or anything if I did wake up. And, of course, she was sort of fairly regular with meals, and, you know - "better have a bit of sugar or something, the meal will be another half hour yet".

How long did you go on weighing your food?

Oh, probably till I was about ten, maybe, but I don't recall much after that. I certainly didn't weigh it when I came to England in '36, so I was off it by then.

(10) Did your diabetes affect your choice of career in any way?

I don't think so, really. I mean, I'd always been interested in architecture and house design and that sort of thing, but being in the Argentine I was a long way from, you know, Liverpool, where my father was enquiring about courses, and, of course, when he died, it was a case of going straight out to work there. And I knew I'd got the family business in England to come to, when I finally did get to England, and went straight into there.

And how was that kind of work suited to somebody with diabetes?

Well, it's quite good really, 'cause it was regular and, you know, a daily routine. No great problems; didn't have to travel.

Have you done much travelling during your life?

Not business-wise - no, but for holidays - yes. One or two European holidays every year, perhaps a week or a fortnight, and visits to a cousin in Spain, and big trips to the Argentine and South Africa, which were very special. But travelling didn't affect the diabetes particularly. Soon recover after the flights. Those are a bit higgledy-piggledy, you might say. We used to subdivide the injections, then, to more or less cope with each meal as it came along. And I had all my supplies with me - two lots for hand luggage and main luggage, and enough to carry on for the whole holiday from each supply.

You were in England for three years before the creation of the National Health Service in 1948. Can you remember what you had to pay for before the creation of the National Health Service?

I can't actually remember that. I suppose my mother paid it - it didn't come out of my meagre, what was, two pounds ten a week. I suppose she paid for it, but I don't remember it being a problem or anything.

(11) How much contact did you have with members of the medical profession over the years?

I don't seem to remember anything very much. I think the odd diabetic clinic, or weights and measurements and blood sugars and what not, but not till I moved to Bollington and went regularly to the clinic there with, you know, blood pressure and what not coming on.

What year did you move to Bollington?

1969.

So, all through the fifties and sixties, you really had very little contact with medics?

No, very little contact, I think. Went my own sweet way!

Were you fit?

Well, I think so. Used to do all the gardening and big house renovation jobs, and, you know, heaving boulders around the place and digging and raking. Each house we bought has wanted work doing on it, so, you know, building garages and terraces. Oh, did quite a lot of scooter riding - belonged to a scooter club. Used to go out every weekend: half day Sunday and the following week, or full day Sunday, so. I seemed to fit that in also with a full-time job, and looked after the car, you know, polished and gleaming every week. I don't know how I did it.

And you've also shown me some musical programmes. Tell me about that.

Oh, I've always... joined in 1945 - a musical society. We'd done, you know, G&S, and whole lot of musicals with quite a number of societies. Most of them only one a year, so I joined another one so I could get in two a year, but that finally faded a bit; it's only one a year.

And what was your role?

Oh, mostly chorus, a bit of dancing, odd small speaking parts or singing parts, until I finally ended up with my biggest role yet - the Giuseppe in the Gondoliers in Bollington. I was asked if I would put in for that part and, you know, got it. But I had singing lessons all my life, so it did help to projection and diction, more from a hobby than anything.

But it requires quite a lot of physical energy.

Yes. Well, the shows were quite physical at times, especially the dancing roles. Used to go in for musical festivals in Macclesfield and Alderley Edge, mostly Nelson, and then for one or two classes, but that finally faded. People always said diabetics couldn't sing. My mother was told that, but I think proved them wrong, really.

(12) Has diabetes ever stopped you doing anything you wanted to do?

I don't think it has, really, but I've always had to consider it, whatever I did. You know, concerts or anything like that, that I had meals at the right time and didn't miss injections or anything like that. But I don't think it actually stopped me; just had to be more prepared. I've travelled, you know, with the choir -



long weekends, a couple of trips to Ireland with the choir - no problems. But I'm always self sufficient. You know, got everything with me that I needed, all the medications and sweet stuff in case of hypos. I don't think anybody would have known.

Did you ever resent having to be so well organised?

Not really, no. It didn't bother me particularly. It's always something I've known, had to take notice of. But with choir trips - if it looked a bit complicated or it could go wrong, I didn't go on those. They went on one to Europe, and it was constant problems: bus broke down and, you know, spent a night in the bus at the dockside and that sort of thing. So, I could see problems looming and didn't go on that trip. But otherwise, I organise the meals... competed at Llangollen Eisteddfod, oh, what, five or six years with the choir. That was a lovely day out actually; very interesting. We did quite well in the competition. There were five choirs entering the first time and only two could go forward, and ours was one of them - the Bollington Festival Choir - so we were quite pleased about that. But we didn't actually win at the festival.

You mentioned that after you moved to Bollington in 1969, you had more contact with the medical profession. Why was that?

Well, I think the clinic was very good, very friendly, and I think it was more necessary to watch the blood sugars then, and, you know, blood pressure and all the other, you know, thyroid and cholesterol, what not. And I was starting to have difficulty with the grass mowing - you know, getting an ache in the shoulder. And I think 1972 was diagnosed with angina, but no actual pain, just breathless and had to sit down a bit and carried on again afterwards. It's funny - angina without pain; I can't understand it, but... Even a heart attack and the stroke, there was no pain whatsoever.

(13) Was the diabetic clinic you attended at your GP's?

Yes. I think it was fairly new at the time, and, you know, it was much easier for me to attend to the local doctor's than go to hospital, waiting around in clinics and, you know, seeing different people each time; very frustrating. But they seem to have very good records now at Bollington; everything's down on computer. And they've been very attentive, I must say. And one of the doctors taking the clinic is also my GP, so I feel that he knows my case thoroughly.

Is that important to you?

Well, I feel so. I mean, I know it's written down, but there are sort of other things, which... you know, they don't know about my dislike of taking any medication. I don't want to get involved in pill taking and side effects. I always read the leaflets thoroughly before I take them - sometimes don't take them at all, which is very naughty, but still. I've had one or two bad episodes with pills, and recently I was...

Did you manage to do much after you got angina?

Oh, yes. It didn't affect my working particularly, only sort of continuous grass mowing and up and down slopes. But did a lot of stone heaving and stone laying, flag laying, altering beds, pruning. And inside the house - for the first year we travelled up daily from Bramhall to start pointing the... taking the plaster off the walls, and we pointed them all - my sister and I - inside; it was quite a job.

Moving on, then, to the eighties. How was your health in the eighties?

I've not mentioned houses at all in all this - I've missed all that out!

Tell me now.

Well, from the first house we bought in England in '45 - my aunt died in the Argentine, left two little girls. The father brought them to England, they came to live with us, so we bought another bigger house to share until they'd finished their school. Then, when they'd finished school, father took them back to - he got a job in London - took them back there, so we moved to a smaller house. I don't remember the dates now. Then, from a small house, my mother came into a bit of money from her grandfather, we moved again, 'cause it was a semidetached house, and I didn't like practising when I was attached to a room next door where they could hear me. So, we bought a detached house with a lot of garden again; double plot. We stayed there until the painting was taking off. My sister had given up work - she was working at home doing woodwork and picture framing. We wanted premises where I could show the paintings and she could have a workshop and do framing for outside people, as well as furniture restoration. So, we wanted a place, you know, with a big area, but not tall - flat sort of building, so eventually bought Clarke Lane Farm, where I am now. And that worked very well for quite a few years,

- (14) till my sister married in '79; rather late, but still! No more woodwork and no more picture framing, but carried on having exhibitions here - suitable premises and plenty of land for parking on.

And you could sing without any neighbours hearing?

Yes, that was quite important. Yes, nice and detached. There's no building that can hear me at all. I mean, from my own house, actually, I can't hear from the lounge to the dining room, and the neighbours at the back can't hear. The lady next door is deaf anyway - she can't hear, but the stone houses are very soundproof.

And how has your health been in recent years? Tell me what complications you've developed.

Prostrate troubles, heart deterioration - I've always had a heart murmur and they wanted to operate, but I didn't think I was bad enough for that - and, you know, complications with diabetes. The heart specialist didn't seem to know what connections there were between the two and felt a bit dubious about it, so I've not had it; I still haven't had it. Various small... you know, tooth extractions and lump removals.

Have you had any problems with your eyes?

Cataract removal in one of them. The other one is going, but he said it wasn't bad enough to do yet, so... But the eyes are very, very tired and sore. I don't know what it is. I think it's one of the blood pressure drugs; just want to sleep all the time.

And what about your feet - have you had any problems with those?

No, no problems with those.

- (15) Visits to the doctors became more frequent, and together with specialists and GPs, one year I counted fifty five different visits, which become a bit tiring after a while.

What kind of things?

Well, I've got details here: prostate operation, operation on shoulder lump, bladder problems, heart problems, angiogram, angioplasty - which didn't do any good at all, tooth extraction, cataract removal. That was in '98.

And how many of these would you connect with diabetes?

I don't know that I can connect any of them with diabetes, really. Heart possibly, but, I mean, many people get heart problems without diabetes. And the heart problems have never been that bad - I don't think so; it's not stopped me doing anything.

And were all these visits on the National Health Service?

No, most of them private visits. I've carried on with the insurance after leaving the office, luckily with no conditions attached, so everything qualifies - even eye problems, which could be attributed to diabetes, but I don't think so. He's told me that there are no diabetic problems, except for a cataract, which

anyone can have.

And do you feel that you get better treatment than you would on the National Health Service?

Well, it's the same people that work privately, but you certainly get half an hour with a doctor and talk things over properly, rather than... otherwise, you know, well, in the hospital they come round in four or six at a time, you don't know which one's the doctor, and they just talk amongst themselves. You feel very detached from the doctor, and even when you go to see a certain doctor, it's quite often not the same one that you've seen before.

Have you had any spells in an NHS hospital with NHS treatment?

Yes, well, after the heart attack, I had a long spell in hospital. That was September '02. They said it was a heart attack and a stroke, so

- (16) I don't really know; I don't think I had a stroke. But the treatment was very good, I must say; very attentive. I was three and a half months in

hospital, and various... A few days at a time I've had to go in with a twisted bowel, which luckily they managed to sort out without operating, but I've got to take great care about it. Take two laxatives a day and make sure the bowels are open.

Did you get much help in managing your diabetes while you were in hospital after your heart attack?

Well, I can't say that I did really, 'cause completely opposite to my way of managing it. And high blood sugars weren't regarded, and I couldn't get injections before the meals - just when the medicine trolley came by, and usually injections were the last items to be distributed. Had great rows with everybody, including dieticians.

What rows did you have with dieticians?

Well, I had a bout of sickness and I was asking for light food, and they didn't seem to know what light food was. And I said "oh, stewed apple". "Oh, that will make it worse" was the reaction from one staff nurse. But, you know, things that we used to have at home - rice pudding, junket, you know, anything... stewed fruits. Nothing sort of tasty or fatty - you know, kept away from all that sort of stuff. But they finally did improve the diet a bit. I think it was my doing. Also no fresh fruits, you know, and then when they did bring fresh fruit it was a banana, which is not much use for a stroke victim, you know. Had to get help opening it up, or an orange, which is completely useless - you can't cope with that with one hand. But generally speaking, no, they were attentive, just overworked. And when people had to be fed as well, it was a lot of work for them.

Did you get the impression that doctors and nurses knew much about diabetes?

Well, I don't know. I saw the diabetic nurse while I was in hospital. I said I was going to be alone when I went home, and, you know, "oh, you can't do that", as if it was completely impossible in my condition with one hand. Anyway, I am coping. Got a special holder for the insulin bottles, and carry on as I normally do.

Can you talk me through a day of coping since your stroke?

What a day of coping is? Struggle to get up - feel very tired in a morning. But I do my blood test and injection first thing, then wash, as far as I can, teeth, get dressed, as far as I can - trousers are difficult to cope with with one hand, but I manage. Shoes and socks are beyond me at the moment, but I have a carer come in in the mornings who finishes me off with, you know, shoes and buttons, or any other little jobs which... What I do find a job is Oxo cubes - I can't open them. They're usually all squashed to bits by the time I've got them open. Things like that that they can do for me.

(17) Well, if they've not come, I carry on to the kitchen and get the breakfast, which is usually porridge and fruit - fruit salad - apple, banana, something

like that, and that's it, really. Take the pills, make the coffee, which I have later on in the morning 'cause I don't like it very hot, so I have it sort of eleven-ish when it's gone cool or tepid.

How many pills do you take?

About six in the morning, at the moment, another one in the evening, a couple of laxatives - Fybogel and Lactoberal. And otherwise... you know, I feel very tired, actually, all the time, and quite often I lie on the bed for half an hour, sometimes an hour - recover. Walking seems to have got more difficult as time goes on - very slow. And the house is not particularly comfortable for walking - a lot of uneven floors and stone flags, and it's a long way from place to place. But have the odd appointments: doctors, dentists, specialists; that sort of thing. Bits of shopping, if somebody takes me out. I'm hoping to get a car in the near future. I've passed the test at Wrightington; capable of coping with anything about an hour and a half's driving in a converted car. I had to sell my other one because it wasn't automatic. But, hope to fix a hoist in the back that will lift a lightweight electric wheelchair into the rear, into the boot, for use when I go out if there's a lot of walking, like a garden centre or something like that. It's no use in the house because there are too many steps. But trying to get this hoist is a bit of a job, 'cause the car I want is not particularly large, but I think there's room enough for it

(18) to be converted. But I'm waiting for a demonstration of this hoist - lightweight hoist; see how that works.

Talk me through the afternoons and evenings.

Well, I get my own lunch. Usually cold - salad type things: tomatoes, cheese, tuna, whatever's available, and stewed fruit or fresh fruit, simple puddings, perhaps rice or, you know... a light lunch, you might say. Afternoons - usually I don't... different appointments, but... people demonstrating things, or, you know, casual people - today, like, the boiler's broken down for the central heating and he's been to see that. Visits by the physio' twice a week; privately arranged. Interviewing people for gardener, you know, jobs in the garden and what to do. Cleaner comes once a week - she wants organising, unless my sister is here.

And how have you coped psychologically with the limitations imposed by a stroke?

Not very well, I don't think. Feel very angry about it - still. I mean, over two years since it happened. Ready to boil over at the slightest thing; very irritated - you know, the slowness of everything gets me down. Even opening up envelopes and things like that, or writing out cheques - they've all got to be clipped and held in position while I do it, which is very irritating. I don't like the bed I've got - electric bed. I've hated it ever since I got it. I think it's a big mistake, but I don't want to throw it out before I'm absolutely sure. I don't like the softness and the squidginess of it. So... spent a lot of money on it. And two

(19) chairs, also, which are not very comfortable, but the feet do go up and the

back goes down. I thought I might be able to sleep in one, but they're not comfortable. Social life: well, once a week – scrabble. A friend comes round and we have quite competitive games; I enjoy that quite a lot. He used to come in hospital as well. Used to read a lot more in hospital, but I don't seem to have time now, except for magazines - about half a dozen different ones that I get - but I might get round to books again if I get a bit more organised. But if I'm driving round a bit more, that will take a while to get ready. I can't put a coat on on my own, which is a problem, so I need help with that, unless there's somebody here to help. I can't rely on my sister for everything like that; she's got her own house to run.

I suppose you have always been used to looking after yourself, with diabetes.

Yes, well mother died in 1980, so I've lived on my own since then. And diabetes more or less means... she attended to the diet, of course - I didn't have to cook then. I mean, the right things were produced for diet.

After she died, did you feel vulnerable having diabetes and living on your own, in case something should happen?

Well, always a bit wary about, you know, having a hypo and not... a bad one when I would need outside attention, but touchwood I never have done; you know, I've cured it on my own bat. And I know when it's coming on and take immediate steps - don't try and override it. I have sugar pots and things - sweet things - all round the house in all likely positions where I might be - you know, in the lounge, the dining room, the bedroom, the kitchen and bathroom. Always got sweet stuff available.

(20) What keeps you going now?

Hoping for better walking, which hasn't happened so far – in fact, I think it's getting worse. But just hoping that I keep my mental abilities, and can drive again when I get the new car. Get out a bit, and take myself to appointments and bits of local shopping, which is quite good in Bollington, because you can usually park outside where you want to go.

Do you think your life would have been much different if you hadn't had diabetes?

I don't think so, really. I don't know - I've always known life with it. It's always been there and had to take note of it, but it hasn't stopped me doing things; you know, musical activities, choirs and musicals and going to concerts, travelling - at home and abroad - and driving, and shopping. Tend not to go out to, you know, pubs and that sort of atmosphere, which are, you know, not good. Drink's not good anyway for diabetics, and I don't like that sort of atmosphere. I'd rather have a few people coming in for an evening and sitting round and talking, having coffee; keep it simple.

Would you have any advice, from your seventy three years of diabetes, to somebody who was diagnosed with diabetes now?

Well, it's difficult to advise, because I've never really conformed. But I think to keep it in mind always, but, you know, be a bit flexible with it also, you know, as far as insulin goes and altering your routines or taking exercise or not taking it. Exercise is important - keep active, but adjust the food or the insulin to cope with that.

That sounds like very modern advice, but have you always thought like that?

Well, it's the way I was trained, actually, you know, even in the Argentine, many years ago - adapt it to present conditions. But when they come out now with the, what it, DAFNE - Dose Adjustment For Normal Eating - it makes me laugh, because it's what I've been doing for the last sixty years, more or less; always adapted to the conditions. It hasn't got to be as rigid as, you know, fixed dose of insulin, meals at regimented times and don't vary it. I mean, you can't go out or have a meal out or, you know, adapt to different conditions. I mean, if you take part in the activities... personally operatic shows, you've got to have your meal and be injected and ready for performing and dressed - you can't carry on with a normal routine. And perhaps a lot of activity on stage maybe - got to adapt it and not be afraid of altering it.

- (21) I must say that to keep a hobby going is very good advice, you know, over the years; keep the interest going. And personally, I've always painted - even in the Argentine. My mother painted, and she helped quite a bit, but I've not studied art. But I went on a painting holiday, and the tutor said, you know, "where did you train?" sort of thing, and I said "no, I've just picked it up, copy work", and he said "oh, people give their ears for that talent, why don't you do some original works?". From then on, I have done that. And since then, I've done about a thousand six hundred paintings - original paintings, and sold most of them, apart from about a hundred that I've still got with me at the moment, when I gave up having exhibitions; too much hassle, too expensive and I was losing my public. But it's always been a great interest. Always water colour, and painting holidays have been quite useful and interesting. That, together with the music and the house conversion interests, gardening... It's amazing, now, when you think of my present garden, that huge trees have been planted by my sister in the middle of the field - a big white cherry and a copper beech tree, which is probably about forty foot high - to see them come to maturity. And the orchard, which was six foot high in nettles, which has all been dug over and roots taken out, and changes made to the house. It was far too big when it was all converted, so it was divided; that was a major job. So, we had six bedrooms at one time, so... I've only got four now. But other conversions of the house have been very interesting - you know, extra bathroom downstairs, using an old coal barn where the floor had fallen in. Made the upper storey into a new studio, connecting up the second bedroom to the landing, which there was no connection in the first place. You had to go through another bedroom or a separate staircase to get to it. Even this year, I had a new porch added to the front of the

house. Sort of a... not exactly a porch, but somewhere to sit. It's the sunniest position in the whole house, so somewhere interesting to see the horses in the field and the walkers go by and people walking their dogs, and, you know, a bit of life going on.