

90. Zin Cherry

(1) Tell me about your background.

I was born on the 2nd of June, 1956. It was in a nursing home; I was about thirty miles from our home. And my mother had a very long labour: it was sixty hours, and by the time I was born, my head was quite misshapen. It was drawn out, and it looked like a policeman's helmet, which it did make me a very unattractive baby, to start with, but it did calm down. And then, later on, when I was nine month old, I did have whooping cough and pneumonia very badly, and nearly died with that, and spent time in an oxygen tent in hospital. And I grew up in a very small village in the middle of Norfolk, called Foulton, and I went to primary school there, which was quite a happy time. And it was a very small school: there were nineteen children in two classes. And while I was there I sat my Eleven Plus, and fortunately passed that, and went on to the grammar school in Thetford, which I stayed there for nearly three years. And then my family moved to Oxfordshire, as my father was a gamekeeper. And we moved away... well, we moved away from most of my family, which, at that time, was a very sad time, because I'd previously spent a lot of time with my grandmother, who I absolutely adored. My mother also worked; she worked on a farm, where they grew lots of crops and things, on the Fens, and so I would go to my Gran's at lunchtime from school, and after school. It was really wonderful. But coming here, it did take me a while to settle. And I wasn't able to go to a grammar school. I went to the local comprehensive school, which had more children in my year than in my grammar school, and also I was at school with boys.

(2) And what did you do when you left school?

When I left school, I went to the technical college in Banbury to study childcare. I did the preliminary residential childcare certificate, and spent some time in schools and also in children's homes, but my first job, on leaving, was as a nanny, and I went to Italy. I'd originally applied for a job in Tehran, which, in hindsight, was probably a good thing I didn't get it, and I joined an employment agency and I went to Italy for six months. And when I came... I'd come back just before Christmas, and I met my future husband in the pub, and we were chatting. I wasn't very impressed, because I thought his sister was his girlfriend. And then we met up again, a couple of months later, at a dance, and got chatting, and from there it went on, and we met properly February the 15th, 1975. And in April, Richard asked me to marry him, and we were engaged on May the 8th, which was very quick, and then we married on May the 8th in 1977. And we'd both decided that we wanted to have a family straight away, but it was a little quicker than we expected, because after two weeks of marriage, I became pregnant with Emma, who was born on the 27th of February, 1978. Had a wonderful pregnancy; it was just the most wonderful feeling. I'd put on very little weight, and I had Emma and went straight back to my normal weight. And she was a wonderful baby; I've always called her a textbook baby because she did everything as she could. She was a very early talker: by two, she was really quite fluent, but I did used to talk to her a lot. But she has... since that

time, she hasn't stopped talking.

- (3) And then, when she was ten, she started to drink quite a lot, and Emma wasn't really a great drinker, but I noticed that she was always thirsty. And we went into Oxford on the Saturday with my mother, and while we... we'd only just got there and she wanted a drink, and all day she kept wanting drinking. And I was saying to my mother "this isn't right", and my Mum said "no", and we both thought maybe this was a sign of diabetes. So, on the... I got her a doctor's appointment for the Tuesday, and the doctor tested her urine and decided it was very high, and thought she needed to go into hospital. And this was April the 12th - it was a Tuesday, and it was five o'clock in the afternoon - and we were to take her straight into the John Radcliffe Hospital in Oxford. And so, we had quickly had to make arrangements for our other daughter, who Richard's sister looked after, and we took her in straight to Accident and Emergency. And Emma was assessed when we got there, but I can't really remember very much about that part; I think it's because taking her straight in from the doctor's, and being a bit panicking and worrying. But we were then went up to a ward, where we were met by a doctor who was taking blood from Emma, but it wasn't very successful. He tried, and Emma was getting very upset, and it was very difficult and he just wasn't able to get blood from her. So, he had to call for a nurse to help, who did it quite quickly. But after that, Emma had a great mistrust of this doctor. She was quite intolerant with him, and when we went back for further visits, her intolerance did come to the fore. But Emma stayed in the hospital for the weekend, and I stayed in with her. She wasn't able to come home as quickly as normal, because the nurse that would have looked after us and visited us at home was away that weekend, so she had to stay in a little bit longer. And then, I think we came home on the Sunday morning, and went back, and then we had to go back later in the day and get it sorted. But I remember the morning after she was admitted, Emma was in bed in the morning, and I was sitting on the bed with her, and we were chatting. And then the doctor came round on his rounds to talk to us both, and to say that Emma had diabetes, and I just burst into tears. I felt absolutely bereft. It was the most dreadful feeling. I didn't really know a great deal about diabetes, but it just seemed to be the most awful thing that could have happened to her. In hindsight, I realise it's absolutely ridiculous, and there are so many other things that she could have had that would have been far worse. And they were all so very kind. And I just felt so absolutely stupid. Then, of course, Emma was a little bit upset because Mum was upset, but then talking to them, and after that I never felt like that again.

Why do you think you felt like that? What did you know about diabetes?

I didn't really know anything about diabetes, except that people drank a lot, and it was to do with sugar, and they had to have injections. And I think when

you have a child, you worry about them. And if you think something awful has happened to them, and that she's going to have a life with injections, and that she would have the most miserable existence, and it would just be so absolutely awful, and staying in hospital with her and having a younger daughter at home. And I think it was just everything, and I just felt so upset.

(4) What are your memories of Emma's first injection?

Emma wasn't very happy about it, because Emma, as a child, was quite a hypochondriac, quite nervous, didn't like injections or anything like that, and would get quite upset. And then, I had to practice giving injections and show that I could do it. And, at that time, the doctor suggested that I go home and I could practice injecting in an orange, or, if I had the chance, to use a chicken portion, that would be quite good as well. But I did have to give her one injection in hospital, to show that I could do it, which... it was awful, because I'm not very fond of needles myself, and to have to do that to my child. But I did realise that I had to do it for Emma's good; you know, you have to put your feelings to one side and just get on with the job, really.

How did Emma react?

She wasn't terribly co-operative. She didn't like it, and she certainly didn't want her mother to be doing it to her.

Can you remember what you were told about diet?

Yes, we had to be very careful with what Emma ate. She couldn't have anything sweet, anything sugary, and we had to calculate things kind of on the weight of... a carbohydrate portion would be ten grams, or ten exchanges as they called it, and potatoes the size of a small egg. It seemed to always be counting out at meal-times, and measuring. I didn't actually weigh anything, because that, I felt, would just be a little bit too much, but I tried to be as careful as I could, and I had sort of diet sheets to follow. And it was a bit difficult at breakfast times, because Emma is rather like myself, she wasn't a great one for eating breakfast. So, we had quite a few battles with that, trying to get her to eat breakfast, and talking to dietitians. And they said "well, she could just have some orange juice, and if you could get her to eat something that would be good". And then, later on, it changes, and you can eat this and you can't eat that, and then orange juice was discovered to be not quite so good. And the whole meal-time thing just seemed to be such a battle, and I felt I'm never going to get this right. And I used to buy special food, and I gave her... I started - it was a dreadful thing to do, really - but she had a shelf in the pantry with just her things on; they were separated from everyone else's. And I thought that would be a good idea to keep it separate, but then it wasn't so long and I discovered that actually it wasn't a good thing. Emma didn't want to be treated differently to everyone else. It was a big thing with her: she didn't want to be different.

(5) And apart from diet and insulin, can you remember anything else you learnt about diabetes in the hospital?

Yes, they talked about hypos, and what would happen if Emma did have a hypo, and how to... she would perhaps... you would have to give her... oh, it was glucose tablets, in those days, it wasn't the sweets that they can have now, which is much better and more interesting for them. But she could have so many, but if she wasn't able to take those, we had this... it's like glucose liquid, called HypoStop, that you had to put into her mouth and kind of massage into her gums. And then, if that didn't work, there was an injection you could give called Glucagon, which... it's a very small vial of powder and a water, and you had to mix them together. And it seemed so complicated, and I thought "I hope I never have to use this, because I'm sure I won't get it right", because you had to mix it, and you couldn't shake it up because you couldn't get air bubbles in. And it just seemed all these technical things, and I was just kind of panicking, thinking "I will never ever get this right. I'm going to do it wrong; I'm not going to look after her properly". The whole thing just seemed to be a complete nightmare.

So, what do you feel that that initial experience of diagnosis was like for Emma?

Emma wasn't very happy about it at all. In fact, she was quite cross, because she was due to go on a school trip for a week in Wales, at the end of that week, and she learned in hospital that she wasn't able to go. And she had had some new clothes to go with, and she was looking forward to this, she was going away with her friends, and there she was, stuck in hospital. And I was saying stupid things like "well, your new pyjamas and new dressing gown have come in very useful for hospital". But she was very unhappy about it, and she didn't want to have injections, she didn't want to be ill, she wanted to go away with her friends. But they did say in hospital, had I not noticed her drinking and got her to hospital so soon - I mean, she was initially put onto a saline drip, because she was rather dehydrated - but had I not noticed and she'd gone away with the school, she would have actually been very ill.

Why do you think that you - and I think you said your mother - immediately thought of diabetes?

Well, my mother's father had a brother who had diabetes, so I suppose my Mum knew a little bit more about it than I did. But I... I'm not sure where I sort of knew it from, but you had this view that people that drank a lot, it could be to do with diabetes. And I said to my mother, and she said, you know, "I think it could be, and we, you know, we really need to get her to the doctor's".

(6) What support did you get after Emma came out of hospital?

We had the most wonderful nurse - Sally Strang - that came to the house. She was so knowledgeable and she put us at ease. She explained everything in detail, and there was just something about her that made me feel so reassured, far more than talking to the doctors and the consultants, or anyone else in the hospital. Sally seemed to be our... well, our very own Florence Nightingale. She was, I suppose, our rock, and she would come to the house, and we could phone her any time, day or night. If you woke in the middle of the night, she said, and you had a problem and you were worried, you could call her, which I did ring her in

the daytimes, sometimes, when I was worried about Emma, and she'd always got the answers. She was absolutely wonderful. And then, I remember, with Emma, she hadn't been diagnosed long, and she had been very badly behaved for a couple of days, and I'd just about had enough of her. And I sat her down on the sofa beside me, and I started giving her a real talking to, and she just passed out on me. And I panicked a bit, and I thought "oh, my god". And then later on, talking to Sally, I realised that this was all to do with the diabetes and the blood sugars, and the irritability and the behaviour, and it was kind of like a wake up call, really. But Sally was always there at the end of the phone. Panicking: "what do I do? Shall I phone the doctor? Shall I phone...?" And I always felt "no, I'll phone Sally"; she was always the one. And when Sally left, it was awful, but by then, we had... I can't remember exactly how old Emma was when Sally retired, but by then we were coping quite well. But from thinking I would never ever be able to cope, it then, after, you know, a couple of years or so, it just became second nature, and you really didn't think about it at all. And I would look back and think "why was I so worried?"

(7) And what contact did you have with the hospital?

Emma would go for an appointment with the consultant and the dietitian, and she would see Sally Strang, every three month. The diet... we had a lovely dietitian, whose name I can't remember, who was... she was very supportive with Emma and not eating breakfast, and what to do with her, and how to encourage her, and what meals to give her. And as the time went on, and the advances with diabetes, and there would be changes in the diet and things she could have, and things that previously she couldn't have that she could have a little bit. And the meals did become more flexible. But each time she went, she would see the consultant, and we would see another doctor as well, but these doctors kept changing, but the consultant was the constant. And Emma wasn't... she wasn't very good at doing blood tests. She didn't mind, by that time, doing her injections - she'd gone from a hypochondriac to a very competent young lady, she was very, very good - but it was the blood tests. And I would nag her, and she would have a diary to write the test results in, and we even bought her a timer so that she could time herself doing these tests, and everything we could think of, but no. And she didn't hit it off particularly well with the consultant, and she always... she just... well, she barely tolerated him. And he would talk to her about her doing her blood tests, and she hadn't done them. On one day, he was exasperated, and he just wrote "hopeless" on her notes, because she was absolutely hopeless. And then another appointment, we were talking to her... he was talking to her, and she was getting a bit fed up, and she found it a bit tiresome having to keep talking to this man, and it was the same old thing each time. And she very pointedly lifted her arm and she looks at her watch, and he looked at her and he said "Emma, you may be in a rush, but I was hoping for a little bit more time with you today". He was very good with her, but she could be quite difficult at times, and it was only with him. I'm not quite sure what it was, but she didn't hit it off with him.

(8) And can you talk about Emma and school?

Yes, her school were very supportive. But we brought Emma home on the Sunday, and we had to go back on the Sunday evening for the nurse to do the injection there, because we hadn't had Sally coming to the house yet, so we didn't really know what to do. And it was quite funny, because we went back up to the ward and to the bed that she had, and in the bed was a little boy from her school, who was just... he was just a year younger than Emma. So, from having no children at Emma's school with diabetes, within a couple of days they had two. And her school were very supportive, and Sally went in and spoke to the head teacher, and there was also Emma's teacher, there was the dinner lady, there was a couple of other people. In fact, Sally said that she hadn't met quite so many people at a school meeting. But it was a very supportive school, and the school cook used to do special meals for Emma. And any... they looked after her very well, and I did say to them that if ever... they could phone me at any time, if they were worried, but if they couldn't get hold of me, and there was a problem, to just call an ambulance.

And do you have any other memories of her early months of diabetes?

Yes. I woke up in the middle of the night, and I'd heard Emma making a noise and then there was suddenly a real bump, so I rushed out of bed, and Emma was laying on the floor. She was quite garbled in her speech, and I didn't really understand a great deal. She'd been trying to get out of the bed to go to the toilet, but she couldn't walk. And I realised then that she was having a hypo, and this was the first one I'd ever had to deal with, and I was really panicking. And I thought "yes, she needs some insulin", so I got the insulin and the needle, and I was drawing it up and thinking "now, where am I going to inject her?" And I realised that actually, yes, it was a hypo, and no, she didn't need insulin, I needed to be giving her the Glucagon. So, I rushed downstairs, because that was kept in the fridge, and administered that, and she came round fairly soon afterwards and seemed quite all right. But it was just... I was just panicking, and I was quite upset because I'd nearly given her the wrong injection, and I was thinking "oh, I could have killed her". But actually, that wouldn't have happened; she'd have recovered.

(9) And any other memories of the first year of diabetes?

Yes. Emma was asked if she would be prepared to help with doctors' examinations; that she would go along to the hospital - and what really appealed to Emma was the fact they would pay her expenses. And obviously she would need my permission, but really it was Emma's decision - that if she would go along, and student doctors would come and examine her. And she thought this would be quite good, because there was the expenses issue, and she was a very good patient, she answered their questions. And then one very nervous doctor came in, and he went through absolutely everything, and then the bell rang for him to go. And I said to him "you didn't look at her injection sites", so he quickly looked at those and went out, and Emma said "Mum, you shouldn't have done

that". And I said "well, I just felt it was such an important thing", and in his nervousness he forgot it, and he should have remembered it, so I did help him out a bit. But she quite liked the fact that there were the expenses involved. I mean, it was very little money, really, and I was quite happy for her to do it, and it made her a bit more special, because it did take her a little while to get used to having the diabetes, because all of the time it was being different. And I did say to her "but no-one can see it, Emma, and no-one will know if you don't tell them". But she said "I have to tell them, because Dr Dunger says my friends have to know, and they have to know what to do", and everybody around us had to know. We had... and my mother would have... keep glucose tablets at her house, her friend's mother would have them at her house, and everywhere she went, people were very good and they all had their packet of glucose tablets. I think they were Dextrose, or something; not very nice, but everybody concerned with Emma had a pack of these. They had them at school, and just absolutely everywhere. Before her games lessons at school, and swimming, she was allowed to have a mini Mars bar, so that she wouldn't have a hypo when she was doing anything. So, she quite liked that, because she liked sweets and chocolate. The dentist said that having diabetes was probably the best thing that happened to her, because it was very good for her teeth.

So, how did Emma's friends react?

Her best friend, Emily, was very supportive and very caring and very thoughtful towards her, and she had biscuits at her house and the glucose tablets. But she and Emma used to fall out quite a lot, and especially if Emma was getting a bit tired, or if her blood sugars were getting a bit low, she could be a bit irritable. And I don't know what had happened between them, but they had fallen out. And Emma... they were racing around the house - and downstairs, in our house, you could do a complete circuit through all the rooms - and they were racing around, and she was shouting at Emily "I'm going to get you, and I'm going to get you with this". And I thought "what on earth is she doing?" And I was upstairs, and I came down and I caught them: Emma was chasing Emily with a syringe, and she was going to inject her friend. And fortunately... I mean, looking back it's very funny, but at the time it was awful, and poor Emily was quite upset, and I dread to think what would have happened if Emma had actually caught her.

(10) Let's move on now to Emma's experiences of secondary school. She would have been eleven, in 1989, so she'd had diabetes for one year.

Yes, she went along, and her best friend Emily went and two other girls from her school, so she was quite... they knew all about her diabetes, and what to do with her. And at secondary school, I don't think she told many people, in the beginning, because she was still at that stage where she really didn't want to be different. But Sally Strang did speak to the school and tell them what to do, and we didn't really have any problems with her there. But she'd been there, I think it was a couple of years, and they were going on a school trip to France for two weeks, and Emma wanted to go. And I didn't want her to go, because

she had diabetes, and she wouldn't be able to manage without me, and no one could look after her like I did, because these people didn't - these people, that sounds dreadful - her teachers didn't really have much experience of it. And I just thought something dreadful would happen. But I talked to Emma, and I thought about it, and I thought it's really not fair to stop her going. And she'd become more used to looking after herself, and her consultant had told her that she would become her best doctor. She was the person that would look after herself better than anyone else, and it had got to be her... and he had told her, right from the beginning, it was her responsibility to manage her diabetes. And so she went, and I worried sick for the whole fortnight. I just thought... I imagined all sorts of things happening. But she came back: she hadn't had one hypo, she hadn't had any problem, there were no worries with the food, it was absolutely wonderful. And it was good for her, and it was also very good for me. And from then on, I realised that she was able to look after herself, so I loosened my grip a little bit and stepped back a little bit, and she took more and more control.

How were things different after France?

Well, before she went away, I'd kind of taken control: told her when to do her injections, and nagged about doing her blood tests, and organised her food, and felt that, as her mother, I had to do everything for her, and make all the decisions. But I realised, after she came back from France, that she was doing that for herself while she was away, and that this was something she had to live with for the rest of her life; that it wasn't my life, it was hers, and for her own good, I had to step back a little bit. And I was always there to support her, and obviously I was still getting her meals, but she was really taking over her care of her diabetes herself. And it became... it was something, I think, Sally said: "you must have diabetes, it must not have you". And I think, up to that point, diabetes had had Emma, but then we went on, and she had diabetes. And she looked after it and she coped very well. She was very, very competent, and I found myself doing less and less, which really was a good thing.

- (11) You've talked about the early years of Emma's diabetes as being nightmarish. My memory is that Emma thinks of you as having been very calm, very laid back. How can you explain this?

I always tried to be very calm with Emma, because I didn't want to pass my worries on to her, and I didn't want her to worry about what could happen to her, the future, and I tried to be calm. I tried to shield things from her, but I would get a bit upset on my own. And I remember being asked to collect for diabetes, and it wasn't long after Emma had been diagnosed, and I went round house to house, which, if anyone that's ever done that, it's not a pleasant thing to do. And I got to this house, and this lady answered the door. And she said "oh yes, my husband had diabetes, and he had several complications, and he had both his legs amputated, and it was absolutely awful, and then he died". And I went to the next door, and I knocked on the door, and this very nice lady opened the door, and I just burst into tears on her doorstep. And she was just

stunned; you know, there was this woman with the collecting tin crying on her doorstep. And she said “whatever’s the matter?” And I was so embarrassed, and I said “I am really sorry. I’m collecting, but I’ve just been talking to this person, and for some reason it’s just really upset me”. And she said “come in, sit down”. She made me a cup of tea, she was absolutely lovely. But I’d kept... I knew about the long-term effects of diabetes, and I kept pushing them to the back of my mind. And I didn’t want to acknowledge them, and I certainly didn’t want Emma to know or think about them. And it just... it was like being hit by a train; I just couldn’t control myself.

(12) What are your memories of Emma’s teenage years?

When she was coming up to starting her periods, they did prepare us a little bit for this, telling us that her blood sugars could be affected by her hormones. And at that time, there was a period of, I think, quite a bit of adjustment in her doses and insulin. Her behaviour wasn’t really that bad, for a teenager. She could be very moody, but it was just trying to get that balance right with the insulin. And then, later on, when she was unwell, and she was vomiting quite a bit, and she developed ketones, and she was very... she was kind of moody, and then she was getting vague, and she just wasn’t right. And I called the doctor, and he came, and she ended up having to go by ambulance to hospital. And she was very dehydrated, because when you’re vomiting and when you’ve got ketones, you can’t drink enough to keep up with it. And ketones is something that Emma and I - she had them, I think, three times, and was in hospital with them. And each time we both got a dressing down from the doctors, and we should have known, and we should have been more careful - but it was something that Emma and I never really understood. There were vague things like “ketones are like when you have a fire, ketones are the smoke”, and silly things that we didn’t understand. And even when she was... I think she was nineteen, twenty - she was at university - but she’d been... she came home, because she wasn’t well. And I just thought she wasn’t really well, and hadn’t realised it was the ketones. And I called an ambulance myself, early in the morning, and I’d left it too late again, and I should have called. And we did get told off quite a bit about the ketones, but it was something that we never really understood. But she hasn’t had them since, and we do... obviously she would test her urine for ketones, but as Emma got older, she was taking more and more care of herself, and she probably understands it now, but I never got to grips with ketones. And every time it happened, I always felt very guilty, but I’m not quite sure what I could have done, because I didn’t really know what I was looking for. And they said about the long-term damage it could do, and you start getting quite upset about it, but it was just a case of “I think we’re going to get told off, again”.

The teenage years are often regarded as the difficult years. Was that true for Emma?

She wasn’t a particularly difficult teenager, no. I think I was very lucky with Emma, and with her sister. The diabetes had a slight effect, but not really, and it was affecting me less and less. And then she went away to university, so she

was completely managing it herself, and I found that I just really wasn't involved with it. And she would be going out with her friends, and she had... They had, at the clinic, talked to her about drinking, but she was like any other young person: she would have a drink, but she never had any problems. And diabetes kind of went into the very back of my mind; I didn't think about it. And it became less and less important to Emma; it was just something she had that she didn't really think about that much.

(13) You mentioned, earlier, that Emma had liked sweets. Did she feel deprived, at all, as she was growing up?

She did, because she couldn't have the sweets that she liked. But we did find sweets in Boots that were specially for people with diabetes, and they weren't quite the same, but they were acceptable. So, we would buy her lots of those, and put them on the shelf in... her shelf in the pantry, in the beginning. And didn't really want Sarah to be having sweets in front of Emma, because that wasn't fair. And at that time, it seemed to be all about Emma, and didn't really think about Sarah, in the very early days, and would say to her "no, you can't have this, because it's not fair on Emma". Well, really, it was also not fair on Sarah, and she did get a little resentful of this. And I remember them having an argument one day, and Emma was at the bottom of the stairs, and Sarah was storming up, shouting at Emma. And her last shot, before she went into the bedroom and slammed the door, was "I'm glad you can't have chocolate!"

Would you have any advice to offer to parents who have one child with diabetes and other children without?

Yes, I think it's important to remember it's not all about the child with diabetes, because Sarah - being... she was two years younger - I think, in the early days, I should have thought about her and her feelings a little bit more, because it became all about Emma, and what Emma could have, what we could do for Emma. We would buy special sweets for Emma, we would get special food, we would make her cakes for her, and try and not really allow Sarah to have sweets in front of Emma, because it wasn't fair on Emma. But looking back, I think I was very unfair to Sarah, and I should have remembered that I had more than one child, at that time, and I should have made a bit more fuss of her. And my mother was the same. We spoilt Emma very much, and made a very big thing about it, right at the beginning, and didn't think so much about Sarah's feelings.

(14) What was your opinion of the special diabetic foods?

The special diabetic foods were actually quite expensive. And the fact that they were called diabetic foods, because Sally - Emma's "special nurse", as we called her - told her, in those first few months, that she was not a diabetic, she was a young girl who had diabetes. And also it was important that she had diabetes and diabetes did not have her. It was not to control her life, which it did in the beginning. But as she grew with it and you get used to it, it had less and less control over her, and she had control over it.

Looking back over the years, do you have any general reflections on what it's like to have someone in the family with diabetes?

In the beginning, it seemed the most awful thing, and I thought I'm never ever going to be able to cope with this. And I felt... I say bereft, which is ridiculous, because no one had died, but it was that kind of feeling. And I was having a chat with my neighbour, as we were both gardening, and her son suffered very badly from asthma, and was in and out of hospital all the time, and he was really quite poorly. And she said to me "it must be so much worse for you, living with Emma with diabetes", and I thought "no, no it isn't", because I think asthma would have been far more of a worry. I mean, Emma's diabetes was a worry, but when I realised that she actually wasn't going to die from it, things seemed to get a bit better. And thinking about this little boy that had asthma, and I thought really, there are so many worse things she could have. And as time went on, you get used to it, and within a couple of years, you're actually quite blasé about it, and you get a bit complacent, and it doesn't seem such a big deal at all. And looking back, it hasn't really had a great effect on Emma's life; it hasn't really stopped her from doing things. She's come out of it all a very lovely young lady, who's looked after herself wonderfully. She was a hypochondriac, but she's now very competent. Emma has become very competent and looked after herself, but I think if we hadn't had Sally as Emma's special nurse, things would have been very different. She inspired us with so much confidence, she reassured us; she really was our rock. She was absolutely wonderful, and I can't imagine getting through this without her.