

2. John Browning

- (1) I'm a pre "Wall Street Crash" individual, and my first memories actually are of Ceylon in the early 1930s. My father, who was a regular soldier, was stationed out there from '30 to '33, and I have quite clear memories of life in Ceylon at that time, and very clear memories of the journey back home in a coal-fired troop ship. The house where I was born, and to which we returned after a while, was being enlarged when we got back, so my first memories of England are of where my grandparents lived in Devonshire, which is where we went. We went back to Hampshire in about '34 and moved into the house probably that autumn - my memory of dates is a bit uncertain - but I know there was a time when we lived in a little cottage next door to the house. And we stayed there 'til 1938, when my father was posted to Salisbury Plain - to Bulford - and we lived in Amesbury for about a year. Then we moved to Aldershot, because he was posted to a unit in the first infantry division for the war, and he went off to France in about October of 1939 and came back after Dunkirk. During that time we were in Devonshire, and we stayed in Devonshire until the autumn of 1940, and I had the excitement of being at school in Sussex during the Battle of Britain, when a lot of it was going on overhead. We joined him for the winter of 1940-41; then he was posted to an armoured division in Sussex, where families were not allowed, and so we went back to Devonshire. I stayed at my school at Sussex, and he sailed for Africa in mid 1942 - can't remember the month now - and got there in time to take part in the Battle of Alamein. I
- (2) was moving from my prep school to Dartmouth during that summer, and one of the things I had to do was go to the Admiralty for interview at the mature age of thirteen. I was asked by one of the people doing the interview how I would route a convoy from this country to Egypt. Whether they knew my father had just done it or not I've no idea, but I did actually happen to know that instead of going through the Mediterranean, the convoys went round the bottom of Africa, because the Mediterranean was dangerous because of air attacks and submarine attacks, by the Italians as well as the Germans. So I suspect that one of the reasons I managed to get into Dartmouth was because I answered that question reasonably intelligently. I didn't actually go to Dartmouth because the Germans were obliging enough to bomb the place before I actually got there, and the college was wrecked, so we were moved to the Duke of Westminster's private house near Chester, where I spent term-times until I left, just after the war ended. We expected to be joining the fleet when we left Dartmouth because we didn't think the war would end as quickly as it did, and one of the things I remember is a sense of gratitude when the atom bombs had dropped, because many of us knew that we would likely have to take part in the invasion of Japan, and we didn't actually fancy it very much. And I was at sea from early '46, I went out to the Far East in '47, sub-lieutenants' courses and so on and so forth. I went back to the Far East in 1950 in

a ship engaged in the Korean war, realised then that I'd made a mistake in joining the Navy and transferred to the Army in 1952. I managed to fiddle an appointment back to Korea before that war ended, so I'm one of the few people who served in Korea both as a sailor and as a soldier. And from Korea I went to Japan for six months on the staff, then to the Middle East, 'cause I felt I'd had enough of the Far East, and was posted actually to the canal zone, a really horrible place,

- (3) for the summer of 1955. It was a ghastly period. Then I was moved to Cyprus, where I met my wife, came home in '56, and I was posted to Aldershot. We got married in '57 and I contracted diabetes in the autumn of '57. The army, reasonably enough I think, said that they couldn't be blamed for my diabetes, they didn't think it was anything to do with the Korean war. They were probably right, but it meant, of course, that I had to leave the army and I didn't get an invalid's pension. Well, these things happen. I've sometimes wondered, actually, whether two winters in that frightful place did affect my health, but you can't prove anything one way or the other.

How did you feel about having to leave the army?

I was very, very distressed: it was my career. I had discovered that I was regarded as one of the people that the army wanted to hang on to. I was training to go to staff college, and the army reckoned that I was probably going to reach the rank of lieutenant colonel anyway and they weren't going to kick me out. This was a time of the severe run-down in all three armed forces, particularly the army, and so I was unlucky. One of the ironies is that I've got two bits of paper in my files, one saying that I was on this famous "List A" of people that the army wanted, and a day or two later I got the letter from a different part of the War Office saying I was being invalided out. I thought that was a bit of a joke, and kept it for my descendants to laugh at. I had, of course, to cope with dealing with diabetes, and so did my wife, and it took a little while. I was unable to decide what I wanted to do with myself for some months. I tried a job as a branch manager of a car hire firm in Coventry. I hated it, and was profoundly relieved when I got sacked after about two months. And I then decided, for reasons which I'm a bit unsure about, that I would try politics

- (4) and I became a Conservative agent, another mistake actually as it turned out. I fought the '59 general election in South Wales, and then I got a constituency, first of all in Swindon, which I didn't like, and then here in Oxford, which I enjoyed enormously. And I had the very great privilege and pleasure of being Monty Woodhouse's agent. He was a very distinguished junior minister, who had served with great gallantry in Greece during the war. He led the British Mission to the Greek partisans, and he was altogether a splendid person.

Can we backtrack to the time of your diagnosis and how it came about?

Right, I had been in a training camp near Portsmouth where we spent a fortnight,

during which time I had a wonderful sailing trip to Cherbourg at the weekend. I'm bringing this in because it might have been relevant. It was a very rough time, both the sailing trip and the training camp, for reasons to do with the fact I had to fill in for some of the subalterns, who were not really up to some of the tasks they got given. On the way back, I began to realise that I was not particularly well. I thought at first it was 'flu, and I began to realise it wasn't because I got the famous and very unpleasant symptoms: the increasing thirst, the need to pass water frequently, loss of weight; it was extremely unpleasant. I didn't do anything very much about it because we had a very important inspection coming up, and I thought that I should see the inspection through before I saw the medical officer, which was a mistake, but there you are. A day or two after the inspection being completed successfully, I went and reported that I was not well, and they didn't waste any time shoving me into the hospital, and that was it. I spent about six or seven weeks there, as far as I can remember, where they taught me how to deal with the problem.

- (5) I remember that when I first went in, they were injecting me every four hours, day and night, so I must have been in a fairly rough state, and then they taught me how to do it myself and how to test myself.

How did they teach you to do the injections?

They started off by giving me an orange to push the syringe needle into. And before I did it on myself, one of the nurses, I always thought she was an extraordinarily brave woman, let herself be a guinea pig, and I injected what I think was distilled water or something into her arm. I can't remember if it was once or twice, I have a sort of feeling it was twice. I thought then, this was very gallant, and I've always been grateful to her for what I think was a bit of a sacrifice on her part, and I believe it doesn't happen nowadays. Another thing that happened during that time was I had my first serious hypo, which was an extremely unpleasant experience, because I had gone quite a long way down before they brought me round. They had to inject some kind of liquid glucose into a vein, which was painful in a minor way, and I felt, as I was coming round, a sense of despair which I've not forgotten, rather "what's the point of struggling with this". And then as I got a bit more conscious, I thought "oh don't be silly", you know. I knew that my first child was on the way and such thoughts were just stupid and I abandoned it, but I don't forget the experience. I imagine it's fairly common with diabetics.

Can you remember where you were taught to inject yourself?

Yes, in the arm and in the thigh. I did it really in the thigh because I couldn't do it comfortably in the arm, and I had to abandon that after a while because, I suppose the fat or something in the thigh got used up, and it got more and more

- (6) difficult to get the needles in. I don't do it there any longer, and haven't done now for over thirty years I should think. But that was what happened in those days.

What other training were you given to cope with your diabetes?

Well I was trained how to test my, in those days with a urine test, for blood sugar, and it was a bit rough and ready, but it did give some sort of an idea. And I was taught, of course, a great deal about the sort of diet that I should follow, and they were very precise about the details of the diet. I had to weigh everything and I had special scales to do that. And at that time, my diet was based on units of ten grams of carbohydrate, which they called blacks, and I still think of things in terms of blacks. And also at that time, the intake of meats and things was also rationed; they called those reds. That side of the diet has long since disappeared, but initially I had to measure not only how much carbohydrate I took, but how much protein. I suppose, having been in the forces and being used to discipline, I didn't find this particularly difficult to do, and quite quickly I trained myself, and my wife trained herself, to cope with this. And my wretched family, when I went to visit them, they all had to follow suit and do what they were told, and they got used to it. The incidence of hypos at first were fairly rare, but then they changed the type of insulin I was given and that didn't work particularly well with me, and the number of hypos went up. That didn't happen 'till after I reached Oxford, so from 1957, when I discovered I was diabetic, until I came to Oxford at the beginning of '62, on the whole, things went fairly smoothly. I didn't have a huge number of hypos, and on the whole, I managed. The interesting thing is that I saw very few doctors at all about it during those years. There were no diabetic specialists where I happened to be living, and as I now see, I was very much left to my own devices, and I suppose I was lucky to get through with as little trouble. It wasn't until I got to Oxford that I first encountered diabetic specialists as part of the National Health setup, and this was a new one on me.

(7) Would you explain a bit more about the reds and the blacks?

Yes. One of the things I got from the military hospital was a book giving details of the carbohydrate contents of quite a wide range of foods, and it would say that so many ounces of that particular food would make ten grams of carbohydrate, or I think it was seven grams of protein. So I knew, for example, that two thirds of an ounce of bread was the equivalent of ten grams of carbohydrate, which they called a black. And these tables that were in the book were tables of exchange, so if one wanted to make up a meal and one knew how many blacks and reds one had to have at each meal, so you'd work out that for breakfast, for example, if you wanted to have, oh I don't know, six blacks for breakfast, you might have two blacks of cereal, which would be - gosh I can't remember now what it was in ounces because I've got used to grams, but - so many ounces of cereal and so many ounces of, say, one and two thirds ounces of bread would be your ration for that meal. I was told what the amount of food should be for each meal to balance the amount of insulin that I was putting into myself. One thing that was not made perhaps as clear as it might have been, but they might not have wanted to bother my poor head, was the third leg, so to speak, of the table, and that was exercise, which I expect they thought that as a sort of

ex-soldier I would take a lot of exercise because I was used to it. And I did take it, and I soon realised that when I was being idle layabout or if I was ill and I wasn't able to have the exercise, then diabetic control got more difficult. That's something that everybody knows, but it's something one learns from experience. But that's what these tables were. I don't think they produce them nowadays. I don't really know how this works with the modern treatment, I think it's much less disciplined. It suits me to go on weighing things and working out what I'm going to have for each meal, because I know I can keep myself fitter by being pretty precise in this sort of way. By the same token, I take as much exercise as I can, and one of the problems, now I'm getting on a bit and have very poor circulation in my feet and legs, is that I can't walk very far, which I regard as a dead bore because I've always liked doing it. And when I can't get out and stride around Headington, I know that it's going to affect my health.

- (8) The hospital I went to in Aldershot was the Cambridge Military Hospital, where they were very good. They weren't experts in diabetes, but they did look after me very well, and I was sent home from there for Christmas. And at the beginning of January '58, I went back there to be boarded, in other words to be put before a collection of colonel doctors to be thrown out of the army. And the same day, my wife was taken into the family hospital next door - the Queen Alexandra Hospital I think it was called - where my oldest daughter was born. It was one of those amusing incidents. I wasn't able to look after myself really very efficiently. I didn't want to go back home, and I was lucky enough to be given a room in the officers' mess, where I had lived before my marriage, and I was still part of the unit there until she came out with our oldest daughter. Then we went home and that was it. I was dined out of the mess sometime in February, and left the army I think at the end of March. I had to move because I was living in a WD Hiring, a place which we'd found for ourselves where the army paid the rent, and then, of course, after being thrown out, I was on my own very much.

You talked about managing your own diabetes. Did you really have no supervision during those years before you came to Oxford?

Not that I can remember. I think that if I did see a doctor at all - I must have done from time to time - it was probably for some other condition. I didn't, of course, try to conceal the fact I was a diabetic, but I don't think they knew very much about it either, and it wasn't lack of concern so much perhaps as lack of knowledge of how to deal with diabetes, I suspect. Between leaving the army, I lived in various places, so I never spent more than eight or nine months in any one place, except for the year and a half

- (9) in Swindon when I was looking after a constituency there. As far as I can remember, I must have had a doctor, but I have absolutely no idea who it was, and I think any doctor that we had dealt more with my wife and the children than with me, because I was relatively healthy during that period.

How did you obtain your insulin?

I must have had some sort of prescription I imagine. I suppose I must have got hold of a prescription from my doctor. Strangely enough, I have absolutely no recollection of how I dealt with that at this stage, can't remember at all.

Let's move on to Oxford then, what happened when you moved to Oxford?

Well, we moved to our present house in September of 1962. We moved to Horton-cum-Studley initially on the first of January, and then found this house and moved into it in September. I got onto the practice of the local doctor who lived next door to us but one, and with whom we became good friends - my children and their children grew up together - and I stayed with that practice ever since. I can't remember now how I got to hear about the diabetic clinic, but I should think it was probably through the practice, and I went down there fairly early on. Initially it was unsatisfactory, because they hadn't been able to organise themselves so that diabetic patients saw the same expert when they went down there, and so at that stage I would go in and see a doctor, who would of course have to question me about what was going on and bring himself up-to-date on the notes. I found that the experience was irritating and frustrating. I used to have to wait quite a long time before these hard-worked people were free, and because they didn't know me and I didn't know them, I didn't get much benefit out of these visits. I know that at some stage, and I think it was

- (10) shortly after I came to Oxford, they put me onto a different type of insulin, which did cause problems and I had a growing number of hypos.

Can you remember what it was called?

No, I can't at this stage. It will be in my medical notes but I can't remember. And then I fell into the hands of Dr Tim Dornan, who wanted to do some experiments on the effect of diabetes on people's eyes. And I count myself extraordinarily fortunate to have fallen into his hands, because he was a very skilled doctor, physician; a man who realised quite quickly that I wasn't really doing terribly well and advised me to change various things, and arranged for me to get a change of insulin, change of regime, and taught me quite a lot more about how to control diabetes, and made my life quite honestly very much better than it had been before. I got mixed up with the team at the Radcliffe Infirmary, the specialists down there, and this was about the time when the regime at the diabetic clinic changed, and one started seeing the same expert for more than one visit, which again revolutionised things. And I was able then to have much greater confidence in the system generally, as well as my own ability to look after it, but the system generally. I realised that here were people who really did know what they were talking about it and cared. I think that was what mattered so much, and that I could contact them, confident that I would get a sympathetic hearing and very good advice. And I'm not trying to say that what happened before, they had been careless and so on, I'm not arguing that at all, it wasn't the case. They were coping with a situation that was beyond them really, I think. Nobody's to blame.

What were the big changes in your own regime?

- (11) The different types of insulin, I had to do more injections because quite quickly they put me on to a slow acting and a quick acting type of insulin, and that was much more helpful. And then gradually, as time went by, I did more injections in a day, but that didn't matter, because I was able to control diabetes much more effectively when I was able to inject myself, as it were, not quite when I needed it, but I could control the amount of insulin that I was putting into myself, and diabetic control became easier. The other change in regime was a greater understanding of the part played by exercise, and a greater understanding of the way diabetes affects one in all sorts of ways, and what to look out for, how to deal with problems that arose, what the dangers were. That had not been explained to me earlier on, perhaps they didn't know so much about it, I don't know, but clearly what was going on down at the Radcliffe Infirmary in terms of investigation was passed on quickly and very efficiently to us people attending the clinic, and infinite pains were taken to explain to us what was happening, why it was happening, what the significance was, and even people like me were given an enormous amount of confidence in our ability to cope, I think. It was very helpful.

What was the role of nurses in your care?

Ah, yes, a great deal. There was a splendid person down at the clinic, Jill Steenson, who was an ebullient and entertaining person, who would come along and visit me at home from time to time between appointments at the clinic and keep me up to date, did sort of little tests on me,

- (12) and who was not only extremely knowledgeable but good company, and somebody who I felt, rather the same as with Tim Dornan, was a friend who I could turn to and say "look, I've got a problem with this, what do I do?", without feeling nervous or concerned about it, which if I hadn't known these splendid people so well might not have been the case. They were very good, and it was because I got so much from them that I felt the least I could do was to take part in any experiments which they thought they might like me to go through, and which might help in the treatment of the condition. So I've always been a willing guinea pig ever since those days! I've been mixed up with various inquiries, sometimes to do with machinery. There was Tim's investigation into the effects on the eyes. I forget what they all were to be honest, but quite a lot of them, and I felt that I've learned something from it too actually, so it doesn't worry me.

In what ways have you learnt something?

One thing I've learnt is that I do actually know quite a bit about treating my own condition, and that sometimes the bits and pieces which are devised to help don't suit me. There was a small handheld computer which was brought out two or three years ago, can't remember when, and I was asked to try this thing. What one did was: one had to do four tests a day for, oh I don't know, two or

three weeks, which was a bit trying, but there we were, and the machine told you how much to inject after each test. It sounds okay on the face of it, but in fact it didn't work terribly well. I remember that I was

- (13) told at the end of the first day to give what I thought was far too low an injection of Ultratard at the end of the day, but I thought well "the machine is supposed to know", so I did what I was told, and things went absolutely pear-shaped as a consequence. And I realised that, after a day or two, that actually I knew as much about how to treat myself as the machine did, probably more. And after a while I got fed up with the machine and ignored its advice, actually. I recorded the results, but I put the amount of insulin in myself which my own experience seemed to suggest was right, and it worked. And when I had finished the experiment, I told the people at the Radcliffe what I thought about this particular machine, and I probably sounded rather arrogant, because I think I said "I do actually know what I'm doing". And they took it in very good part, and appeared to be grateful that somebody was prepared to be critical. I think the fact is that, for people with less experience of treating themselves, it might have been an absolute Godsend. I think perhaps what had gone wrong with me, perhaps, is whoever entered up the Ultratard amount initially in the machine got it wrong, and I suspect, I think they thought the same actually, that the machine itself was not so much at fault as whoever set up the program. Shortly after I got the machine we went up to Yorkshire to visit some friends, and I think we spent about a week there, and that's where I realised that the advice I was getting from it was dubious. I think this was something in the order of four or five years ago but I'd have to track down through my photograph albums because I know I've got some photographs of the visit, but it would take a bit of time finding them. If it's significant I could find out.

- (14) Have you developed any complications over the years?

Yes, when I went to see Tim Dornan, there was some sign of the beginnings of some trouble at the back of the eyes, and he, as I have mentioned, advised and organised for me to have a different regime, and he found that the trouble which seemed might develop did not in fact develop, and was in fact checked. I now have my eyes tested by the local eye people every year. They're in quite good condition. Naturally they're deteriorating but, when you get into your seventies, that's bound to happen. The other problem, which is a consequence largely of diabetes, is poor circulation in the feet. I suffer also from arthritis in the feet, and my feet are now somewhat distorted as a consequence of the two. I have to have specially made shoes, which the podiatrists attached to the diabetic clinic have made for me, bless them. Very good they are, and comfortable they are too. I have to go and see the podiatrist about once a month to check up. I have had some unpleasant experiences of minor ulceration, and I know that a year or so ago the podiatrists were contemplating the possibility of surgery on one of my feet, but they found that they were able to treat it and the surgery

wasn't needed. Quite what the surgery would have been, I don't know, and I didn't ask. I have very little sensation in my feet these days, and they test this periodically at regular intervals, and they poke needles or whatever around my feet. I can't feel it for most of the foot at all. I did go through a period of considerable pain, as it were, inside the foot. This was connected with the ulceration. It was sufficiently severe to wake me up at night when I was asleep. That, thank goodness, has gone,

- (15) thanks to the wonderful treatment and care that I've had from the podiatrists. They've been very, very good indeed, but it has been a problem, and it's a nuisance because it means that my ability to take the exercise, which I enjoy and need, is curtailed. My son is trying to persuade me to join a gym so that I can jump up and down on electrical machines, but I haven't yet, so far, succumbed to this temptation!

Have you had any advice from the medical profession about exercise?

Yes a bit, not a lot. I haven't discussed it at great length, although I have mentioned it once or twice. One thing they did suggest was the possibility of swimming, which I may have to do. I loathe it. I don't like the foul stuff they put in the water in swimming pools, and I don't fancy going down, I'm not a very good swimmer and I don't like the idea at all, but I may have to do it if there's no other way of getting some exercise. The other possibility, I suppose, is get some sort of cycling or rowing machine, I don't know. At the moment I'm ticking over as I am with the walking I can, and do, do.

You talked about the changes in Oxford, when you came to see just one member of the medical profession, rather than the constant change of people. Have you observed any other changes since the mid sixties?

Yes.

- (16) I think one of the outstanding changes has been in the huge improvement in syringes and needles. When I was first diagnosed as diabetic, I had to use glass syringes with detachable needles, and the syringes were kept in surgical spirit and were clumsy and awkward things to cart around. And if one went out for dinner, for example, one had to take something with surgical spirit in it and the syringe in that. They were clumsy, and the needles which were supplied were relatively coarse. Since then, the needles have been improved out of all recognition. The syringes themselves are made of some kind of plastic, they're much lighter and much stronger and infinitely preferable. And even greater advantage, I think, is the NovoPen, which I've been using for a number of years now. Quite recently, a new and better design has been made, I've only been using this for three or four months, where the cartridge is twice the size of the older ones and the pen itself is a little bit heavier, very much stronger and very much refined. They're first-class. You can put them in your pocket and take them away if you're dining out or something, and I can these days, and do, inject myself at table with friends that know what the form is. In the old days when I

started, when I was injecting, I injected in the thigh, and couldn't readily do that at table. I had to sort of disappear into a bathroom to do my injection. Nowadays, my daytime injections I do in my stomach, and it's very easy to sort of lift one's shirt and find a space and shove the needle in. The Ultratard injections are done in my bottom, which of course means I need to disappear to do that, but since that's always done just before I go to bed when it suits me, it's not a problem, and it is very much better doing these injections in these different sites. I've been doing them now for a number of years, and I don't have the problems I had with trying to inject into the thigh. The other enormous improvement has been in the checking up on the amount of sugar in one's bloodstream. The urine tests were crude

- (17) by comparison with the modern blood tests. I can't remember now how many years I've been doing these blood tests for, but I would guess, I'm probably quite wrong, but I would guess something like twenty, and I've been going around my fingertips for this long time. I do a test nowadays every day, first thing in the morning, and at least twice a week I do four tests in a day, and if things are not going particularly well for whatever reason, I increase the number of tests. And I have learned, as one does, to control my diabetes by varying the amount of insulin I put into myself if there is a decline in the stability, as it were, of the blood sugar reading. For instance, if I get a heady cold and am stuck in the house for whatever reason, my blood sugar's going to go up and I need to increase the amount of insulin. Again, if I visit, as I do from time to time, overseas, while I'm away I probably do three or four tests every day, just because I'm on a different diet. I can't control the diet as I do when I'm at home, therefore I keep a much closer eye on the blood sugar and control it by adjusting the injections accordingly. I keep the Ultratard injections more or less at the same level, I don't vary that unless I actually have to, which happens very rarely, usually on medical advice, but the Actrapid injections, I can and do vary those to keep the blood sugar level fairly regular - seems to work.

Have you done all this variation simply from your own experience, or from training?

Bit of both - when I go to the diabetic clinic, I always have a chance to talk over how things are going with the expert that I see, and I'm advised, if whoever it is I see feels it's necessary, to change the level of a particular injection. For example, the last time I saw the people at the clinic, they advised me to decrease the amount of Ultratard, which I did, and I'm sure this was a sensible thing to do, and it's quite clear that diabetic control has improved. I was having a bit of a problem with hypos before, not a serious one but a bit of a problem, and since I've decreased the Ultratard, that has largely disappeared. But of course, the dealing with changes in routine like foreign trips, like illness, like cold weather keeping one in the house, that kind of thing, you learn that from experience. In me, they haven't tried to tell me exactly what to do because, I think, they have

felt it hasn't altogether been necessary.

(18) What changes have you observed in the National Health Service since you were diagnosed?

There has been a real improvement in the care I've had, particularly from the diabetic clinic. I'm not saying that there hasn't been improvements in the care I've had from my GP, but he has been largely dealing with different sorts of problems that people have. As far as the diabetic clinic is concerned, now that I make an appointment at a time which suits both myself and the clinic, the time I have to wait is extremely short. I am given enormous amount of help and encouragement and advice, and I come away feeling that they know what's going on with me, I know what I've got to do about any changes, and they always say if a difficulty arises, give us a ring. I haven't had to do that really for many years now, same applies to podiatrists. So I am actually very full of praise for the National Health Service, particularly around here, where I know what it's doing and where I know how fortunate I've been. I don't think I need to say any more about that.

But by implication, are you saying it wasn't like that in the early years?

I suppose I am. I don't think it was because of lack of concern so much as lack of knowledge of what happened with diabetes, the effect it was going to have on people. And they probably didn't have - they may have always had it in Oxford - but in other parts of the country, they didn't seem to have the experts available for a diabetic clinic. Now I may be doing a great injustice to other institutions in the country, in which case, you know, I don't want to sound damning, I think it's just been a change in knowledge, and my good fortune to be in

(19) Oxford where they've got this absolutely first class organisation.

Can you talk me through your regime now in 2004 as a matter of historical record?

Yes. I still stick pretty much to a measured amount for each meal. I expect most diabetics do that. Where I or my wife is cooking something, we do measure the amount, we measure the weight of things that we eat. She usually has the same as me because it suits us. We also use a lot of the information on cans, and things one buys in shops, where the carbohydrate content of a huge range of foods is given on containers, which it used not to be. So if, for example, we decide that we want some baked beans, or what we have pretty well every day - some of this soup stuff, then one can look at the container and say "okay, well half of that will be so many blacks for me, therefore I need so much more of something else". The rations are suggested by the diabetic clinic, and at the moment I have, what do I have, I think I have six and a half blacks for breakfast, usually one or two at elevenses, five for lunch, two for tea, and seven for supper, and one or two before I turn in. I say one or two, because that depends a bit on what I'm doing. I now know, for instance, on a morning like this, when I'm not rushing around Headington doing something, I shall have less for elevenses, because otherwise I

get myself out of control, but these are only small adjustments which I've learned how to cope with. Does that answer it?

- (20) I've got here the "Complete Cookery Book for Diabetics", which was given to me when I was at the Cambridge Military Hospital in 1957, and recorded in it, on the front page, is the diet which I was given at that time, in my own handwriting. At that time, it was based on calories per day, they thought that I needed two thousand five hundred calories a day to keep ticking over, and the amount of insulin which I took at that time, I've no idea now what it was, was based on that assumption. I see that for breakfast I was supposed to eat seventy five grams of carbohydrate; that was seven and a half blacks, together with three what they call reds: that was seven and a half grams of protein. In the middle of the morning, I had five grams of carbohydrate and half a red, so that was coffee and a biscuit, obviously. Lunch was six blacks and five reds, tea was three and a half blacks and one red, so that was obviously the milk that went in the tea, supper six blacks and four reds, and before I went to bed I had one black and one red, I must have had some sort of a hot drink I suppose, I don't remember now. And it's interesting that since then, there's been not very much adjustment. I now have a rather smaller breakfast, a considerably smaller lunch, a smaller tea and a rather larger supper, but the general schema is the same, and I still have these things before I go to bed, and the middle of the morning and teatime.

- (21) How has diabetes affected or fitted in with your work over the years?

I've mentioned that initially it was hard to settle down to losing my career and becoming a civilian. I think I probably realised fairly early on that I needed to do something where my life was fairly controlled. This was one of the problems with politics, that it wasn't particularly well controlled, although I didn't have much trouble at that time. Teaching, which I adopted in the late sixties, was a regime where I could control my life very effectively, and which I found very enjoyable. I did have one or two instances where I started to feel a hypo coming on when I was at work. In those days, I did get a little bit of warning and I was able to stave it off. Interestingly, since the introduction of human insulin, the - and perhaps because of my age - the warnings I get for hypos are now very, very much shorter, if they happen at all, and I can and have been caught going out without realising that a danger point had been reached. I have talked about this with the clinic and they understand the problem. This was one of the reasons why, as I mentioned just now, I reduced, on their advice, the evening Ultratard injection. The problem I think has been managed in two ways, first of all, as I've mentioned several times, I've had absolutely first class advice and support from the diabetic clinic. And secondly, I think I've been lucky in that

- (22) I was able, after a while, to find something which I enjoyed, which I thought was worthwhile, and where my health problems could be contained without any difficulty. Having said that, of course, one does think of people who are great athletes who are also diabetic, and do incredible things, and

cope with their diabetes. How they manage, I can't think, but the lifestyle which I settled for myself seemed to work, and I seemed to be able to cope with the diabetes and do my job efficiently.

And how has diabetes affected your family life and your marriage?

Not much. I think my wife was quite glad, actually, when I was invalided out of the army, because she didn't particularly fancy wandering about the world and trailing lots of children. I had one child on the way when I came down with diabetes. Since then, we've had four more children, and my wife has been marvellous in helping me cope with diabetes. She got the hang of how to deal with the rations side of things, and has also got competent in dealing with me when I have hypos. Of late, this has been more difficult for her, because her loss of memory has led to a certain amount of loss of self confidence, and she nowadays, to be honest, pretends to panic if she thinks there's a hypo on the way, and is not as confident as she used to be in what to do. But that's not to do with the marriage, so much, as the fact that she is losing her short term memory.

(23) Have you had any other complications apart from the ones you've mentioned?

Yes, I do have blood pressure problems at the moment, and those are dealt with by pills. I don't know whether that's diabetes or old age. Another thing which has caused a little bit of alarm recently was cholesterol. I've been very rigid with myself, and my wife's helped me with this, over trying to eat the right sort of foods, so don't have too much fat. I'm on a pill treatment for cholesterol, and the cholesterol readings have gone down to a way that makes everybody beam with pleasure, so that one seems to be under control.

What advice would you give from your years of experience to someone being diagnosed with diabetes?

There are two things I think that are very important. First of all, I can remember the sense of shock, and to some extent despair, that I had when I was diagnosed. I was told, I think, very early on that that was the end of my military career. What I would say about that, is that actually one can do a very great deal these days with diabetes; that it isn't anything like as disastrous a condition as perhaps it used to be. The second thing, and crucial I am totally convinced, is the need for enormous self control and self discipline. You cannot afford to mess about with taking liberties with your diet; you really will get yourself into terrible trouble. I've heard this so many times when I've been doing visits to help research, where people have told me that they've got into trouble because they've ignored the advice they've been given about their diet. You can't afford to do this. You've got to be self controlled, you've got to take as much exercise as you can, you've got to remember to do your injections and tests. You can't afford to take liberties with your diet. I'm sure about that, and I'm quite certain that one of the reasons why I have survived for quite a long time now with this

condition, and still pretty fit, is because I have been able to get a grip of things and to control the way I live.