

82. Clive

(1) Tell me about your background.

Well, I was born in 1931. My father was a shop keeper in the town I still live in, which, at that time, had a population of five and a quarter thousand, because I came on the census of 1931. And the influence, of course, was the Depression. My father's background was that he had started off as a shoe repairer, entered retailing and made a little bit of money. And he'd moved from Plymouth, where he was born, to London. And then, when he had accumulated some money, he wanted to buy a business of his own, and he came to this part of the world. Yes, that was '31, influence of the Depression, which means that money is something of value, and you didn't spend tuppence if you could manage with a penny. But I was not deprived of anything. I had two brothers, and one was six years older than I, one was six years younger. And, at the time we went to school in this town, I would say that we were the only kids who didn't have a herd of cousins. We were newcomers, and it's taken a long time for me to absorb the background of the area where I live. I went to the local infants' school, then to the junior school; passed the Eleven Plus. Went to the local grammar school - didn't cover myself with distinction, but I did complete the five years. And, from that, I took a form of apprenticeship in the shoe trade. In other words, I had sort of two years in the shoe factory, and a little bit less in retail in London. Then, like everybody of eighteen, I went in the Army. I quite liked it, and I stopped a bit longer than National Service. I came out, I worked with my father. Obviously, I think it's one of the worst things in the world to do, is to work with your father, unless you've got an estate of a hundred square miles, where you can put one in each corner. And I went to Australia for a year or so. It was different - they don't exactly speak English! And I thoroughly enjoyed my time there. I worked as a labourer. I mixed with all sorts of people - I worked with displaced persons from the war: Poles, Ukrainians, which gave me a little bit of European political history in my make-up. And I thought my father was dying, and I came back to see him. It was a mistake, he recovered, and at that time, I met Joan. Now, how did I do it? Well, I was invited to a Christening. It was a good friend of mine - I went to school with him - and he and his wife were having their first child... or just had their first child. And Joan worked with my friend's wife, and Joan lived in a village about six miles away, and it was "oh, I know Joan, I know her mother. I'll go and fetch her". Well, yes, I did, and she's quite pleasant. She's quite pleasant to look at, quite pleasant to be with, and we went out as a foursome a couple of times. And I think I had a blank weekend, and I thought "oh, I'll go and take Joan out". So, I went over and knocked on her father's door.

(2) And it was "oh, come in Clive" - yes, because they knew me - "Have you got a message?" "Well, no. I thought I'd like to see Joan". "Oh, she's in the bath". Well, her mother went in and said "Joan, Clive's here. Do you want to see him?" And she said "yes". Well, it took her about three hours to finish bathing, and then, when she came out, she was a bit flustered. I don't think she was used to men knocking on the door saying "I want to

abduct you". And she said "oh, make him a cup of tea". That was the first time she tried to poison me, because I think she put eight spoons full of tea in the pot! Anyway, we went out. I don't think her mother realised that it was the two of us together - she thought it was another foursome. And then she realised there's a little more to it than that, and it was "well, yes, you can go out with Joan" - or "Joan, yes, you can go out with Clive", sort of "at the weekends, and one night in the week". Mothers were a bit like that, in those days. Yes, and I knew Joan was diabetic, but what did that mean to me? Nothing, really. It was a complaint other people had, and they pumped themselves up with insulin, and they went to work, and they were just like other people. Then I realised there was a bit more to it than that. It was not just having a syringe full of insulin; it was how much, where, when, food. And I'm still learning about how you treat diabetes.

Did her diabetes affect your social life together before you got married?

Yes, it did, because her mother was very careful of controlling her diabetes - or perhaps that was an attempt to keep her out of my clutches, I don't know! But we had to be home at a certain time, because meals at a certain time were an absolute must. We couldn't go to the cinema and share a bar of chocolate between us. What she did have to have was... I think it was two biscuits in the evening. And we went to the cinema, on one occasion: out came two biscuits, and I... you know, "is this a part of your diabetic treatment?" "Yes". Her mother liked me, and then she used to pack four biscuits, if we went to the cinema, so I didn't feel left out. But it didn't really affect anything, but it was putting our lives into a routine of meals at a certain time, and a certain amount of food. So, Joan carried a pair of scales with her, cutting potatoes in halves, and sliding half off the plate, and that sort of thing. And there was almost a reluctance to do anything too physical - by that I mean climb mountains, I don't mean anything else - because that could upset the diabetic control. But, other than the getting into the rigid part of meals at set times, set amounts of food, it didn't seem to affect us too much, as I remember it. There were occasions when blood sugars were high, and it would be "oh, I've had high blood sugars". "Well, what do you do about it?" "Well, there's not really much I can do. I've got to wait till we go to the hospital, and the doctor will tell me what to do". Or her blood sugars were low, and I had a moody girl on my hands, when they were low, because she worried.

(3) What do you mean by "a moody girl on your hands"?

An unhappy person, who's - if I were to say - preoccupied with the thought that "I have a low blood sugar. This could happen to me: I could go all shaky, I could collapse, and do you know what to do if I collapse?" "Well, you did tell me. You just get a couple of spoons full of sugar and stick it in your mouth, pat you on the back and give you a kiss, and you're a lot better". "There's a bit more to it than that, you see. Don't take it so lightly". But that was it. And, again, it was the rigidity of having meals, because it meant that I had to get her home by half past ten. Now, if we went to the cinema, cinema would usually finish at

half past ten, and it would be, well, twenty minutes, half an hour's drive, so we didn't ever see the end of a film. Possibly one of the reasons we got married was to see the end of the film on television!

Before we get on to your marriage, have you got any other memories from before you got married?

Oh yes, I've got lots of that. Well, you see, I was twenty eight when I met Joan, and Joan was eighteen. And we - to use the very old-fashioned terms - we were courting for a year, and then we decided that marriage might be a reasonable option for us. And one of the problems was where would we live? Houses were not like they are today. If I wanted a house today, I could pick the street, I could pick the type of house. Then, there was no surplus of housing. And a local man approached me and said "I want to sell my house to set my son up in business. Would you be interested in buying it?" Well, it was a house - I was interested. And we looked at it. It was very much like a doll's house: it was slap bang on the pavement, one of a pair of semi-detached houses, with a passageway between the two. Two rooms, twelve feet square, downstairs, stairs up the middle, two bedrooms upstairs the same size, and a bit built on the back with a kitchen. And you went out in the yard to a toilet in the coal shed - no bathroom. Well, we took it. It wasn't what I'd particularly want, it wasn't even in a street I particularly wanted, but I paid a thousand and fifty pounds for that - paid the extra fifty because someone else had offered him a thousand. And it cost us about fifteen hundred, including a grant from the council, to put a hot water system in. And Joan's father, who was a jobbing builder, he did a lot of work to the place. I don't think he ever sent me a proper bill - in fact, I'm dead certain he didn't. And it was there that I saw some of the real problems of diabetes. One particular memory: we were painting, and I was doing something in one room, and Joan was painting a door. I walked through and said "how's it going?" "Oh, fine". And a quarter of an hour later, I came back and she was still painting the same piece of the door. The brush was going up and down, and I said "are you all right?" "Course I'm all right!" - you know, diabetic off balance; there's no-one more right than a diabetic like that. And I said "well, could you just have a second thought, because you've painted that same square foot of the door for the last twenty five minutes". "Oh, well, what do you think I should do about it?" "I think you should sit down and have a cup of tea with some sugar in it, or something of that sort". But there was no question of how much sugar, it was all guess-work. Yes, then came the wedding. Joan's parents were quite happy with that, but, by that time, she was... well, she was married a couple of weeks before she was twenty one.

(4) So, talk about the early part of your marriage.

It was... the wedding itself was a family affair. No golden carriage. We did have a very nice wedding cake, which one of Joan's aunts made, and Joan iced. And an aunt, who'd lived at the seaside at Hove, she said we could have her flat for our honeymoon. And yes, we went there. It was bitterly cold, but never mind; it worked well. And we had a day in London, went to the theatre - I

think it was one of Brian Rix's farces - that was quite good. And came home, still bitterly cold. And after we'd been married about three months, Joan was pregnant. Now, it was her absolute joy, because she was the... an only child, and she thought eternal salvation came from having children. And her ambition was to have four. Well, I sort of went along with it, and said "well, four's all right, but let's stop at three; let's allow for the odd mistake or two". And then I really started to learn about diabetes, because pregnancy does upset it. There'd be very low blood sugars in the morning, and I would have to come up to the bedroom with a - as I remember it - with a tray: glass of water, spoon, and a bowl of sugar. Put the spoon in the water, to make it wet, put the sugar on it, pull the side of her mouth open, and put the sugar in, and sort of massage it in. The theory is fine - the practice is not so good. She'd thrash about in the bed, and the spoon would go flying across the room, and there'd be sugar in the bed, but anyway, we got over that. And there was extra trips to the doctor, and referred to the specialist, who was from the hospital sort of twenty five miles away. Yes, we'll keep this going. And when - our son was born in March - in February, sorry, January, she had to go into the maternity home, so that they could actually do blood sugars, because before that it was just urine tests, and they're not particularly good. And with Joan, they were decidedly not good. It was the coldest winter for umpteen years. In fact, she went in on, I think, the twentieth of January... or twenty first, it was, because on the twentieth, we had ten inches of snow, and I couldn't drive to the hospital; had to take her in by train. And for about a week, there was... I had to go by train. Trains are not the most reliable things in the world, and particularly not at that time, when there's snow. So, it was a visit at the maternity home. Yes, everything was going fine, I didn't see any problems, except, when the roads cleared a bit and icy as well, I was able to drive there five days a week to see her, and sometimes I just arrived when it was time to go. And the nurses were pretty fair, and they let me stop an extra ten minutes. And then Joan had the child: Caesarean birth. And having children: it's straight-forward, it's rather like driving a car. Once you start it, you can't stop it. But then there was the after-effects, with the hormone imbalance; there was very big mood swings. Son was fine.

(5) Tell me more about what Joan was like after the baby was born.

Well, as I just said, her hormones were all over the place. And she'd had three months in confinement - physical confinement, I mean by that - in the maternity home, and that didn't go down too well. And the child was born by Caesarean, and she didn't see it for three or four days - yes, Friday, Saturday, Sunday - yes, she saw it for just a few minutes on the Sunday. She wasn't able to look after her child, and from that, she had post-natal depression. Now, I'd never heard of post-natal depression; I don't think either of us had. Nobody ever spoke of things like that: "oh yes, you have a baby, you have baby blues after three days, and then everything is fine and lovely. Watch the child, you feed it, and you thoroughly enjoy it". Well, life is not like that.

How long did it take for her to come out of post-natal depression?

Well, I would guess - because I've no actual written record - but I would say a good six months. And somebody who is depressed, in that way, doesn't respond as a mentally healthy person does. It's rather difficult to explain. I think it's one of these women's things that men just don't understand. I don't think men understand women! We got over it, and we started to live a normal sort of life. Our standard of life, at that time, was like most others. Sundays: it was almost an order to go and visit one parent or the other, with the child. Send the child off, and occasionally an aunt or an uncle would baby-sit so we could go somewhere. We had a car; we could go out if we wanted to. Life wasn't at all bad. And then Joan became pregnant again - that would be about eighteen months after the first one. "Oh, I'll get pregnant. Women are quite good at having babies, so don't worry about it". "I just hope that the consultant who looks after you will remember that you did have post-natal depression, and do something". Well, things went along more or less as they did previously. There was no special diabetic care; it was a few more visits to the consultant at the hospital, and he gave advice, because it was on his instructions that you juggled with the amount of insulin that you took. It was not something that you were really entrusted to do by yourself. So, that went off well. Joan was extra-moody at times, with that. And when she was about five months pregnant, things started to go wrong. She was really, really down one evening, and I said "well, come on, we'll go out, we'll go into town" - about twelve miles away. And we were hardly there before she wanted to come back, and I knew something was wrong. The next day, things were really bad, and I went to see the doctor on the Sunday, and he said "oh, get her into the maternity home as quickly as you can". Nice sunny day, driving over the hills, and I think I met every incompetent geriatric on the roads on the way, because they kept my speed down. Anyway, we got there. The porter was bloody minded, because I wanted a wheelchair for her, and he decided that I couldn't have a wheelchair. I gave him the choice of finishing on the floor or letting me have a wheelchair. And I took her in, and "oh yes, we'll look after her, come and see us tomorrow". And, after about three or four days, they pulled me aside and said "you know what's happening?" I said "no, I don't". "Well, the child has died in the womb". And "what are you going to do?" "We'll just let nature take its course". And it was a fragmentary abortion. Joan was not very pleased about that; it's not a very pleasant thing to happen, either.

- (6) Yes, I just said that it was a fragmentary abortion. If you don't understand that, it means that the foetus comes away in bits and pieces. And, because Joan was a diabetic, they wouldn't do a D and C, so it was left to clear itself. And sent home after a time: "oh, you'll be fine, don't worry, nothing to worry about". But then Joan had stomach pains, and because they hadn't done a D and C, it set up a very large, and very serious, internal infection. In the end, she was taken into the hospital, and it was operated on, and the abscess - internal abscess - was cleared. And the consultant said "well, what's really happened, one Fallopian tube I've had to remove, it was so badly damaged. The other one is so damaged that you will never

have children". Oh; that's not good news for somebody who has a, what you would describe as, an over-developed maternal instinct. Anyway, we were glad to get home. And then, of course, was the question of "well, I can't have children... Adoption". Well, about the same time, I had cancer, so, really, we couldn't sensibly go down that road. Nobody would have approved me as a potential parent, with cancer. It didn't bother me much - I think I had about a month off work, because I had Radium treatment. But how did we cope with this problem? Again, it was a bitter disappointment on Joan's part. I can't say I was that pleased about it, either.

(7) So, how did your lives go on from then?

Well, Joan was working with me, and there seemed to be a greater understanding of diabetes, although, at a lower level, there wasn't. The consultant from the main hospital used to have a visiting day at the local, I'll describe it as a cottage hospital, and Joan would see him there. He retired, and she was passed over to, I'll say, his second in command at the cottage hospital, who treated everything from in-growing toenails to alopecia, diabetes in the middle. And Joan was having insulin balance problems, and he said "oh well, you're getting them high, we'll have you in for a couple days, and really raise your insulin level. That'll bring them down nicely and you'll be okay". Well, I think that if you do it in a drastic manner like that, you're going to get a reaction as soon as you stop, because, being in a hospital, you're cutting out the activity level, which is obviously a part of diabetic balance. "Oh no, we know just what to do. Come in and..." "Well, what about her food intake?" "Oh, have what you want, as long as you don't have anything that's laced with sugar. Eat plenty of fruit" "Don't bananas and oranges count?" "Oh no, eat as much fruit as you like. It's good for you; keeps your bowels open" - doesn't do much else for diabetic control. And... well, we were not particularly happy with this, and I think I went to see the GP, who knew us quite well, and he said "well, really, you've lost faith. I'll transfer you back to the main hospital". And there, there was very good consultant, and Joan struck up a very good relationship with him. They liked each other. He appreciated the way that she would strictly follow his instructions, the way she would make every effort to keep proper records of blood sugar - oh no, sorry, it wasn't blood sugar, at that time. It was still Clinitesting. You remember the old Clinitest system: test-tube full of urine, boil it, put a tablet in it, I think, and then see what colour it was. It's a bit like throwing bones from Africa, I think. But anyway, he kept her in good control.

(8) And we had a holiday in Egypt, and, obviously, we went round all the Egyptian temples. And there's... down at the Temple of Philae, I seem to remember, where there's a fertility garden; I think Joan walked around it four times. And when we came back, miracle on miracles, she was pregnant. How, where, why, I don't know, and that meant that, oh, yes, you can have a child. And that went on. Hospital looked after her reasonably well. Then she had a bad turn, had to go in, and I think she was about five

months pregnant, and she'd lost it.

Was this Addenbrooke's Hospital?

I beg your pardon?

Which hospital was it?

That was the maternity hospital. I... being unkind, and a little bit bitter, I think that the maternity hospital doctors either didn't liaise well enough with the diabetic department, or that they were a little bit slap-happy about diabetic control. Yes, I'm pretty sure it was there that she, one night, she had a very, very low blood sugar. And it took them several hours to bring her round. Now, my feeling is that, had she been at home, it wouldn't have happened, because I was so used to living with her, by then, that I could look at her and see when things were going low. She didn't have the usual symptoms of sweating, she'd just go vague, and go very white around the nose. That was about the only symptom, but I did get quite good at picking that up. And I'm certain that, had she not been in hospital, she wouldn't have had that very, very low blood sugar, because... They nearly lost her, that night. They couldn't get blood out of any veins - in fact, they had to take blood out the groin, because... - for testing. And she said she has no memory of coming round, other than people standing round her saying "do you know where you are?" And she said "what I thought was: I'm in heaven, and I'm having a baby". I don't think you have to go that far to have a baby, but... Soon after that, she lost it. Not a very happy time, but we've still stayed married and we've still been good friends.

(9) And what happened after that?

After that: well, from a diabetic point of view, blood testing... home blood testing meters were just coming into use, and her consultant gave her one, and said "try this Joan. It's good, but don't become hooked on it, else you'll be doing blood tests every five minutes". I think she did become hooked on it. And she had very good blood test results. She had a very good, sweet temper; a very nice person. Things were going fine. And then, five years after the last miscarriage, she became pregnant again, which, I suppose, shows that miracles do happen, after you've been told that you never will. And that went quite well. Blood tests were going well. And suddenly, after, again, five months, there was a sharp down-turn. She had to go into a maternity home, and she lost that one. I don't know why, because Joan was monitoring her own blood, at that time, and she would wake up every two hours to do a blood test. This was after about three months. It was possibly just one of those things that nature does.

But you connect it with her diabetes?

Well, yes, I do. I can't see why the same sort of thing should happen three times, although, the two previous occasions, yes, I can understand it, to a point. But the third time, I don't really know why. Because, as I said, she was waking up, setting the alarm clock for every two hours to do a blood test, to keep them

going; religiously eating the right amount of food. I don't think she could have done more.

This was, by now, the mid 1980s, when there was quite a lot of knowledge about diabetic pregnancy. What kind of information did you get?

Well, actually, not a lot of information, because, by this time, we were, well, geriatric parents. And information about pregnancies seemed to be handed out to young mothers, but not to geriatric mothers. 1980s, you see, Joan was just about forty, at the time, and it was accepted that she knew it all. But she didn't, and I don't even think the medical service knew everything. After that, there was deep depression - clinical depression, in fact. She had more pills to pull her out of depression than you could load on the Titanic. They didn't do any good. How did that affect me? Well, I had a great deal of sympathy. It affected our son, because his mother was really, deeply concerned about what she hadn't had, rather than what she did have. I used to go in the club, once a week, and I was always afraid of what I'd find when I came back. And she'd got to the point of desperation, and she saw an advert for hypnosis. And she tried that, and that had a tremendous effect upon her. It brought her round to being a real person. I just couldn't believe how somebody talking to somebody could have that effect on them, but I'm immensely grateful it did. And, since then, we've been quite happy. We've had no more pregnancies.

(10) How involved would you say you've been in the management of her diabetes?

Well, without patting myself on the back too much, I would say quite a lot, because it's been essential that I should, because I had to understand the person I'm with. Because, the person who has the problem is, at the time there is a problem, is not capable of understanding it. So, it would be... I was going to say a physical monitor of what was happening. If there was a mood swing, I would want to know why. I would, and I still do, think of meal-times at certain times. And I still have the idea that, if we go out anywhere, yes, we must eat. We must carry something, a can of orange juice, or something, just in case. That... yes, that would be, I think, the important thing, and, of course, to give Joan moral support when she needed it. That's probably the most important thing: being prepared to listen, and not fly in a huff and walk out. It does make for a bit better marriage, I think, if you listen. And then, in 2002 - late in the year, I think it was November - Joan was invited to partake in the DAFNE treatment, and for that she had a week at the hospital of listening to lectures and getting the practical side of it. I was retired by then, and so I was able to go. And it was done on the modern technique of, shall we say, ten diabetics, who each write their name on a little label, and stick it on. And I was there, and I just put spectator on mine. They thought that was my name to start with!

(11) Well, if you know the DAFNE system, it is... you do a blood sugar, and then you take in food of a certain value, and back that up with a certain amount of insulin, with the idea that to... well, you balance food intake and your insulin, balanced against the blood sugar at the time you're



taking it. The theory is that you can have a much freer life. With the benefit of hindsight, I'm not sure that this is so, because it means a blood test at every meal, and adjustments to be made. And there's also... you have to have faith in the system, because at bed-time, all right, the blood sugar is at a satisfactory level, but there's always the feeling that blood sugars could drop, and you could have a hypo in the night, or they're a bit high, and you could have problems that way. But it works. In the long term, I'm sure that Joan's diabetic control is good, because she's not young - I mean, she's sixty seven, I think she is, sixty six - and she has no major problems. Her legs haven't fallen off, she hasn't gone blind, and she's still capable of doing the washing and cooking me dinner. What more could you want from life than that? And the outlook is good. But it is still control. And I've often sat down and speculated: do you control diabetes, or does diabetes control yourself - control you? And the only answer I've come up with, that satisfies me, is that you learn to control yourself to control the diabetic condition. Bit philosophical - probably a load of rubbish - but that's me.

(12) But you didn't feel that the DAFNE course was a great liberator?

It is not a... no, I don't think it is. It's not as liberating as, shall I say, the advertising for it leads you to believe, because you're still controlled with blood tests at every meal. Four meals a day, four lot of blood tests. And, although they say that it doesn't control the gap between the meals - you can go without a meal, if you want to; you can over-eat and you make an objection... not an objection, a correction as soon as you've realised you've done it; or... - I don't think it works quite as simply as that. We've found, certainly, that it's still better to stick to a regular interval between meals. Yes, you can make corrections, and, shall we say, with an ordinary English diet, they're not too difficult, because what's a meal? It's meat, potatoes, three veg. You know what you have; it's easy. But we do live in a far more exotic type of world, where Indian food, Chinese food, is an accepted part of life. And they are very, very difficult things to make judgements on. So, you have to have a bit of guess-work; probably do a couple of extra blood tests, just to make sure that things are not going to go up suddenly or go down suddenly. It's worth it, because I like Chinese food. There's one thing that really sticks in my mind, and, shall we say ten people there, and it was a rather cavalier attitude that the majority of them had to driving, and the dangers of a diabetic behind the car. Now, Joan is very, very careful. Before she drives, she will have a blood test, and any doubt, she will take some extra carbohydrate. But when that was raised at the course, "oh no, I can drive. I've driven home with blood sugars 2.4, 2.2. I'm absolutely safe on the road". Well, I don't think so. I think there should be a little more advertising, or a little more pressure from hospitals, to really make diabetics think what they're doing when they're behind the wheel. There were the others who were cutting a quarter of a potato in half to try and get half a unit of insulin - "oh this is fine". But exercise is part of carbohydrate usage, and you can't ration your physical exercise to a perfect degree.

So, you're a bit uneasy about sort of the maths of the DAFNE course?

The maths: no, I'm not upset about the maths of the DAFNE course. It makes shopping longer, because when we walk around the supermarket, it's always look at the labels on tins to see what it is. And, in fact, it becomes a habit to read tins of things that you don't intend to buy. I think Joan even reads the carbohydrate value of dog food, and we haven't got a dog!

Are there any positive aspects of life with diabetes?

Yes, because you have to rely upon each other, and it makes you closer. You have to support each other, because, at times, it's not easy. One final thing I'd say: I'd still do the same thing again tomorrow.