

39. Philip Newick

(1) Tell me about your background.

I was born in Bristol. I came up in a working class family. I went to a grammar school; I only went on a border line case. I was born in, you know, a town with large aircraft industry, and everybody in that town went into the aircraft industry, and I was determined not to go into that industry.

What did your father do?

He worked for... in the aircraft industry, again. He was a jig borer initially, and then a planner in later life.

Did your mother do paid work?

Yes, she did a lot of jobs in her life. She started in wartime as a welder, and went on - did supermarket checkout operator, cashier, librarian she ended up working as, but she had more jobs than I could ever name, I think.

Why were you determined not to go into the aircraft industry?

Because of the uncertainties of the aircraft industry. When I was at school, they'd just scrapped TSR2, and it had massive effect on local employment and security. And I saw it left, right and centre, and I didn't want to go into that and be part of it.

Did it affect your family?

Various things affected my family when Rolls-Royce went bust. Everybody in my family worked for Rolls-Royce, you know, including in-laws. You know, it was a silly situation - everybody worked for them. As I say, it's like a mining town but it was an aircraft town. So, you know, you'd learn a few things from history, I think, on these things.

What did you aim to do instead of going in to the aircraft industry?

In my early days at school, I was not a great performer. When I got to the age of sixteen, I did not get a great deal of O Levels because of breaking my leg about six months before the O Levels, and I did not go to school for that period. So, I did not perform very well at O Level, but after that I shaped up. In 1967 I had a job with ICI at Severnside, and I saw the sort of work they were doing there and I decided I want to go into the chemical industry, although I didn't actually do that in the end, but... You know, it was a total of change in direction from the way of where I... you know, this lifestyle I'd been brought up in.

So, you left school and got this job. What happened then?

Well, the job I had was actually a summer job - it was for the summer holiday - and it really, you know, gave me direction. When I left school I went straight to university, doing chemical engineering. I did three years of chemical engineering at Leeds University. I then did an MSc in biological engineering, or biochemical

engineering as it's now known, and then I did PhD in chemical engineering at Birmingham University.

And what age did that take you to?

Twenty five years of age. A bit late in life for starting work, but you have to make up for it once you've started.

So what did you do?

The first job I had was with the food company HJ Heinz Company in London, so I worked in the food industry. Unfortunately, I was unable to start immediately, due to not having finished all my PhD work, so I had to string them out a bit for a couple of months. And eventually I started at HJ Heinz Company, and I really enjoyed working for HJ Heinz Company.

What were you doing?

I worked in research and development. I was in a process engineering department developing new processes. I also worked on tomato paste production during the summers, working in various other European countries for three months at a stretch. That was extremely interesting, and good experience to be in factories with limited resources.

(2) Tell me about being diagnosed with diabetes.

I was diagnosed in November 1979. I was, at that time, working for HJ Heinz Company still, and it caused me to reconsider my position. I was told I could not work abroad again for HJ Heinz Company, which rather changed my outlook on life, so I felt it was time to move on. I was actually, because I was living in Birmingham and working in London - I was doing five days in London and living in Birmingham at the weekends - I actually went to the doctor's in Birmingham. It wasn't actually my GP - I saw my wife's GP. And I was admitted - well, I was asked to go along to the casualty department at the Queen Elizabeth Hospital. I went on a Saturday, and he said "oh, you'd better go straight into hospital", and I come out with "why go straight into hospital today, because nothing's going to happen until Monday?". So, I came in on Monday morning and had my week in. You know, it was a bit of a shock to me to have that situation, although in my heart of hearts I knew I had diabetes, because of the symptoms.

How long had you had the symptoms?

Ooh, for several weeks. Basically I was drinking colossal amounts of water - so much so that I didn't get any sleep, because I was constantly up for drinking water and getting rid of it. I don't think I used to sleep more than about an hour before I was up and thirsty again at the end, so it became quite a strain.

And when you say in your heart of hearts you knew you had diabetes, what did you know about diabetes at that stage?

Not a great deal, really. I knew it was due to high... well, it caused high blood sugars; I knew it was due to pancreatic problems, you know, lack of insulin.

That's about as much as I knew. Unfortunately I found out a lot more, because I knew how to go to the medical school library when I was in the Queen Elizabeth. And I did not please the medical staff very much by going there every day and reading up on it, 'cause they found it a bit of a problem to talk to me! So, I became a bit of a diabetic bore, I suppose, you know, in the early days.

Had anyone in your family had diabetes?

No, I was the first person that was ever known about. Nobody had or has had diabetes since.

Why did you need a whole week in hospital?

Basically to bring your blood sugar down from a high level.

- (3) It affects your eyesight while you're doing this, because its osmotic effects with the eye - you know, you get blurred eyesight for that period. Also, you know, you have to come down from a very high blood sugar down to a very low one, and the risk is you can have hypoglycaemic attacks due to low blood sugar. So, I was kept in for that period. I think I had two weeks off work in total. I was back to work again, working away, which wasn't a very good idea.

Tell me what you learnt in hospital.

I had quite a good schooling from the specialist staff in that area. The diabetes centre was actually at the General - Birmingham General Hospital - and the sister came up from the General and talked to me about diabetes. The fact I was in a teaching hospital meant I learnt a lot of things. I got to sit in on the seminars and take part in various other activities - question and answer sessions in front of a lecture theatre full of people.

Were these seminars for patients or medical staff?

They were for university students effectively, but also you had a lot of contact with students and the medical staff, because they're constantly taking blood samples, you know, to determine what your blood sugar is and how the treatment is going.

How was your blood sugar tested?

Various ways. In those days the nurses on the ward tested using Fehling's test method, you know, which is a very primitive method when you consider there were test strips around for testing urine blood sugar at the time. So they, you know, add a sample of the urine to copper sulphate mixture, and it would - if you had high blood sugar - it would go a coppery colour; brick red. The funny thing was, I'd learned about this at school, but I never really knew what the application of it was, you know. So, it was second nature to see it done, but, you know, at school they'd never actually told me where it was used, which is a very strange way of teaching, in my opinion. You know, you tell the people the application first and then tell them what it is, but we seemed to do it backwards.

Unfortunately I had to find out from experience what it was used for. But it was very archaic, then, you know, to be doing that. I think it was an economy measure, I would say; it was a yes or no solution.

So you saw nurses boiling up in test-tubes?

I certainly did, yes, and, you know, it's a strange effect, because they were testing blood sugar, you know, several times a day. I was black and blue from having blood samples taken, so it was a relief to have it done in that manner. But it was really... I think it was experience for the nurses, in some ways, because they seemed to be student nurses that were doing it all the time.

And, what about insulin - what insulin were you given?

- (4) The insulin I was initially put on was a mixture of two insulins. One was a long-term insulin, which was cloudy due to having a metallic precipitate in it. The other one I cannot remember the name of. They were obviously not human analogue insulins - they were porcine, and they worked okay, but I was then having two injections a day.

Can you remember being taught to inject?

Yes, I remember it well. I was a bit neurotic about injections. I never used to have injections at the dentist - I preferred to have the pain. And having to do that, I had no option but to do it, and I found it extremely difficult to do. I had to take a deep breath and do it, but it's like brushing your teeth after a while, but initially I had great problems with it. So, I say, I was neurotic about injections.

How did the nurses help you to overcome that?

Well, it was really being tough with me, I suppose! Just say "you do it" and that's it. Now, I hate people injecting me - I prefer to be injected by myself. I know where it doesn't hurt and how to make it not hurt, although this is not medically approved of, but you do it unconsciously.

How do you make it not hurt?

You feel the surface of the skin with the needle tip-end. When you don't feel it - when you cannot feel it much - you push it in. And it works very well, but it encourages you to inject in the same sites all the time, so that's why the medical profession do not approve of the method, but you do it unconsciously, I'm afraid.

Can you remember what you were taught about diet?

Yes, I had a very good instruction on diet. Being a scientific background, it wasn't too difficult to understand the basis of it. But basically I was asked what I ate normally, and a diet was prescribed for me. It was prescribed in the form of units of carbohydrate per meal, and also, you know, to take mid-morning snacks, mid-afternoon snacks. And I was also given a book of carbohydrate equivalents, which you can do what you like within. The diet is not that punitive. Quite

honestly, I don't miss things that much. Obviously, I was taught not to take free sugar and to look for refined carbohydrates.

So, could you remember some typical meals from those days?

I remember the meals - they're much the same as I eat now, really, but I tend to eat... well, I eat wholemeal bread more now than I did in those days. I've always eaten a low fat diet anyway - I don't like fat. But I had to change from eating fried food, you know, so the instruction I was given for my diet was more general than controlling diabetes. It was more of a healthy diet than a diabetes diet, but obviously diabetes came into it in a big way. The only thing I missed was cakes and these sorts of things. Before that, I used to eat a lot of sugar, but it had no bearing on the fact I became diabetic; you know, I was never overweight.

You say you have a book. Were you constantly consulting this book and weighing and measuring?

In the beginning, I was, yes, but after a while you remember the weights. I still weigh things now - I don't trust the judging. Obviously, I have to trust the judging if I'm eating out all the time, but I use scales most of the time, because you can misjudge quite badly, particularly with mixtures of food. When I was based in France I had quite a few problems judging, because everything was served with sauces, and it's very difficult to judge the carbohydrate content of a sauce when you don't know what's in it.

- (5) Can you explain to what extent you've weighed and measured - I mean, would you have put fish in a sauce on scales? Tell me what it's been like in some detail.

I, or my wife, would weigh and measure absolutely everything. If I make sandwiches, I weigh the bread. In the early days, carbohydrate values were not written on the back of a packet, as they are now. It's been a great improvement for diabetics to have nutritional information on packets, particularly the carbohydrate values. You know, it tells you a slice of bread is fifteen grams of carbohydrate, or thereabouts, on a loaf of bread nowadays. But I still... I don't weigh slices of bread nowadays, I read it off the packet, but with anything else - potatoes or anything else - I weigh the food. With sauces, I avoid sauces wherever possible. Very often it says on the packet of food that the carbohydrate value is such and such, but I think personally that quite often these are - well, not quite often - but sometimes these are wrong, because you end up with massively high blood sugar after eating something you shouldn't have had massively high blood sugar afterwards. And so all you do is just avoid them if you think they're different than they actually are, or eat less.

But some things are obviously quite easy to weigh, like potatoes and bread, but other foodstuffs are surely much harder to weigh.

They certainly are. Anything containing thickeners, it's very difficult, unless you make it from first principles. If you're making soup, for example, you can weigh

how much flour you put in and how much vegetables you put in and everything else that you put in, and you can calculate the carbohydrate value, or follow a diabetic recipe. But, as a chef - I'm not a chef - but as a cook, I should say - or my wife also - does not believe in following recipes, so it makes life a bit more difficult. So, if you want... you know, it's prepared foods that are the difficult things. But the real turning point is when carbohydrate values appears on packets nowadays. If you want to buy a madras curry from Sainsbury's, it would tell you how much carbohydrate that madras curry has on the back of it.

Can you remember when values started to appear on packaging?

The first time I saw them was when I went to the United States, and I thought "this is a good idea".

When was that?

Oh, I don't remember the year exactly - probably about 1981, something like that. I saw it in the States, and it came in here very soon afterwards. But it had been in the United States for some time then. I think it was '82 the first time I actually saw that in the USA. I would say it came in in the mid eighties, something like that.

(6) Now, returning to the time of diagnosis in 1979. Looking back on those early days, what do you feel about them?

I thought the treatment was very good, all things considered - things have moved on very rapidly in diabetic control and treatment. One thing I do remember is that when I went into the casualty department at the Queen Elizabeth Hospital, the doctor that I saw, when he diagnosed me, made a joke, which I didn't think was very amusing at the time. But he said "I've got some good news and some bad news. The bad news is you're terminally ill, but the good news is you're diabetic". My answer to him was "I don't think that's very funny", which I didn't at the time, 'cause, you know, I was a bit upset, and to be told you've got a terminal illness, you know, my heart went down, you know. But okay, it's a light-hearted joke. He probably thought I could take it, but I wasn't too amused at the time.

Any other particular memories from that time?

Yes. Because I was in a teaching hospital, I had a fair bit to do with the medical and academic staff. And I was told, at that time, that I would not be injecting insulin in five years' time, which was rather an underestimate, I think - you know, I'm still injecting with insulin twenty five years later. So, I think that was rather an optimistic estimate, although, you know, things could have happened to have achieved that, but obviously they did not.

That's an interesting matter of record, though, at a major teaching hospital, that in 1979 they expected a cure in five years. Was this from senior staff?

Yes, it was a very senior member of staff. Whether it was his speciality area, I do not know, but, you know, professorial level, in those days, was a head of

school or an assistant head of school, so... But then again, a professorship is an organisational qualification, not an academic qualification, so he maybe has an excuse, but generally they're pretty well up on academia also.

Now talk about coming out of hospital and the reaction of family, friends, colleagues.

When I came out of hospital, I didn't hang around much. I went straight to work, like an idiot, and I suffered for it, because of changes in the level of activity: over-injecting insulin, trying to control too low. I had several hypoglycaemic attacks, which resulted in me ending up in various London hospitals. It happened several times, and it's extremely

- (7) embarrassing to have a hypoglycaemic attack. You feel about as big as a ha'penny after having one, especially when you've had it in a place where somebody knows you or everybody knows you, so I had a very hard time. With hindsight, I should never have returned to work so early. I rushed into it, as I did. The companies think no better of you for going to work straight away than if you take the time off, which was later to be shown when I was made redundant.

So, what was it like to have a hypo at work?

Extremely embarrassing. I don't remember much about it. I remember rolling about on the floor, somebody sitting on me. As I say, it's the effects afterwards that I remember where I felt really stupid. You know, you can't explain... it's like being very drunk and you wake up the following morning and think "god, did I do that?", you know. And it's exactly the same feeling, but this time you've done it in your place of work and you feel really stupid. But people didn't really see it that way - it was only me that saw it that way. But I think people were rather wary of you, you know, afterwards - you know, they didn't want to be lumbered with you, if you know what I mean. And I think that's very often the case, you know, when somebody thinks you're a diabetic, they think it's going to happen to you all the time, and they're wary. You know, they avoid being in a situation where they're going to have to do something.

You say it happened several times early on. How long did it take you to learn to control?

It took me several years to learn to control, if the truth be known, but in the first two weeks I was in hospital three times into the casualty department. That's my first two weeks of work. I was found unconscious in a bed-sit - in my bed-sit, I had one at work, and I had another one at work, I think, very soon afterwards. So, as I say, I was in to Ealing, you know, loads... Hillingdon, all the hospitals around, you know. I'd been in to three of them in two weeks. I found that very hard. The other thing I had to do was register with a GP, which, being a healthy young man, I'd never bothered before. I'd never had any health problems. It was the first time I'd really had a necessity to have a GP. It's tough from that respect. It's the social aspects, not the medical aspects that are tough.

What were you advised on control when you kept being admitted to hospital?

I wasn't given great advice when I went into the casualty department. As I say, all of these happened so quickly that I didn't really

- (8) see anybody in-between because I was working, and my priority in life was to go to work, for some reason. I do not know why, with hindsight; I wouldn't do it nowadays! But in those days I had a very strong work ethic, and I still have got a very strong work ethic - I'm never off sick. So, the advice I had was limited, but, you know, when I finally went to a diabetic clinic and saw... I hadn't really been to a diabetic clinic at that stage. I'd come straight out of hospital and I was off. I'd never actually experienced a hypoglycaemic attack before the first one, you see, and I'm not very good at detecting hypoglycaemic attacks, although I've become better recently, for some reason, but I certainly wasn't in those days. I didn't seem to get the symptoms that people are supposed to experience, and when you do, you have a few minutes in which to react, otherwise it's too late. And when you're doing physical work, for example, it is extremely difficult to detect these symptoms. You know, feeling hot doesn't really follow because you're working in a hot environment and doing physical labour, so that was my first one. I was wearing wellington boots and rolling about in the wet on the floor. It was not very pleasant experience, although, as I say, people were very good about it.

How long was it before you went to a diabetic clinic and got more advice?

Probably... I can't remember exactly. It was very soon after that. It was just awkward, because I never went to a diabetic clinic in London; that was the problem - although I was working London, I always went in Birmingham. So, I went as infrequently as I possibly could, because they took half a day to do it, and b) I wasn't at work for a day and using up my holiday - well, I was using my holiday, although I could have taken it as sickness, I'm sure.

And you say it took you several years to learn to have control. What advice were you getting from a diabetic clinic?

At that time, there were no blood sugar test machines available, and when they did become available, I asked the doctor "should I buy a blood sugar test machine?", and he said to me "what do you want one of those for?". And with hindsight, that was the stupidest thing I've ever heard. You know, obviously it changed my life having blood sugar test machines. When you're testing and controlling on urine blood sugar, you know, it's too late, you know, it's gone through your system; it's way behind. It isn't telling you... it's probably twelve hours behind what's actually happening in your body. So, you know, until blood sugar test machines came along, I had no means of controlling, apart from how I felt, which was not a great deal of use to me, because, as I say, I didn't get massive symptoms for low blood sugar. And I was also controlling far too low. I was trying to control at normal blood sugar levels of five millimoles per litre or less, whereas today I do not control that low. I control, say, four to ten



millimoles per litre, and I'm happy if I'm in that. But it used to be a tragedy if I was over five, which was absolutely ridiculous, looking back.

- (9) For the historical record, can you remember roughly when it was that a doctor said to you "what do you want a blood testing equipment for"?

I would say he said this to me in about 1984, I would think - something like that. Maybe a bit... one or two years either way, but I think it was '84. The problem was, at the time, I think that these machines were very expensive - they'd only just come on the market - and you had to pay for the test strips yourself, which they are extremely expensive, as the National Health Service well knows. So, I suspect that was what was behind his advice, but truthfully it would have been far better had I gone onto one immediately. I could have saved myself a lot of grief in the future.

Was this a GP or a diabetic clinic doctor?

This was a doctor at the diabetic clinic, although in those days he was fairly junior, to be fair to him.

Can you remember when you stopped having to pay for strips?

I don't think I actually went on to a test machine until strips were available. They've always been roughly a pound a strip, which is very expensive to do it four times a day, so I was very thankful that they came... the National Health Service decided very soon on to, you know, provide these strips on the service. So, I didn't really change over until they were available. Probably for a couple of weeks I did, but I didn't test four times a day, as I do now.

Can you now talk about your career and the different jobs you've done, and how they've been affected by your diabetes?

Well, I've worked as a chemical engineer all my life. Initially, as I say, I was working in the food industry. When I was first diagnosed, this had rather a radical effect on my future in the food industry, because I was told I could not work abroad again - I could not go abroad on my own - which I used to enjoy working abroad, you know. I was working as part of a so called 'tomato paste team', where I would spend the whole of the summer away every year working in southern Europe, which was rather nice, although you didn't get any free time. The only time you got a day off was when it rained, which was very rare. So, it was all very nice working in a nice warm climate and having sunshine all the time, but you never saw it. After that, I decided to have a change in career, because of this situation; also the fact that I was working away from home. I found a job nearer to where I actually lived in Birmingham, and I started working in the chemical industry. I was extremely happy in that job. They knew I was diabetic when I got the job, so there were no surprises. I worked for the same company for twenty three years and I had an extremely happy career there, although I probably should never have worked there for twenty three years, with hindsight. After those twenty three years I was made redundant.

Before we go on to what you did next - during those twenty three years, did you have many hypos at work?

In the beginning I had quite a few hypos at work, yes, usually associated with very late nights and no sleep nights, the following day, and having a few drinks - a few not necessarily being the operative word - because I was relatively young at the time. And I still lived in the university area, and I used to know a lot of people who were students, and we used to go out and live it up a bit on weekdays, particularly Thursdays. So, my hypos generally happened on a Friday morning, and I had several of them. I suppose I had a lot in the early... well, not a lot, but I'd have one every three months, which is a lot for me, you know, it's unacceptably high, particularly in a work situation. People don't... well, I always think that an employer will not put up with that, and I know where they employed you under those circumstances, they don't have a great deal of choice. But later in my career I realised that they will not put up with that.

(10) Any other major incidents during those twenty three years in the same company?

Yes, in the mid 1980s I was called out on a Saturday morning for an incident at work, where there was person working under the influence of alcohol. On the return journey I had a hypoglycaemic attack whilst driving the car. I was not... I can't think if I was using a blood sugar machine then or not. I don't think I was; that happened afterwards. The result of my hypoglycaemic attack was I drove around Birmingham for around an hour colliding with things. I was driving automatically, if you like. I was not *compos mentis*, but I was able to drive a car, and fortunately I did not hit anybody. But, you know, the following days, I was getting telephone calls coming in asking me to appear at various police stations, and it was so stupid - I'd left me number plate behind on one of the incidents. I'm not at all proud of this situation. I'm very ashamed of it, but I don't feel entirely responsible. It was due to diabetes and poor blood sugar control. The car was written off, that I was driving; it was in such bad state. I remember colliding with a bus on a roundabout. I was trying to overtake the bus on the inside - sorry, on the outside - and, of course, the bus cut the bend off and we put sides together, and, of course, I just continued on. Fortunately nobody was injured - you know, I had nightmares about these calls coming in all the time. And, you know, I had a long court case afterwards, you know, and I go into the police station and I was charged with all these counts of dangerous driving. I remember the best advice I ever had, and that was from a civilian employee, and her advice to me was "get a good brief", because she knew if I didn't, I was going lose my licence for a very long time, which would mean losing my job. As I say, it was pretty traumatic at the time having all these phone calls coming in, and thinking "is the next one going to say I've run somebody down?". So, yep, since then, the solution to that was to go onto a blood sugar machine, but I'd already been advised not to buy one was the problem, not very long before this incident happened.

So, if your remember the year of the incident then you'll remember when you

started on a blood sugar machine.

Yeah, it was about... well, I think... thinking about it, the car was a Y registration car, which makes it

- (11) 1985, so I would say it was 1986, something like that, because the car was relatively new. I remember it well - it was my pride and joy.

Did you have any doctor testifying on your behalf?

I did. It's at that stage I decided to go privately, and I had a doctor, Dr Fitzgerald, who was then sort of head of the diabetes unit in the General, testify on my behalf. Also, I had a solicitor whose father was diabetic, so he was very sympathetic to the situation. And rather than go straight to a solicitor and say "can you handle my case?", I went to a solicitor I knew and said "who would you recommend to be my solicitor in this situation?", and he gave me very good advice. And it is a problem with getting solicitors. A lot of them would take it on, but they're not the best people to do the job. It's very difficult to get advice to say "go to...". You know, to get a good brief is... I was told at the police station, you know. You don't know how to get a good brief is the problem, unless you happen to be in the legal profession. So, I learned a lot from that incident, and the major one was that I do not drive a car without testing my blood sugar. So, still to this day, I do not drive a car without testing my blood sugar before I do so.

And how did the court case go?

I had to appear in magistrate's court. Prosecution were not the best prepared, and I also knew how to not be led by the prosecution solicitor or lawyer. So, when he tried to lead me, I just looked at him, and it made life very difficult for him. You know, when you said something, the solicitor looks at you and tries to get you to say more, and when you just look back at them and just say nothing, they find it very frustrating. But the case, I was found... the case was not proven. I can't remember exactly what it was, but I was not guilty in effect, but... I was guilty of doing what I did, but I was not proven with regard to dangerous driving, which I was charged with on three counts, plus many other things - you know, failure to stop after an accident and all the rest of them. I'd have had enough points to ban me for years, so fortunately for me -

- (12) not fortunately for anybody else whose property was damaged or anything else - the case was not proven. And I'm very thankful for that, because it would have changed the whole of my career. Fortunately it has not happened since. I am on a short-term driving licence; it has to be reviewed frequently, every five years. I find this difficult, because I'm told if you cannot produce a driving licence when it's off with the DVLC, you are charged with not producing a driving licence. And if you're on a five year driving licence, that does not seem very fair to me, if you cannot produce your licence and you've got a five year driving licence. And it goes for some time - you have to send it back - so, you know, all is not good, but I

can see why it's necessary.

What happens every five years - do you take a test?

No, I don't have to take a test. They basically ask your diabetologist or GP about your medical condition: whether they think you are suitable to drive a car, whether you've had a lot of hypoglycaemic attacks, whether you are taking adequate control measures. On one occasion they approached my GP, who I never saw, because I used to go privately to see a diabetologist at that time, and they sent back accordingly to the DVLC and told them he never sees me, which didn't go down at all well! So, on that occasion I had to appear before a medical board, and it was very soon resolved when they got the right name. So, ever since then, I've always put down the name of my diabetologist. They ask you what your GP's name is, but they don't ask you what your diabetologist's name is, so stupidly I'd put down my GP's name on the first one. So, it's good advice not to do that again, because it causes problems, because if your GP turns round and says "I never see the bloke", it's not good from the DVLC's point of view.

Were you doing a lot of driving in your job during those twenty three years?

Yes, I've always done a lot of driving. I've worked twenty six miles away from where I live, that was fifty two miles a day, and also I covered three plants in the UK, plus I had various secondments to France. I had two long-term secondments where I drove to and from France every week, which clocked up the miles. So, I did a fair bit of driving.

And how did you manage your diabetes, particularly when you were going to France?

I was very fortunate that blood sugar

- (13) machines were in use. As I say, the advent of the blood sugar machine changed my life. It would have been extremely difficult without it. I'd become better at controlling diabetes by then. I'd been diabetic for probably... well, the first secondment was probably sixteen years after I became diabetic. I should have been good at it by then, although I was never that good; I still am not that good. But, you know, I'm passable, you know, I'm no worse than anybody else. But I hear stories of people doing exactly the same things and having exactly the same things happen. In those days I used to think it was only me, 'cause I used to read these articles that said, you know, "you can control your blood sugar to this level", and, you know, "it should never go over ten" or whatever, and I thought "this is ridiculous". When you eat a meal, your blood sugar goes over ten - it's several hours later before it comes down again. So, you know, I've asked many times "why do people keep on saying to me my blood sugar's too high? I've only just eaten a meal". I still get it now at the diabetologist's. The nurse there who takes and measures your blood sugar, she says "oh, your blood sugar's high", and I say "no, I'm diabetic". And it goes on like this, you know, the conversation. And I say "No. After

I've just eaten a meal, I have high blood sugar". And, you know, people must go there without having a meal or something else, as I see it, or have their appointments very late in the day, but I prefer to have mine earlier.

When you say "I wasn't very good" or "I was very good", is there a kind of moral sense to that? Are you made to feel guilty?

I shouldn't do. I'm guilty about being diabetic, if anything. When I say I was not very good, it was no fault of my own; it's the fact I cannot readily detect hypoglycaemic attacks. From the point of view of following regimes and diets, I stick to them like glue. They always say, at diabetic clinics, that at Christmas they shouldn't measure your blood sugar. My blood sugar never goes high at Christmas. I eat exactly the same carbohydrate intake at Christmas as I do for the rest of the year. I don't see any reason to change it, so, from the point of view of control, I'm a stickler for taking the correct amount of carbohydrate and injecting the right amounts of insulin. But, you know, I didn't used to go off and inject and forget to eat, or sometimes I forget to inject, but very infrequently. It's usually late at night when you fall asleep and you can't remember whether you've had it, and it's better not to inject than inject twice. You know, so

- (14) I feel guilty because of the stuff that was in the press saying that you can control to these levels, and you get people coming in and... reading in Balance, the diabetic magazine. It was there, you know: "I've never had a blood sugar level over five in my life", but they fail to say whether they're type one or type two diabetics and a number of other things. The press makes you feel guilty, effectively. It's trying to project good way; you don't get many people writing in Balance saying "I've got awful control of blood sugar, you know, but I'm doing my best".

You said that you were in some sense ashamed of having diabetes.

Yes, I'm ashamed of what it... well, I had shame because of hypoglycaemic attacks. They make you feel so small and stupid. You know, I liken it - it's like been extremely drunk, and, you know, then you wake up the following morning and say "did I do that?", you know, except with diabetes you don't remember it. But you know you behaved very similarly to be extremely drunk, or worse than you would do if you were extremely drunk. You do the most stupid things.

I'll return to an earlier question, then. Can you remember how people reacted initially when you said you'd got diabetes? What were attitudes to diabetes in 1979?

My mother was very upset about it because she thought it was her fault, because it was hereditary, although there was no history of diabetes in the family. She knew it was terminal; which it is, but not too terminal. Obviously you've got a shorter life expectancy than somebody who is not diabetic, because of cardiovascular problems, so, you know, my mother was aware of these things; my father was also. My sister wasn't very happy about it either, 'cause, you know, it's possible she could become diabetic as well, you know. So, you know,

it's not a happy situation, and I say, I wasn't very happy about it either. I had to change my lifestyle very rapidly: a) I was a smoker when it happened, and I wasn't the day afterwards, I tell you, once I found out what your risk factors were. I gave it up there and then, and that was it.

What about attitudes to diabetes in society - did people seem to know much about it?

No, people do not know much about diabetes. They know you need to inject insulin and all these sort of things, but they know very little about hypoglycaemic attacks and what the effects are. Obviously, if you see somebody behaving abnormally, people automatically assume you're drunk, or, in these days, taking other drugs. So, you know, society certainly does not accept hypoglycaemic attacks. It tends to be the most they'll do is call an ambulance; they will not do anything else.

Were friends and colleagues sympathetic when you were first diagnosed?

Yes, although it didn't really feel like it at the time - you know, they used to tell you what stupid things you did, which didn't help things. I'd rather not know, if you know what I mean! The fact I was sitting in the canteen with my legs crossed on the seat, and these sorts of things, you know, I think - wearing wellington boots - you know, it doesn't help you knowing that. You know, that's one of the incidents. As I say, the early days were quite tough when I was at work. But okay, they said it... you know, they weren't trying to make you feel bad. They just said "that's what you did", but, as I say, I'd rather not know, I think.

(15) Now, returning to the fact that you travelled a great deal, can you talk a bit more about coping with diabetes and travel?

Yes, I've had a fair bit of experience of going through time zones, and I've had a few incidents as well. I once did a round the world flight, which I did it in two weeks, which was rather a lot of flying for such a short time. And I went through a lot of time zones in doing that, and all I did was carry on regardless with insulin, injecting at the same intervals, but, you know, turning it round very gradually. I did have one incident where I went to India on holiday - well, part holiday, part work - and I broke a vial of insulin and didn't take enough reserve of insulin. And the net result was, I didn't have enough insulin to last the time I was there. So, I went to the local chemist and had a look at the insulin, and the only thing I could really look at, because they couldn't speak English, was whether it was cloudy, you know, long-term insulin, or clear. And the humidity was that high and it had come out the fridge, I couldn't decide whether it was cloudy or clear, because of the condensation on the outside. So, I bought some anyway, because it was extremely cheap. I bought the one with the Boots label on it, although I don't think that meant a lot. It was porcine insulin again - I could see that on the packet, but exactly how it would work, I did not know. However, in the end I looked around, and I knew that karela was a method of - you know, because I have a lot of Indian friends - and I knew that

they used karela to treat diabetes in India, you know, without any insulin, so I tried getting karela. I've since seen karela down at... I was actually in India, and it's a very bitter cucumber. It's an acquired taste, as they say, in India - it has to be cooked very specifically to make it palatable. But I had no success with getting karela, so I had to go on dietary control, effectively. I cut down my insulin to what I could afford to inject, and then I ate accordingly. That time I discovered Indian food was extremely good for people with diabetes. It's, you know, very forgiving, you know, very... you know, I'd say it suits me as a diet, although I don't eat it regularly, you know, but I felt it suited me. I controlled my blood sugar very well, you know, using diet and very smaller injections of insulin.

And what about the insulin that you'd bought?

I threw it in the bin at the end, because I didn't chose to inject an unknown insulin, although I'm sure I could have. I think I took the best way of doing it, but having a blood sugar machine was obviously the key to that. Had I been without a blood sugar machine, I would have been in great trouble. I'd have gone to see a doctor, possibly.

(16) Any other experiences while travelling?

Yes, I had an unfortunate incident where I had a hypoglycaemic attack at Paris Airport - Charles de Gaulle. What happened was, it was snowing in the UK (in Paris - slip of tongue). I was not due to catch the flight until considerably earlier (considerably later - slip of tongue). I had a telephone call, via the travel agent, off Air France saying "get down to the airport quickly. It's snowing heavily in Paris and your connecting flight is not going to arrive". So, I got down there quickly, had a very long day. I was ill-prepared for the journey - you know, I had to rush home and get the stuff, because I wasn't packed up ready to go; I was going to leave in the afternoon. And it ended up, I was going out on a flight in the middle of the night to Brazil. And I had a hypoglycaemic attack about eleven o'clock in the evening and missed the flight, which... I also got taken to a French airport (French hospital - slip of tongue), which I did not want to do. When I came round in the medical facilities, I said "all I wanted was some sugar and I'll get on the flight and go", the reason being that I'd booked a cheap flight that wasn't transferable, you know, whereas it was against company advice. But they were very good to me. They'd taken my luggage off the flight, and it was all ready and waiting for me. They got me on the next flight out the following evening; I had a day to kill. I had a few problems with money, because I had no French money. I had to come out of a French hospital in the suburbs of Paris and get in a taxi and tell him I couldn't pay, and he was not a very happy person. But fortunately I can speak French pretty well, and what happened was, I went and changed some traveller's cheques in the airport and came out with the money, and he was very happy, particularly since he got a good tip. So, you know, things went fairly well, but it was due to circumstances, I think, I had this hypoglycaemic attack; you know, being called out early.

(17) Any other problems connected with travel?

Yes, I had one problem, not really connected to diabetes, but we had friends in Mexico, and we'd been to Mexico several times. And one of the times we went, I picked up a viral infection, which caused me to get admitted to a UK hospital. Effectively I had an attack on all my bodily joints, and after three days back here I couldn't walk. The disease was never diagnosed, but it was a subject for interest at... well, teaching - it was a teaching hospital again, except it was Selly Oak in Birmingham. So, I had a lot of visits from students again, but at least they weren't taking blood tests all the time. But, you know, I believe what I had was Dengue Fever, but it wasn't diagnosed. But I made several phone calls to London School of Tropical Medicine and found out more and more about it, and also I happened to see a television programme on Dengue Fever, and all the symptoms were exactly the same - you know, taking a year to recover, and being mosquito-borne, that bore out the circumstances I was in; there were plenty of mosquitoes. So, you know, it was an unpleasant experience. But it obviously affected my diabetes, the fact that when you're admitted to hospital with diabetes, you have to look after your own condition, effectively - although they do look after it, but I prefer to look after my own.

How does that work then - they look after it but you prefer to look after your own?

Well, I work on a system where I vary the amount of insulin I inject depending what my blood sugar is. Now, no medical personnel in the hospital could do that, whereas I feel I can, because I've done it for a long time. So, I was injecting my own insulin and tested my own blood sugar, although it is probably the way things are done normally in a hospital. But obviously, if you're not capable of doing it - you know, I wasn't that mobile... well, I wasn't mobile at all in the first few days, but... well, the first few weeks I wasn't mobile. You know, so it's easier to do everything yourself, but, you know, they brought round the correct carbohydrate meals and everything else, so it worked out very well.

Now, we've talked a lot about the health crises in your life, but you look very well. In general, would you say you're a healthy person?

Yes, I'm extremely healthy. I always pride myself I never go to the doctor's, if that's anything to be proud of. Although, when I was unemployed after my redundancy, I went to the doctor's quite a lot, because they were there. And I started going - well, they kept on pestering me to go to the diabetic clinic locally, and when I went she said "I don't know why you've come, you're a type one diabetic; we only have type two diabetics here". But I wanted to have a blood test and all sorts of things. Around that time, it was found I had a high cholesterol level in my blood, which had really set me off - well, not that high, but enough to have to do something about it. You know, up until that time of being made redundant, I've had no blood pressure or cholesterol problems, and they both came very soon after each other, although I still claim I haven't got high blood pressure. I was just put onto high blood pressure system because it



was better for my health, so...

(18) How long were you unemployed?

Around five months, during which time I searched very hard for a job. I made over three hundred job applications, I had twenty interviews, and with no results. These were all for full-time positions. I then picked up a job as a visiting lecturer in chemical engineering at Birmingham University, which was not a full-time job; it was a part-time job. But I decided I would go as a freelance chemical engineer and work as a contractor, and have all the insecurity of a contractor and working away from home. But fortunately, the first job I picked up enabled me to live at home. I worked in Stafford, and I was able to commute back and forwards. I was also able to do this visiting lecturer job at the same time, so effectively I had two jobs. That was a bit of a problem, because of having to write lecture notes and everything else, and work a full day. But having finished my contract - I was there for about eight months - and I went on to get another job. I was working in the pharmaceutical industry when I was contracting before, but I went on, and I then worked in the nuclear healthcare industry, making nuclear isotopes for cancer treatments and pharmaceutical use for determining metabolic pathways. However, I do not think that diabetes is very well received in this type of industry, because they have a choice of a lot of people, and if you turn round and offer the fact that you are diabetic, I do not think you are going to get many jobs. So, I do not offer that piece of information. If they ask me specifically "have you got any health problems?", I would tell them, but fortunately I've had no problems since going there. But if I do have a hypoglycaemic attack, I anticipate I will lose my job, because that is the way they work. You can lose your job without having a hypoglycaemic attack!

And as a matter of historical record, again, is there no protection for you against losing your job because of diabetes in 2005?

No, there is no protection whatsoever. I am on a... I can be terminated any time. If they don't like the way I work, they don't like what I say to them or anything else, you can be terminated. I have seen it happen to other contractors. You're on a week's notice on either side, and they will terminate you without any recourse. There's no employment law in that respect; it's all written out.

(19) Can you describe a typical day in your life now, as a contractor?

Yes, I get up at quarter to six on a morning, except for Mondays, where I have to get up a lot earlier. I start work at seven o'clock in the morning, after having breakfast and my morning dose of insulin, and measuring my blood sugar before I leave. I drive forty miles to my place of work, which takes around forty minutes, because I happen to live close and work close to the motorway. I then work through until lunchtime, which fortunately, in contracting, can be flexible. I usually lunch around twelve thirty. I have a choice of going to a canteen or taking sandwiches, which I choose the latter, because I can get my carbohydrates spot on taking sandwiches. Also, there's a limit to how many hot meals you can eat a day, so I inject my insulin before having that. I test my blood sugar again.

If I feel anything untoward in the morning, I test my blood sugar accordingly during that period to check it out. I then work till approximately half five or six o'clock in the evening, where I test my blood sugar again, inject - no, sorry I don't inject - I travel home and then I eat a meal relatively late, usually around the eight o'clock mark. Then I go to bed, probably after having supper and injecting again, around the ten o'clock mark. There is a problem with injecting so close together - you do not get a chance to test your blood sugar in between, because you have still the effects of high blood sugar from your evening meal and then supper coming together, so a blood test is absolutely worthless at that time. Truthfully, I should eat a lot earlier, but, you know, ever since I've been diabetic, it's not been practical to do so. It has been necessary to, you know, eat and inject very close together, or combine the two meals on occasions, and, you know, inject twice as much, effectively, which works sometimes.

Do you get much exercise?

Yes, I get a fair bit. I jog three times a week - not as hard as I should. I've recently started playing badminton again, which is a little bit too much exercise for my liking, at the moment, because it's... when I first played I was absolutely crippled due to aches and pains - you know, backache and leg-ache - but, you know, once... now I'm playing again, I think it's very good exercise. I play for an hour. We play mixed doubles, and it's very good exercise. Everybody thinks badminton's a soft game, but it is not.

(20) How's your diabetes affected your relationship with your wife?

Well, we've been together since 1971, so that's thirty... no, '72 - thirty three years. During that period, I was not diabetic for probably eight of them, approximately, but the rest of the time I have been diabetic. There's been quite a few problems due to hypoglycaemic attacks. She sees more of them than anybody else does. She's very good at spotting them. She can tell before I can by a look in my eye - or my eyes, should I say, I have got two eyes - and, you know, so that causes a bit of strain. Also, you know, working away from home so much causes strain as well. I'm not always in the best humour when I come home on a Friday after being stuck in a traffic jam for a couple of hours.

Quite a few people have told me that their partner recognises symptoms before they do. Has that been useful?

Yes, she's very often right, but sometimes she's wrong, and it makes me test my blood sugar, put it that way. But unfortunately, if she doesn't spot them early enough, I do become very cantankerous and will not test your blood sugar, you see - "I know best", "I'm the diabetic", and all these sort of things. But invariably she's right, so, you know. Also, when you have them in your sleep also, which I did start having them in my sleep, which you cannot detect symptoms when you're asleep, but, you know, she'd detect that I was jumping about or whatever.

And what would she do?

Give me sugar, effectively; make me eat something. On one occasion she had to give me Glucagon, or wanted to give me Glucagon but couldn't inject it, so it was a bit of a waste of time if you cannot do the injections. But I started carrying Glucagon because of these things, but basically because I had a hypoglycaemic attack and I was like paralysed with it; I couldn't get my blood sugar up. I couldn't move my legs properly, although I wasn't actually having a hypoglycaemic attack still, but I was rather concerned that I couldn't get out of bed. So, had I had Glucagon, I would have injected it at that stage. That's what made me start having Glucagon around the house, although I've never actually injected it. I don't know how to inject it - I know how to inject it, but I don't know how much to take; I'd have to read the instructions. It's relatively infrequent - it's only happened to me once in my life, that I have had a hypoglycaemic attack like that, and normally the recover is relatively rapid.

(21) Have any other problems developed as the years have gone by?

Nothing with my eyes. It's been reported, on one occasion, that I had minor changes to the retina, but on the next occasion it was not there, and the optician also never found these things, so I think my eyes are clear; surprisingly clear, they say, for such a long time. I have no problem with feet or loss of sensation. Nothing really, I don't think.

Do you expect to continue to feel pretty healthy?

I expect to continue exactly as anybody else continues. I see no reason that diabetes should change my life, apart from changing lifestyle, which changing lifestyle should prolong my life. So, I anticipate to continue as everybody else does. But I expect to die of cardiovascular problems, which would not surprise me, although I could well be wrong.

Looking back over your life, how do you think your life would have been different if you hadn't had diabetes?

I would have continued on in the same unhealthy lifestyle as I was in before, possibly. And it's hard to say, but I think I'd possibly have changed a few things. You know, I've always wanted to move abroad and work abroad, but it's not really been diabetes that's stopped me - it's been family ties, both my wife's side and my side, that has stopped us moving. I've always fancied living in the south of France - never seriously. You know, I'd like to live in a sunny climate, not a cold climate.

Can you reflect on any changes you've seen in the treatment of diabetes since 1979?

Yes, I think there have been major improvements in the treatment of diabetes. The medical profession deserves all the praise they can get for things that have happened, and all the backup people. Things have progressed very well. With the changes in insulin availability - having human analogue insulins - have all helped with reactions at injection sites, the availability of plastic syringes rather

than the original glass ones - disposable syringes as they're called, but they're not really, because they're used time and time again. There's no need to -

- (22) well, in my opinion - there's no need to change a syringe every time you inject, exactly the same as an old glass syringe, where it was kept in white spirit (in spirit - slip of tongue). There's no difference between them, in my opinion, except the needle's a lot thinner on a modern syringe. I'm hoping for various improvements. Insulin pumps are coming along. I think an insulin pump would suit me, but I'm not rushing out to get one at the moment, although if one became available I would probably use it. Transplants of cells to the pancreas is an extremely interesting development. I'd try that if there weren't so many injection... sorry, rejection problems at the moment. If a higher success rate could be achieved, and things weren't made worse, I would have a try at a transplant. So, you know, I keep an open mind on these things. I think things are progressing very well.

Have you noticed any differences in the way medical staff treat you now, say?

I tend not to see medical staff at the diabetic clinic, so I don't really see the changes there. But looking for changes in private treatment is a little bit more difficult, because you tend to be treated at the same level, whereas in the beginning, I think, when you went to the diabetic clinic, people tended to talk down to you a little bit more. When you go to a diabetologist's privately, they know you better, they remember you from the time before, which is the difference, I think. At a diabetic clinic, they see a lot of people, they don't remember you, and you feel they're talking down to you on several occasions, which can be a little bit annoying.

Have you noticed any changes in the National Health Service?

Yes, on the few occasions I've been to a hospital, I think the National Health Service has come along in leaps and bounds, contrary to what people are saying. Hospitals are a lot nicer places than they used to be. Also, outpatients departments are a lot nicer, but I have noticed a deterioration in cleaning in hospitals. It's these things that you wouldn't have seen before when you had the matron coming round on her rounds. There would have been problems if she'd seen some of the things you see today. But generally, I think the National Health Service has come on very well.

What message would you have to anyone newly diagnosed with diabetes?

My message would be there's far worse diseases to have. You will master diabetes, although in the beginning it will master you, and maybe master you all your life. But diabetes can stop you doing nothing. You can do anything you want with diabetes.

And what keeps you going?

It's hard to say what keeps me going - I'm a strange person, I think. Just, you

know, tomorrow's another day, and that's what keeps me going. I don't need anything to keep me going - I'm always ready to go on, you know, no matter what happens.