

### 3. Victor Warman

- (1) Well my name is Victor John Warman, and I've been diabetic now for fifty three, fifty four years, on insulin that is. And I was born in a place, a sort of suburb of Wimbledon in London, it was right on the edge of Wimbledon Common. And my dad was in the Navy, right from the start of the war, and my mum and that stayed in London with my next brother down from me. I'm one of six, six boys, and my elder brother and myself were evacuated down to Somerset, which was somewhere which was right in the country. We all started off from our school with our labels round our necks saying who we were and where we were going, and that was about the end of 1939 that was. My auntie had already got us booked into the ship, that was going to Canada and America and that, that got blown up and all the kids got killed on there, so, but right at the last minute my Mum said "well, no I'm not sending them there," she said, "we'll have them in this country 'cause at least I can walk if I can't get there any other way". So as fortune would have it, we were sent down to Somerset. But then of course, what happened then was that the Battle of Britain came on, and all that bit up the valley of the River Severn, over those fields that went down to the sea and the Bristol channel, was quite heavily involved with the Battle of Britain planes. So my dad was home on leave, and he had previously been an ambulance driver in London my dad, and the lady that was the chief of the St John's Ambulance service had a sister who ran an agricultural school in a little village called Waterperry, this side of Oxford. And they had a little farm cottage there, so my Dad got us all shipped down to there and we came back up from Somerset to this place in Waterperry. And now really, even though I was about four or five years old then, I'm now really a country bumpkin 'cause I'm seventy, coming up to seventy, and I've really got sort of the country in me bones.
- (2) But as regards the diabetes, I suppose when that was first diagnosed the war had been finished about four years, but I'm sure that I'd had some complications and not being aware that I was diabetic. The only thing I knew about diabetes then was when I hear my aunts and that talk, and my mum talk, about an aunt and uncle of mine, a great aunt and great uncle of mine, who both died of diabetes before insulin was used, and that was the only thing in my mind. That sort of stuck in my mind, but I wouldn't say that was anything to do with me getting diabetes, but I was the only one out of all the boys that got diabetes at that young age. I've still got... we had rather a tragic time and I lost three brothers in motor accidents at different times, and some years later I've only got two brothers left, and they have both now developed diabetes. But Peter's three years younger than me, so he's sixty seven, and Paul, that's my youngest brother - he's about forty four, forty five - he's been diagnosed as being diabetic. So I think it's probably been in the family. Oh, and my Mum, who's also very much alive, she's been diagnosed as being diabetic, so it seems as though it has been a weakness in the family. But when it was first discovered I had

diabetes, this little farm cottage we lived in down at Waterperry, it was built in the end of a monastery. The monastery was probably pulled down during the reformation and the roof structure and everything was gone, but what they did was use one of the walls and build this little cottage on the end of it. And when they used to build then, they used to use whatever rough timbers they could to support the upper storeys. And floors was always made out of big wide boards, oak boards an inch thick, but of course had gaps between them which you could see through. But nobody had ever sort of thought that any of us were ill, but I started to suffer from frequent micturition. And my dad was downstairs one day in his little bit of a library there and was writing or something, and I was in bed upstairs and that, and I was peeing myself in my sleep, so dad

- (3) had a word with mum. I was then about, I was coming up about fourteen then I think, yes I was over fourteen, I was fourteen or coming up to fifteen, and my Dad said to my mum, "Lil, this boy's not well, there's something wrong with him". So anyway, they took me to the hospital, down to... no they didn't, took me to my doctors, Dr Rowland at Thame, and he said "don't give him any sugar, don't give him any carbohydrates at all, and bring him in tomorrow morning". So that's it, they knocked me any sugar on the head and bread and stuff like that - I remember being damned hungry. And they took me to the doctors the next morning and he said, "well," he said "I've tested the urine and that, and he's definitely got a lot of sugar". So, they made an appointment for me to go to what's known as the Radcliffe Infirmary then, and the man who was in charge of the diabetic clinic there was a man named Dr Cook, and him and his crowd diagnosed me as being diabetic. And he said, "well you'll have to go on to insulin, have insulin treatment", so I said "well what does that involve?", and he said, "well you'll have to inject yourself", and I thought, "ooh I don't need this", but he said, "well," he said "you're not just going to be faced with it cold like that - you can go into Thame Cottage Hospital, Victoria Cottage Hospital at Thame, and they will look after you and teach you how to inject yourself and get you used to a diet and that, and you'll be able to cope yourself then".
- (4) Just briefly, I should have explained that when I mentioned the house being built in the end of this old monastery, the purpose of the floor boards and the gaps in between them was because obviously that enabled my pee to go through and it was dripping into the room below, and this is why Dad first of all set me out to go and have these tests and that done.

And while we're backtracking, can you remember anything you were told about your relatives who died of diabetes before insulin?

Well I remember my, I do remember my aunts and that talking about, I did even know their names but you know I've forgotten their names, but they did say that they were both diabetic. They were brother and sister this great aunt and great uncle, Uncle Edmond and Auntie Flo - that was their names, and it

was a time then when the only treatment for diabetes was starvation, and that was a very very harsh treatment. And I remember my aunties and that talking about it and saying how ill they were through this diabetes, so of course going on a little bit to when I was diagnosed with diabetes, all these things were in my mind then. And I'm quite aware, and one of the things I said to Dr Cook I remember was "I'm going to die with it Doctor", and he said "well you're going to die of something," he said, "it probably will be the diabetes you'll die with", but he said, you know, "it will be at least, you'll be alright until you're sixty". Well to a young man of fifteen, that's pie in the sky, that's light years away. But I'm now in my seventieth year, so I don't think I've done too bad. And really, when you look at it philosophically, you come to the end of your life as your working life has gone, and that may be a bit depressing, but what the hell have you got to look forward to anyway? That's it, you've got to look forward to "there's nothing more certain in life than death". But on a more cheerful note, I was diagnosed and I went to the Cottage Hospital for treatment, and they did train me to inject myself. And I used to use both legs, either side, the outside of each thigh to inject, and I did that for, I suppose for about twenty years, which brings me on to being about thirty-ish I suppose. And

- (5) my legs were so knotted up with all them, not bruises, but where the needles had gone in, that they were like knotted wood, and I thought "well this isn't too bad", but I couldn't stand the thought of having to stick it into my stomach. And then one day, I had got round to the idea that this was probably the best thing to do, so I started. I'd put a little bit of weight on then, I gradually put on weight through my life as I'd got older and I'd got a bit of a tummy then, so I thought "well I'll give it a try", and I found that was the best thing of the lot. And that's what I've used, all across the front of my stomach, I've used that for injections for the last thirty years, so that was... And my legs have recovered - I haven't got the knots in my legs anymore, they've got quite soft, so I was quite happy about that. But as regards the insulins and that that I was given to have, I always had a difficulty in keeping blood sugar control, I've always had a difficulty like that. One of the things I've found out through my life, and because I'm not stupid, I do read about things and I understand how these things work, and I understand how the body works - what the pancreas does for the body and one thing and another. And you take the good advice that you have from the doctors, which they give you at the hospital, take the good advice from them, but you've still got to fit that into your life, because your life is what you do with it and what you're doing, and you are responsible for yourself. I've always borne this in mind, and I've experimented and that with my own condition, and I did come round to the idea that your body doesn't suddenly create one or two huge amounts of insulin, it's got to be a process that must start from the first time you take food in through your mouth; and that signals, the signals that go through to your body to your endocrine glands to make the insulin and things like that, must be a gradual process. I thought, well, surely I've

been doing this. I did suffer, I had one or two quite nasty reactions, insulin reactions, never in a dangerous situation where it endangered others, but it could very well have done, especially when I was contract working and putting machinery in all over the country, and long driving and working different odd hours and that. And I started to have multiple

- (6) injections then, which is what I've done for the last thirty years now, and I still am doing as well. I test about four times a day, and my sugar still goes up and down, up and down like a yoyo. I've never been able to get an even flow right the way through, but I keep it within reasonable limits, and one of the things I did find out from checking my insulin and sugars and things like that is that my body doesn't work unless I've got a reasonable high blood sugar, much more than a normal person would have, somewhere round about, I suppose if you read the thing, it's got to be at least six - because I can't think unless it is. But I work happier at about seven, and I keep it at about that and I seem to be very quite happy, and I've done that for years. So, bearing that in mind, you know, I don't think I've done too bad at all. As regards what that's done to me internally, I have no idea at all. It might be that that's caused my fingers... I've lost quite a lot of sensation in my feet and I've lost sensation in my finer nerves, and I'm also impotent, which I have been from the age of about sixty one, sixty two, I've been like that, but because my wife had left me and we had divorced... it had been a great shock to me anyway mentally, but that's really gone. I haven't found the need to progress with the medical people to try and sort this impotent thing out. After all's said and done, I've got five daughters and although a man isn't just a breeding machine I don't have any love life as it is and have no need for it. And because I was working and teaching in my last five years, I found that that energy used was in my brain and that, teaching the kids, so it's not been a problem. And I think there is entirely too much of an issue made of this sex thing in this day and age. That might be an old man speaking, but I don't think so.

Going back to the multiple injections, did you tell doctors and nurses that you were doing these multiple injections?

Yes, as regards the multiple injections, yes I did tell them but unfortunately

- (7) 'cause I... explaining myself really, the privilege of teaching in one of the premier public schools in the country, which I did, I set up a course there for these kids to do design technology. A lot of the kids I've had are now probably working in, a lot of them come from doctors and people like that so, to me, I've always thought "well", you know, "look after yourself, Victor, you can't depend on other people and all the rest of it". So I did inform the doctors that I was on these multiple injections, but I haven't had tremendous amount of faith in the medical profession as such, you know, and as far as I can see the purpose of this little story, this little interview, isn't to massage the egos of the upper echelons of the medical profession,

yeah?! So anyway, really that's the way I view it, but apart from that I understand the system. I understand the way it works, I understand that they've got to have a common way of being able to treat whatever person comes in, being able to get them to go and lead a reasonable happy healthy life, but we are all individuals and there isn't one of us that is the same as the other. We all have our own characteristics, our own back life, we all have our own thing, and to do this you've got to understand yourself. And I'd forget, I'm plagiarising somebody here somewhere, I forget, he said "physician heal thyself", but that's the way I've always worked on it and I've been very successful. I've got five daughters and so far - touch wood - none of them have been diabetic, and I've got five grandchildren, and none of them have got diabetes. Two of my granddaughters who were eighteen last week, they're very well on, and one's going to Oxford, I know she's going to Oxford or she's going to London, she's going to one of the universities when she's finished doing physics, and the other one's, she's eighteen, she's doing the second part of her course in cooking, so she wants to be Jamie Oliver that one, so that's the way things have really panned out.

When you told the doctors that you were using multiple injections, was that quite common at the time or not?

When I'd used these, did these multiple injections, well I didn't, although I informed the doctors what I was doing about the injections and that, it wasn't an accepted way of treatment at that time. I think they were still only using two injections a day at the most, but I found that as soon as I split mine down to four a day, that I never had any insulin reactions then, and I haven't had an insulin reaction for twelve, fourteen years, so I assumed it was okay to me., but nobody seemed - they didn't seem to be very interested in what you had to say. Whether they picked it up or not, you don't know what the doctor puts down in their notes so you just don't know whether they picked it up at that time or not, but all I know is, what I'm saying is, I've been on this about twenty, twenty five, thirty years.

(8) Apart from injections, can you remember what other training you got at the Victoria Hospital for coping with your diabetes?

Well when I was booked into the hospital, which was the next day from being diagnosed at the Radcliffe Infirmary, they started me off with a diet, 'cause they'd fixed me up with a diet sheet down at the hospital. They fixed me up with a diet, and the nurses watched me with the insulin and one thing and another and taught me how to do the injections and that. But as regards testing, there wasn't any blood testing then done, there wasn't any blood sugar done, it was always just the urine testing, and I was taught how to use the Fehling's solution and do my own tests, sugar tests, urine tests. But, of course, now we've got the blood meters and that going, it's much, much easier, much quicker and more definite indication of how your blood sugar is, which is what the technical boys have really brought into force and not the medical boys. But this is, I've found,

is far better for following your blood sugar. But there's one thing I must say, that now, I mean I've been retired for five years now and it's a family characteristic we've got and that is rheumatoid arthritis in our fingers and that, and I've been unable to do, 'cause I work with my hands and tools and that, I really haven't been able to do any blacksmithing or any machining or making stuff like that because my hands are so painful. They're okay while I'm resting them but as soon as I start to use them they are... and I've got swollen knuckles, but my Mum was like that as well but, of course, so I haven't done a lot this last five years. I would like to say I think that myself, that one of the most important things I think that diabetics should do, and I'm really saying "don't do as I do, do as I say", and that is exercise. I think people really, you really do need to... for exercise to keep you... it keeps you a lot happier and keeps you in a lot better condition. But, I'm really in a condition now which I must get myself together over this next year because it's going to be my last chance, 'cause otherwise I'm going to be just, I won't be able to go anywhere. But I have still got one or two old motorbikes which I shall get together, and I hope to get out and get another nice summer, and we'll be all right then, I hope anyway.

- (9) When you were trained at the hospital initially, were you advised to take exercise as well as change your diet?

No, well I don't remember being told about exercise or anything, that definitely wasn't on the... in fact it was frowned on really for diabetics to take part in any competitive sport, it was never ever encouraged at all. And I remember a couple of occasions when I'd volunteered for doing something like that, and "ooh no, you can't do that, you're diabetic", so you was actually treated as an invalid more or less, you know, even though your spirit said "well no, I can do that, I want to do that", you weren't allowed to. 'Cause I used to swim before I was diabetic, I used to swim quite well, you know, did a lot of swimming competitively, certainly at school, and I did lose a tremendous amount of weight when I was first diagnosed with diabetes. That was one of the things, passing frequency, passing of urine, and the other one was the fact that I'd lost a lot of weight and had no strength and that, so I didn't get involved with swimming again, not up until sort of reasonably recent times. But, I'm afraid now, what with the old pension things being as they are, it's not always possible now to go down, it's too expensive to go down to the pool now, but I do need to do some exercise. I'll have to start walking the dog again!

Was it the medical profession who told you not to do competitive sports or was it your teachers at school?

Well I suppose, I'd left school you see, I left school at fifteen, so it wasn't really the teachers, it was just that it was the accepted fact. But I certainly wasn't told by the medical profession not to do sport, I wasn't told by them, but you never had anybody that was like you have today, I mean the bloke rowing the boat and all the rest of it. I mean these people and the footballer, these people with media being what it is, is they do something yesterday and it's in the papers today. But it certainly wasn't encouraged to take part in sports at all, but that

might just have been, I think perhaps one of the strongest influences was my dad probably, and he wouldn't, you know, he'd sort of say "well no, you can't do that Victor, no you mustn't do that", so it probably came more from my father than from anyone else.

- (10) How did your family cope with you having diabetes when you were first diagnosed?

Well, my Mum, she's only nineteen years younger than me, older than me, so that meant to say she was nineteen when I was born, so she was still only a young woman. And between that time, dad used to come home from the Navy of course and it was a year later we always had another baby on the way, so that in itself made my Mum busy with the other kids and that, and she never really worried about me much at all, not as far as, I more or less looked after myself, and I've more or less done that and I'm back to that position now. I haven't got a wife now that does me cooking for me, my daughter does it when she feels like it, so things are sort of up and down a bit. But my family really never made any allowances for me, not in the family, because I was the second oldest. In fact, dad was still in the Navy 'til 1947 before he was demobbed. He was actually in the Merchant Navy when the war broke out, and he got blown up in a ship and had both his legs broken, and he was invalided out for six months. And when he was okay again, his legs had healed and that, and he was okay again, he went in the Royal Navy and he trained then to be an SBA, Sick Berth Attendant. And he followed this nursing through and right through the years, and he was in a hospital in West Africa. And it was his medical training, I suppose, when he came home, that he'd reckoned there was something wrong with me, and this is really more or less why, I think, that he always sort of treated me as a patient then, yeah? And that isn't altogether too good for people to do that. You've still got to live your life, so you've still got to do certain things, and if you've only got two fingers you do things with two fingers, but it's very difficult to explain that to somebody that loves you and that wants the best for you and has that caring thing, which isn't altogether too good for you, but there again that's the way they are.

What was your job immediately after you were diagnosed?

Well funnily enough, I always loved carpentry, I wanted to be a carpenter and

- (11) it was at fifteen, I left school at fifteen, and it was all round about that time when the diabetes was, when I was being treated first of all. It wasn't a steady progress from the time of being diagnosed as being diabetic to the time of leading a settled regime of life. I had then, I still wanted to go out with the boys after the girls and that, and still wanted to stay out all night and do things like this, which you don't, you need a little bit of wisdom to say "well no, you must look after yourself". And the way to look after yourself is to make sure you have your proper sleep, your diagnosis of diabetes, you're being looked after, and that you're having your insulin regular, and that you're being reasonably sensible with what

you're doing, but that takes a little while and it takes a couple or three years to get all that together until you become reasonably steady. And then I suppose, when I'd sort of got steadied down and that, I always wanted to do carpentry, so I was, I tried to get an apprenticeship as a carpenter but they didn't want carpenters then, so all I could get was an apprentice stone mason which didn't suit me at all, it just wasn't my game at all. So I did then get a job, but they wouldn't apprentice me in carpentry, so I was about sort of sixteen or seventeen then, so at that stage I'd got into motorbikes. My mates up the road had motorbikes so I got a motorbike, and I found that I loved building and taking to pieces and sussing out all the works and everything like that, and that really gave me an insight into metal work really. And so then I then went to a place and did a millwright's apprenticeship, which took me, I was twenty two when I finished my apprenticeship, so that was a long apprenticeship. And I went then, when I had done my apprenticeship, I'd been married, I'd got married then, I got married at twenty two, twenty three, and I started a family of my own, and money was short so I thought "that's it", put your tools in your car and that was it, I was away. I fitted machinery, I've worked in every car factory in this country putting machinery in for making cars and I put in a twelve line baggage conveyor for the Concorde, that was when she first came on to line up at Heathrow, I put in a cement making plant at

- (12) Southam, Banbury, which was Rugby Portland Cement. That was a big job that was, to make cement powder, cement dust. I also did quite a lot of ordinary machine fitting type work, fitting big machines in in different places, air conditioning machinery and all that. And then I suppose I was up to about what, I did that for about twenty years, that made me forty two, and one of the things I noticed that these kids, I'd put on a little bit of weight by then of course, and noticed these youngsters coming on - they were climbing the girders a lot quicker than I was when you're putting machinery up in the air, and I thought, well, "I don't know, I'm getting a bit too old for this game". But I had a lot of knowledge of engineering and stuff like that, and I loved machinery, and I looked in the evening papers to see what work there was about, and they needed a fitter down at Wolvercote Mill, who was then, they were a papermaking mill, and then it was owned by the scholars and lecturers of Oxford University, which was the people of the old Oxford University Press. And I went down there to see if I could get a job there as a fitter. And I suppose I was on the job for about three or four weeks, and we'd just recently joined the common market then, no we were negotiating joining the common market, but there were one or two acts came in at that time which were very pertinent to anybody working in industry, and one of those was that every nip or every chain, every rope, every nip of a roll had to be guarded - that people couldn't put their hands in there, even if they tried to. And they wanted this on a papermaking machine, which is what I worked on. When I looked



at a machine, a lovely machine, beautiful machine, it was about a quarter of a mile long, the actual run of the paper, and there were thirty two rolls in there weighing about five tonne each, and they went down to a nip of about two millimetres, nip being the gap between that one roll and the next, and these all had to be guarded. So anyway, they said “do you think you could do that, Vic?”, and I said “yes, certainly I can”. So anyway, I was on it for about a month and I made all the guards, and when you looked at it, it looked a real treat. They was all in line and the chains was covered, and all the gears was covered, and the ropes that you toss the paper

- (13) through, it was all covered and that, and they all laid echelon style up the machine. And I suppose about a couple of days later there was a note in my clock card case, where you clock in and out, and it was from the Managing Director, and I thought “oh, what the 'ell have I done”. Anyway, would I make an appointment, so I phoned his office, and he said “have you got time?”, and I said “yes”, and he come up and said “have you ever considered being responsible for the engineering department?”. I said, “don’t forget”, I said, “I’ve been contract working everywhere, so”, I said, “I’ve always been a senior man because of my knowledge of engineering”. I said “you know I’ve had gangs of three and four blokes”, I said, “but I’ve never been in charge of an engineering place in a sedentary occupation, you know”. And he said, well, “would you consider taking it on?”, he said, and he made me a bloody good financial offer. So, I thought, “well I’ll give it a try”, and I’m always one of them to say, well, you got to try it, ‘cause it’s no good later on looking at it and saying I wish I did that. Even if you fail, you’ve got to look at something and say, well I did have a good go at it but it didn’t work. But on this occasion it did work, and I was there for about seven years as engineer at the mill.

Did any of your employers know you had diabetes?

Well, the mill actually went bankrupt - they brought in the official receivers and I worked for them for, we carried on running that mill for about a year. It was then eventually sold, and it was sold to a private company, a Finnish company, who were heavily involved in papermaking up north. So anyway, so this crowd came in, and although the people, going back to what I was saying in answer to your question about what employers thought about the diabetes, these people were, the old lot of the Wolvercote crowd all knew I was diabetic, but I didn’t say much at all to this new crowd until they’d taken over and they were settled in and that. And it really first come up because there was a meeting of us, like all us engineers, and there was a meeting of all these people like that, and it was coming up to my lunchtime when I had this meeting, and I said, well, “I’m sorry lads”, you know, and I was looked on as a bit of a pariah. But the point is, I have always insisted that I do things to suit me in that respect, that I eat at the right time when I know it’s my mealtimes, I have my injections when I know it’s time for my injections, and I live that life, and that’s the only way I’ve been able

to go right through my life doing it, and then nobody will ever, ever convince me to do anything different, and eventually I did. When I explained to them, they did accept it, but I'm sure if they had known this before that they wouldn't have asked me to stay on and do what I did. But otherwise, it's not been a problem. But I've always looked, when I've done a job, I've always looked at the job first of all and think, well, "can you do that, Vic?", "yes, I can do that", and because I've got the diabetes and that's part of my life, and it really has, it does colour your life - it is not the be-all and the end-all of your life, and I've always looked at it and thought, well, you know, it's okay, I can fit something in. I mean, after all's said and done, what's to stop you having, I always carried my insulin with me, what's to stop you having an injection and having a sandwich or a roll or something like that, you know, until you've got time to stop and have a proper meal, 'cause that's basically speaking all it was, and I stuck with that and I lived like that then, you know, right up until, I mean actually I'm at home now and of course I make things suit myself, however it goes.

Can you describe, when you were travelling all round the country, can you remember what your regime was?

Well I've always stuck to a reasonable

- (14) time regime, there's always been a breakfast, I've always had a breakfast before I went out, certainly when I was working. There's always been a breakfast, there's always been a lunch and there's always been an evening meal, and if I was travelling. . . For instance, I put in some machinery at Pontypool in Wales where I didn't start out from here until about 11.00, so I would have been in Pontypool, putting some machinery in for Pilkington's Glass, I wouldn't have got there until about 2:30, so it was just too long to wait 'til I got there for a meal, so I took a sandwich with me, stopped on the side of the road and had my sandwich, had a small injection and had my sandwich and that, about half an hour and that was it, I was away again then drive to the job. So that's how I've always done it, you know, I've always had my injections and done what I've had to do because I've always carried it with me. But I've never ever, you know, I've been with people in a car that doesn't understand that you've got it, and I say, well, "no, I've got to stop now, I've got to have something to eat", "oh, well there's a nice little village up there, you go about three or four miles", "no I'm going to stop now, I'm going to have my sandwich, I'll stop now", you know. And they've looked at me a bit strange. Well they can please themselves, but they haven't got diabetes and I have, and that's the way I've always viewed it.

And can you describe your day to day regime now?

Well more or less the same as what. . . my day to day regime is more or less the same as what I was doing when I was working. I must admit, I lay hanging around in bed a little bit in the morning because there's nothing to get up for. I get up about, between nine and half past. I test my sugar first before I get

out of bed. My daughter brings me a cup of tea up when her husband goes to work, and I test my blood sugar and have an injection according to how my blood sugar shows. And then I get up and have my breakfast, always have the same thing, one piece of toast with no butter on it, but I do like a little bit of marmalade, so I have toast and marmalade, I have half a grapefruit, and in the summertime I drink a pot of coffee, but in the wintertime I like tea, so I have a cup of tea, and that's it. I turn the telly on and that's it, I become a telly addict then for... I've got the history on mine, I can put the history and fact programmes and that. I'll sit and watch that all day. My grandchildren don't like that, but I do, I mean they've got tellies upstairs but that's mine and I

- (15) watch that 'cause I like it. And then lunchtime, I sometimes change. Sometimes I have a cooked meal lunchtime if Mandy's doing a cooked meal, sometimes I'll have a cooked meal lunchtime and then have a sandwich at night, or sometimes I'll have a sandwich midday and then eat at night. Perhaps I'll have a bit of fruit then and a couple of biscuits before I go to bed. Then I have my little injection to see me through the night, and that's more or less kept me reasonably healthy for the last five or six years.

How many injections do you have a day?

I have about four a day, one in the morning, one midday, one evening, and one to go to bed. Yes, four a day, I'm still on about four a day, and that just keeps me about happy.

And how's the technology changed of giving injections since you were first diagnosed?

Well, they're using much thinner and much smaller needles, which are virtually... I don't feel it, you know, I don't feel it at all. I mean before, the needles were like telegraph poles, you know, and I mean you used to hold it half way up the needle so you didn't stick the whole needle right into you! But that's not the case any longer, you have the small ones. And I don't stick to every time I have an injection to throw the syringe away, a syringe I keep for about two or three days, and then I throw it away and get a new one out. But that's how it works really with me, and I don't find any difficulty at all in... the only thing I have a little bit of difficulty with, because I've had one cataract done in one eye, I'm waiting for the cataract to be done in the other eye which I should be having done next week, and then I can get my eyes tested again and get new glasses. When I went to the eye hospital a couple of weeks ago, or when I had my last one done, they said, well, I can get a set of glasses. Well I ain't going to get two sets of glasses, that's about £210 a time with the two pairs of glasses, and I can't afford that, not now I'm a pensioner. So I've actually managed until now,

- (16) until I get this other eye done, and then I shall be all right, I can go and get my eyes done and that's my glasses and that, and I'm set up, and I should be able to see okay then, fine. But if anybody listens to this and it might be of use to them, if they do get trouble with their eyes and it's only cataracts, you must have them done, because the actual result of having

them done is magic. I mean, I close the eye that I have had done and I look out and all the whites become yellows, but then I close that eye and look out of the one that's been done, then all the whites are beautiful white again. So just purely and simply that alone is a great advantage, and not to worry about having done, anything about needles in the eyes and all the rest of it, well you don't feel it, I certainly didn't anyway.

And what about your feet, how have they been?

Well funnily enough, I've got very, very good circulation and my feet are always warm. I never wear socks, summer or winter, and my feet are always warm. But I do have this nerve damage, and so one has to be careful that you don't damage your feet. But my feet are perfect. I've always got a bit of peanut oil, like a sort of solution, which I buy, I only buy it in the supermarket, that's all, and I always, every morning I just put a little bit of that on my feet and just rub that in and that keeps them nice and supple. But I'm a permanent patient of a chiropodist, or podiatrist I think it's called, at one of our local clinics, and I attend them and they trim them up for me and keep them together, but I've not any problems, touchwood, I've not had any problems with any ulcers or anything like that on my feet at all, so I've been quite happy about that.

And have you been offered any help over impotence, have the medical profession offered you any advice?

No, I've not had any. . . well it does become rather a personal thing with yourself, and my head's so strong, I am so strong in my head, that that doesn't even enter into my life now, you know. When you're young and the sun is rising, as they say, you're very keen on. . . it's nature, you've got to pass the seed on, but I've got five grandchildren and five daughters, and I find that it's not,

- (17) it hasn't been a problem with me since I did become impotent. There's one little thing I can say, one can always admire a work of art without wishing to possess, and I'm an admirer at the moment!

What do you think of the support you've had from doctors and nurses with your diabetes over the years?

There is support out there if one needs it, but I've always been the sort of person to think, "ah well, I can do this, I can do that", and I'm not a helpless sort of a person, but as I get older I might need to avail myself more of the help that is available, but I've not found, anytime I've needed something, I've wanted to ask. . . The help's always been there, I've not ever been knocked back.

What have you thought about the National Health Service over the years?

Well, of course, when I was young, that was it, it was a great thing and the National Health Service coming on and all the rest of it, and I must admit that I haven't yet found anything wrong with the National Health Service. They've been magic over my eyes, I've had to wait longer probably than I would have had to have done, but there's so many thousands of people want to, need things

done, and I'm in a position that I'm happy to have these things looked after. And it was the diabetic clinic that first of all made the arrangements for me to go and have my eyes seen to, when there were signs of the cataracts, so that's been very, very helpful. My own personal physician, David Bullock at the Manor Buildings Surgery, is more of a personal friend than a doctor, but he has always been very, very good. I've never had any problems at all with my doctors, and they're on the National Health, so I've not had any problems at all at the moment. Whether I will in the future is something which you'll have to face when it comes.

Do you feel you've been given enough information, right from the point of when you were diagnosed?

Well, yeah but the point is, how do you get information? I read leaflets and things like that that come about

- (18) but I mean there's nothing actually sent. You pick the leaflets up at the clinic, but I mean I'm a diabetic of many years, so that doesn't really become sort of part of my thing. But, I mean, I read about diabetes in books and things like that, you know, because this is one way of getting information, but I always have a paper everyday and sometimes you pick up a snick here and a snick there, that isn't really always strictly so. It does seem to me that the spin doctors then have been getting at these things, because I have noticed that there's... to boost the public view of the medical profession, you occasionally get things in the papers which are really utter crap. A particular instance, if I remember, was that "ooh, we've solved diabetes", they inject the Islets of Langerhans under the skin and anywhere in the body and then they'll start up their own system of getting insulin. And I thought "cor that's magic", we'll have some of that done, so I 'phone, 'cause me being what I am, I 'phoned up these doctors, this man who used to be in charge of the diabetic thing down the old Radcliffe Infirmary and that, and I thought, well, I'll give him a ring. Anyway, I wasn't able to get hold of him, but his wife was a doctor and I had a chat with her, and I said, well, "I'd like this to be done, I've been diabetic for", I think it was about forty years then, "I've been diabetic for forty years, I wouldn't half like to finish my life not being dependent on that needle and that". And she said "I'll have a word with my husband, next time you go down to your clinic you have a word with him and see what he says about that". Anyway, next time I went down to the clinic he'd upped his gear and he'd gone, he'd gone somewhere else, so that was the end of that. But it's just one of these things, you know, I suppose really if that's all the harm you can find with it, they haven't done too bad.

- (19) Can you remember the different kinds of insulin you've been on?

Yeah I can. The first insulin I was on was a soluble protamine zinc, and that was one injection a day, then the next one I was on was a porcine insulin, but

just soluble, and then I had two injections a day then. But as I've got on, now later on to this, the insulin now which is the Humulin insulin, and I'm on the four injections a day, I've found that I work a lot better on... they'd tried, even the clinic down there now have tried to put me on one to carry me through the night, which must be something similar to the old protamine zinc, but I wouldn't have that, I don't like that. Something in my mind tells me that ain't quite right for me, so I stick... I'm a bit of an insomniac, I only sleep about four hours a night, don't sleep any longer than that, so I have, you know, my later injection to carry me through the night might be a small one, sort of in the early hours of the morning, perhaps five units. But soluble insulin, I try and keep a sort of small flow of insulin going through my body all the time, which I find is better to suit me, but that's basically what I'm doing now, I'm not on the protamine zinc. When I was on that I had one or two boils with that, it didn't suit me at all.

(20) Can you talk about how your testing has changed over the years?

Well first of all, of course, it was just a urine test, there wasn't any blood testers, and then the first blood tester was like a little trigger mechanism and you used to put the drop of blood on the end of the test strip and it used to alter colour, that was the next one I had. And then after that I got an electronic one, and I had that for several years, and now I've just got one, about a couple of years ago, which you put the test strip in and the actual percentage of sugar in your blood comes up and reads out like 3.5 or 5.5 or whatever, up to 20 or 30.

And how do you find that?

Well I find it all right now. I did have trouble first of all. I couldn't bear to think that I was going to stick a pin in the end of my finger, so I couldn't bear that at all because your fingers are very sensitive, the ends of your fingers. But eventually, after I'd done it a little bit, my fingers have got a little bit tough now, it doesn't matter, I don't mind so much now, you know, so it's not a problem. But it was a bit of a problem at first.

What do you think of the equipment itself?

I think the equipment is quite good and it works okay, but I'm a little bit rough because I'm a little bit heavy handed with things and that, and I think they're a little bit delicate, they don't seem to be strong enough. And this one I've got now, this advance thing I've got, with each selection of testing strips you put a little key, I suppose you'd call it a silicone chip, you put a chip in there which relates to the tube of tablets that you have. Well these things, because I've been having trouble with my eyes and that, I find it very difficult now to read the very small things until I've got my eyes really sorted out, so there's been a period of time when all I can do is read the actual result on the machine. That's not too bad at all when it comes through. Otherwise they're quite good. The only thing, of course, amiss is you've got to buy them, you know you're talking about twelve or fourteen quid each time, but I would still have one, I'm still happiest with this than any other method that I've had.

(21) Have you had any other medical difficulties that haven't been mentioned?

Yeah, I'm on blood pressure tablets to maintain my blood pressure level because I'm a little bit overweight, which doesn't help, and I'm also on astringent tablets. I'm on three lots of tablets: I'm on blood pressure tablets, I'm on cholesterol tablets and I'm on astringent tablets, and they're a bit of a nuisance, because if I'm doing anything in the daytime, if I've got to go shopping, or like this morning with this interview, I didn't take my astringent tablets because I'd be up and down every five minutes. So it does work, a way round to avoid the embarrassment or the awkwardness of them situations. So that's what I'm on at the moment, I'm on these three lots of tablets. I don't like tablets, it's ages before I'd actually start taking these tablets but the old doc' said, well, "it's best if you do do", he said, "'cause look at your legs, they're all swollen up", my feet was, so I had to more or less knuckle down and have a few tablets. But I do hate tablets, I hate drugs. I take the insulin because I know that's how you secrete insulin yourself anyway, so it's a natural thing to do, but I won't have pills and tablets and things like that, I wouldn't even have painkillers, but that's just me 'cause I'm old fashioned.

What advice would you give to anyone being diagnosed with diabetes now?

The first thing, I think, advising anyone being diagnosed with diabetes is not to let it worry you. Consider yourself; you are the one that's got the diabetes and you know what you're doing, you know how you feel, and you know how you can cope with it. And we all cope with a circumstance in life, we all cope differently to each other, because we are different individuals. You must remember to disregard anything where there's a conflict between the interests of your diabetes and what someone else is saying, you must disregard that and you must regard the fact that you have this complaint which is going to control the rest of your life. As long as you bear that in mind, it doesn't mean that you can't do anything else that goes on, but you must always have in the back of your mind, you have to understand the limitations of being a diabetic.

(22) And then finally, we've been working out together when it was that you began to take more injections than two a day?

Well that would have been 1967. Two things happened really in that sort of year. I packed up smoking, I used to smoke quite heavily, I packed up smoking in that year, and the other thing was that I had gone over to when I must have had that intellectual revelation come to me that your body doesn't just make one or two big injections a day of secretions of insulin, so I thought, and I decided then that I would go on to have four. And I did that by following the tests, following my blood sugar tests, and watching what was happening, because I realised that the ideal situation would have been to have a, on a chart, have a smooth flow with no peaks and no valleys, and by cutting the insulin, in fact I think I cut it down a little bit then, and making it into four injections a day, and I did it strictly according to every six hours, and having half of what I was having before at each injection because I was on two a day then, and I found

that I was a lot better. 'Cause I did have one or two times at night time when I'd had some insulin reactions, and by the next morning, even though, 'cause I was on soluble insulin the insulin reactions weren't very great, and I'd just sort of sleep through them, but I was very sweaty when I woke up. I went on these smaller injections a day, more of them, and that cut all of that out, so I never really had an insulin reaction after that.

And how did doctors and nurses react when you told them?

I don't honestly remember, I don't remember how it went, 'cause I'm a bit pig-headed, a bit thick-headed like that. I'd have done what I wanted to do anyway, 'cause it's my body and I've got to look after it, so that's the way I would have dealt with that, so I can't remember anyone saying "no you mustn't do it or you must do that", but that's the way I finished up doing it anyway.

Did you tell anyone?

Well only, no not really, 'cause that's me, I had to look after myself. I wasn't really, I don't remember telling anybody, not really, what I was doing. I know that when I realised that other people were on multiple injections, I then, I did tell them then, but I didn't tell them until quite some years into doing it, yeah?

(23) And what else happened when you were thirty two?

Well funnily enough, at that time when I'd packed up smoking, I don't know whether it was to do with that, but I had a job to do down in South Wales. And I arrived there with all my compatriots and we went on to this job, and we managed to get digs, and it was a hard place to get digs to stay. It was about a fortnight's work, and I hadn't drunk much, I had been drunk on experiments when I was a kid, but I hadn't drunk much up until that time at all, but we was on this job and the digs weren't very good as well, and all they wanted was your money. They didn't want to let you sit in and watch the telly or anything like that. So that was really one of the reasons when I started going down the pub with the boys, 'cause contract men always drink, it's one of the things of contract working is having a drop of beer. And I started drinking then, and I actually drank lager then. I got into the habit of having a couple of pints every night, but it wasn't long before I changed that to ordinary bitter, and I've now, since that time, that's nearly forty years ago, I've drank two pints of bitter every day, and I only hope that I should be able to go on to the end of my life doing that!