

50. Colin Dexter

(1) Tell me about your background.

I was born in 1930 in Stamford, which is in Lincolnshire. My mother and father were a little bit older than most parents when they had me. Both of them had left school at the age of twelve, both were born in Rutland. My father was a taxi driver. I stayed in Stamford at the usual schools: the infant school, the junior school, secondary school, where I was fortunate enough to scrape through the Eleven Plus examination; something I'd be wholly against if I was still teaching. And then I went off to Stamford School, which was a sort of semi public school, in the sense that it had to give what they used to call scholarships to the brighter boys. Anyway, I got in there and I stayed there till I was eighteen. And when I was eighteen, was 1948, I went up to Cambridge, and they just said, you know "you're just about worthy to get in" - only just about worthy to get in - where I read, after eighteen months in the National Service. I said I'd rather do classics - they said "your classics are not good enough, but we'll let you do English, because you wrote a reasonable essay"; it was a three hour essay or something. Anyway, in the finish they said "well, you can do classics". So, I stayed in Cambridge for four years - three years doing a degree in classics, and then a year on the education diploma; BEd, it used to be called. And then I went to teach in the Midlands, Leicester, Loughborough, and Corby in Northamptonshire, for thirteen years, until I went very badly deaf, after a lot of ineffectual operations. And I couldn't continue teaching any more, so I came to Oxford to work for the Schools Examination Board, where I stayed for twenty two years, looking after O and A Level examinations, among other subjects, in Latin, Greek, Ancient History, and a few other things about which I knew even less - English, Law, English as a foreign language. And then I left a bit early, because I wasn't terribly well. Left a bit early and finished in 1988, and since then I've done nothing at all.

(2) Well, clearly it's not true that you've done nothing at all, and we'll come on to that shortly. But first of all, can I probe a bit? Was this quite a dramatic thing for your family, from taxi driver's son to Cambridge?

Not really, no. I had a brother and a sister and we used to be well looked after. We didn't come from a particularly literate home. We used to have whatever it was called - a British Home Medical Encyclopaedia or something - and one or two Victorian novels, and that was about all, really, but they were very interested. And what... I think, above all, we had plenty of time, all of us, to do homework, because we were not expected to do anything that my parents hadn't had the opportunity of doing, so we never had to slop out or make beds or wash up or empty the embers from the fire. We never had to do anything like that at all. We were told that we had a job and we ought to do it, so we used to sit down at the kitchen table every night and do homework. And that was really very, very useful, because washing up, or something like that, is usually the cause for most civil wars in most families. But we never had that trouble at all. So, we were given every opportunity by my parents, although we weren't in a, as I say,

in what one would call these days a particularly literate home, although I must say my mother was... she would have been a very able scholar. And even when I was whatever it was doing school certificate, she used to write my essays for me, so. This wretched coursework, even in those days, you see, when you get somebody else to do it - I was one of the people who profited from a little bit of help from my Mum and Dad, yeah.

Was there any diabetes in your family?

My father had diabetes when he was in his early, mid seventies. He died when I think he was seventy-seven or seventy-eight, but he certainly had diabetes in the last few years of his life. But apart from that, I don't think that the family was riddled with potential diabetes candidates. What it was riddled with was deafness, on all sides.

- (3) Now, you said that you had done nothing apart from teaching and examining. Would you now like to tell me the true story?

What, about writing books? Well, I had written three books with a colleague from Leicester in the early '60s, because that was the time in which everybody was talking about the two cultures - Snow and all these, Petersen. And they were saying that if you did the Arts, you knew nothing about Kepler or Einstein or something, and conversely, if you're a scientist, you knew nothing about Dickens or Homer or whatever. And this time I used to teach sixth-formers - that's what they said it was teaching, but I didn't know very much myself - but about what was called Liberal Studies or General Studies and Use of English, that sort of thing. And I wrote three books then, so I wasn't unused to writing when I was a schoolmaster.

What were those books about?

They were saying, at the age of seventeen or eighteen, what you ought to know something about was the scientific world, you ought to know something about economics and politics and history and education and philosophy, and whatever the general sort of topics that were generally asked if you went off to university and they said write a... sit down for three hours and write a few sentences on something you never knew anyway - Babylonian archaeology or something. And it was an attempt, really, to bridge this gap between specialising too early between the sciences and the arts subjects. So, that was three books, which were fairly successful at the time, and published by none other than a fairly well-known Oxford man, Mr Robert Maxwell!

- (4) And then, when did you next take up your pen?

Well, only, I think, in the early '70s, when I was on holiday with my family. This is the first fiction I ever wrote - the only fiction, I suppose, I ever wrote, really - in North Wales, where, as you know, it's not unknown for it to rain occasionally. And if there's anything worse than having your family in a terribly wet guesthouse in North Wales, I don't... everybody wants to go home. And the children said why didn't I take them to lovely warm places like everybody else's

father, where the sun always shone, the water was warm, you get lilos on the sand, that sort of thing. And we all got fed up with each other, and I just packed up and sat at a kitchen table in North Wales, and I thought I would see if I could write a page or two, certainly no more, one Saturday afternoon. That would have been in the early '70s, and that's when I wrote the first page, probably no more, of the first crime book I wrote, which turned into the Inspector Morse series. 1975 that was published - thirty years ago, now, when the first of the Morse was published - so I was, at that time, what, I was forty-five; thirty years ago, yes. And that's where it began. And after that, I was still working in Oxford, and working very hard as well - most evenings something to do for meetings the next day. And I used to occasionally, if I was free, write a page or so - always after The Archers had finished, and before going out to the local hostelry and drinking several pints of beer. So, no more than about an hour a night, but I think, as everybody knows, if you wrote one page a day, you'd write an awful lot in a year, wouldn't you? And that is where I started this. So, I've never been a full-time writer at all. I just occasionally had an accumulation of pages from doing a bit, not every night, but certainly four or five nights a week.

(5) You mentioned that you retired early from examining because you were ill. What was wrong?

Yes, I retired when I was fifty-eight. I should have waited until I was sixty, but I had a couple of very bad years of health, mostly connected with hearing, which really caused a good deal of trouble: pain and giddiness, and a gradual decrease in the very minimal hearing I had anyway. And this was a considerable problem, and you'd get a bit depressed if you can't hear, especially in meetings and so on. And I was getting worse and worse, and I went to the various consultants who looked after me down in the very fine Oxfordshire hospitals, and they said, you know, "you really ought to think of packing it up - it's getting you down a bit". That was in 1987 or '88, and so they let me go a couple of years early. But that was principally because of hearing difficulties and associated tinnitus and inability to hear. I couldn't hear in the left ear since early... mid '60s, early '60s, so that's quite a while ago now, isn't it? - Over forty years, almost forty five years ago. And it was, I think, a combination of the usual effects of problems with balance, hearing and so on, noise.

Were you imagining that you would become a full-time writer?

No, I wrote a good many of the books - the Morse books - before then. I didn't write really all that much afterwards, I suppose... well, quite a few, but by then the television had come along, and started doing things like plots and - not writing screenplays - but doing an awful lot of work with screenplay writers about getting stories correct. No, I don't think I've ever been a writer who sits and, you know, can't help but write from the time you wake till the time you go to bed; no, no, no, no. I occasionally wrote a page a day and if I had a fit of madness I would write two pages a day, but not much more.

But the Morse television series then began while you were still in examining?

The Morse television series, I think... I think the first one was in 1986 or '87, when I was still working, yes. I think so - I'm not quite sure on the dates, but certainly that was, I think, 1986 or '87 when they came along to see me and said they were thinking of

- (6) doing a series in Oxford with a series detective, and would I be interested in talking to them about that. And so, that really started, I think, sort of... from about '86 or '87 to 2000, 2001. It's about fifteen years we had, yes.

Now, you were diagnosed with diabetes in 1987.

Yes, I believe so. I can't quite think as far back as that, but I do know that I was very conscious whilst I was still working. And I think that this was one of the things that perhaps underlay all this problem with hearing, and that was that I was conscious of some difficulties, certainly with tiredness and certainly with, you know, wanting to get to bed and do nothing else except lie down, and that was really rather a nice feeling. Enormous thirst, of course, I was conscious of that, and losing weight, feeling generally under the weather. And one Saturday morning - I think it was 1987, but I can't swear to that; might have been a year earlier or so - but I know that I began to feel that I ought to go to my GP. And my wife, Dorothy, who's a medical girl anyway - she was a physiotherapist - and she said "I don't think that you're as you should be. I think you ought to go down and tell him what you think, and that is that you've probably got diabetes". So, one morning - I know it was one Saturday morning, when they were working on Saturdays - I went to my local GP, who lives just down the road, and I said "I want you to have a look at me, because I think I've got diabetes". And he... in those days it was very much different from now. I mean, it was very hit or miss putting these strips in and gauging them for colours against whatever it was, and usually it was whatever it was - almost forget whether it went red or green or something. But he said mine was way off the scale - it was black, came up black on this strip. And he said straightaway, he said "you've got diabetes", and he said "you've got to do something about it immediately". He said "you're going to be on insulin for the rest of your life, you can be assured of that. How did you get down here?", and I said "I came on a bus", or walked - I forget which - and he said "well, we'd better get an ambulance and take you up

- (7) to hospital"; it was as bad as that, really, I think. But anyway, I said "no, it isn't. I'd go home or I'll go on a bus and then get going to hospital - get someone to take me". So, that was how it started. And, as I say, he diagnosed me straight away.

How long had you been feeling ill?

I would have thought about, on and off - certainly within a month - probably almost a year, gradually getting worse. But I know that one of my jobs was to interview a lot of examiners, especially the senior examiners doing the subjects I was looking after, and going through scripts, and trying to suggest that this might be worth seven out of ten rather than six; all this sort of thing. I remember

then, once - particularly towards the end - saying “look, I can’t cope anymore. I’ve been sitting here for so long talking to you, and I just can’t do any more”. I remember that several times. That’s one of the reasons, really, why I felt that I was due for a bit of a rest from it all.

Did you recognise the symptoms because of your father’s experience?

No, because of my wife’s information to me. Certainly, of course, there were the classic thing about wanting to drink all the time, especially some cool very sweet orange juice - that’s absolutely marvellous, that was. And I was drinking an enormous amount of water, and, of course, beer, but water was marvellous as well, as it is with people who’ve got diabetes, you feel it’s lovely to drink water, it almost tastes sweet. So, I was conscious of wanting to drink all the time - whatever; conscious of feeling very tired, losing a bit of weight, and feeling, in general, that I couldn’t cope as well as I was normally coping with life.

So, you got yourself back from the GP. What happened then?

Went straight into hospital. Can’t remember how I went - I think I took a taxi; I’m not sure. And they were expecting me. I went into the John Radcliffe Infirmary here, and they put me in a bed and put me on an insulin drip for a few days. I stayed in there for a week, and then they took me to the Radcliffe Infirmary. It was the John Radcliffe for one week, and then I went in the Radcliffe Infirmary for a second week, where I went into the diabetes ward. And really, I think, it was just to measure things, and see what I wanted and how much insulin it was, and food, and all the dietitians came to see me. I remember writing about the

- (8) dietitians later, saying “wretched band of dietitians”. Nobody much liked being told what to do about whether you can eat bananas or whether you can’t. A nice little laugh, and I did apologise later on, because something got in the press about this dreadful band of... And they were very kind and were trying to help, and, you know, told you what to do. Gave you the instructions about injections, keeping records, what to eat, what not to eat. And so, I had a fortnight away from work, and that was that. Came back and started to live life with diabetes.

Now, for the historical record, it would be good to know what you were taught in 1987. So, first of all, what were you taught about injections?

Well, they came along and said “look, you can do it here” - more weight and fat than I’ve got now - and they said “most people would do this”. You couldn’t do it in your arms - only got one hand, but if you’ve got any spare and superfluous flesh on your thighs or on your stomach, this was a good thing, because you could easily do it. This was how you stuck the needle - as it was then - into the little capsules, whatever they’re called, and drew them off. If you had two kinds of insulin, you could do them, you know, both in the same. It varied, but they said “and this is how you do it, this is what you record, this is how you take your blood sugar level”. And in those days you had a strip, and you put it in

and it turned a colour, and you had a chart and you used to measure whether or not your particular colour was against one rather than the other. And they told you, you know, if you really looked after yourself and were normal, it would be five or six, and if it was fifteen or sixteen you ought to do summat about it, and if it was twenty-five or twenty-six, you know, nearly off the scale... probably goes up to about forty then. And so, how you told what the thing was - not like now where you get this very specific stuff on the machines - and to keep a record, and that was that. They talked on all about that and food and exercise - the usual direction. They were very good, as I recall.

Can you remember what the main emphases were in your diet?

Well, my wife knew about that. I mean, you can't get rid of sugar anyway - it's in almost everything, to some degree. But I know that from the word go, she, you know, she said "you must, you know, cut all the sugar

- (9) out on things like Weetabix", or something like that, and she wasn't going to put anything in the cooking, if she could help it. And I think I brought home a good many documents about what you could and shouldn't do. But I'd never been a particularly sweet-toothed person; more a savoury person. I enjoy sugar now much more than I used to in those days. But we'd not had any sugar in things like tea, or whatever it was, for quite a long time, so it didn't mean all that much of a difference. And my wife, Dorothy, she gauged everything we were going to have by the sort of new standards, but it wasn't much of a difference. And, of course, if you are on a lot of insulin, what you need is a bit of sugar!

Can you remember what insulin you were on and how often you injected?

Yes. I think I've been virtually on the same dosage of insulin since I started, which was: in the morning, take the blood sugar, whatever the level was, and have eight units of ActRapid insulin. And then at lunchtime - and I was always, well, for a start at work, so I didn't have any big meal, unless... well, of course, that was one of the problems - an awful lot of meetings at lunchtime - but the thing was four, only four units of insulin at lunchtime; ActRapid again. In the evening, whenever the evening meal was - about six or seven - twelve units of ActRapid, so that was the third injection. And the fourth injection was thirty six units of the Ultratard insulin on going to bed, whenever you went to bed, so that was that. And from that time, there may have been a little bit of variation, and, especially in the latter years, some encouragement to vary this a bit according to what was happening in the day. And since I then used to have an enormous number of meals out at lunchtime with various meetings, I would go up a bit on that and down in the evening, when you didn't want too much to eat anyway. And now I don't eat much at lunchtime, so it's really reverted to that. But this encouragement to vary it a bit, so there's not, you know, not the ruling of the almighty that you couldn't vary from this.

- (10) So, I've done very well, and I've been very careful about this. I shouldn't think I over, what, almost twenty years of this have really forgotten to

have an injection, I wouldn't have thought, more than a dozen times over all those years. So, I've been good on that.

Do you think you were offered any leeway in '87? Were you told that because you had so many meetings...?

Not so much, no. I don't think that they encouraged you to, say, "look, you stick to this", and you say "well, what if I'm going to do this?", "well, stick to it and just see how you go with the way the blood sugar works out". And in those days the GP had a fairly regular session, quite apart from the hospital, and you used to take along whatever record you'd kept of your blood sugar. But I was never quite so honest or honourable about keeping a blood sugar as I should have been. I used to do it two or three days before in a beautifully neat tabulated form and then extrapolate backwards, and never tell them if I was way high - I'd never tell them if I was high at all, or if I was low at all, really; I used to stick it in the middle. Didn't make up, you know, too many. I mean, if it was twenty five or something on the scale, I would never tell them about that, because I didn't want to upset my dear friends who were trying to help me all the time. So, we used to bring twenty fives down to sixteen, or something like that. And if I was very low, and it said low and you were one - I think it stopped at one in those days, but this is before these very, very scientific calibrations - I never used to say much - "oh, it's all right. Look, here's the last fortnight", most of which I'd made up anyway.

Now, many people have told me that they made up the results of their tests, but you're probably someone who could reflect on the real reasons for this. What does it say about the relationship between patient and doctor?

Well, I think I was very, very fond of most of my doctors - especially, I think, in the Radcliffe Infirmary, and I knew they would be genuinely upset if they thought I was letting things go to the extent of being so up and down. And some people are very, very much up and down like yo-yos, in terms of this, aren't they? You can't understand it. I have been to bed with a high reading after going out or something, a high reading - you know, on the present machines you get high, don't you, and low. It doesn't go above twenty five if it's getting out of control, it doesn't go below one... well, it does - it calls it low. And I have been from high to low within five or six hours. Bed at eleven

- (11) and get up in the middle of the night, about two or three, and finding it's low, and so I think that it's a very odd business. And some people... I know some people - for example, when I was in hospital - and you were asking about what they taught you on injecting yourself. The chap in the bed next to me had different problems and complications with diabetes, and he said he was always the same - he was always six point five or something. Whatever he did, whatever he ate, whatever time of the day it was - six point five. He said "no need to come and test my blood". And other people I know perfectly well, even if they're honest about everything, they do go up enormously - up and down and up and down - and you can't

always trace it to something that's gone wrong. Drinking too much, for example. Drink an enormous amount of beer, bit of sugar in it - all right, you're likely to go up. But certainly if you drink spirits - and I've always been a very big drinker indeed, until fairly recently - I think you never know. And sometimes with some people, if you're very fond of Scotch or something, it goes up for a little bit and then it takes you right down. I think people's individual metabolisms vary enormously, and clearly if you're going to keep a reasonably steady average of what it is, it's going to vary for different people. Mine has always been... if I were extremely good, it would very much be between eight and twelve rather than four and six; always has been the same. And if I mention this, "well, you know..." - for example, this business of going from high to low within four or five hours - they say "well, this is the funny thing, but it does happen with some people".

When you were first diagnosed, were you offered any explanations as to why you'd become diabetic?

Yes, I was. They said there were three reasons, probably, for most people why you become diabetic, and one of them is genetic and hereditary. I said "well, I don't think there's very much diabetes in my family". They said "all right, we'll give you about - but my father - so we'll give it two or three out of ten for that". And then they said about worry - worry's a contributory cause, perhaps, for diabetes. They said "do you worry a lot?". I said "well, I don't worry about anything except my children. You know, you can stop loving and liking all your nearest and dearest, but you can never stop worrying about them and hoping for the best". I said "that's a perpetual worry for everybody with children. They ought to tell you before you have any - course you're going to worry". And I said "I worry whether England are going to win at cricket", but that's fairly normal as well. And they said "oh, we'll give you five or six out of ten". The other reason, of course, is drinking far too much alcohol, so they said "well, how much alcohol do you drink?", and so I refused to tell them. I said "I'm not going to tell you". I said, you know, "I occasionally have a glass of beer" - and so you divide by, you know, four, or whatever it is - "and a bottle of Scotch". "How long does a bottle of Scotch last you?", and I remember the last time I said "it depends how big the bottle of Scotch is". And I remember being told that this is not a laughing matter, not a joking matter. "Please answer the question. How many units?". I said "I don't know what units are". I said "I know what pints and quarts are and bottles, but I don't know what units are", and so I just divided everything by four and told them a lot of untruths about it. But even then, he said "we're going to give you nine out of ten on the booze". So, I think they gave three possible reasons: genetics and worry and hereditary causes, and then worrying mentality, and then intake of alcohol. Yes, they told me all those things.

How long had you been drinking so much?

Oh, since about the age of fourteen. But I've not had a drink of alcohol for a

year, now. I just decided I would try to give it up for a year, and I have done.

- (12) We'll come onto that, then, chronologically. Can you tell me what you were instructed in the hospital about exercise?

Well, I used to play an awful lot of sport, but that was out for me, completely. When I came to Oxford I had to work at the weekends, so I had to stop most of the games. But I very often... They said, you know, walking is all right and make sure you get a bit of exercise in the day. I didn't take too much notice of that, but, in the latter years, I used to walk out for a paper every morning instead of having it delivered. I used to walk - I don't know - a mile and a half there and back, in total, most mornings. I do that now - walk along. But I don't do much else, apart from gardening, but that's not particularly difficult, is it? - pushing a lawnmower, especially if it goes on its own anyway. But no, I don't remember being given very much about that. I can't say I've ever joined a ramblers or the sports clubs and gone on rowing machines or treadmills or whatever it is - no, I've never done that, but I've kept reasonably fit. Occasionally used to walk - well, quite often walk to work rather than going in a car - mind you, that was only a mile away anyway! No, I never took fitness too seriously. I should have done, but I didn't.

Now, you came out of hospital with all this paraphernalia for injections and testing, and diet sheets and so on. Can you remember how it felt in those subsequent weeks and months?

Yeah, it didn't make much difference to me at all, really. A lot of people used to say that, you know, this was a big change in your life that you've got diabetes, and I used to say "no, it's not", I said... The only thing that really was difficult for me was carting all this paraphernalia about, because both on when I was working, going to an awful lot of places, and also later on when I'd finished work and then travelling all over the shop with these books and so on. I think the greatest problem was to remember, you know, the various types of insulin, the various associated pills and tablets that you had to take - because you always get these side sort of complications - and the kit about, especially about the measurement of the blood sugar and so on. You've got to really pack up something with a lot of the - especially if you have things like needles and so on all the time, and strips, and the machines that take these, and the various insulin itself, especially if you're going away for some considerable

- (13) time. I think that was the biggest problem with me, rather than feeling terribly bad at all. The only thing, when you go away, that was terribly difficult for me was if I went say for a week to - I don't know - or a fortnight to America or somewhere, was this problem of hypos in the middle of the night, where you had to have something. So, I gradually got into the habit of making sure that I had some... the best thing for me is Lucozade, but that doesn't last all that long. It takes you up for... but you've got to go a bit extra if you are really terribly low. So, in many places, if there was a posh hotel and you got room service, I would say "look here, I want a

bottle of cold milk and some Weetabix or something, and plenty of sugar brought up when you come and do the beds", or something like that. So, that was the biggest sort of problem, really, rather than living or walking or whatever - hypos in the middle of the night.

Did you suffer from many hypos?

Well, no, not really. I... very, very seldom did I feel desperately poorly with hypos. I just used to know perfectly well. For some strange reason - which is difficult, really, to explain - I used to feel very low, a little bit sweaty, mentally going a little bit cockeyed, and usually in the middle of about two or three am, in the small hours. And I knew that this was the case - go down, well, upstairs with me, and finding that the blood was low, and coming down and having the gorgeous treat of a lot of cold milk and a lot of sugar on Weetabix; one of the great delights in life. But yes, but I know people - and I'm sure everybody knows people - who really get hypos terribly badly, who pass out with hypos, and I think the partner has to say "look, here's a...". . . you can get various things, can't you, with a phial of stuff you can inject - you're fine straightaway. But I could cope with that, but it does make you feel awfully bad for certainly a quarter of an hour or so. You wake up and say "I wonder what it is?", and then you know what it is. But I've never had hypos in the sense of many people, when they, say, go along to the hospital - "have you had anything to eat or not?"; doesn't make much difference to me. In hospital they said "look, we're not going to give you any breakfast this morning because we want you to experience hypoglycaemia", and it didn't work with me at all.

- (14) No breakfast - the blood was just the same, you know, whether I had it or not. As I say, I think that what you do learn is that everybody is a bit different, and some people without breakfast would immediately go right down.

So, this was when you were first in hospital they were trying to give you a deliberate hypo?

They said "yes, before you go we're going to have two mornings when you're not going to have any breakfast at all - nothing to eat, nothing to drink at all - so that you know what it's like for your blood to go below the floor" or whatever, but that never worked with me at all. And, as I say, it's never really worried me. Once or twice - three or four times, perhaps - I've felt terrible and gone a bit doolally, I think when it's gone too low, but very seldom compared with most people. That has not been a huge factor, apart from it being a fairly regular factor, which can fairly easily be dealt with. The real trouble with hypos most people, I suspect, feel is that you over-compensate, and that you say "well, you know, I feel much better now, and I want to feel better again before I go back to bed". I think the real problem is then you wake up and you find you've had far too much sugar, or whatever it is - orange juice or Lucozade or cereal with sugar. You sort of go beyond where you should go, but that's understandable.

Now, the time of your diagnosis was around about the time you were about to

give up examining and the Inspector Morse books were being televised, so a time of great change in your life. Did you tell everyone you'd got diabetes?

Did I...?

Did you tell everyone you'd got diabetes?

Yes, they all knew, and used to go out and say "have you had your injection yet? - you've not forgotten your injection?" and so on. Yes. It's no great problem telling everybody. It's not like having some physical, like deafness, for example, or some disability like that - you feel slightly embarrassed about when you start off. You don't later on, but you say "look, I've got to wear a hearing aid", "I can't hear you, I'm awfully sorry", and then, of course - even worse - when you pretend to hear when you don't hear at all. All that sort of worry on things like deafness or perhaps sight, or whatever it is - that sort of thing, with diabetes, I don't think applies. I mean, you say "yeah, I'm afraid I've got diabetes and have to inject myself". So, if you go out and they say "well, what are going to do?" - "I shan't be long. I'm just going into the loo and making sure I don't embarrass you all by having an injection in front of you... I don't do that". So, I don't worry about that now, but I think you do for a start, so no great

(15) worry about it. It's not like it affecting you like sight or deafness or something, or mobility.

Nowadays there's a great deal of media publicity about type two diabetes being due, perhaps, to obesity, drinking too much, not enough exercise. Was there any embarrassment for you in saying you had diabetes?

No, none at all. I mean, I think it depends what you do, but with me, I've always, both at work had to go out an awful lot, and then later on going out talking, which I do an awful lot now. I mean, three times this week when I've been out... no, twice this week, three times last week, for example, in the last fortnight, where everything abounds good food, good drink, everything, and where, if you've got to perform, you feel "oh, well, I...".... well, I don't feel worried about speaking anyway. I get worried about hearing aids going, as happened to me once on the television and once on the radio, when the thing just went completely mad. I mean... So, any worries I might have about having to speak to however many people, it's always subsumed by the fact that there's something far more important for me, and that is all these machines, like hearing aids, packing up. And so, that's never been a problem. But, as I say, about food and drink and so on - over this last year, when I've had nothing to drink at all, I would have consumed thousands of units, whatever they are; thousands of them.

Now, you've already said that you were not always strictly truthful with the members of the medical profession. Can you talk about how often you have seen doctors and nurses over the last eighteen years?

Well, for a start there was a slightly different system, in which the GP - certainly my GP - took over; he had a sort of diabetic clinic. You go in, and it wasn't a question of waiting. You'd say you've got a bad foot or something, he'd call you

in and say “how’s the diabetes?”. And he would take your blood pressure and you’d show him your even semi-fabricated blubbery for the previous fortnight, or a book they were in and so on. That happened fairly regularly with me, for a start - maybe three or four times a year with the GP. And then I would go to the Infirmary - Radcliffe Infirmary, the unit was then - maybe twice a year, occasionally three times a year; usually about twice a year. So, in the first few years I was seen

- (16) fairly regularly. Then the GP practice stopped doing this, and I think for most people, the only time you saw somebody was when you were called in, two or three times a year, and occasionally go to the GP to get the blood to send up before... to send up to the hospital or the Infirmary. But no, not really much more than that. But, of course, if, say, you were feeling that things were not going right, you could always go. I mean, I’ve always known the dear people in the Infirmary and the Churchill very well, so all I’ve got to do, really, is to say “please have a look at me”! Not very often, that. You know what you’re doing wrong anyway, really, apart from things that go wrong because of diabetes, like the eyes and so on. I mean, that clearly was something that this... you know, they used to call it going blind, but there’s all these euphemisms these days, aren’t there, about degeneration, diabetic... macular degeneration or something - big long names they call it. And I’ve had that problem, and so for the last two years, two and a half years, I’ve had an awful lot of treatment on associated problems with diabetes, and they’re still a bit worried about my eyes. I’ve had awful lots of laser treatments on the eyes, which is directly caused, so they say, by the diabetes.

What about your feet?

Oh, my feet are in splendid condition, and one of the people who usually looks after me said one of the loveliest things that anybody’s ever said to me in life, and that is “What are your feet...? Take your shoes and socks off” - of course, feet carefully washed before you go, because they’re always wanting to take your socks off - and she said “what beautiful feet you’ve got”. That was at the John Radcliffe, and I thought that was one of the nicest things that’s ever been said to me. No problem at all with feet, and everybody says “well, you’ve no worries there”. So, feet... Kidneys and liver, I expect, are in pretty ropery condition, but they never tell me about that. And then the eyes - they’re always a little bit worried about the eyes. And I started seeing various things in the eyes about three years ago, I think. Three years ago, I was out walking and I saw all these black spots everywhere in the eyes. And that day, purely by coincidence, the newspaper had got an article on this

- (17) in the Times by Dr Stutterford, who I met a couple of times anyway in other things. And he got this, and said that if this happens you ought to do something, and so I didn’t do anything, but my wife did. She rang up the Eye Hospital here and we went in, and almost immediately - two or three days later - I went in there. And they had a look at this and said “yes,

you've got some trouble, I'm afraid". And they've been looking after me ever since. I've had seven lots of laser on each eye. I thought they usually stopped about four, but for me they've got... I've had seven lots, and I'm due there again, I think it's next week. But they're awfully kind. They're worried about this leakage, aren't they, and the fluid and the liquid behind the eye. If it goes over the front of the eye, you've had your chips, haven't you. And I think it is they're a bit worried about me because they think I'll probably be another Sue Townsend - you know, she's gone virtually completely blind because of diabetes. And I got to know her once. She's an awfully nice girl, and she comes from Leicester, where I used to work as well, but she's clearly in an awful bad way - she's virtually blind, isn't she, now. But they keep looking after me and say, you know, "it's awfully important to keep your blood pressure down, because that's not helping in your eye". But your eye and your feet and your kidneys and your eyes, they seem more worried about those three parts. But certainly I - it's one of the reasons I gave up drink, they said "you weigh..." - I lost two stone just through stopping drinking. And whether that's good or bad, I do not know, but certainly there are one or two practical advantages - you can get into trousers that you couldn't get into before.

Now, for people listening to this who might be longing to give up drinking and finding that they just can't, what advice would you give?

I think the only advice anybody ought to be given about giving up smoking or drinking or anything is, you're wasting your time completely if you say "yes, I'm going to do something about it - I'm going to cut down". It seems to me this is worse than useless if you say "I used to smoke thirty cigarettes a day" - as I did, or more - to say "ah, well, I'll cut it down to ten or fifteen, or get down to five and then give it out". It seems to me utterly useless and stupid. And it makes the job far more difficult, I think, because you say "well, I'll have one at eleven", and you keep looking at your watch and saying "it's not eleven yet". I mean, this is utterly nonsense. But if you decide that you're going to give it up and you get a day behind you, you've got a thread and you're not going to cut that. It's not only more effective, it's easier to do - to stop altogether - than it is to give up and torture yourself through not doing it. Mind you, having said that, it sounds as if I could do it, but I couldn't. When I first - certainly with smoking - I gave it up every day for about ten years, every morning, so I ought to be in the Guinness Book of Records for having given up smoking more than any other person in the whole history of that. But I think if you stop altogether - it's the same with drinking - you say "look", I would say "no, I'm not going to have any now", and if you get through two or three days, you begin to feel, not exactly proud of yourself, but you feel "well, I can do it". But it's no good saying "I can do it" if you say "yes, I know I'm drinking too much - yes, I know I'm smoking too much. What I will do is really to moderate and cut it down". I think that's utter waste of time.

When did you give up smoking?

About twenty years ago.

- (18) You mentioned that it was your wife who rang the Eye Hospital, and, in fact, you've mentioned her role several times. Can you describe what role your wife plays in the management of your diabetes?

Yeah, a rather more effective role, I think, than in the role of deafness. I think she still gets a bit fed up with me when she has to repeat things all the time, but I think almost every deaf person is conscious of that. But on the diabetes, I think, in a gentle, kindly, loving way, which she's always done, and said "look, I'm doing the best I possibly can on the food", which is the biggest thing of all. And, of course, patience and understanding when you do feel a bit... certainly on things like the middle of the night or something when you get up, and she's been awfully kindly and patient and understanding about that. But I think that I can honestly say that the meals she does are almost always cutting out the things which would - quite unnecessarily, really - involve higher blood sugar, and I'm extremely grateful to her for that, because she's had enough to put up with me, quite apart from deafness and diabetes, I think! So, she's been very kind indeed, yes.

Now, I'll ask you to look back over the years since 1987, and first talk about changes in treatment that you've experienced, changes in syringes or equipment or anything.

Yes, I think there are two huge plusses over the last, what, six or seven years. One of them has been the pen. I mean, you can cart around a pen without having to have your - what do you call them - phials, is it, of the various things, and needles and the rest. All you've got is something, as you know, that looks much like a rather fat fountain pen, and that's all you need. That's a huge plus for me. And the other huge plus was these new machines in which you can very quickly stick a strip in, and ten seconds, now, and you get a reading, which is not, you know, roughly between fifteen and twenty, but twelve point two or something like that. And that seems to me, with the new machines, to be enormously effective compared with what it used to be. The only thing that I - I oughtn't to say this, but I will do - and that is that there are some people clearly who think it's a good idea to change everything you do, every time you do anything. So, you have a, you know, a new needle in the thing that you prick your fingers with and so on. I

- (19) mean, I use those about thirty times each. And what else is there... I used to use needles certainly a dozen times. The only thing that used to worry me was when they were getting blunt, you thought "ooh, dear oh dear". These days - I mean, that's another thing - you ask about the huge advances - the needles now are quite wonderful. How on earth anybody ever has such a thin needle and somebody manages to stick a channel in the middle, I just do not know. But the needles these days, especially if you've got a bit of fat - it's a good reason to be a bit fat somewhere - you don't feel them at all. But I used to, as I say, with needles, certainly ten

or a dozen times. I think - I don't blame them, and I certainly think with all these talks about bugs and everything, and a lot of people around - but if you yourself are doing these things and nobody else is anywhere near you ever, I don't take much trouble. But on the things, it says "make sure you change this" - on many of them - "as often as you can or every time you use it". I'm afraid I don't do that. But those are the things: needles and the pens and the machine that gives you this - in ten seconds now - an accurate reading of where your blood sugar is seem to me to be great advances in this.

And what changes have you observed in the way the National Health Service is organised?

Well, I feel a lot about the National Health Service. I think some of these wretched right wing newspapers, I mean, talk about the National Health Service was always on the verge of incompetence and crisis, and all the rest. Whenever I see somebody and talk to somebody about the National Health Service, I feel that when they come out they say "oh my goodness, I did get looked after wonderfully well. I must make sure I send a donation or a box of chocolates to everybody or something". And I feel, in a way, the press, and the media in general, are awfully miserably wicked about the way they talk about the Health Service. And I have been... have nothing but praise for the way I've been looked after, in diabetes, deafness, eyes, normal sort of routine things that go wrong. I'm a huge admirer of the Health Service, and I think most people are, when you talk to them. But politically, it's useful for some newspapers, isn't it - like the obnoxious Daily Mail or something - to run everything down at every possible opportunity. And I feel that this is not only dishonest, it's completely untrue about the people who are at the sharp end - when they have to go in - who come out with nothing but praise, almost always. Obviously there are exceptions - of course there are, but I'm great believer in the

(20) National Health Service.

You mentioned that your GP no longer holds a diabetic clinic. Have there been any other changes like that?

No, not really. I've always been looked after awfully well here. I've been a little bit favoured, in a sense, because the chap who used to run the thing was a man called Robert Turner, who was a big man in diabetes. And purely by chance, I taught him - not medicine. And so, when he went, I was transferred to one of his colleagues, another Professor, so I've been awfully lucky, really, in that. But it's because I've got to know them, and been on various things - a huge charity committee, where we raised, I don't know, hundreds of thousands of pounds for the move from one hospital here to the other. And I was on that and managed to tap the right people for a bit of money. So, perhaps I've been more favoured than I ought to have been. But my, as I say, in general, my treatment at the hands of all these great and good people has been nothing but admirable.

Apart from the consultants, have you had much to do with nurses?

Not much, no, I haven't. I see the nurses when I have to go about three weeks before any appointment with the consultants to take the blood - you know, three or four things they want to look at. And I don't know what they do - is it cholesterol and blood sugar and haemoglobin and liver, or whatever it is? That's the only time I see them, the diabetic nurses. And, as I say - and I'm very sorry about it - but I've not been very kind to some of the dietitians, but at least I can spell dietitian now, which is more than some hospitals can!

(21) Now let's come right up to date. What 's your health like now?

Well, I still have various residual problems, from hearing certainly. I get very giddy, and that's chiefly because of no hearing at all in the left ear. Something goes wrong with the levels in the cerebellum, or whatever it is, and I do get very giddy. In fact, at night in the dark, it's as if I've had a couple of bottles of whisky - staggering about. I do feel that inability to walk straight. But I've had that a long time. That's purely due to - not the drink - this is to do with the hearing in the dark, when you lose points of where you're going and the rest of it. Still do that - I still have a lot of ear problems with this. And I don't suffer from tinnitus badly, but I cannot sleep on the left and the deaf ear, because I get this awful banging and noise, and almost thumping sometimes, so I can't do that, but I've learned to cope with that. Giddiness - have that a bit; yes, mentioned that. What else is wrong? I think the last time I was with my consultant, he said he thought there was something a bit wrong with the heart, in terms of irregular this, that and the other. But since I don't understand the heart, I couldn't quite follow what he was saying, but I don't think that's too bad. Eyes, I've mentioned, I think - they're not so good. They don't want me to drive now, except to the railway station they don't mind - that's only two or three miles away - and to the supermarket. That's the most valuable thing a car is for these days: no parking problems, bring it all - the bags - back into the drive. Apart from things like that, they don't want me to drive very much, so I don't drive anywhere. So, when I have to go out, which I do an awful lot, I say "yeah, I'll come with pleasure, but you'll have to send me a car or something". If there's a train I can go, but there's still not a lot of trains to many things. So, I have to be a bit careful about those sorts of things, but in general I feel okay.

And can you describe your current lifestyle?

Well, I go to bed early - very, very often about nine or nine thirty. I hope that I'm not going to feel poorly in the middle of the night. I get up early in the morning. In Oxford, where we are now, the best time of the day is early in the morning till about lunchtime. It very often turns sour over the lunchtime. Get up, very often go and walk for a paper before breakfast, have breakfast. I used to cook myself a fry-up every morning, but I don't do that so much now. And then, until recently, I would do the crossword, look at the mail, write a few letters, listen to a bit of music, mow the lawn, two or three times a week go out to a talk - almost always, these days, for charities - like I'm doing tonight, for example, up at the hospital. And try always to get back, as I say, fairly early. Listen to the Archers - most civilised quarter of an hour of every day for me is

now - changes a bit, but the last few years - seven to seven fifteen. I read quite a lot. But I live a busy life. Mowing the lawn - did I mention mowing the lawn? - that's one of the most important things!

(22) And you've no doubt been asked many times how your own lifestyle compares with that of Inspector Morse. Shall we talk about his diabetes?

Well, people are very cross with me, because they keep saying I killed Morse off, which is completely untrue. Morse died of natural causes. He smoked all his life, he drank an awful lot of beer and single malt Scotch all his life, and he died of a heart attack - in other words, he died of natural causes. And so, you know, if anybody really deserved a shorter life than he should have done, it was Chief Inspector Morse. But clearly, I think most people write slightly better about things they know of at first hand, and so I was able to bring into the last few years of his life the fact that he had this problem with diabetes, and that he didn't do too much about it, didn't help himself too much - not that he ever ate a lot. I don't think he ever, in any of the books or the television programmes, was seen eating anything, but he was quite often seen drinking something with poor old Lewis, who at on half the salary had to buy nine-tenths of the drink. And so, in a way, perhaps, that was a very... well, a reasonably close parallel simile to the way I've lived most of my life, yes.

What kind of medical treatment did Inspector Morse receive for his diabetes?

Well, he received very much the same as I did, really. He went to the GP and got diagnosed, and he was on insulin, and I think he occasionally forgot to take it with him, because he was more interested in other things. But I hope it wasn't a pervasive thing in the books, but it was just something that I felt, as I say, that you can write about with a little bit of knowledge if you've experienced it yourself. And I think, unless you're a genius, which I am not, I think that most fiction writers are semi-autobiographical at one point or another.

And one final question. From your experience of having diabetes over eighteen years or so, what message would you have for someone newly diagnosed now?

I would say not to take any notice - too much, anyway - of people who say "look here, from now onwards you're going to have to make some vital decisions in life, and change this and change that". I think with the simple business of coping with, the one thing that's important - if you're on insulin, the big thing, or if you're not on tablets, whatever it is - to think that this is a very small price to pay, really, for being reasonably normal in your lifestyle. And with me, I've always done that. It's not meant much to me, most of the day. As I say, the biggest thing for me is carting all the stuff around. I know perfectly well that if I don't do something regularly about a bit of discipline in blood sugar readings, and complete discipline about insulin intake... so, if I can do that, which is not all that much - and with this new contraptions these days, it takes far less time than it used to. I think the big thing is to say: don't regard this as anything particularly great or serious. Live perfectly normally within those two things of discipline and life goes by wonderfully well. As I say, the real problem with

saying that is everybody's slightly different. I mean, I do know people for whom diabetes is a very real problem quite often in a day, but I know an awful lot of other people who perhaps worry more about what they think it ought to be than what it in fact is. And I would tell them just to treat it as something that little bit unfortunate, but my god, there are far worse things that could happen to you than being diagnosed as diabetic.